EARLY IMPLEMENTATION OF MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER IN NIGERIA: CLIENT CHARACTERISTICS AND INDUCTION OUTCOMES FROM THE FIRST MAT PROGRAM

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Background
Medication-assisted treatment (MAT) is an evidence-based intervention for opioid use disorder (OUD) and a critical component of harm reduction strategies to reduce overdose and prevent HIV and viral hepatitis transmission. In June 2025, Nigeria established its first MAT treatment center in Gombe State, introducing methadone and buprenorphine as pharmacological treatment options. This study describes early client characteristics and service uptake during the initial phase of MAT implementation.

Description of model of care/intervention/program
A community-linked MAT service model was implemented at the Gombe State treatment center, providing clinical assessment, pharmacological treatment (methadone or buprenorphine), mental health services, psychosocial counseling, and laboratory evaluation for people with OUD. Program data from June to November 2025 were analyzed. Clients registered and receiving clinical and psychosocial assessment were classified as enrolled, while those initiated on medication were classified as inducted.

Effectiveness
A total of 367 clients were enrolled, including 346 (94%) males and 21 (6%) females. Of those enrolled, 191 (52%) were inducted onto MAT. Early treatment discontinuation was 9%. Enrollment was highest among males aged 18–24 years (26%) and 25–29 years (23%). Induction rates were similar for males and females but varied across age groups, with higher induction among clients aged 25–39 years. Methadone was the most commonly prescribed medication (95%), while 5% received buprenorphine. Induction success was high for both medications (>90%).

Conclusion and next steps
Early implementation of MAT in Nigeria demonstrates strong program uptake, high induction rates, and low early discontinuation. Female enrollment remains limited, highlighting the need for gender-responsive service delivery. Expanding community outreach, reducing stigma, and integrating reproductive, psychosocial, and harm reduction services may improve access for women and younger clients. These findings support the feasibility of scaling MAT services and offering multiple pharmacological options in resource-limited settings.

Conflict of Interest statement

The authors declare no conflicts of interest related to this work.