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| <b>Title</b>     | <b>Pharmacological Therapies for Opiate Dependence</b>   |
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| <b>Reference</b> | Report no 23-2006. ISBN 82-8121-124-5. Link to full text report:<br><a href="http://www.kunnskapssenteret.no/filer/rapport2306_opiatavhengighet_nettersjon.pdf">www.kunnskapssenteret.no/filer/rapport2306_opiatavhengighet_nettersjon.pdf</a> |

## Aim

To evaluate effects of methadone, buprenorphine, and naltrexone.

## Conclusions and results

We included 5 systematic reviews and 17 recent single studies from the NICE report on methadone and buprenorphine therapy, and the entire report on naltrexone treatment (1 systematic review and 25 single studies).

Fewer persons treated with methadone, buprenorphine, or naltrexone used illicit opiates than in the control groups. These effects were assessed to be reliable. Further, there were methodological reasons to trust that methadone therapy increases retention rates compared with no pharmacotherapy or with buprenorphine. For naltrexone, no difference was found in retention between intervention and control groups. The results did not give a sufficiently robust basis to claim that pharmacological therapies reduce mortality, that additional psychosocial interventions or higher methadone doses are effective, or that retention rates are higher in specialist services than in primary care. However, the evidence base for these outcomes were of modest to low quality, and more research is needed to draw conclusions.

Several secondary clinical questions on pharmacotherapies for opiate dependence remained unanswered due to gaps in quality research, but it was clear that all 3 agents were effective in reducing illicit opiate use.

## Methods

We selected studies from 2 recent reports from National Institute for Health and Clinical Excellence (NICE), and relied on the study quality assessments that had already been carried out. In addition, we used GRADE (Grading of Recommendations Assessment, Development, and Evaluation) to evaluate the reliability of the pooled effect estimates.