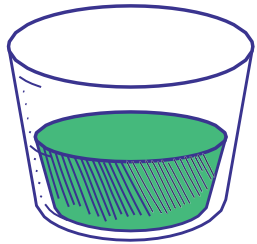


Peer Education Tool: Long-Acting Depot Buprenorphine

Developed a part of the Unitaid LADB Values and Preferences Study

There are currently two types of daily Opioid Agonist Maintenance Treatment



Daily Oral Methadone

- Daily opioid agonist
- Reduces opioid cravings and withdrawals
- Higher doses blunts the effects of opioids



Daily Sub-lingual buprenorphine

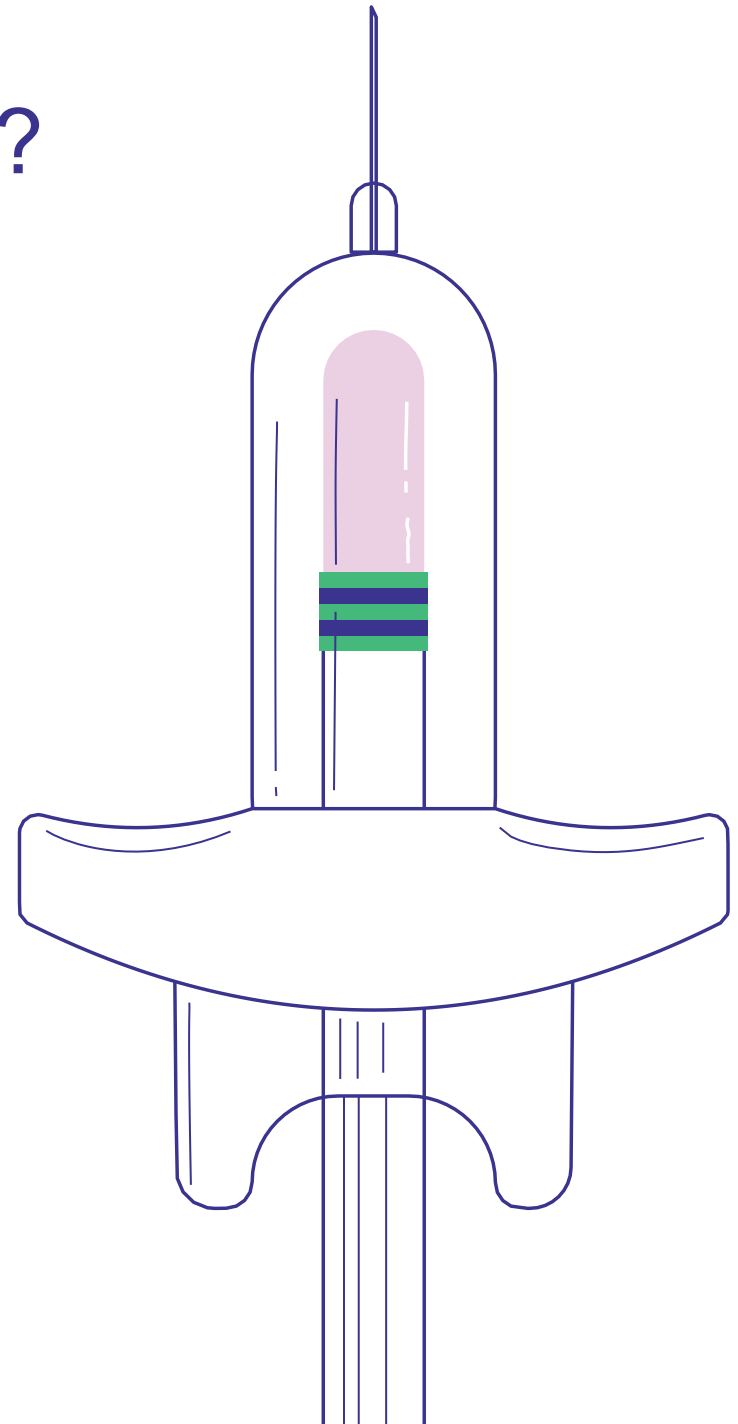
- Daily opioid agonist
- Reduces opioid cravings and withdrawals
- Leaves people feeling more clear minded and energetic than with methadone
- Blunts the effects of opioids



Some countries have access to take home doses for daily methadone or sub-lingual buprenorphine

What is Long-Acting Depot Buprenorphine (LADB)?

