

Evaluation of Buprenorphine prolonged-release injection in Blackpool, UK

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Background

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- Blackpool is a deprived area with very high drug related harm.
 - Aims of study: to generate evidence to help policy makers to decide on the roll out of this medication in other communities. We will gain a better understanding of what those who use LAIB appreciate about the medication and the way it is given, and about what can be improved.
 - Research question: What are the experiences and outcomes, (including drug treatment, health and wellbeing, and social outcomes), of people started on LAIB in Blackpool?

NICE Guidance (2019)

- This treatment may be an option for:
 - Where there is a risk of storing medicines at home
 - People with difficulties getting to daily supervised medication
 - Custodial settings – due to supervision challenges
- But:
 - Cost

Evidence (Allen et al 2023; Barnett et al 2021; Neale et al 2019; Martin 2021)

- Participants perceived benefits as:
 - increased convenience to travel and work,
 - reduced stigmatisation and
 - no need for daily medication doses.
- There were mixed experiences with the ability for depot buprenorphine to ‘hold’ participants throughout the dosing interval.
- Reduced contact and disconnection from healthcare services were reported as an issue for some participants.
- Clarity of mind was not a barrier to retention in treatment.
- Retention rate is higher than the median 6 month retention for either methadone or buprenorphine.

Peer-led evaluation in Wales, 2021

- Patients (n=94, 75% male) reported rebuilding their lives, getting jobs, reconnecting with family members and called the medication a “game changer”, “life changing” and even a “miracle”. Also:
 - reductions in cravings,
 - lower levels of anxiety,
 - reductions in offending, and
 - abstinence from illicit opioids.
- Negatives for those who exited: Unprepared, not enough support, not enough information, overwhelming emotions, side effects, finding new ways of living.
- Recommendations: face-to-face consultation, signposting to information, information about early experiences, morning appointments, discussing with peers, wrap-around support including activities and peer support.

Buvidal in Blackpool qualitative evaluation

- 23 interviews with service-users (13), staff (6) and stakeholders (4)
- Lasting between 25 minutes to 75 minutes
- Online interviews – confidential with opportunity to opt out
- Semi-structured format
- Service-users receive a £15 voucher for their time
- Questions about experiences and perspectives of Buvidal
- Designed with input from people with lived experience

Positive Aspects

- Lifestyle
- Family
- Resilience to take on adversity
- Comparison with other meds
 - More alive
 - Not addicted
 - No 'rattle'
 - Avoiding pharmacy
- Stops cravings
- Staff/stakeholders:
 - Offers choice
 - Engagement with service
 - Meeting previously unmet need
 - Reducing health inequalities

Buvidal, in my opinion, if you can get it to the right people it's a game changer. Because I was the worst of the worst, I'll be honest. And you see, it made me want to become a better person. Like control my temper. Think how I treat people now, you know. It is a game changer. (Int 3: M)

At the moment, I've got a lot of problems at home. But I know for a fact if I weren't on this Buvidal I'd be bang at it taking heroin and crack cocaine. (Int 10: M)

You bring in people that either don't come in or don't stick in treatment. So, you know, you meet this greater unmet need. And ultimately, that means drug related deaths are likely to be affected positively. (Int 15: Stakeholder)

Comparisons

With methadone, I'd wake up say I picked it up at nine o'clock every morning - I knew by nine o'clock, I had to go and get it because I was feeling unwell. This, you're more awake, aware of your feelings, you're not getting sedated anymore. (Int 22: W)

I started being more consistent with my appointments. I was able to go to the gym, as well, I was feeling well. So I cried watching telly - but if I was on methadone I wouldn't even feel anything. Buvidal was making me feel like I was clean. With crack, it's heightened senses, but heroin dulls it. So with Buvidal it just makes you feel like you're normal. (Int 6: M)

Challenges

- Availability
- Side effects
 - Digestion
 - Lumps
 - Mental Health
 - Sex drive
 - Sleep
- Emotional
- Taking away Choice
- Housing Services
- Health Services
- Withdrawal
- Pain relief
- Other drug use
 - Alcohol
 - Crack
 - Cannabis
- Staff/Stakeholders:
 - Cost/availability
 - Staffing
 - Infrastructure
 - Lack of engagement

Challenges

At first, it was hard getting to grips with the emotions coming back. And guilt, that was a big one, that coming back. It was okay once I got to grips with stuff again. (Int 3: M)

Some people are saying this that as soon as they've got Buprenorphine, they go away and they're having crack cocaine, because they've got nothing else to do. It's the lifestyle. It's boredom as well.' (Int 10: M)

It's not just the cost of the drug. It's also taking out the nursing time when we probably need our nurses to think about the physical health of the people. So there's an opportunity cost as well as the drug cost. (Int 21: Stakeholder)

