

## Aims

1. To establish if Buvidal, a long acting buprenorphine injection, retains patients in treatment.
2. To obtain the patient opinion of Buvidal and whether it improved other aspects of their life for example relationships and employment.

## Introduction

Treatment of opiate dependency is an important topic. In 2015/2016 the number of individuals in Scotland with a drug problem was estimated to be 55,800- 58,900, which is approximately a prevalence at 1.62% (1).

The current treatment options for opiate dependence in West Lothian are methadone, sublingual buprenorphine and prolonged release injectable buprenorphine (Buvidal). West Lothian Community Addictions Service started commencing patients on Buvidal in March 2020 and by 31st September 2020 62 patients had been commenced on Buvidal (See Graph 1). Buvidal is significantly more expensive than methadone or sublingual buprenorphine (See Table 1).

The view of patients is crucial. This is supported by research that if patients view an opiate substitute treatment more positively engagement improves (2).

Opioid Substitute Treatment	Cost per week of drug	Cost per month of drug
Methadone 80mls per day	£4.65	£18.59
Buprenorphine Sublingual 16mg/day	£17.96	£71.84
Buprenorphine Sublingual 24mg/day	£26.94	£107.76
Buvidal long acting injection	£55.93	£238.74

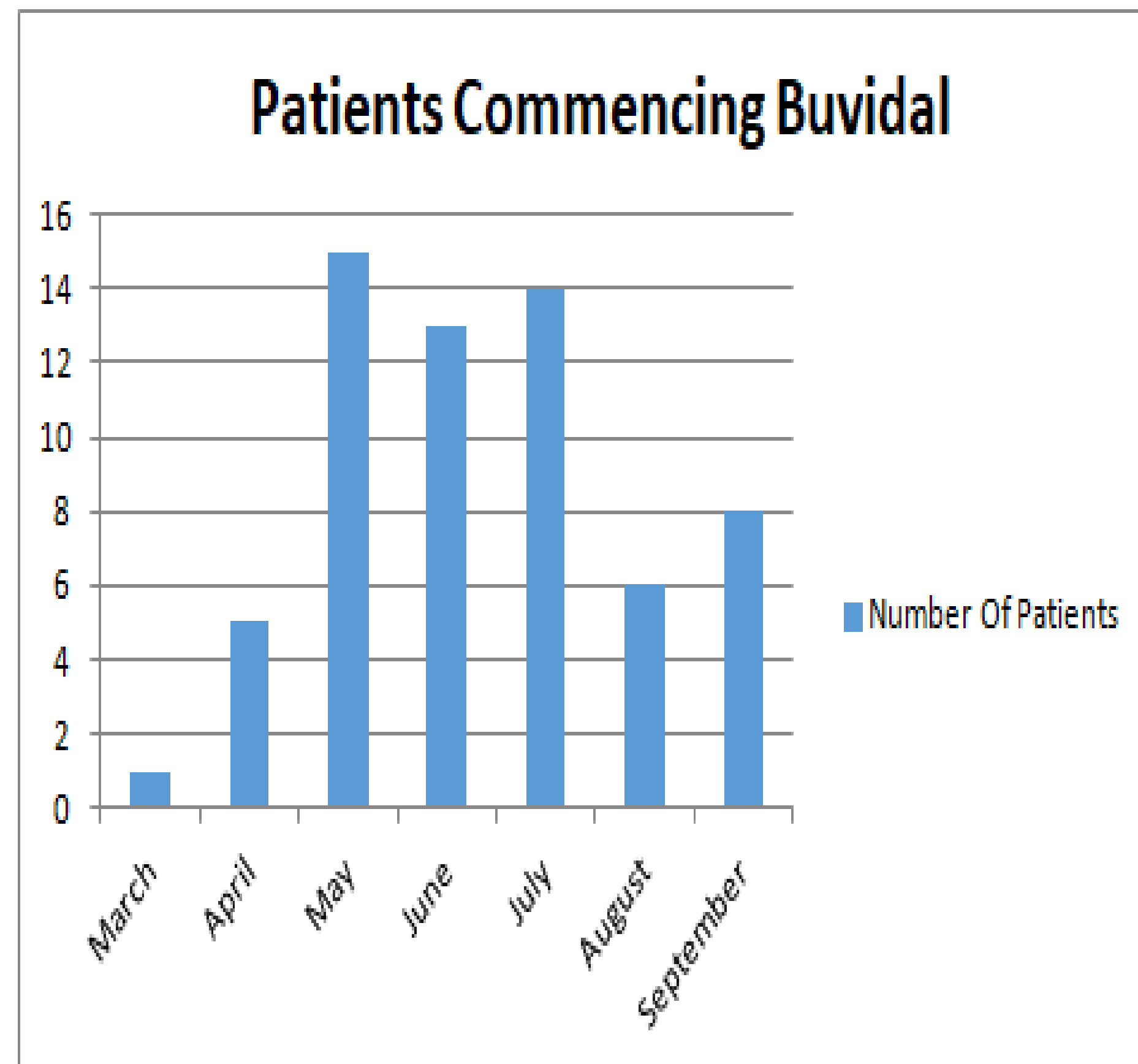
Table 1. Cost Comparison of Opiate Substitute Treatments.