- The medicine is injected under the skin and forms deposit or “depot”
- Medication is released slowly and absorbed by the body over time
- At the end of the dosing period, there is nothing left to be removed
- There are two LADB products on the market globally.
- One product, Buprenorphine comes in a one-week dose for start of treatment (one injection per week), and then people use the one-month dose (one injection per month)
- LADB may be more attractive to people trying to stop using drugs completely and who want greater freedom and less engagement with their clinic



Is LADB the right option for me?

Pros

- More convenience and greater flexibility with work and education
- Only having to go to the clinic once a month
- Not having to wait at the pharmacy or dispensing service
- Reduced transportation costs due to less frequent visits to clinic compared to daily treatment
- Greater mental clarity and energy
- Less likely to use while on it (particularly when on higher doses of LADB) – less exposure to risk of using while receiving medication or attending drug treatment service
- Less incentive or possibility of diversion (selling your meds)
- Level treatment – less of the ups and downs of daily dosing
- It's much easier to travel when on LADB

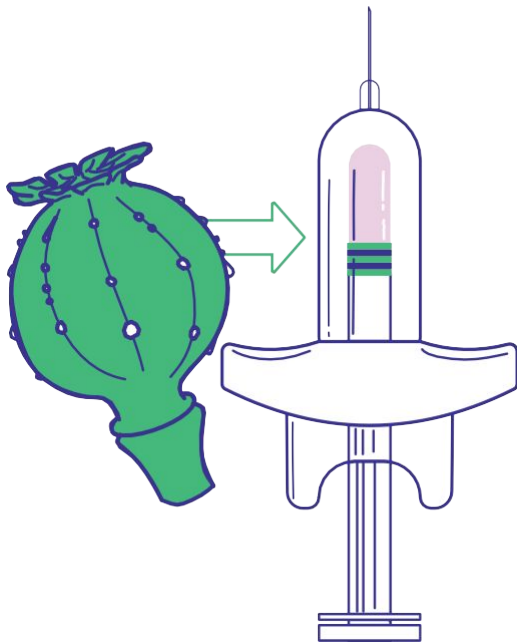
Cons

- Monthly injections that can be painful - some describe it as like a bee sting, which passes in a few minutes. Some find it itchy.
- Some people reported being restless and having too much energy the first 48 hours after their injection
- Constipation (also a common side effect with other OAMT medications).
- Potential increased waiting time to get injected at some clinics
- Less spontaneous access to the social or psychosocial support of attending drug treatment service.

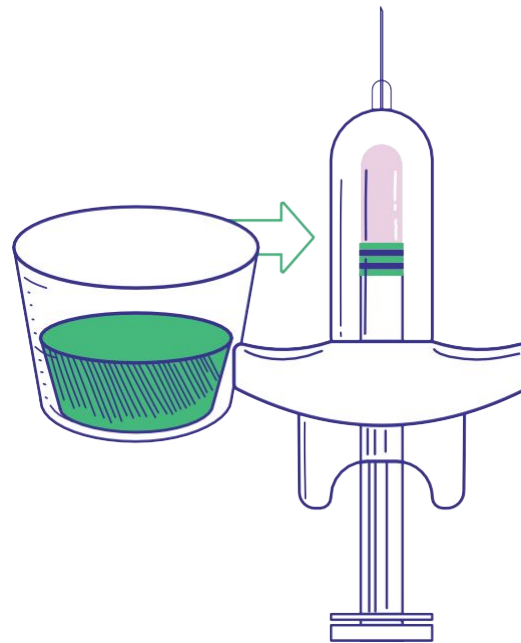
Starting on LADB

There are three pathways to start on LADB:

