

OPIOID DEPENDENCE IN UKRAINE: CURRENT STATE, CHALLENGES AND FEATURES OF THE ACCESSIBILITY OF OPIOID SUBSTITUTION THERAPY

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Background. Opioid dependence in Ukraine is associated with high mortality, the spread of Human Immunodeficiency Virus (HIV) and hepatitis C, and a heavy burden on the health care system. Opioid Substitution Therapy (OST) is an effective evidence-based treatment, but its coverage remains low, and the full-scale war has created new barriers to access.

Aim. To conduct a comprehensive analysis of the epidemiological situation regarding opioid dependence in Ukraine, current trends in the prevalence of injecting opioid use, the socio-demographic characteristics of persons with dependence and the associated public health risks, and to assess the pharmacodynamic features and practical use of opioid antagonists as a complement to opioid substitution therapy.

Materials and Methods. Reports on the drug situation in Ukraine, integrated biobehavioral survey results and publications on opioid antagonists were analyzed. Statistical methods of time-series analysis and of growth and decline rates were applied. The study was carried out within the research topic "Scientific substantiation of strategies for preserving and restoring public health through influence on the determinants of the effectiveness of the health care system" (2024–2027), state registration No.0123U104849.

Research Ethics. The study complied with the World Medical Association Declaration of Helsinki (1964–2024), used depersonalized aggregated data without patient participation and was approved by the Bioethics Commission of Dnipro State Medical University (Protocol No.33 of January 15, 2026).

Results. Persons with opioid use disorders made up 74.5% of those treated for drug use disorders in 2023. Among people who inject drugs, HIV prevalence was 20.3% and hepatitis C prevalence was 68.4%. OST coverage was about 6% of opioid users in May 2022 and about 10% at the end of 2023; 92.5% of patients received take-home medication. Most of those treated were aged 36 years and older and lived in cities. The war interrupted OST and deepened regional disparities. Naloxone rapidly reverses overdose but acts briefly, whereas naltrexone provides prolonged receptor blockade and is used after detoxification to prevent relapse.

Conclusions. OST coverage in Ukraine remains insufficient despite growth during the war. Integrated, flexible models of care combining OST, opioid antagonists and psychosocial support are needed.

Keywords: *epidemiology, drug addiction, naloxone, naltrexone, opiate antagonists, pharmacodynamics.*

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Опіоїдна залежність в Україні: сучасний стан, виклики та особливості доступності замісної підтримувальної терапії. Експериментальна і клінічна медицина. 2026;95(2):9с. In press. <https://doi.org/10.35339/ekm.2026.95.2.mzk> [англійською].

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Opioid dependence remains one of the most acute medical and social problems in Ukraine. It is closely associated with high mortality, the spread of infections, in particular Human Immunodeficiency Virus (HIV) and hepatitis C, and a substantial burden on the health care system [1–3].

Opioid Substitution Therapy (OST) is one of the most effective evidence-based approaches to the treatment of opioid dependence; it is aimed at reducing harm, stabilizing the mental and physical condition of patients and improving their social adaptation. Ukraine has been implementing OST programs since the first pilot project in 2004, and the effectiveness of this treatment has been confirmed by numerous international studies [2; 4].

Nevertheless, OST coverage in Ukraine has long remained low. According to Bojko M.J. et al. (2015) [5], only 2.7% of the estimated 310,000 People Who Inject Drugs (PWID) received OST, and the main barriers were compulsory registration of drug users, waiting lists, the limited number of treatment slots and the stigma of being a methadone patient. By May 2022, coverage had reached about 6% of the estimated 280,000 opioid users [2], and by the end of 2023, about 10% of people who inject opioids [6]. Dubov A. et al. (2024) [7] showed that the full-scale invasion disrupted OST provision: clinics closed, medication supply was interrupted, and displaced patients had difficulty continuing treatment. At the same time, the epidemiology of opioid dependence, access to OST and the role of opioid antagonists are usually considered separately, which complicates a comprehensive assessment of treatment strategies.