## Methods

Buvidal was offered as a treatment option to all new patients and those who had come off their current prescription. There was no exclusion criteria for which patients could access Buvidal. Information for service evaluation was obtained from the information recorded in their electronic patient record and patient questionnaires.

## Results

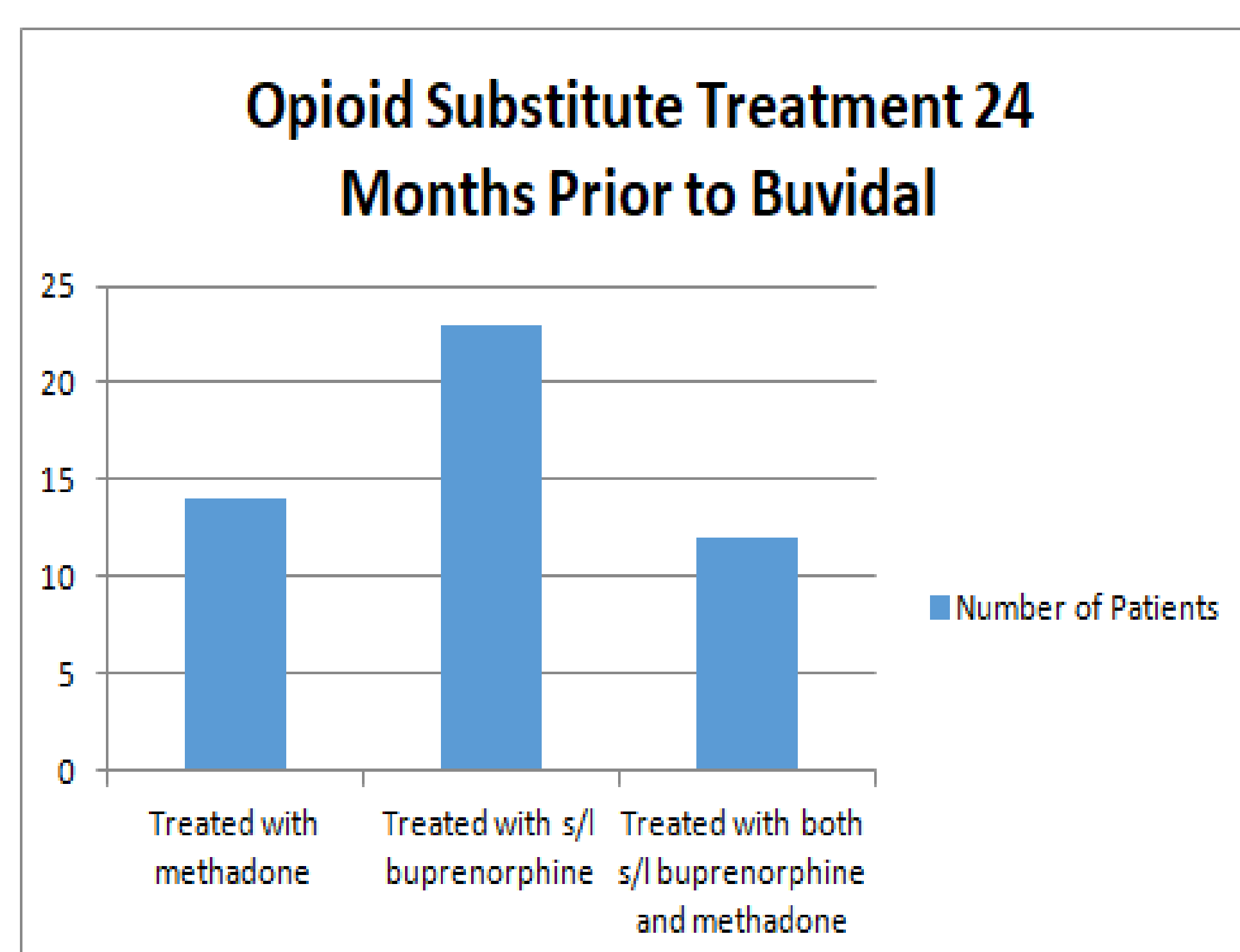
- 84% of patients commenced on Buvidal remained in treatment at the end of September 2020, this did not include those who had been lost due to incarceration in HMP Addiewell, who may have remained on Buvidal.
- Patients previously not successfully maintained on methadone, traditionally viewed as having superior retention, have been retained in treatment on Buvidal (See Graph 2).
- The majority of patients have stabilised on the highest monthly Buvidal dose of 128mg.
- Patients viewed Buvidal very positively.



