First Experience of Implementation of Substitution Maintenance Therapy in Ukraine

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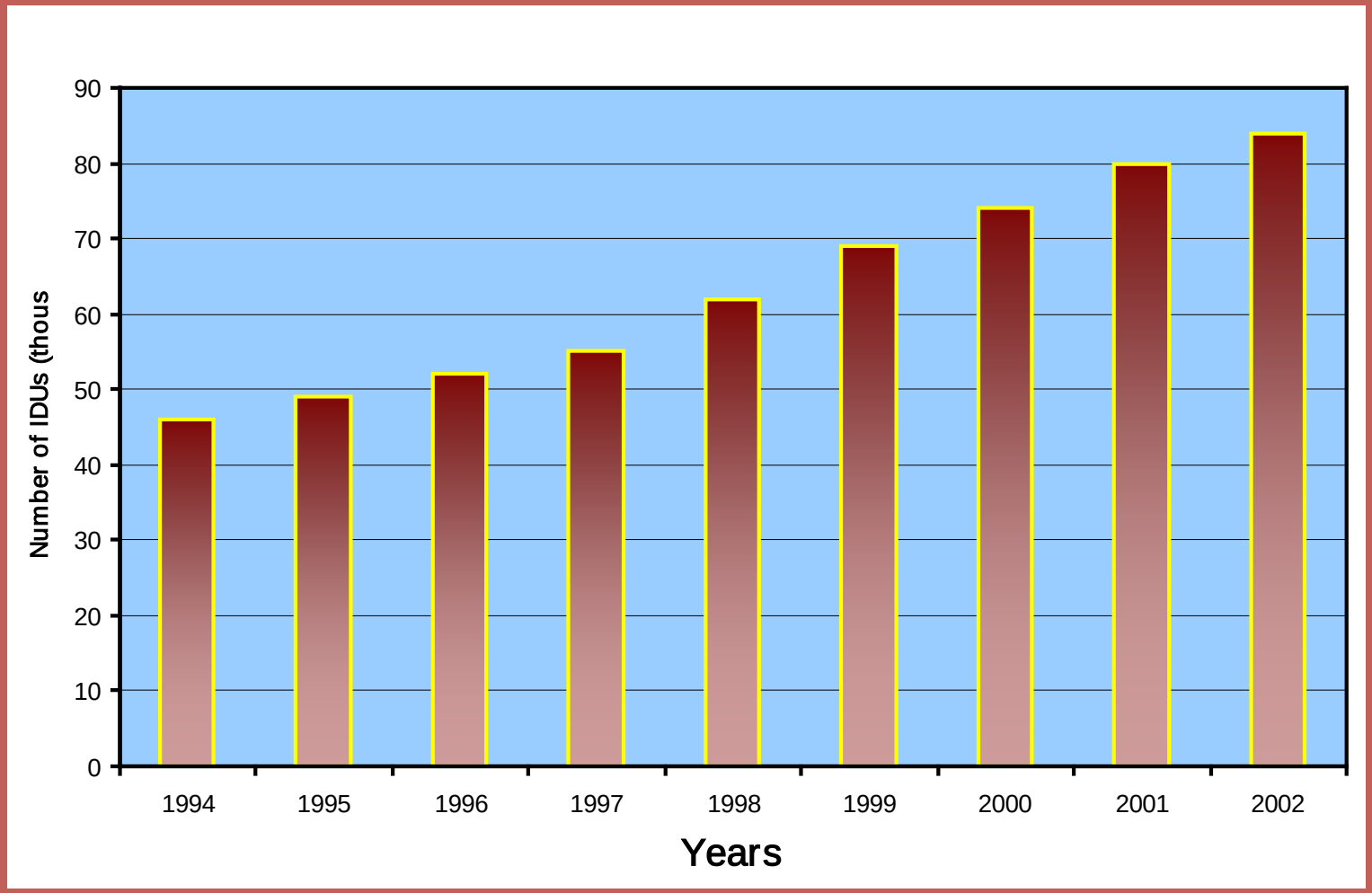
Drug statistics in Ukraine 1990 –2004

- The incidence of drug related disorders was 6.2 on 100 thousand in 1990 and became 22.0 in 2004,
- The incidence increased more than in 3 times and the prevalence increased in 4.2 times from 41.0 to 173.8 on 10000 of population. Total No of registered SA 88,400,000.
- According to estimated data there are about 560 000 SA in Ukraine. Absolutely majority of them (97%) is IDUs.

Prevalence of IDU in Ukraine */MoH Data/*



Treatment models

1. Detoxification with followed controlled administration of opiate antagonists (naltrexon, antaxon).
2. Long-term residential programs (TC).
3. Combined in- and out-patient drug free programs with counselling and psychotherapy (Minnesota model)
4. Detoxification by injection buprenorphine with followed short-term counseling program
5. Psychopharmacology oriented clinically based treatment
6. Harm reduction model: outreach work, syringe exchange programs.
7. Self-help groups, NA and AlAnon

Review: 2000

Reviewed 33 studies (1988 and 1998)

In treatment subjects reduce risk over time

Treated subjects have lower risk than untreated

Treated subjects have lower prevalence and incidence of HIV

(Sorensen J. and Copeland A, 2000)

UNDP-Project
SMT with Buprenorphine

- Kyiv – 40 clients (2 fem.)
- Kherson – 30 clients (1 fem)

CRITERIA:

1. Opioid Dependence (ICD-10)
2. 2 or > previous unsuccessful treatment episodes (drug free)
3. Older than 18 years old
4. Readiness for program