An important aspect of optimizing OST programs is a thorough understanding of the

epidemiological features of drug dependence in Ukraine and of the pharmacodynamic characteristics of opioid antagonists. Analysis of these components makes it possible to comprehensively assess the effectiveness of existing therapeutic strategies and to identify opportunities for their improvement.

The aim of the study was to conduct a comprehensive analysis of the epidemiological situation regarding opioid dependence in Ukraine, current trends in the prevalence of injecting opioid use, the socio-demographic characteristics of persons with dependence and the associated public health risks, and to assess the pharmacodynamic features and practical use of opioid antagonists as a complement to opioid substitution therapy.

Materials and Methods

Within the scientific and analytical approach, a systematized analysis of national and international documents was carried out, including reports on the drug situation, data of the Public Health Center of the Ministry of Health of Ukraine, results of integrated biobehavioral surveys among PWID, and recommendations of the World Health Organization (WHO), the United Nations Office on Drugs and Crime and the European Monitoring Centre for Drugs and Drug Addiction on the treatment of opioid dependence [6].

Statistical and comparative methods were applied to quantitative data from official statistical sources to analyze the dynamics of the prevalence of opioid dependence, to compare HIV and Hepatitis C Virus (HCV) levels among PWID and to assess regional differences in access to OST and opioid antagonists. Descriptive statistics included time-series analysis and the calculation of growth and decline rates.

Results of studies, expert reviews and publications on the pharmacodynamics and pharmacokinetics of opioid antagonists (naloxone, naltrexone) were analyzed. Content analysis made it possible to determine their role in current treatment protocols and their place in relation to OST [8–11].

The study was carried out within the research topic of the Department of Social Medicine, Public Health, and Health Management of Dnipro State Medical University "Scientific substantiation of strategies for preserving and restoring public health through influence on the determinants of the effectiveness of the health care system" (2024–2027), state registration No.0123U104849.

Research Ethics

The study was conducted in accordance with the World Medical Association Declaration of Helsinki (1964–2024). It was based on depersonalized aggregated data from official reports and published sources and was conducted without the participation of patients. The study was approved by the Bioethics Commission of Dnipro State Medical University (Protocol No.33 of January 15, 2026).

Results

The prevalence of injecting drug use and the limited coverage of evidence-based treatment programs create a substantial public health burden [1; 2]. According to different estimates, there were 290,000–360,000 PWID in Ukraine [5]; one of the published estimates for 2020 is 350,300 [2]. Ukraine has the second-largest HIV epidemic in Eastern Europe and Central Asia, and a large proportion of new HIV infections are associated with injecting drug use [2].

National reports show that persons with opioid use disorders make up the majority of those treated for drug use disorders: 67.5–76.2% in 2018–2022 and 74.5% (21,229 people) in 2023 [6]. As of May 1, 2022, 17,844 patients received OST, i.e. about 6% of the estimated 280,000 opioid users [2]. By the end of 2023, the number of OST patients in public and private health care facilities

had increased to 29,069, which corresponds to about 10% of the estimated number of people who inject opioids [6]. During the COVID-19 pandemic and the full-scale invasion, access to treatment was maintained largely owing to the expansion of take-home dosing: at the end of 2023, 26,892 (92.5%) patients received OST medications for self-administration [6].

Most persons with drug use disorders who receive treatment are aged 36 years and older (64.4% in 2023); the mean age of OST patients is 39 years, and men account for 85% of them [6]. Most persons receiving treatment are urban residents (91.5% in 2023) [6]. The main type of employment of PWID is occasional earnings, and socio-economic factors (unemployment, unstable income, a criminal environment) increase their vulnerability [6; 12].

Regional differences persist: in 2023, the leaders in achieving the OST coverage targets were the Lviv, Poltava and Ivano-Frankivsk regions, whereas the Sumy, Ternopil and Odesa regions had the lowest values; treatment was not available in part of the temporarily occupied territories [6]. The full-scale war, with the destruction of infrastructure, internal and external migration and loss of access to health care facilities, led to local interruptions in OST: clinics closed, medication supply was disrupted, and doses were reduced [7]. In response, the Ministry of Health of Ukraine allowed a 30-day take-home supply of OST medications, private facilities played a greater role, and patients were transferred between regional programs; this partly stabilized access, but regional inequalities persist [6; 7].

