

Buprenorphine in opioid replacement therapy

Summary

Objectives: To evaluate the effectiveness and cost-effectiveness of buprenorphine in opioid replacement therapy and to integrate buprenorphine into opioid substitution therapy of injection drug users in Estonia.

Methodology: A review of the literature was conducted to describe opioid substitution therapy practices and quality standards in Europe and elsewhere, and the evidence on the effectiveness and cost-effectiveness of buprenorphine as compared to methadone was looked for.

Budget-impact analyses was carried out to estimate the costs of integration of buprenorphine into opioid substitution therapy of injection drug users in Estonia.

Results: The evidence from clinical studies and meta-analysis show no inferiority of buprenorphine as compared to methadone in opioid replacement therapy, and in some parameters buprenorphine is considered to be more effective.

The incremental cost-effectiveness ratio (ICER) of both drugs ranges from 3000 to 7000 USD per HIV infection avoided and 18 000 – 34 000 USD per QALY gained.

Estonia is one of the few countries in Europe where buprenorphine is not yet part of national opioid replacement therapy programme. Appropriate pharmacotherapy should be offered only together with supportive psychosocial services.

Conclusions: The combination preparation of buprenorphine and naloxone should be offered as alternative to methadone for substitution therapy of injection drug users in Estonia. Recommendations were proposed to improve the performance and quality of national programme of opioid substitution therapy.

Citation: Rahlin B, Redlich K, Lehtmets A, Juus E, Kiivet RA. Buprenorfiini kasutamine opioidsõltuvuse ravis. TTH46. Tartu Ülikooli peremeditsiini ja rahvatervishoiu instituut; 2020.