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Long Acting Injectable Buprenorphine – what if it's not for me?

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Echo March 2025

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

Overview

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- Overview of use
- Qualitative Studies
- Some thoughts
- Time for peoples experiences

Story of a clinic – a cautionary tale

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Sweden

- **poor rapport between staff and patients**
- **decision to move everyone from suboxone to injectable buprenorphine**
- **sublingual buprenorphine to be available to those who had relapsed**

> *"Many think, like me, that the Buvidal was crap. You know, many fell back into drug abuse. I mean we've never had such a high, how can I put it, a high proportion who are using on the side as there are now. And of course, that's because we've been forced to take that injection."*

Trends in opioid agonist treatment

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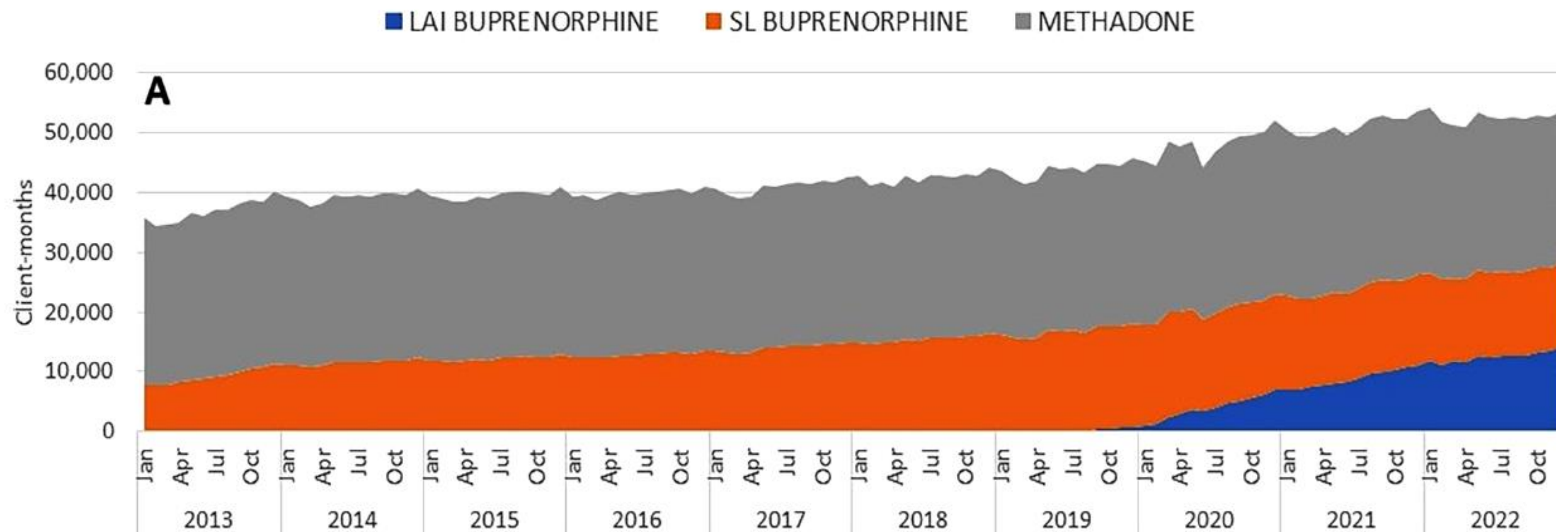

Trends in use of medicines for opioid agonist treatment in Australia, 2013–2022

International Journal of Drug Policy 123 (2024) 104255

Chrianna Bharat[a,*], Kendal Chidwick[a], Natasa Gisev[a], Michael Farrell[a], Robert Ali[a,b], Louisa Degenhardt[a]

