

Benefits of 24/96 Buvidal Assisted Recovery in South Wales – Rapid Service Development due to enhanced country wide Covid-19 funding of this long acting buprenorphine formulation.

Jan Melichar^{1,2}, Julia Lewis³, Laura Pearson¹, Julia Verne⁴, Neil Jones¹, Lucie James¹

¹University Hospital Wales, Cardiff, ²Bath University, ³University of the West of England, ⁴Aneurin Bevan University Health Board, Newport

Results

- 108 patients given Buvidal across South East Wales in specialist NHS services (Newport, Gwent, Cardiff and the Vale)
- In specialist NHS services (Newport, Gwent, Cardiff and the Vale)
- 33 women; 75 men
- 1 (18-24), 44 (25-39); 58 (40-54); 5 (55-64)
- 91 are still in treatment;
- 17 drop outs : 10 treatment disengagers, 1 dropped out because of perceived side effects, 1 dropped out due to a localised injection site infection requiring oral antibiotics, 2 switched to methadone, 1 switched to oral buprenorphine, 1 died 2 weeks after monthly dose with pre-existing severe physical multi-morbidities (awaiting coroner's report)

Detailed results on subset of 55 patients:

- Initial weekly dose: 3 (8mg); 16 (16mg); 31 (24mg); 3 (32mg); 2 (N/A – transferred already on Buvidal)
- Monthly dose: 15 (64mg); 28 (96mg); 8 (128mg); 4 (N/A – 3 only had their weekly dose then dropped out, 1 only just started)
- Top ups: 9 had 8mg top up; 46 did not need a top up due to adequate first weekly dose
- Side effects: Majority of patients reported short-lived (<1min) discomfort at injection site (akin to 'bee sting' or 'alcohol wipe on a rash')
- 1 person had mild constipation; they had a 16mg to 64mg regime; they are still in treatment
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- 2 people had localised reactions (1 mild, 1 moderate); both were 24mg to 96mg; both still in treatment
- 1 person had a precipitated withdrawal and described visual hallucinations; assessed by the CMHT but symptoms resolved and no ongoing concerns; dropped out of treatment)

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Summary: Buprenorphine & Wales in pandemic times

Buprenorphine provides allostatic craving and anxiety reducing benefits across all patient groups, from the complex homeless to those stable on oral buprenorphine.

91 patients (of 108 starts) continue on Buprenorphine in our services

We developed novel approaches to improve the service across patients' varied biopsychosocial multi-morbid needs in the context of Covid-19

Successful switch to 24/96 model.

Psychologically, many patients reported feeling less anxious, with little craving, little on-top opioid use and diminishing use of other illicit substances, with evidence emerging regarding the necessity for appropriate psychosocial support/ interventions. We continue to develop pathways to ensure robust holistic support throughout their recovery journeys.

It was refreshing to introduce a novel long acting version of Buprenorphine that appeared, for many patients, to move them into Recovery in a manner they had not been able to achieve to date. Speeding up getting them onto Buprenorphine due to Covid-19 did not cause any issues or problems – indeed it was beneficial.

Covid-19: Sped up clinical progress – we put a successful bid to Welsh Government to fund BUPRENORPHINE nationwide

Now usually 24mg BUPRENORPHINE Weekly (week 1)

Then usually 96mg BUPRENORPHINE Monthly (week 2)

In effect start with 16mg oral buprenorphine equivalent

To date over 70 patients started as above

Virtually all patients have significant clinical improvement

Conflict of interest statement: Dr Melichar has provided consultancy work, presentations, training and chaired panel discussions for all the companies in this area in the UK and some outside the UK. Recent work includes Althea (UK), Britannia (UK), Camurus (UK and Global), Martindale (UK), Indivior (Global, UK, EMEA and Australian divisions) and USWorldMeds (US)