Thus, opioid dependence in Ukraine remains widespread and is the leading reason for treatment of drug use disorders, and the number of people affected is in the hundreds of thousands. The high prevalence of HIV (20.3%) and HCV (68.4%) among PWID shows the close link between injecting opioid use and the burden of infectious diseases. Before 2022, the coverage of evidence-based treatment was insufficient (about 6% of the estimated need);

owing to policy adaptations during the COVID-19 pandemic and the war, access expanded in some regions. Regional inequalities and the consequences of the war call for flexible, integrated and mobile models of service delivery to reduce the gap between need and access [2; 6].

Opioid antagonists play an important role in the treatment of opioid dependence, overdose prevention and patient rehabilitation. Their use is based on their ability to selectively block opioid receptors, thereby eliminating or preventing the effects of exogenous opioids. Understanding their pharmacodynamic mechanisms, pharmacokinetic properties and clinical features makes it possible to optimize dependence treatment strategies and harm reduction systems [8].

The mechanism of action of opioid antagonists is determined by their ability to compete with agonists for binding to opioid receptors, primarily μ -receptors. Antagonists have a high affinity for μ -receptors but do not activate them, which leads to the displacement of agonists (heroin, morphine, fentanyl) or prevents their binding. This results in two key pharmacological effects: elimination or prevention of opioid-induced euphoria and reversal of opioid-induced respiratory depression.

Unlike partial agonists, antagonists do not trigger the intracellular cascades activated by opioids and therefore do not cause euphoria, analgesia or sedation. Because they rapidly block receptors, antagonists can precipitate acute withdrawal in patients with opioid dependence, which determines the rules for their clinical use. Although their main effect is associated with μ -receptors, opioid antagonists also bind to κ - and δ -receptors [9].

The pharmacokinetic properties of opioid antagonists determine their duration of action, the speed of onset of their effect and their clinical indications. The most widely used drugs are naloxone and naltrexone.

Naloxone is a competitive antagonist with the highest affinity for μ -receptors, and it rapidly displaces agonists. It is used mainly for the rapid reversal of opioid overdose.

After intravenous administration, its effect begins within about 1 min. Its half-life is 30–80 min, which is shorter than that of methadone, fentanyl or buprenorphine; therefore, repeated administration may be required after an overdose of long-acting opioids [10].

Naltrexone provides longer receptor blockade: an oral dose of 50 mg blocks μ -receptors for 24–36 h; it produces no positive opioid effects, and no problems with its diversion or misuse have been reported [8]. It is used mainly in patients who have completed detoxification and have been opioid-free for at least 7–10 days. Naltrexone is almost completely absorbed after oral administration and has an active metabolite; an extended-release intramuscular formulation is used for long-term relapse prevention [11]. Thus, naloxone is a short-acting, fast-acting and life-saving drug for overdose, whereas naltrexone is a long-acting drug used to prevent relapse and as part of comprehensive treatment [8; 11].

Discussion

Opioid dependence in Ukraine remains a significant medical and social challenge that contributes to high morbidity and mortality, the spread of HIV, hepatitis C and other infections, and a substantial burden on the health care system [1; 6].

The analysis of the epidemiological situation demonstrates regional differences in access to treatment, which are determined by access to medical services, social factors and the level of implementation of harm reduction programs [6]. OST is the most evidence-based treatment for opioid dependence: it reduces injecting and the risk of HIV and HCV infection, improves adherence to antiretroviral therapy and reduces all-cause mortality [4; 5].

The implementation of international standards has had a positive effect on the organization of OST programs in Ukraine: the national coverage targets are based on WHO recommendations, and coverage continued to grow even during the full-scale invasion [6]. However, barriers related to the regulatory framework, stigma and unequal access to services persist [5; 7].