Growing numbers on injectable buprenorphine

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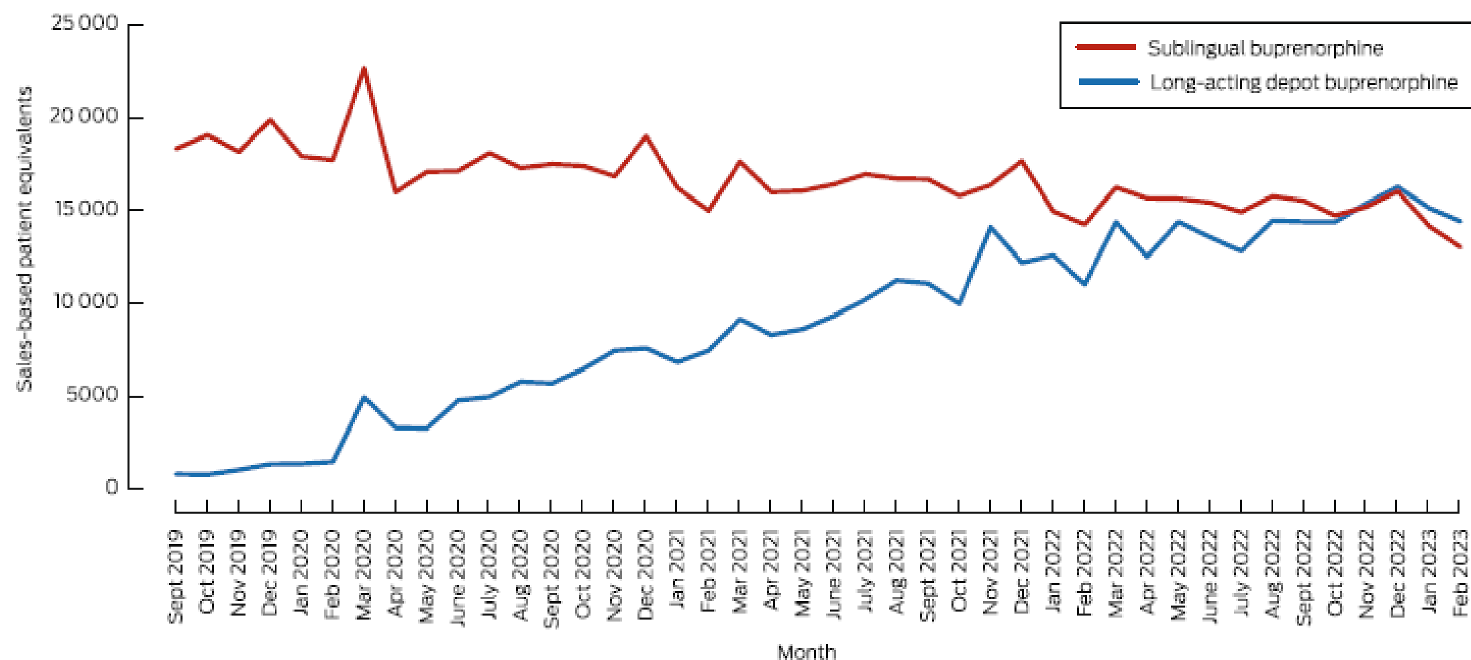

1 Estimated number of people who received buprenorphine for treatment of opioid dependence, Australia, 1 September 2019 – 28 February 2023, based on reported sales numbers: by formulation type

The uptake of long-acting depot buprenorphine for treating opioid dependence in Australia, 2019–2022: longitudinal sales data analysis

Nicholas Lintzeris[1,2], Victoria Hayes[2,3], Adrian J Dunlop[4,5]

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Beyond the pragmatic

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Not having to take a medication everyday gives you a sort of freedom and liberty to think of yourself in other ways. You don't keep identifying that you have this problem with opiates [...] every day, through the act of having to take [sublingual buprenorphine-naloxone]. To be liberated of that, enables you to, I guess, form a new identity. (Terry, Male, 44)

Tracing the affordances of long-acting injectable depot buprenorphine: A qualitative study of patients' experiences in Australia

Anthony Barnett[a,b], Michael Savic[a,b], Nicholas Lintzeris[c,d], Ramez Bathish[a,b], Shalini Arunogiri[b,e], Adrian J. Dunlop[f,g], Paul Haber[h], Robert Graham[i,j], Vicky Hayes[c,k], Dan I. Lubman[a,b,*]

