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for treating opioid dependence and retaining  
people in care in Tshwane, South Africa**

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# METHADONE VERSUS BUPRENORPHINE-NALOXONE FOR TREATING OPIOID DEPENDENCE AND RETAINING PEOPLE IN CARE IN TSHWANE, SOUTH AFRICA

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## Background:

Methadone and buprenorphine are recommended as opioid-substitution therapy (OST) for opioid dependence. Recommended daily therapeutic ranges are 60–120mg and 8–24mg, respectively. Buprenorphine has a better safety profile and is more expensive than methadone. Since Tshwane's Community Oriented Substance Use Programme's (COSUP) inception, clients have been initiated onto methadone or buprenorphine-naloxone. Retention on OST is important to optimise benefit. This research aims to describe differences in dosing and retention among COSUP clients receiving OST.

## Methods:

A retrospective record review, abstracting data from electronic records of COSUP clients ( $\geq 18$  years) initiated onto OST between November 2016 and July 2022. Data were analysed using descriptive statistics. Variables included OST type, dose, sex, injecting history and retention (on OST  $\geq 6$  months).

## Results:

Since 2016, 2227 people have been initiated onto OST – 2022 (90.8%) onto methadone and 205 (9.2%) onto buprenorphine-naloxone. The majority were male (n=1982, 89.0%) and injected opioids (n=1232, 55.3%). The median time on OST for methadone was 11 months (interquartile range (IQR) 3–26), whilst for buprenorphine-naloxone was 0.2 months (IQR 0–7). Clients on

methadone were 59.0% (n=1212) retained compared to 47.3% (n=97) on buprenorphine-naloxone. Retention did not differ by injecting history for either medication. Men on buprenorphine-naloxone had higher retention rates than women (48.6% and 38.5%). Median doses for both retained and not-retained on methadone were 40mg (IQRs 30–50mg, and 20–40mg) whilst for buprenorphine-naloxone, median doses for both retained and not-retained were 8mg (IQRs 6–10mg, and 6–8mg).

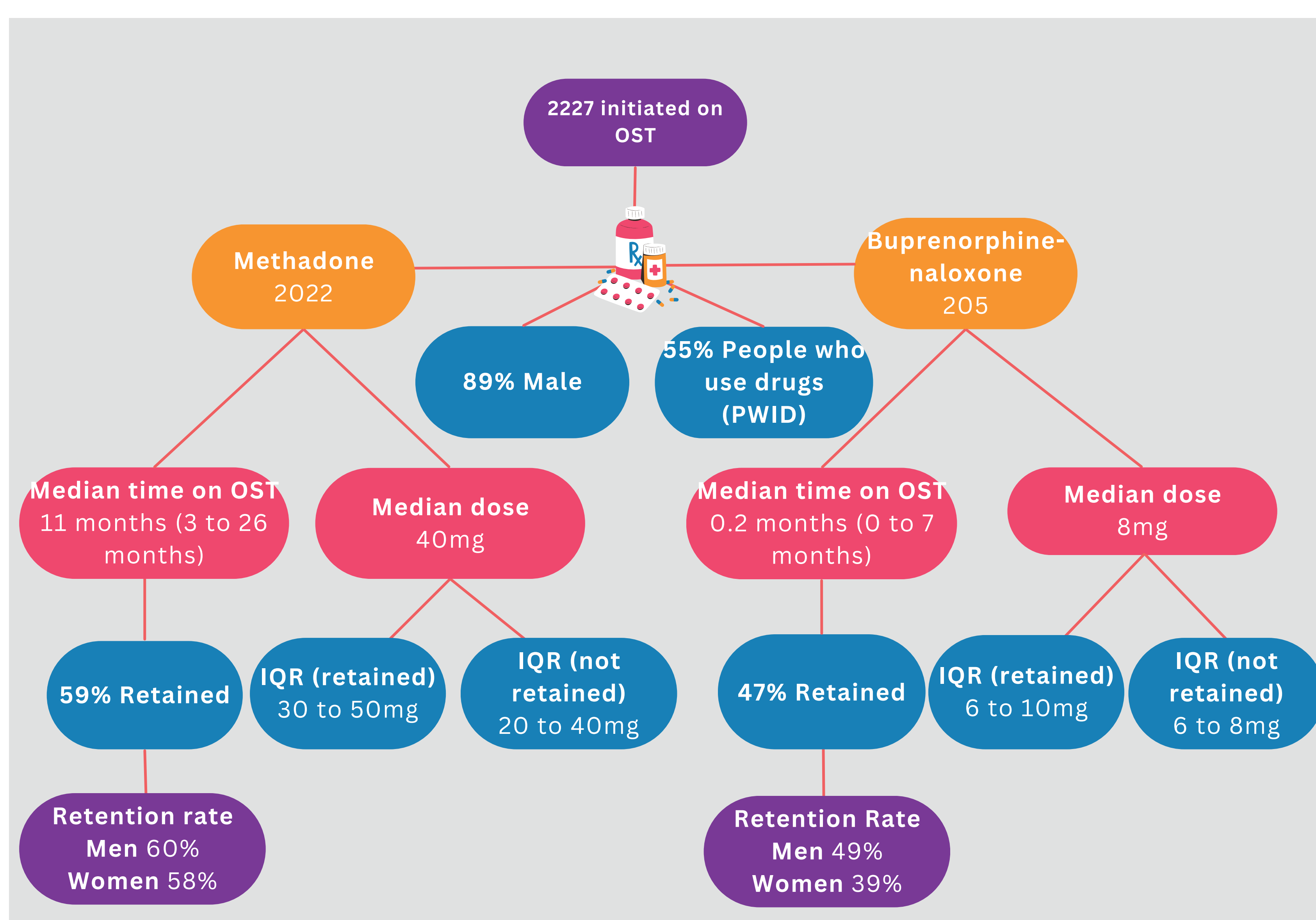
## Conclusion:

The number of clients receiving each OST differs significantly. For buprenorphine-naloxone, there may be differences in retention by sex. For both drugs, among all clients, median doses fall on the lower end of the therapeutic range. Those on methadone remained in treatment longer compared to buprenorphine-naloxone. Research is needed to explore differences in retention and treatment duration between the two medications.

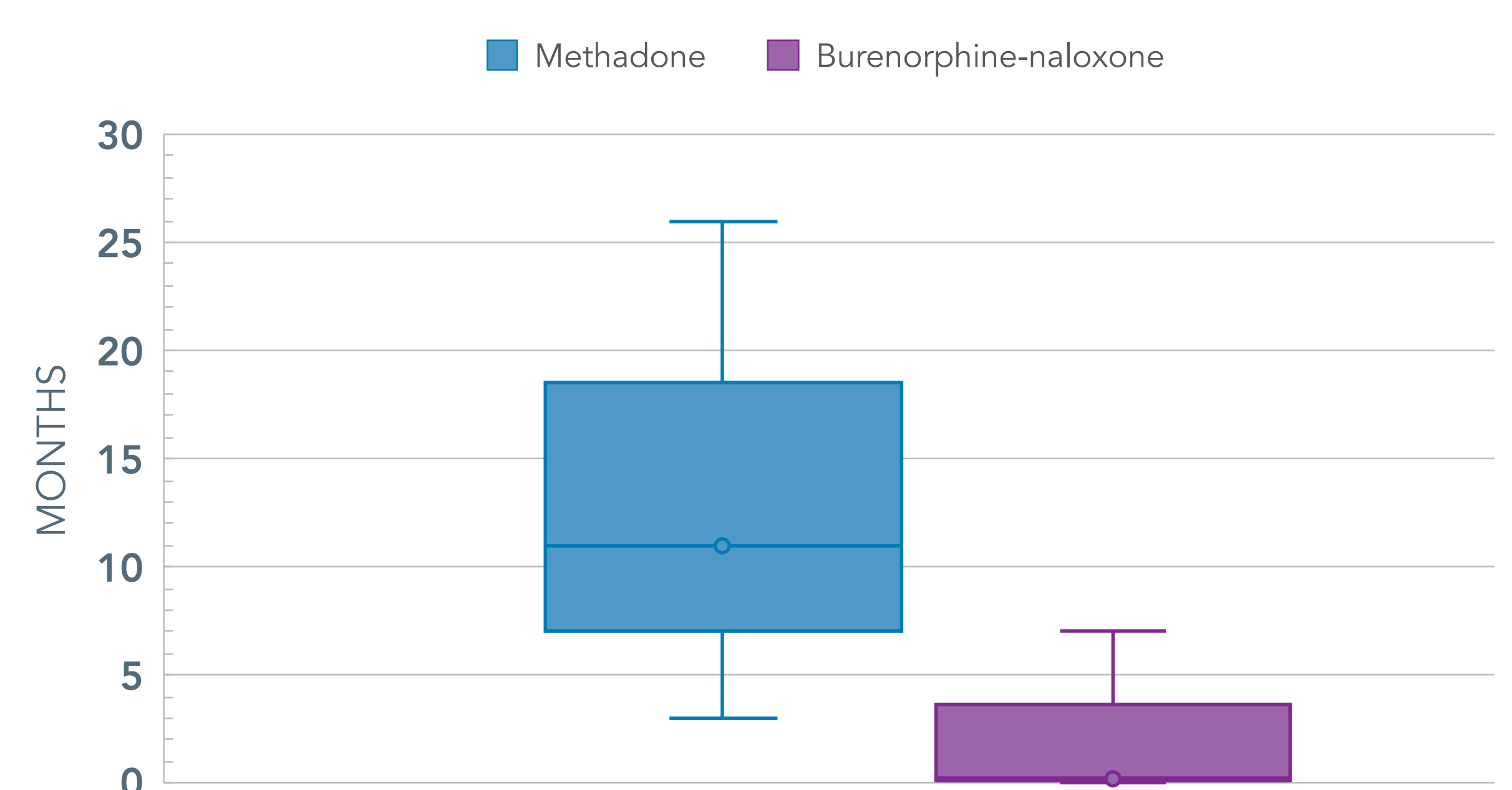
## Disclosure of Interest Statement:

The authors recognise the patients and staff of the Community Oriented Substance Use Programme, as well as the City of Tshwane, TB HIV Care and other funders without whom this research would not be possible. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations. The views expressed in this article are those of the authors and do not necessarily reflect the views or policies of the SAMRC or the University of Pretoria.

## Methadone v Buprenorphine-naloxone organogram



Median Time on OST (Months)



Median (IQR) doses (mg) for methadone and buprenorphine-naloxone