Our results are consistent with the findings of Bojko M.J. et al. (2015) [5], who identified compulsory registration, waiting lists, the limited number of treatment slots and stigma as the main barriers to OST in Ukraine; the low coverage in 2022–2023 suggests that these barriers have not been fully overcome. Dubov A. et al. (2024) [7] described clinic closures, medication shortages, dose reductions and the uneven implementation of regulations during the war, which is consistent with the regional disparities in OST coverage recorded in the national report [6]. At the same time, take-home dosing, which was expanded as an emergency measure [7], has become the main mode of OST provision: by the end of 2023, it covered 92.5% of patients [6].

The analysis of the pharmacodynamics of opioid antagonists confirms their key role in treatment and prevention strategies. Naloxone is the standard drug for reversing opioid overdose, and take-home naloxone programs aim to prevent fatal overdoses, whereas naltrexone is effective in relapse prevention and as a component of rehabilitation programs [8; 10; 11]. Both drugs have considerable potential for wider use in Ukrainian practice, particularly in community-based overdose prevention programs and integrated models of dependence care.

The psychosocial component of treatment requires special attention: after detoxification, patients need long-term rehabilitation with psychotherapy and social support. In a survey of 100 specialists in narcology, public health and social protection conducted by Kravchenko H. et al. (2026) [13], 93% considered the current system of drug addiction rehabilitation in Ukraine insufficiently effective, and 97% considered the participation of a physician a mandatory condition for the work of non-governmental, including Christian, rehabilitation centers. The experience of rehabilitation programs in the United States, described following an internship of Kharkiv specialists in Cincinnati, demonstrates the role of social support, which includes access to treatment and rehabilitation programs with specially trained staff, life skills

training, assistance with employment and care for patients' children during their treatment and rehabilitation [14].

Thus, comprehensive approaches that include OST, the use of opioid antagonists, psychosocial support and innovative forms of treatment are the basis for improving the effectiveness of the response to opioid dependence in Ukraine.

The study has limitations. It is based on secondary aggregated data from different sources and years, which limits their comparability. Under martial law, some monitoring data were incomplete or unavailable, in particular for the temporarily occupied territories and areas of active hostilities [6]. The data do not allow individual treatment outcomes to be assessed, and the conclusions about opioid antagonists are based on published pharmacological data rather than on the authors' own clinical observations.

Conclusions

Opioid dependence remains one of the most significant medical and social problems in Ukraine: persons with opioid use disorders make up about three quarters of those treated for drug use disorders, and the high prevalence of human immunodeficiency virus infection and hepatitis C among people who inject drugs reflects the close link between injecting opioid use and the burden of infectious diseases.

Coverage of opioid substitution therapy remains insufficient. It grew during the pandemic and the full-scale war owing to take-home dosing and the involvement of private health care facilities, but regional inequalities and barriers related to regulation, stigma and the consequences of the war persist.

Naloxone, a short-acting competitive antagonist, is used to reverse opioid overdose, whereas naltrexone, which provides prolonged receptor blockade, is used after detoxification to prevent relapse; both drugs complement, but do not replace, opioid substitution therapy.

Improving the effectiveness of the response to opioid dependence in Ukraine requires integrated and flexible models

of care that combine opioid substitution therapy, access to opioid antagonists and psychosocial support.

Prospects for Further Researches

Further research should assess the effectiveness of integrating OST with HIV treatment programs, psychiatric care and primary health care, which would create a continuous model of care for patients with multimorbidity.

Studies of new dosage forms are relevant, in particular extended-release injectable naltrexone, long-acting depot buprenorphine and intranasal naloxone, as well as the optimal distribution of naloxone; such forms can increase adherence to treatment and reduce mortality.

Mathematical modeling can be used to forecast the impact of increased OST coverage on the HIV and hepatitis C epidemics, changes in overdose mortality depending on the scale of naloxone distribution, and the economic efficiency of OST reforms.

It is also necessary to assess changes in access to treatment in combat zones, the effects of migration on the epidemic of drug dependence and the treatment needs of mobilized persons and veterans; this is a new

and highly important area of research for the post-war period. In general, the prospects for research on the treatment of opioid dependence in Ukraine lie in deepening interdisciplinary research, adapting international innovations, expanding pharmacotherapeutic options and optimizing organizational and legal models of care.