Supports

- Need for psychosocial interventions
- Reasons for not using psychosocial interventions
- Support offered
 - Activities
 - Psychological
 - Lived experience groups
 - Experienced keyworkers
- Objective – recovery
- Objective - emotional support
- Friends

Supports

It explains why you feel these things and then it gets to the root cause of why, and how you should feel appropriately about stuff. It reinforces that you're not a bad person you just made bad decisions. (Int 3: M)

When other people are talking about their life, we can we all relate to one another, we all bounce off one another, it's very, it's very, very positive. (Int 1: W)

People who have been on the same drugs as you and you're looking at them, they're telling you that they're five years clean - and the way they got clean, doing meetings, picking the phone up, staying connected. Keeping yourself busy. Being around the right type of people - that has been a game changer for me. (Int 5: W)

Contexts

- Reasons for deciding to use Buvidal
- Reasons for stopping/not starting
 - Not ready
 - Restarts
 - Blocking effect
 - Lumps in skin
 - Clarity

Contexts

No, I got out and I just didn't want to stay on methadone because I knew if I did I'd go back to using, so I just sacked the methadone off and started on Buvidal. (Int 9: W)

Getting my kids taken away. I had Social services and everything. And now I've no one involved whatsoever cause I've worked my backside off. (Int 11: W)

[Some people] believe that something that you have to have a daily dose of to feel well, there's no way you can have something once a month, or even once a week for that matter, and it's gonna keep you well. (Int 3: M)

So if you're not addressing the other stuff, you might not want the clarity that it gives you because you're not ready to deal with the trauma. (Int 20: Stakeholder)

Futures

- Coming off Bupivacaine
 - When stable
 - Concern about withdrawal
 - Need more information
 - Experiences
- Futures
 - My future
 - Priorities

Futures

My biggest fear at the minute, is coming off everything because of how it makes me feel to withdraw. I've gone through it three times, and been really, really poorly the last time. So it frightens me. (Int 3: W)

I want to work in recovery myself. I hope to get to a point where I can help somebody before they get to like I was. Even if I only help one person. (Int 3: M)

Future Priorities

The adverse childhood experiences, or the current experiences, developing that better sense of self, to be able to cope. So I think it's all about developing supportive relationships, the framework around it, in which people can feel they can cope and be supported in dealing with life's difficulties. (Int 14: Practitioner)

I think Buvidal has a role but it might not be suitable for everyone. And we need to acknowledge that. It's not the miracle, it's still the same chemical. But it's important to access psychosocial intervention. More outreach work and work on the stigma of getting support. (Int 19: Practitioner)

By engaging people we can work on motivation, we can get people to reflect on their current situation, without telling them that they should be considering recovery. The medication can be used to support treatment goals they might have. And by having them engaged, we can do more around considering - what next? (Int 15: Stakeholder)

Who thrives on Buvidal?

- Busy lifestyle
- People who engage with supports
- Those who are ready to stop
- Practitioners:
 - People who have a low risk of adverse mental health
 - People in prison
 - People who have been on Methadone a long time / older people
 - ‘Hard to reach’
 - People who need a break

Who thrives on Buvidal?

People that are street homeless, the ones who would find it difficult going to a chemist everyday, or people who are at risk of say being cuckooed or manipulated, at risk of financial abuse. (Int 16: Nurse)

Someone who wants it. Someone who's asking questions, someone who's saying, look, I need help. Someone who is basically saying look I can't do this on my own. Someone saying, look, please help me, then you can start suggesting alternate avenues. (Int 6: MSU)

Why don't you have a few weeks or a few months off, give yourself a bit of a break, see what that's like? I think we could refine the messaging far better, to attract people in even short term, and therefore be able to get them into better health interventions during that period. (Int 15: Stakeholder)

Information

- Information provided
- Need for more/accessible information
 - Benefits
 - Psychosocial interventions
 - Administration
 - Lumps in skin
 - Time needed
 - Interactions
 - Coming off / reducing down

Information

I go through the booklet with them about it. I go through the things that don't work, like for pain. I also tell them, it can be over-ridden with morphine, if they're in a terrible accident, so they don't need to worry about that. (Int 18: Nurse)

They've not mentioned about how long I can take it for safely. It was probably in the book and I never read it. But yeah, maybe that could improve, you know, having an actual meeting, and tell them what to expect basically. (Int 3: MSU)

What have we learned?

- Buvidal works well for many people in Blackpool
- Staff and service users provide important perspectives – more research needed
- There is a need for individualized wrap-around support to ensure success
- There is a lack of accessible comprehensive information
- Further in-depth study is needed in various settings including custodial, outreach, and residential

Next Steps

- Co-created accessible information resource
- Further funding bids for wider research
- Research in NW prisons
- Publications and online research summary
- Collecting ideas about priorities in session today

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