

Experiences of and Outcomes for Blackpool Adults Who Are Treated with Buprenorphine Prolonged-Release Injection (Buvidal) Opioid Substitution Therapy

Professor Ceu Mateus, Dr Rebecca Fish

Division of Health Research, Lancaster University

Project Team

Prof. Céu Mateus (PI)



Division of Health Research

Prof. Mark Limmer



Dr Euan Lawson



Lancaster
Medical
School

Dr Hannah Maiden



Public Health
Blackpool
Council

Researchers

Dr. Rebecca Fish



David Sudell



Background (II)

-
- Limited evidence on Buvidal use in community settings, but it may be of benefit for those who find it difficult to attend for daily supervised medication.
 - Aims of study: To add to the body of evidence on this medication and help policy makers on a wider use of Buvidal across the country
 - Mixed methods study
 - Qualitative interviews – service users, staff, and stakeholders
 - Quantitative analysis: Delphi database with information on people receiving Buvidal

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 – up to 10x

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

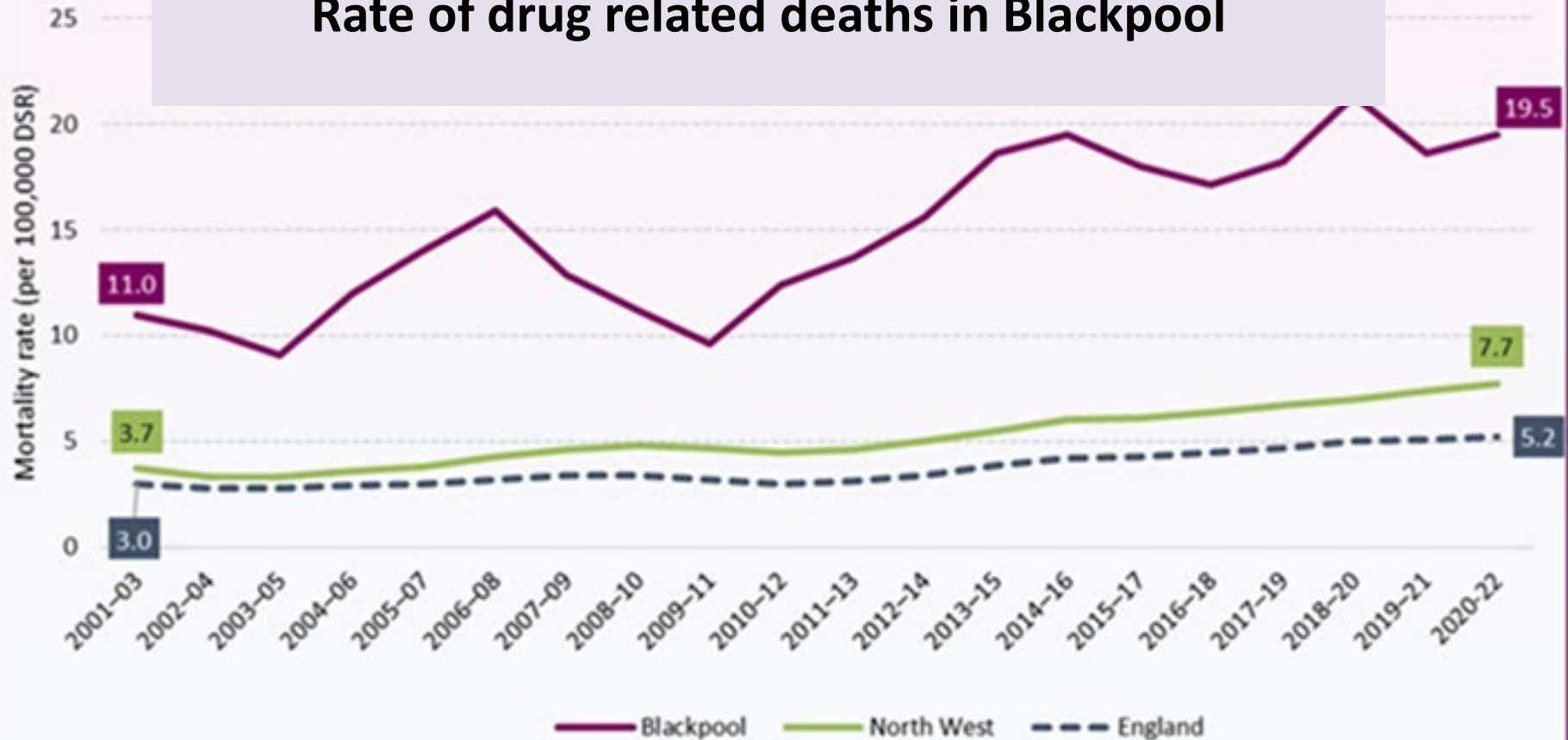
- Patients (n=94, 75% male) reported rebuilding their lives, getting jobs, reconnecting with family members and called the medication a “game changer”, “life changing” and even a “miracle”. Also:
 - reductions in cravings,
 - lower levels of anxiety,
 - reductions in offending, and
 - abstinence from 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.

Drug Related Deaths

- There were 5,448 deaths related to drug poisoning registered in England and Wales in 2023; this is the highest number since records began in 1993.
- In 2023, the highest rate of drug misuse deaths was found in those aged 40 to 49 years (147.3 deaths per million people).
- For deaths registered in 2023, a total of 2,551 drug-poisoning deaths involved opiates; this was 12.8% higher than in 2022 (2,261 deaths). Opiates were involved in just under half (46.8%) of drug-poisoning deaths registered in 2023, increasing to 60.7% when we exclude deaths that had no drug type recorded on the death certificate.
- Blackpool Local Authority consistently has the highest age-standardised mortality rate for deaths related to drug poisoning in England and Wales, at 31.9 in 2021-23.