Declarations

Conflict of interest is absent.

All authors have agreed to the publication of the article under the terms of the Creative Commons BY-NC-SA 4.0 licence and of the public agreement with Kharkiv National Medical University as the founder and publisher of the journal, and to the processing and publication of their personal data.

The authors of the manuscript declare that during the research process and the preparation of this manuscript, they did not use any generative artificial intelligence tools or services to perform any of the tasks listed in the Generative Artificial Intelligence Delegation Taxonomy (GAIDeT, 2025). The translation of the manuscript into English and its editing were performed by the Editorial Board with the use of generative artificial intelligence.

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Authors' Contributions

Authors \ Contribution	A	B	C	D	E	F
Makarenko O.V.	+	+			+	+
Zaslavskiy D.D.			+	+	+	+
Kaidash S.P.			+	+	+	+

Notes:

A – concept;

B – design;

C – data collection;

D – statistical processing and interpretation of data;

E – writing or critical editing of the article;

F – approval of the final version for publication and agreement to be responsible for all aspects of the work.

References

1. Report on drug and alcohol situation in Ukraine 2023 (based on data 2022) [Internet]. Kyiv; 2023. 116 p. Available at: <https://www.euda.europa.eu/system/files/documents/2023-11/ukraine-national-drug-and-alcohol-report-2023-based-on-data-2022.pdf>
2. European Monitoring Centre for Drugs and Drug Addiction. Responsiveness and preparedness in addressing drug-related needs of displaced Ukrainians in EU countries bordering Ukraine. EMCDDA trendspotter briefing. Lisbon: EMCDDA; 2022. 52 p. DOI: 10.2810/847636.
3. Kurdil NV. Analysis of cases of fatal poisoning by narcotic and psychotropic substances in Ukraine based on the results of the epidemic, clinical, forensic, and laboratory research (2015–2019). *Emergency Medicine*. 2021;17(2):101-6. DOI: 10.22141/2224-0586.17.2.2021.230657. [In Ukrainian].
4. Degenhardt L, Grebely J, Stone J, Hickman M, Vickerman P, Marshall BDL, et al. Global patterns of opioid use and dependence: harms to populations, interventions, and future action. *Lancet*. 2019;394(10208):1560-79. DOI: 10.1016/S0140-6736(19)32229-9. PMID: 31657732.
5. Bojko MJ, Mazhnaya A, Makarenko I, Marcus R, Dvoriak S, Islam Z, Altice FL. "Bureaucracy & beliefs": assessing the barriers to accessing opioid substitution therapy by people who inject drugs in Ukraine. *Drugs (Abingdon Engl)*. 2015;22(3):255-62. DOI: 10.3109/09687637.2015.1016397. PMID: 27087758.
6. Public Health Center of the Ministry of Health of Ukraine. 2024 report. Drug situation in Ukraine (based on 2023 data) [Internet]. Kyiv: Public Health Center of the Ministry of Health of Ukraine; 2024. 124 p. Available at: https://phc.org.ua/sites/default/files/users/user92/2024_Report_Drug_situation_in_Ukraine_2.pdf
7. Dubov A, Basenko A, Dymaretskyi O, Shoptaw S. Impact of the russian invasion on opioid agonist therapy programs in Ukraine: a qualitative study. *Drug Alcohol Depend*. 2024;255:111069. DOI: 10.1016/j.drugalcdep.2023.111069. PMID: 38159338.
8. Bell J, Strang J. Medication treatment of opioid use disorder. *Biol Psychiatry*. 2020;87(1):82-8. DOI: 10.1016/j.biopsych.2019.06.020. PMID: 31420089.
9. Theriot J, Sabir S, Azadfard M. Opioid antagonists. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026. PMID: 30725764. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK537079/>
10. Jordan MR, Patel P, Morrisonponce D. Naloxone. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026. PMID: 28722939. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK441910/>
11. Singh D, Saadabadi A. Naltrexone. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026. PMID: 30521232. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK534811/>
12. Hruzieva TS, Lekhan VM, Ohniev VA, Haliienko LI, Kriachkova LV, Palamar BI, et al. Biostatistics. Hruzieva TS, editor. Vinnytsia: Nova Knyha; 2020. 384 p. [In Ukrainian].
13. Kravchenko H, Rozhnova T, Prykhodkina N, Makhynia T, Volotovska T, Nesterenko V, Shevchenko A. Integration of public social rehabilitation programs for drug addicts into the state regulation system. *Social Work and Social Education*. 2026;1(16):137-48. DOI: 10.31499/2618-0715.1(16).2026.355762.
14. Shevchenko AS. Social support in drug rehabilitation programs in the United States and Ukraine. *Information Digest "Harm Reduction Program for Drug Use"*. 2002;(9):54-61. DOI: 10.5281/zenodo.3339918.