Graph 1. Number of patients commencing Buvidal.

## Patient Feedback

“I am stable. It’s discreet and the once a month appointments work easily round my life.”  
 “My all-round life has improved dramatically”  
 “It’s a lot better than Methadone and Subutex tablets”  
 “Allowed me to make important decisions with a clear head/mind”  
 “It has made things much easier i.e. work and just getting on with life”



Graph 2. Treatment prior to Buvidal.

Outcome of Commencing Buvidal	Number of Patients
Remained on Buvidal and did not require to be re-titrated	47/62
Required re-titration but remained on Buvidal	5/62
Not Retained on Buvidal	10/62
• Deceased (not related to heroin)	1
• Discharged to assertive outreach	2
• Discontinued and detoxification	1
• Opted to return to sublingual buprenorphine	2
• Opted to return to methadone	1
• HMP Addiewell	3

Table 2. Outcomes of patients commenced on Buvidal.

## Discussion

### Positive Aspects:

- Do not have to attend the pharmacy
- Less restrictive and allows the option of employment
- Cannot be diverted
- Less stigma
- Clarity of mind has not been a barrier to retention
- Patients are actively seeking treatment to access Buvidal

### Negative Aspects:

- More expensive treatment (although allows savings in other areas e.g. criminal justice)
- Less contact with allied health professionals

Retention is crucial given those retained on either methadone or buprenorphine have a lesser risk of overdose and all-cause mortality in people dependent on opioids (3)(4).

At a service level the drug acquisition costs mean Buvidal is a more expensive treatment option. However, it does have the potential to provide savings overall i.e. reduce emergency admissions, to criminal justice and to the wider society. A study which analysed the cost implication of the introduction of prolonged release buprenorphine found it to be effective overall (5).

## Conclusions

- Buvidal has been well tolerated by patients with a patient demand for this treatment.
- The number of patients on Buvidal has continued to increase. It appears that Buvidal will potentially be a superior treatment to stabilise and retain patients in treatment.

## Information

- No declaration of interest
- No source of funding
- Approved as service evaluation project

## References

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