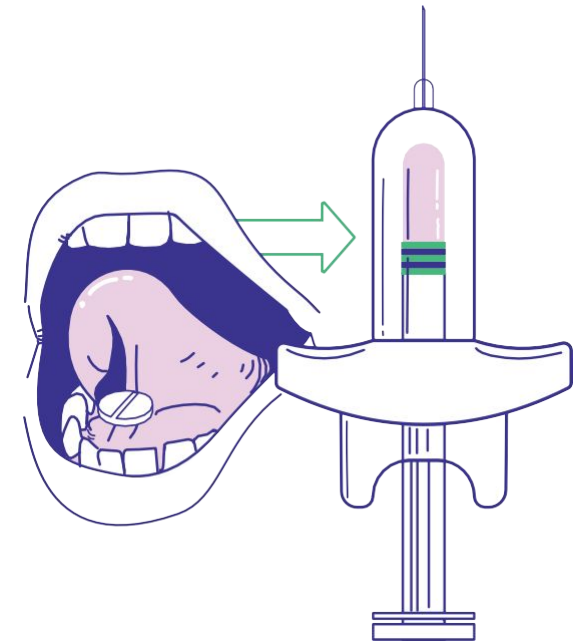
1. Transfer from street heroin and opioids



2. Transfer from daily methadone

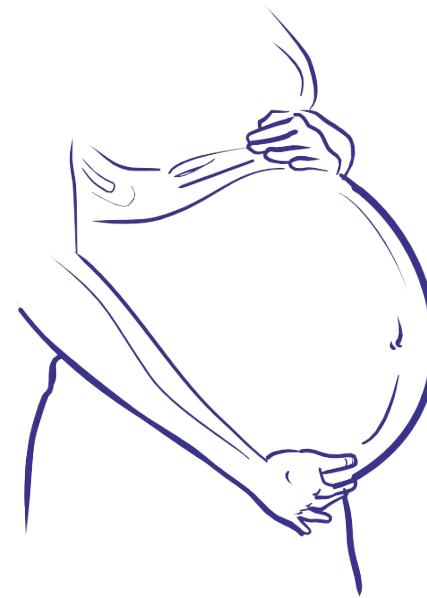
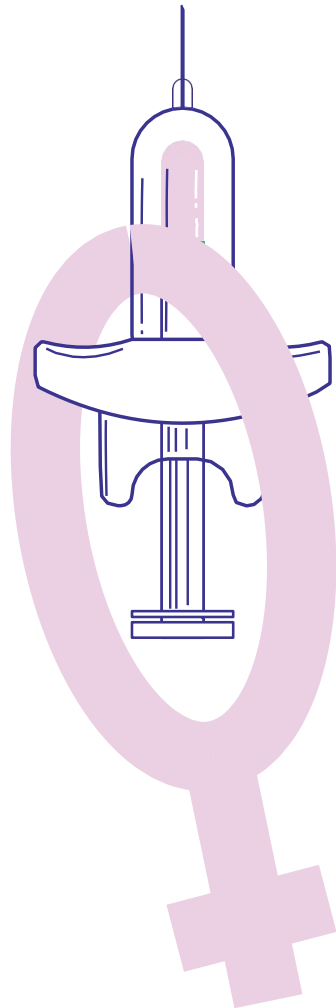


3. Transfer from daily sublingual buprenorphine



LADB and Women

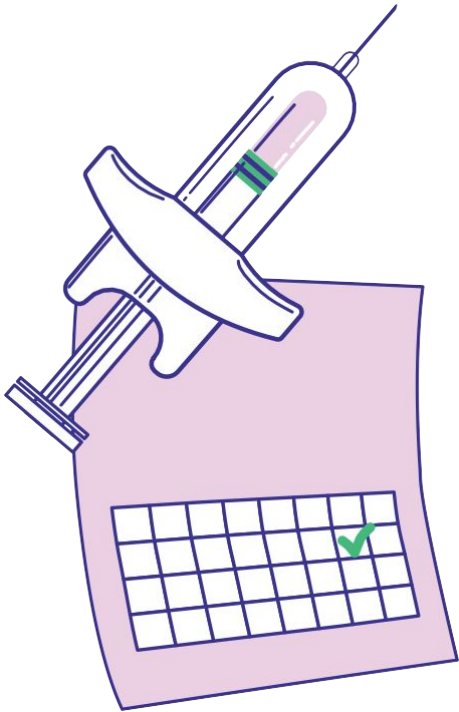
- Greater treatment flexibility with once per month dosing
- Not having to take children to dispensing services



