Rapid Addiction Service development of Buvidal Assisted Recovery in South Wales – experience gained from enhanced country wide Covid-19 funding of a long acting Buprenorphine formulation

Authors: Dr J Melichar[1,2], Dr L Pearson[1], Dr J Verne[3], Dr L James[1] & Dr J Lewis[4]

[1]University Hospital Wales, Cardiff, [2]Bath University,
[3]University of the West of England, [4]Aneurin Bevan University Health Board, Newport
Contact: Jan.Melichar@wales.nhs.uk

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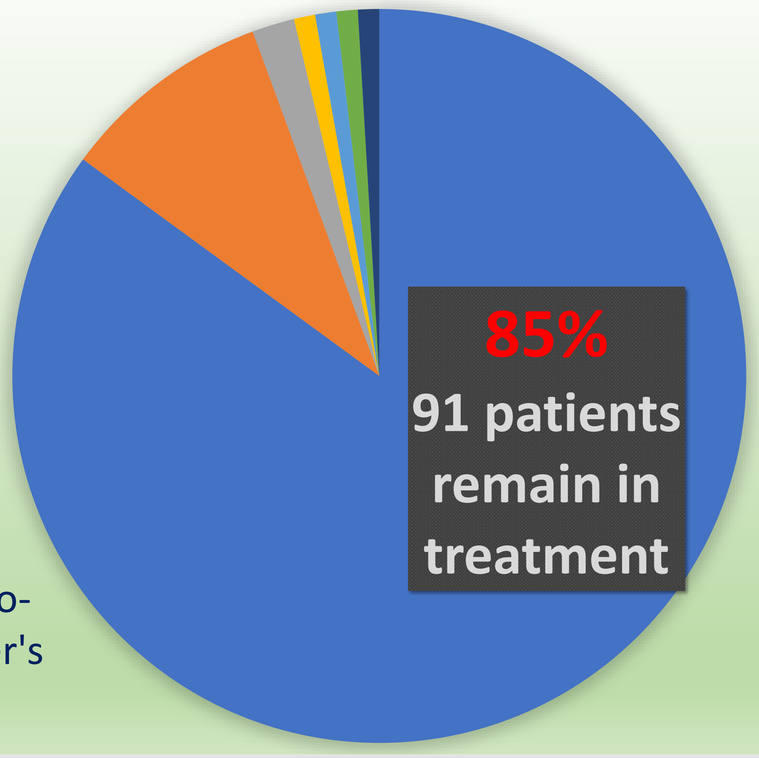
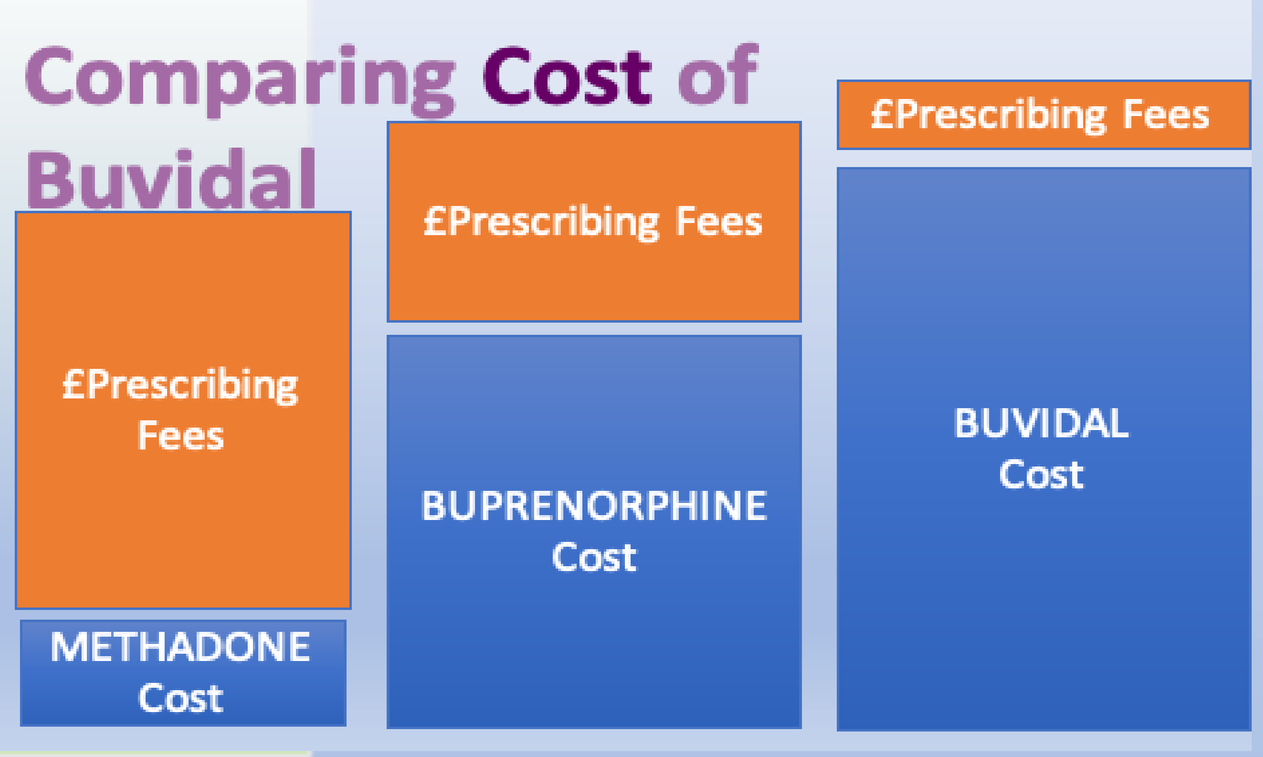
Preliminary conclusions: The introduction of a novel long acting version of Buprenorphine appears, for many patients, to move them into recovery (no illicit use, returning to work etc) in a manner they had not been able to achieve to date, despite, for most, numerous treatment episodes with oral Methadone or Buprenorphine. The benefits of this allostatic formulation include a reduction in craving and anxiety, little on-top opioid use and diminishing use of other illicit substances. Importantly, following titration, Buvidal is administered monthly, reducing the need for patients to regularly attend the clinic and thereby reducing potential exposure of this vulnerable patient group to Covid-19.

10 patients disengaged from tx
2 switched to Methadone,
1 to oral Buprenorphine
1 left tx due to perceived SEs
1 left tx due to site infection
1 patient died (multiple physical co-morbitidies, coroner's report pending)





Introduction: Buvidal – a novel long acting Buprenorphine subcutaneous injection - has been introduced to a range of complex patients – may with significant co-morbidities - in South Wales following a Covid-19 request for Welsh government funding by the authors in March 2020. Buvidal provides allostatic craving and anxiety reducing benefits compared to oral Buprenorphine and can be administered monthly, thus having obvious benefits in a pandemic.

Methods: We recruited from our Newport and Cardiff services as part of a service evaluation. We developed novel approaches to improve the service across patients' varied biopsychosocial multi-morbid needs in the context of Covid-19. A more rapid initiation process was adopted compared to the usual slow four week titration.

Results: 108 patients were recruited, 91 remain in treatment at present (significantly more than most oral treatment initiations in this group) and most were on a stable dose (96mg or 128mg) by month three with no significant differences in side effects compared to the original slower protocol. Many patients reported fewer cravings, less on-top use of opiates, reduced anxiety and were satisfied with the convenience of monthly administration.