

# Extramedicínské (zne)užívání buprenorfinu v Gruzii a efektivní léčebná intervence

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## Abstrakt

### Background

Since early 2000s, the nonmedical abuse of buprenorphine (Subutex®) tablets, presumably smuggled from EU countries, has represented major phenomena of the problem drug scene in the Republic of Georgia. In a country with relatively high level of injecting drug use (estimated 40,000 persons, i.e. 1.5 % of population aged 15-64, of whom over 50% inject buprenorphine), this represent a major public health problem that needs detailed description and comprehensive set of interventions.

### Aim

(i) To describe the extent of nonmedical buprenorphine ab/use in the Republic of Georgia, the characteristics of the nonmedical ab/users and their motivations for seeking and using the black market buprenorphine. Subsequently, (ii) to plan and pilot-test a treatment intervention that would be more specific and effective than the simple detoxification and/or harm reduction modalities available in Georgian on a routine basis.

### Setting

Four regional centres of Georgia were included into the descriptive part of the study: the cities of Tbilisi, Gori, Zugdidi, and Batumi. The intervention (sub)study was conducted in one Tbilisi addiction treatment clinic.

### Participants and methods

For the descriptive part of the study, convenience sample of 500 drug users was administered a self-fill questionnaire covering socio-demographic characteristics, drug use and motivations to it, and engagement into risky behaviours. For the intervention part of the study, 80 buprenorphine injecting users were randomized into two treatment groups. The control group was treated using opioid agonist methadone, which is already a well-established treatment modality in Georgia. The intervention group received a comprehensive treatment using Suboxone®, a composite buprenorphine-naloxone pharmaceutical, which is novel in the Republic of Georgia.

### Results

Descriptive survey showed that pharmaceutical buprenorphine in the form of Subutex® was the most commonly injected drug in terms of lifetime (95.5%) and last month (75%) prevalence of use. 48% of those study participants who had injected Subutex® at some point reported having used it to cope with withdrawal or to give up other opioids. 90.5% of Subutex® injectors used 1–2 mg as a single dose, and the mean frequency of its injection was 6 times per month.

Within the intervention (sub)study, out of 80 patients (4 females) randomly assigned to either group 68 (85%) completed 12-week treatment, and 37 (46%) were still in treatment at 20-week follow-up. In both study arms treatment participation resulted in dramatic reduction in opioid and other drugs injection, reduction in opioid craving, and reduction or elimination of unsafe injection behaviour.

### Conclusion

While widely misused by Georgian drug injectors, Subutex® is neither the principal nor the favourite drug, and it is rather used for self-medication purposes. The results of both (sub)studies show that buprenorphine injection users can be effectively engaged and retained in treatment. The results also suggest that increasing availability and accessibility of opiate agonist treatment both with methadone and buprenorphine might be an effective public health approach to address non-medical use of buprenorphine. The appropriate coverage of patients, in particular those who inject buprenorphine for self-treatment, can

significantly reduce the street demand for it and cut down its illegal market. Carefully planned and organized treatment process, and adequate pharmacological and psychological aid should be offered to all patients with buprenorphine abuse. In the case of Georgia, there is an appealing need to scale-up and increase access to free opioid substitution treatment for people who inject buprenorphine and other opioids.