Pregnancy and breastfeeding

- Buprenorphine is a new formulation and there is a lack of certainty about impact of Buprenorphine on pregnancy and breastfeeding
- If you are planning to get pregnant it may be better to stay with methadone or sub-lingual buprenorphine, as we are still learning about LADB
- Breastfeeding benefits infant health
- If you become pregnant while on LADB then you should discuss this with your clinician who will help you make the best decision for your health and the health of your fetus / breastfeeding child.

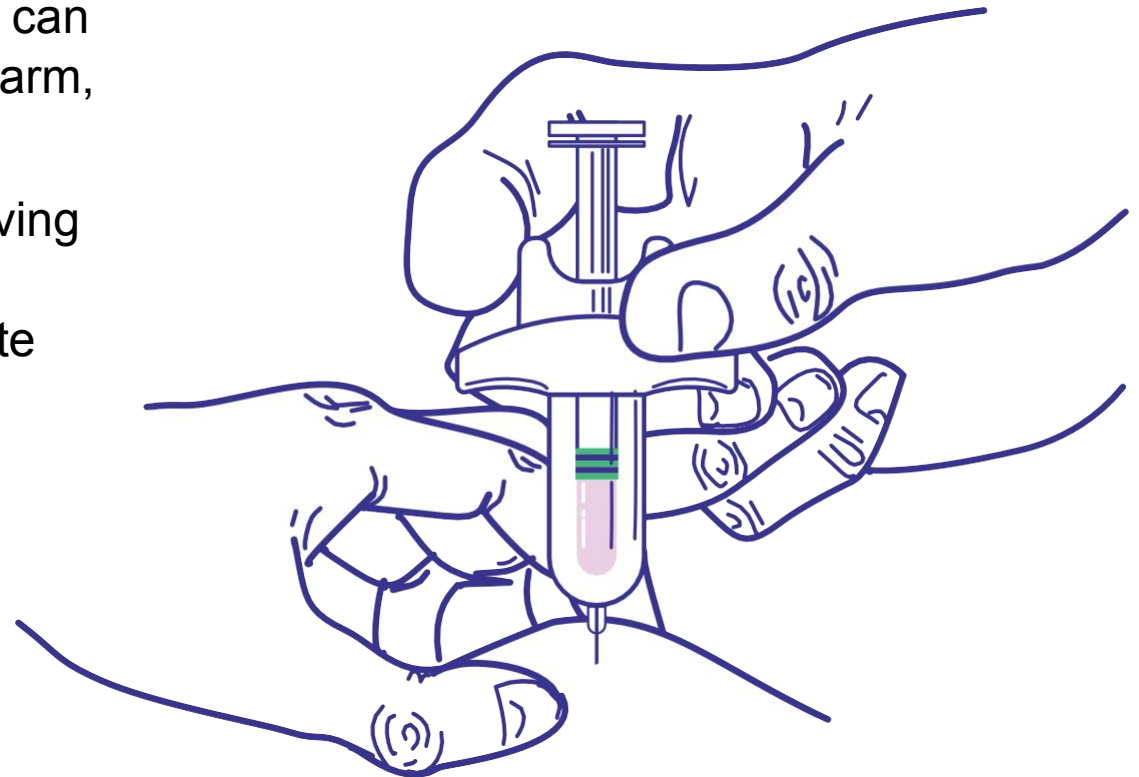
Getting the dose right



- There will likely be an adjustment period at the start of your treatment to achieve the right dosage
- LADB builds up and stays in your body for a long time
- There should be options to get your new dose early or to take a 'booster dose' of sublingual buprenorphine if you have withdrawal symptoms or opioid cravings
- LADB does not make you high. So, the right dose makes sure you are not experiencing withdrawals

