

# What should I know about Long-Acting Depot Buprenorphine?

## A Brief Guide to LADB

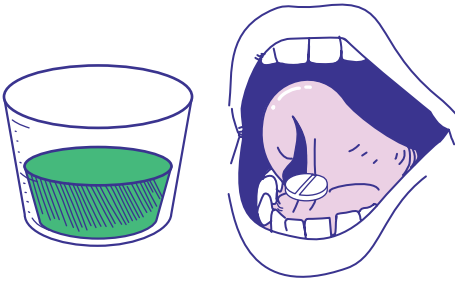
*Developed as part of the Unitaid LADB Values and Preferences Study*

### Introduction

This resource explains what LADB is and the role it can play in the treatment of opioid dependence.

### What is Opioid Agonist Maintenance Treatment (OAMT)?

OAMT are medications for the treatment for opioid dependence. The best known Opioid Agonist Maintenance Treatment (OAMT) medications are liquid methadone and sublingual buprenorphine. Both are taken orally, once daily.



## What is the Difference between Buprenorphine and Methadone?

Methadone is an agonist which fully activates the opioid receptors in the brain with strong opioid effects. Buprenorphine only partially activates the opioid receptors in the brain giving some opioid effects. Buprenorphine tends not to make people as sedated or drowsy. Many people report that they are clearer minded and energetic on buprenorphine compared to methadone. For some, buprenorphine does not have the same level of effect as other opioids.

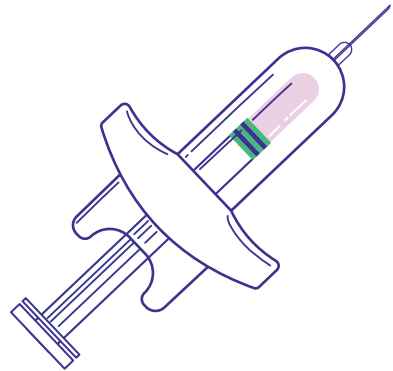
## Which OAMT medication is right for me?

Your past experience with methadone or buprenorphine will help you make an informed choice about OAMT. If you have used buprenorphine before then this shows you can benefit from buprenorphine and potentially also the depot injection. If methadone helped you achieve your treatment goals, then this may be a better match for you. It's

your choice informed by your past experience with OAMT and the advice of your treatment provider.

## What is long-acting depot buprenorphine or LADB?

Long-acting depot buprenorphine or LADB is a new form of buprenorphine that is injected under the skin where it forms a deposit or "depot" that is slowly absorbed by the body. Bupival is one of the two LADB products which were approved after clinical trials demonstrated their effectiveness and safety.



## Introducing Bupival®

Bupival® is an oily liquid that, when injected, forms a wax like deposit under the skin which is slowly absorbed by the body over several weeks. Bupival has two formulations – one that lasts for approximately one week and another that lasts for about a month. The monthly depot offers the greatest

treatment flexibility and the one-week depot is used as people start on Buprenorphine. Each form of Buprenorphine comes in four different dose strengths.

## Why might people with opioid dependence choose LADB over daily oral methadone or sublingual buprenorphine?

LADB may be more attractive to people trying to stop using opioids completely and who want greater freedom and less contact with their clinic.

It allows for much greater freedom of movement for work, study, travel and family life. It offers an end to daily treatment dosing given the depot injection lasts for one month. While the depot injection must be administered by a trained and certified nurse or doctor, there can be flexibility around the day of administering the depot. Women and parents on LADB describe the benefit of greater treatment flexibility and not having to take children to dispensing services.

## How do I start on LADB?

There are different ways to transfer on to LADB depending on whether you are currently using heroin, liquid

or tablet methadone or sublingual buprenorphine. Your prescribing doctor can discuss these options with you if you choose LADB.

At the start of LADB treatment, you may be offered a sublingual dose of buprenorphine to make sure you can tolerate buprenorphine.



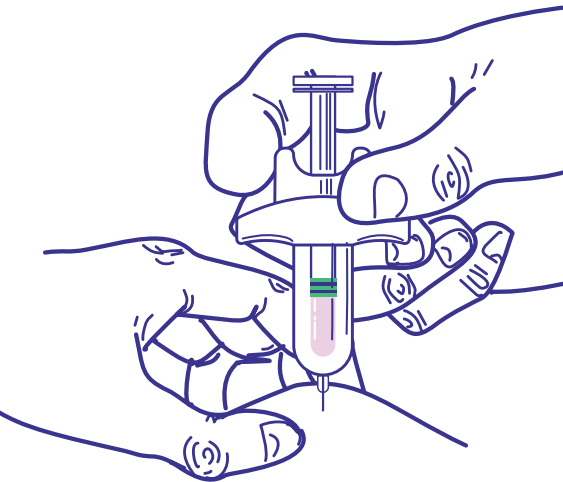
## Finding the right dose and flexible redosing

You will normally feel the effects of Buprenorphine 1 to 2 hours after receiving the injection. Finding the right dose for you is part of the 'stabilisation' stage of OAMT. There is normally a bit of trial and error at the start of your treatment. The correct dose should reduce cravings, and higher doses will better blunt the effects of other opioids such as heroin. Sometimes the initial doses may not last the full week or month.

However, if you start feeling withdrawal symptoms or opioid cravings before the end of this period, you can get your next dose early or have a 'booster dose' or top up doses of sublingual buprenorphine. Once you are on a stable dose of LADB, you may find that sometimes you may need to come in earlier than planned for your next dose or you may find that you can comfortably go for longer periods between injections.

## How is Buprenorphine administered?

Buprenorphine is injected under the skin by a trained health care worker - generally in either the upper arm, stomach, buttock, and thigh. You can choose where you'd like to receive the injection from these sites on your body and they should change or rotate the place they inject you each time to avoid continually irritating the same place on your body.



## What happens if it turns out LADB doesn't work for me after all?

If LADB is not the right OAMT for you then you will have the option of trying another treatment option, such as liquid methadone or sublingual buprenorphine.

## Summary

Choice is key. You should always be offered access to either oral methadone or sublingual buprenorphine as well as LADB. We want to support you to make informed choices, so you have the best outcome from your chosen OAMT medication.

### Supporting resources

**LADB Client Guide** - includes a table to help you determine which OAMT medication is right for you.

**LADB Peer Education Tool** - simple tool to help you consider whether LADB is the right medication for you or to help you review and fully understand your choice.