Buprenorphine (Ednok) Pharma Rusan Co. India

- Buprenorphine hydrohloride, sublingual form.
- Starting dose – 8 mg
- Average maintenance dose –

  Kyiv -15,8 mg±6,4

  Kherson - 9,2 mg±3,1

WHO-multi-site prospective study evaluating the efficacy of ST in opioid dependence and HIV/AIDS

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Method

4 groups of opioid DA

1-st group (Kiev) – Buprenorphine only

2-nd group (Kherson) – Buprenorphine + psycho-social support (individual and group counseling, self-help group, time structuring, non-directive communication)

3-rd – Drug free program

4-th - Natural history of disease

Method (cont)

- Participants were interviewed at entry to treatment (baseline) and at 3- and 6- month follow-up.
- Mean, SD, Coefficient of Variation and p-value were calculated
- Groups 3 and 4 evaluated on basis of 6 month follow up; it were compared age, years of drug use, retention in treatment and stop use illicit drugs

Instruments

- Addiction Severity Index (ASI-Lite),
- Severity of Dependence Score (SDS),
- Blood-Borne Virus Transmission Risk Assessment Questionnaire (BBV-TRAQ),
- Opioid Treatment Index (OTI),
- World Health Organization Quality of Life (WHOQOL),
- Zung Depression Scale

Results

RETENTION AND STOP USE ILLICIT DRUGS

City/ Program	N	Age		Years of drug use		Retention in 3 months	Retention in 6 months or stop use
		Mean	SD	Mean	SD		
KHERSON (BUP + PsSS)	26	32,8	7,19	14,8	6,43	76,92 %	65,38 %
KYIV (BUP only)	39	29,4	6,38	11,6	6,23	69,23 %	53,85 %
DRUG FREE	30	27,0	5,71	9,8	5,80		33,3%
NATURAL HISTORY	120	31,3	7,39	9,6	5,12		12,5%

Results (cont.)

Baseline

	OTI 1 Q-score			ASI lite			Zung			Bup. doze	
	Mean	SD	Variation	Mean	SD	Variation	Mean	SD	Variation	Mean	SD
BUP+PsSS (N=26)	2,267	0,83	36,77%	26,8	4,33	16,14%	43,88	12,75	29,05%	9,1	4,4
BUP only (N=39)	2,138	1,6	74,68%	15	6,74	44,93%	46,7	12	25,64%	15,87	6,4
P - value	P > 0,5			P < 0,001			P < 0,5			P < 0,001	

3-months follow-up

	OTI 1 Q-score			ASI lite			Zung			Bup. doze	
	Mean	SD	Variation	Mean	SD	Variation	Mean	SD	Variation	Mean	SD
BUP+PsSS	0,3	0,82	273,87%	2,84	8,2	288,98%	42,96	11,8	27,50%	6,1	2,67
BUP only	0,75	1,13	149,69%	1,1316	1,82	160,69%	45,68	11,75	25,71%	12,37	4,11
P - value	P < 0,1			P < 0,2			P < 0,5			P < 0,001	

6-months follow-up

	OTI 1 Q-score			ASI lite			Zung			Bup. doze	
	Mean	SD	Variation	Mean	SD	Variation	Mean	SD	Variation	Mean	SD
BUP+PsSS	0,45	0,94	206,65%	4,55	9,39	206,65%	44,14	10,8	24,43%	5,1	2,93
BUP only	0,73	1,03	140,95%	1,2	1,62	135,28%	52,5	12,77	24,32%	9,93	4,29
P - value	P < 0,5			P < 0,05			P < 0,02			P < 0,001	

Results (cont.)

KHERSON (BUP + PsSS) N=26

	OTI 1			ASI lite			Zung		
	Baseline	In 3 months	In 6 months	Baseline	In 3 months	In 6 months	Baseline	In 3 months	In 6 months
Mean	2,27	0,30	0,45	26,80	2,84	4,54	43,88	42,96	44,14
Standard Deviation	0,83	0,82	0,94	4,33	8,21	9,39	12,75	11,81	10,78
Coefficient of variation	36,77%	273,87%	206,65%	16,14%	288,98%	206,65%	29,05%	27,50%	24,43%
P - value	P < 0,001			P < 0,001			P > 0,5		
		P > 0,5			P > 0,5			P > 0,5	
	P < 0,001			P < 0,001			P > 0,5		

KYIV (BUP only) N=39

	OTI 1			ASI lite			Zung		
	Baseline	In 3 months	In 6 months	Baseline	In 3 months	In 6 months	Baseline	In 3 months	In 6 months
Mean	2,14	0,76	0,73	15,00	1,13	1,20	46,69	45,68	52,51
Standard Deviation	1,60	1,13	1,03	6,74	1,82	1,62	11,97	11,75	12,77
Coefficient of variation	74,68%	149,69%	140,95%	44,93%	160,69%	135,28%	25,64%	25,71%	24,32%
P - value	P < 0,001			P < 0,001			P > 0,5		
		P > 0,5			P > 0,5			P < 0,05	
	P < 0,001			P < 0,001			P < 0,05		

Results (cont.)

COST-EFFECTIVENESS

PROGRAM	COST in MONTH for 1 PATIENT SS
BUP only	201,0
BUP + PSYCHO-SOCIAL SUPPORT	118,2
DRUG FREE REHAB	541,3

Conclusions

1. Buprenorphine is effective in terms of retention in treatment and reduction of illicit drug use, but doesn't change depression
2. The treatment model "Bup.+Psycho-social support" is more effective
3. Implementation of psycho-soc. support allows to decrease doses of Bup.
4. Treatment with Bup is more effective than rehab program and more cost-effective
5. SMT should be recommended in Ukraine and expanded rapidly.

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