Administration of LADB

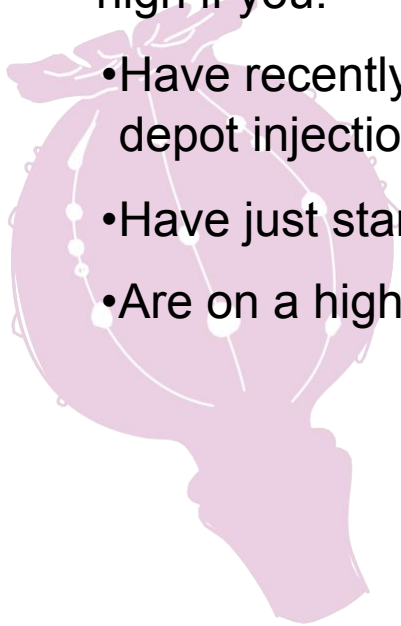
- LADB must be administered by a nurse or doctor at a clinic
- Buvidal is injected under the skin above various muscle groups
- It helps to rotate where you receive the injection on your body. And you can choose. The options are: upper arm, stomach, buttock, thigh.
- You may feel a sharp pain when receiving the injection but this passes in a few minutes. Putting ice on the injection site can ease the pain



Using other drugs and alcohol on LADB

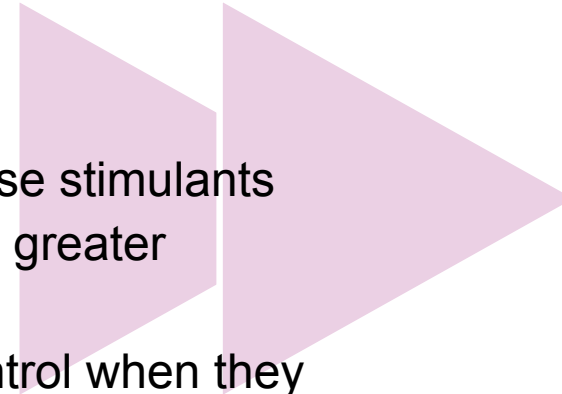
Heroin and other opioids

- Some people can still feel a high from injecting heroin while on LADB. Others say they cannot feel a high.
- You are less likely to feel a high if you:
 - Have recently taken your depot injection
 - Have just started LADB
 - Are on a higher dose of LADB



