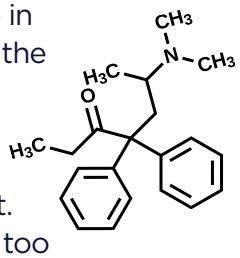
The Truth About Methadone

Global Health Advocacy Incubator
Changing Policies to Save Lives

The opioid overdose crisis is killing tens of thousands of Americans every year. Methadone is one of the oldest, most effective and most studied treatments for opioid use disorder (OUD), including OUD involving fentanyl.[1] Decades of research show that methadone keeps people in care and reduces deaths from overdose and all causes.[2] One large analysis found it lowered the risk of fatal overdose by up to 76 percent.[3]



Methadone for OUD is generally available only at an opioid treatment program (OTP), commonly known as a "methadone clinic," a specially regulated clinic certified to dispense it. Even though methadone is proven to lower overdose deaths and keep people in treatment, too many people can not reach it.[4] Nearly 80 percent of U.S. counties do not have an OTP.[5] The evidence points in one direction: **expand access.**

What is Methadone?

Methadone is one of three medications the Food and Drug Administration (FDA) has approved to treat OUD and it is the oldest of the three. Methadone is a long-acting medication, taken by mouth and prescribed under medical supervision. For many patients, methadone creates stability that allows them to work, care for their families, attend school and rebuild their lives.[6]

What does Methadone do?[7]

- Reduces opioid cravings
- Prevents painful withdrawal symptoms
- Lowers overdose risk
- Reduces illicit opioid use
- Improves treatment retention
- Supports employment and family stability
- Helps people engage with counseling, healthcare, and recovery supports

Methadone does not create the rapid highs and lows associated with illicit opioid use. It is taken once a day at a dose tailored to each person's needs.

Where is Methadone available?

Unlike most medications in the United States, methadone for OUD is generally available only through specially regulated treatment programs known as OTPs.[8] These programs are certified by the federal government and operate under strict federal and state regulation. These clinics also provide a suite of services, including medical evaluations, dispensing, counseling and support services, treatment planning, and ongoing monitoring. Of note, these services, aside from dispensing, are available at other physician-run clinics and community-based services.

Current federal law generally allows only facilities designated as OTPs to dispense methadone, with limited exceptions. Patients often visit the clinic daily at first. Based on clinical assessment and progress, the OTP can provide take-home doses. A 2024 update to the federal OTP rules (42 CFR Part 8) permanently expanded take-home flexibility, but it permits rather than requires OTPs to offer it; access still varies widely.

Federal regulations adopted in the early 1970s established the OTP model, requiring methadone for opioid use disorder to be dispensed through specialized clinics rather than traditional physician offices or pharmacies.

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The Problem Is Access, Not the Medication

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The greatest overdose risk comes from untreated opioid use disorder, not from evidence-based methadone treatment.

Multiple large studies have found that methadone treatment is associated with substantial reductions in overdose mortality and all-cause mortality compared with no treatment.[1]

Myths	Facts
Methadone just replaces one drug with another.	**Methadone is a medically supervised treatment that helps people stop using illicit opioids and lowers their risk of overdose. It is associated with improved health, stability and recovery.**[1]
Methadone is Methamphetamine.	**Methadone and methamphetamine are completely different substances.** Methadone is a Food and Drug Administration (FDA)-approved form of medication for opioid use disorder; methamphetamine is a Schedule II stimulant drug.
The recent drop in overdose deaths proves the current system is already enough.	Nearly 70,000 Americans died from a drug overdose in 2025, which shows the work is far from over.[2] The decline has not reached every community, and some states saw overdose deaths rise.[3] Continued progress depends on expanding access. According to the 2025 National Survey on Drug Use and Health (NSDUH), only 16 percent of people who identified as needing substance use treatment received it, and just over 20 percent of U.S. counties have an OTP.[4]
People on methadone aren't really in recovery.	**Recovery looks different for different people.** Like other chronic conditions, OUD is often managed with medication. Many people in recovery use methadone as part of their treatment plan.
Methadone diversion is widespread.	**Research has not found widespread diversion associated with expanded take-home policies.** Studies of patients, providers and treatment programs have generally found low rates of diversion and no evidence that the expanded take-home access allowed during the COVID-19 pandemic, later made permanent under federal rules (42 CFR Part 8), produced the widespread problems critics predict.[5]
Proposed expansion policies would let untrained providers hand out methadone and bring back the pill-mill era.	**Expanded access to methadone outside of OTPs does not open methadone prescribing to any provider.** Proposals, such as the Modernizing Opioid Treatment Access Act (MOTAA), would limit prescribing to physicians and psychiatrists who are board-certified in addiction medicine or already work in an OTP, and would require them to register with the Drug Enforcement Administration (DEA).[6] Separately, OTPs and providers with existing exemptions can already expand access within the current legal framework. The pill-mill deaths of the early 2000s came from methadone prescribed for pain by untrained practitioners, with pressure from pharmaceutical companies and none of these controls.[7]

The scientific debate over whether methadone works was settled decades ago. The remaining policy debate is about access.

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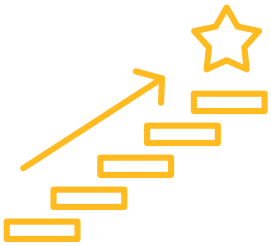
The Truth About a Life-Saving Medication for Opioid Use Disorder

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Changing Policies to Save Lives

Methadone is a Public Safety Tool

For decades, the conversation around methadone has often focused only on risk. A growing body of research points to another reality.[1] Untreated opioid use disorder drives public safety problems and effective treatment reduces them, both in and outside of carceral settings.

Does methadone treatment reduce public harm compared with untreated opioid use disorder? The answer is yes.



When people have access to effective treatment, communities often see:[2]

- Fewer overdose deaths
- Fewer people cycling back into illicit opioid use
- Reduced strain on emergency services, jails and courts
- Improved workplace safety for correctional officers
- Better survival for people returning from incarceration

For many people, the real-world choice is between staying in treatment and continued exposure to the illicit fentanyl supply.



Treatment with methadone

vs.



Continued exposure to the illicit fentanyl supply

Law Enforcement's Role

Law enforcement should not be asked to choose between public and community safety or treatment. Increased methadone access has positive impacts on both public and community safety, as well as disease management, including managing difficult withdrawal symptoms.



Effective treatment:[3]

- Reduces overdose and all-cause deaths
- Keeps people engaged in care after release
- Cuts illicit and injection opioid use
- Supports safer reentry, with the largest benefits when people stay in treatment after release
- Helps people recover, including withdrawal symptom managment

People don't recover from opioid use disorder if they are dead. Methadone is one of the most effective tools we have to keep people alive, support recovery and make communities safer. The solution to the overdose crisis is more access to evidence-based treatment.

The goal is simple. Reduce overdose deaths and expand access to evidence-based treatment. Safer communities follow.

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