Drug and Alcohol Dependence 227 (2021) 108959

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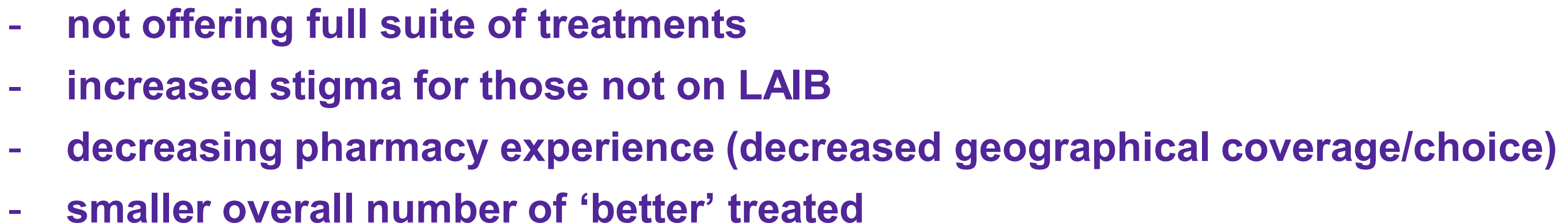
Risks

Patient Risks

> *'Why change something that is working?", "Why mess about when it's working? That's really stupid"*, and *"I think it's working well as it is. So why change something that has meant that I, yes, have been drug free up to now?"*

- transferring otherwise stable patients
- sense of failure
- increased treatment cycling
- not managing expectations
- loss of self management (especially for those already on many take aways)
- avoiding newer treatments, not wanting to be the guinea pig

System Risks



- not offering full suite of treatments
- increased stigma for those not on LAIB
- decreasing pharmacy experience (decreased geographical coverage/choice)
- smaller overall number of ‘better’ treated

Technical Aspects

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Pain

Lumps

Inter-individual pharmacokinetics – stability especially at commencement

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Negative Experiences

Length of time to stabilisation with injectables

- many withdrew early

(brief laughter). But then, yes, I mean I got used to the idea that it would take a while before the levels caught up, and then they did [catch up]

this was before it got to Monday again, you know. Then the whole weekend was crap, so to speak, and I lay there totally screwed, you know. Then of course I got one [injection], usually I got one every five days, on a rolling schedule. That worked fairly well.

Johnson et al.
Substance Abuse Treatment, Prevention, and Policy (2022) 17:40
https://doi.org/10.1186/s13011-022-00474-2

Substance Abuse Treatment, Prevention, and Policy

RESEARCH Open Access

Patient perspectives on depot buprenorphine treatment for opioid addiction – a qualitative interview study

Björn Johnson[1*], Olivia Liahaugen Flensburg[1] and Andrea Johansson Capusan[2,3]

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I just missed (the date of) my dose to be honest. … and when I went to see them they said I'd been over 10 days and I couldn't have it. … I was upset a little bit … because (Buvidal was) helping me (and) I couldn't get it. They said it's too late (and) they said I'm dropped from the treatment. (But) because the first week or two when I didn't have Buvidal, I (could) still feel it in my system. It was alright. But after a while I started feeling withdrawals, like cravings and stuff like that. … And I didn't know I couldn't have it (if I turned up late). (Participant 01, male, T4)

'Matters-of-concern' associated with discontinuation of long-acting injectable buprenorphine: Findings from a longitudinal qualitative study

Stephen Parkin [a,*], Joanne Neale [b,c], John Strang [b,d]

International Journal of Drug Policy 129 (2024) 104470

Doesn't hold me

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To be honest with you, (I'm feeling) not 100 %. It's (Buvidal) still new to me really, still trying to figure it out … Maybe I need to get into a bit more of an active routine and like tire myself out on a night, so I can sleep (and not use heroin). And that's been quite a bit of problem with me, like the mental side of it. (I'm) just existing really. Since I've started this, although I'm not sleeping and its driving me insane, I still go opening the door and wandering looking for (heroin). (Participant 02, male, T3)

I am still using heroin, because (Buvidal) doesn't seem to hold me. … (I'm) not 'not happy' with (Buvidal), I'm not happy with myself. I think (Buvidal is) alright, but I don't know if it's my way of living, my lifestyle at the moment. I'm not fully … committed (to treatment) and … I don't know if it is helping me.