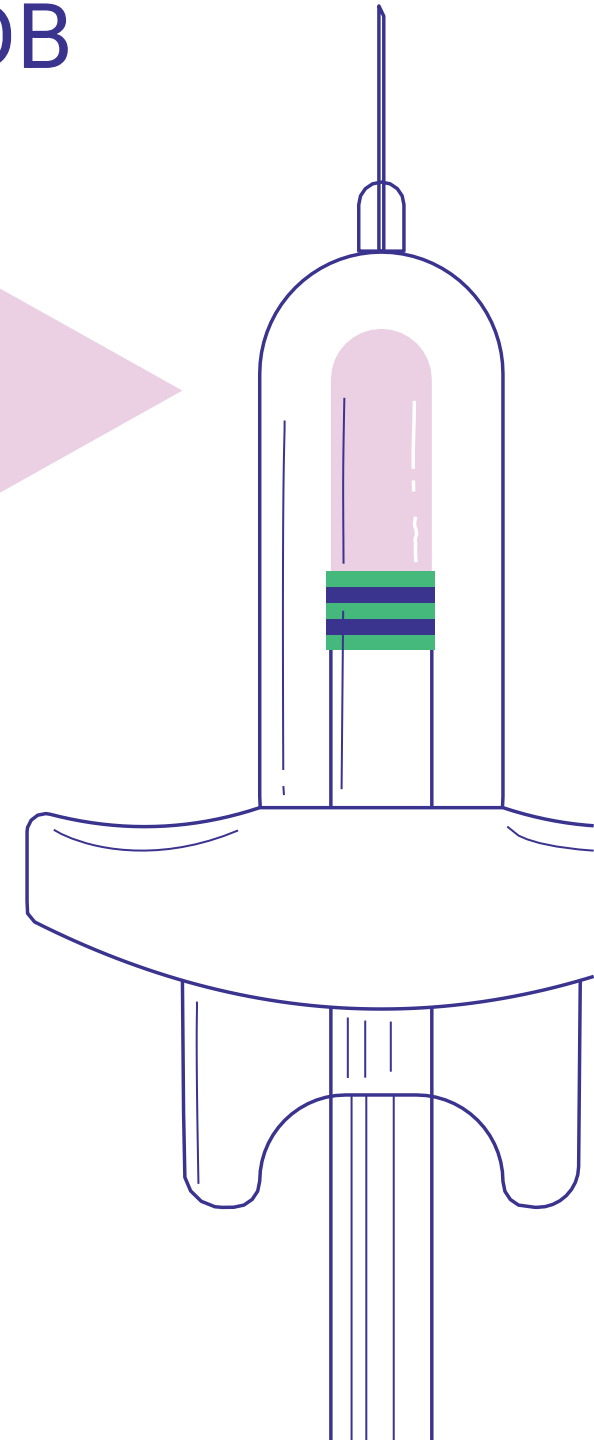
Stimulants

- People who use stimulants say they have greater problems managing control when they don't have a short acting opiate to help them come down



Alcohol

- Watch out as you may find yourself wanting to drink more to compensate for the lack of opioids



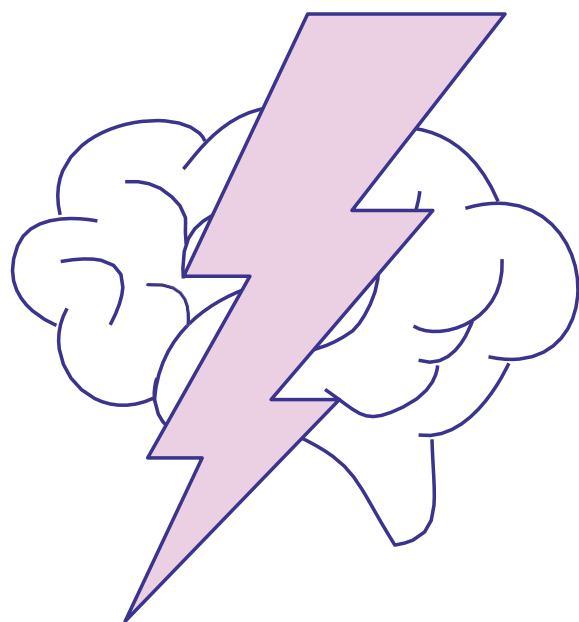
Opioid Overdose and Naloxone

- The greatest risk of overdose comes with mixing depressant drugs, including opioids, alcohol, benzodiazepines, barbiturates, GHB, and some antipsychotic medications
- Carry Naloxone (the opioid overdose reversal drug) and make sure you and your friends know how to use it



Pain control and managing your health

- LADB can help ease moderate to severe pain
- LADB can free up your time to focus on other health issues
- Tell your doctor that you are on LADB if you have an accident or need surgery



Psychosocial support

- Good quality drug treatment is a combination of medication and psychosocial support
- When you start on buprenorphine and LADB, emotional issues may come up. For most this calms down in time.
- If this doesn't settle down, then ask your medical team for help
- Your support needs will be unique and

What if LADB doesn't work for me?

If LADB is not right for you then you can transfer back to either oral methadone or sublingual buprenorphine

Stopping LADB

- LADB protects you from opioid withdrawals and cravings
- If LADB gives you the confidence to consider stop taking all opioids, then discuss this with your doctor and plan your detox together
- The best way to detox is to reduce the dose slowly in discussion with your doctor