Rate of drug related deaths in Blackpool



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

Why Qualitative research?

- In-depth interviews can throw light on aspects that the researcher may not be aware of, showing what is important to the people involved.
- Provide a depth of understanding difficult to glean through surveys.
- We can explore rationale behind differing perspectives.

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. Control my temper. Think how I treat people now, you know? It's a game changer! (Int 3: M)

At the moment, I've got a lot of problems at home. My mum's on her way out like you know what I mean. But I know for a fact if I weren't on this Buvidal I'd be taking heroin and crack cocaine. (Int 10: M)

Comparisons

I'd been on methadone for years. You feel sluggish on methadone and this gives me energy and that's quite an achievement. (Int 9: W)

With methadone, 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)

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 them [emotions] coming back. And guilt, that was a big one. It was okay once I got to grips with stuff again. (Int 3: M)

Quite a few people have mentioned to me when they started it they've really struggled to sleep. Some people I don't think are ready for it because they do work out pretty quick that the opiate receptors are blocked. And once they realise it does their choice is taken away. So I think some of them like to keep that choice. (Int 16: Nurse)

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

[The support group] 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, very, very positive. The feedback and the help you get, and if you don't understand something the guy who runs it, he'll explain it in easier ways. (Int 1: W)

Contexts

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

Contexts

I got out of prison 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)

[Some people] believe that something that you have to have daily 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, and you might feel that it's not for you, 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

At the minute because I'm so stable I don't want to take that away. The last thing I want to do is to end up back where I was. (Int 11: W)

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 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 how I was. Even if I only help one person. (Int 3: M)

Priorities

Addressing the adverse childhood experiences, or the current experiences. It's about developing that better sense of self, in order to be able to cope. Developing supportive relationships is key, the framework around them, in which people can feel they can cope and be supported in dealing with life's difficulties. (Int 14: 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 people might have. And by having them engaged, we can do more about 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, 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)

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'm not sure that it's been sold in that way. And I think we could refine the messaging far better, to attract people in the short term, and then be able to get them into better health interventions during that period. (Int 15: Stakeholder)

Information

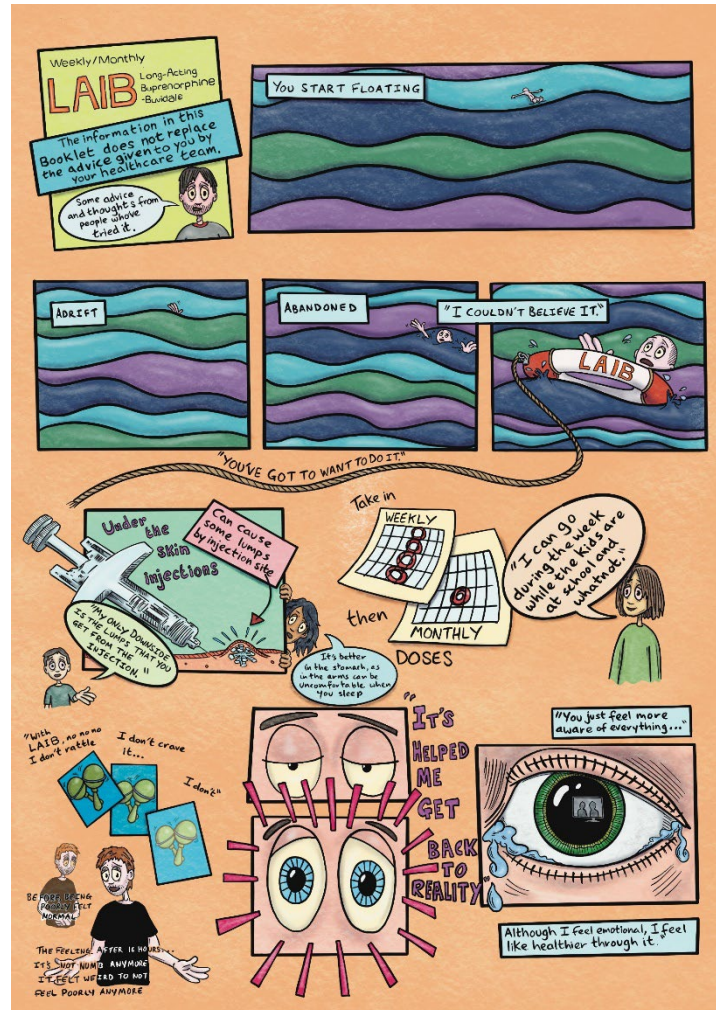
- Information provided
- Need for more/accessible information
 - Benefits
 - Psychosocial interventions
 - Administration
 - Lumps in skin
 - Time needed
 - Interactions
 - Coming off / reducing down

Information

I go through the booklet with them about it. I go through the things that don't work. I also tell them it can be over-ridden, 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. So, they did give me the information. But yeah, maybe that could improve, you know, telling people what to expect basically. (Int 3: MSU)

Leaflet coproduced from the interviews with people with lived experiences



This research was funded as part of the Three NIHR Research Schools' Mental Health Programme Practitioner Evaluation Scheme (MH020). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

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

Contact

r.fish1@lancaster.ac.uk