Clinic/Pharmacy as valued social activity

"I've always thought it's felt really good to be able to come here and talk to the staff. Not only because I feel that I can; it makes it more difficult to sneak around taking drugs, but also because it, it feels good to have a routine where you meet someone every morning when you're going to like give up drugs.

sounds a bit sick, but I mean it's almost the only social life that I have, when I collect my medication, I mean. Since I've been at it for so many years, all my old friends and so on, they're not around anymore."

Psychological Mechanisms

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"It's, this morning ritual so to speak. [...] It maybe sounds a bit silly but it, we drug abusers are people of habit, so taking this medication becomes a habit of course." Several

"It sits quite deep, that you have to take your medication every day. That I have to do it because it keeps it in check so much. Yes, but even if I don't feel good on Suboxone, it keeps something in me in check, that 'okay, but I can, I can manage one more day, I can do that.' Yes, I mean it's really strange, but it totally takes over; the psychological takes over completely. [...] I can't risk, I mean I risk [losing] my children if I; I can't take my medication once a week, I have to take my medication every day.

The rumour mill

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Particularly problematic if there is any sense of coercion

"No, but then I got in touch, my ex had Buvidal, and then I have another friend who's had Buvidal, and one more friend who's had Buvidal, who haven't felt that it worked well for them. And then to begin with, I asked around a lot when I came here. And then [the contact person] told me to 'stop asking around because it's so ... , first of all I've met people who it doesn't work for, but for the majority it works, and then it's so individual, so stop asking others and try to have your own experience instead.' So, then I stopped asking around."

Coercion/Trust of Clinic Staff

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as with the Buvidal, when I was going to start with that it was a choice; you know, you got to choose whether you wanted to. But then in the end, they come along one day and just, 'No, you have to switch to the injection now,' like, 'Ah, okay then.'"

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Other motivations

"[They would say], 'No, this [depot buprenorphine] doesn't work for me, it's crap.' But I think that's bullshit. 99% of it has to do with either using other substances and wanting to keep the option to do so, or to sell a part of their medication." (Male participant #21).

"It certainly changed my financial situation a little bit. But based on the stability and well-being I get from [depot buprenorphine], it's priceless. So [depot buprenorphine], for me, it's the holy grail. There's nothing I would choose over [depot buprenorphine], I wouldn't even choose heroin." (Male participant #21).

Johnson et al. Harm Reduction Journal (2024) 21:68
https://doi.org/10.1186/s12954-024-00984-1
Harm Reduction Journal

RESEARCH Open Access

Long-acting injectable depot buprenorphine from a harm reduction perspective in patients with ongoing substance use and multiple psychiatric comorbidities: a qualitative interview study

Björn Johnson[1*], Bodil Monwell[2,3] and Andrea Johansson Capusan[4,5]

Universal Clinical Skills

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- **patient trust**
- **keeping promises**
- **explore patient knowledge/assumptions**
- **Information provision**
- **clear boundaries**
- **mindful – not over selling**
- **non-coercive**

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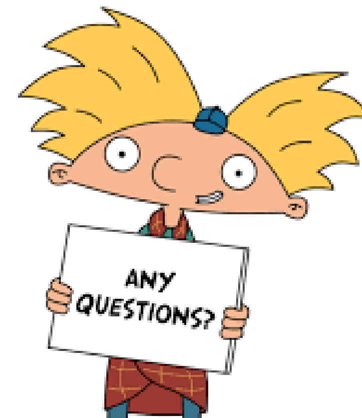
Comments?

Thoughts?

Experiences?



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