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ОПІОЇДНА ЗАЛЕЖНІСТЬ В УКРАЇНІ: СУЧАСНИЙ СТАН, ВИКЛИКИ ТА ОСОБЛИВОСТІ ДОСТУПНОСТІ ЗАМІСНОЇ ПІДТРИМУВАЛЬНОЇ ТЕРАПІЇ

Актуальність. Опіоїдна залежність в Україні пов'язана з високою смертністю, поширенням вірусу імунодефіциту людини (ВІЛ) і гепатиту С та значним навантаженням на систему охорони здоров'я. Замісна підтримувальна терапія (ЗПТ) є ефективним доказовим методом лікування, проте її охоплення залишається низьким, а повномасштабна війна створила нові бар'єри доступу.

Мета. Комплексно проаналізувати епідеміологічну ситуацію щодо опіоїдної залежності в Україні, сучасні тенденції поширеності ін'єкційного вживання опіоїдів, соціально-демографічні характеристики осіб із залежністю та пов'язані з цим ризики для громадського здоров'я, а також оцінити фармакодинамічні особливості та практичне застосування опіатних антагоністів як доповнення до замісної підтримувальної терапії.

Матеріали та методи. Проаналізовано звіти щодо наркотичної ситуації в Україні, результати інтегрованих біоповедінкових досліджень і публікації щодо опіатних антагоністів. Застосовано статистичні методи аналізу часових рядів та темпів приросту та зниження. Дослідження виконано в межах наукової теми «Наукове обґрунтування стратегій збереження та відновлення громадського здоров'я через вплив на детермінанти ефективності системи охорони здоров'я» (2024–2027 рр.), номер державної реєстрації 0123U104849.

Етика дослідження. Дослідження відповідало Гельсінській декларації Всесвітньої медичної асоціації (1964–2024) і ґрунтувалося на знеособлених агрегованих даних без участі пацієнтів; його схвалила комісія з біоетики Дніпровського державного медичного університету (протокол № 33 від 15.01.2026).

Результати. У 2023 р. 74,5 % осіб, які лікувалися від розладів через уживання наркотиків, мали опіоїдну залежність. Серед споживачів ін'єкційних наркотиків поширеність ВІЛ становила 20,3 %, гепатиту С – 68,4 %. Охоплення ЗПТ становило близько 6 % споживачів опіоїдів у травні 2022 р. і близько 10 % наприкінці 2023 р.; 92,5 % пацієнтів отримували препарати для самостійного прийому. Більшість тих, хто лікувався, були віком від 36 років і мешкали в містах. Війна спричинила перебої в ЗПТ і поглибила регіональні нерівності. Налоксон швидко усуває передозування, але діє коротко, тоді як налтрексон тривало блокує рецептори і застосовується після детоксикації для профілактики рецидивів.

Висновки. Охоплення ЗПТ в Україні залишається недостатнім попри зростання під час війни. Потрібні інтегровані гнучкі моделі допомоги, що поєднують ЗПТ, опіатні антагоністи та психосоціальну підтримку.

Ключові слова: епідеміологія, наркозалежність, налоксон, налтрексон, опіатні антагоністи, фармакодинаміка.

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