

EXPERIENCES OF LONG-ACTING INJECTABLE BUPRENORPHINE PROVISION IN SCOTLAND

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RESEARCH AND PEER ENGAGEMENT TEAM



EXECUTIVE
SUMMARY:



FULL
REPORT:



THANKS

Special thanks to lead researcher **Louise Horn** and our peer research team: **Jacqui, Gary, Nicki, Chris, Denise, Craig, Alex and Vikki.**

Thank you to the Scottish Government who supported this work with funding. Thanks also to the Alcohol and Drug Partnerships and services across the four health boards.

Huge thank you to all evaluation participants!

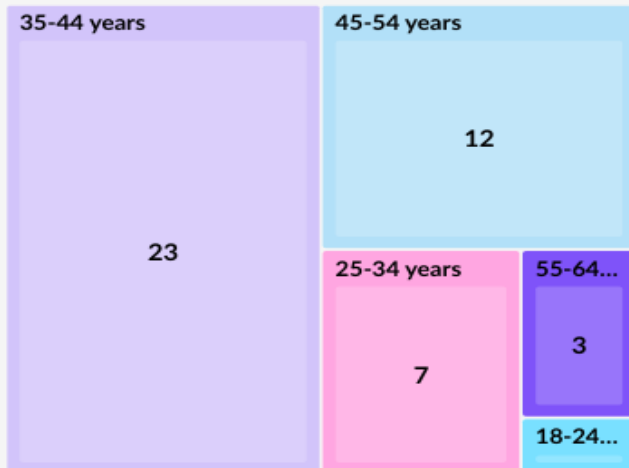


DEMOGRAPHICS (N=108)

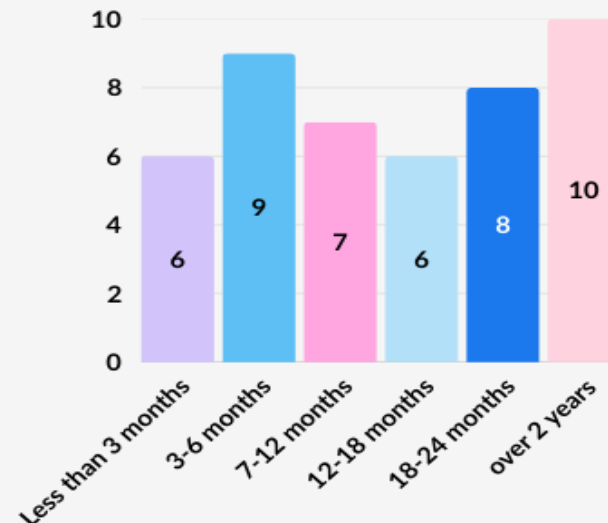
People in LAIB treatment n=55 (46 community, 9 prison)

Lothian (n=12)	Forth Valley (n=12)	Highland (n=12)	Dumfries & Galloway (n=10)
<ul style="list-style-type: none"> Edinburgh City South East Edinburgh South West Edinburgh North West Edinburgh East Lothian Midlothian West Lothian 	<ul style="list-style-type: none"> Falkirk Stirling Alloa 	<ul style="list-style-type: none"> Nairn Thurso Inverness Strathspey Helensburgh Dunoon Campbeltown Oban 	<ul style="list-style-type: none"> Dumfries Stranraer Stewarty Annandale Wigtownshire

Age range of participants



Length of time on LAIB



Staff n=53

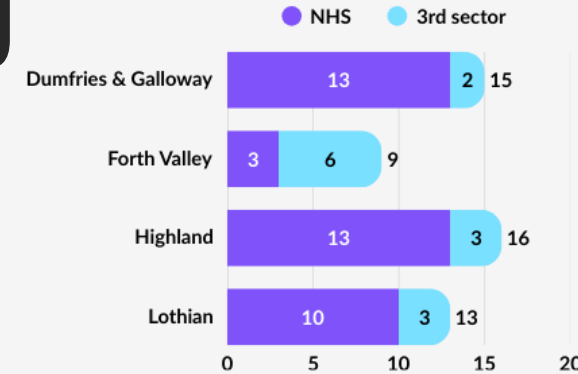


Staff roles within NHS

Staff could select multiple answers:

29 = administration of injection & support
 17 = prescriber for LAIB
 3 = administer injection only
 3 = provide support only
 5 = other roles

Staff by Health Board



Multiple localities were represented across each health board:

*Some staff were working across their entire health board.

Lothian (n=13)	Forth Valley (n=9)	Highland (n=16)	Dumfries & Galloway (n=15)
<ul style="list-style-type: none"> East Lothian Edinburgh North West South West 	<ul style="list-style-type: none"> Falkirk Stirling 	<ul style="list-style-type: none"> Argyll & Bute (including Cowal & Bute, Helensburgh & Lomond and Oban) Caithness Inverness Mid/East Ross-shire 	<ul style="list-style-type: none"> Annandale & Eskdale Dumfries Nithsdale Stewarty Stranraer



9 prison residents from HMP Dumfries and HMP Inverness over 3x focus groups

All males, aged between 29 and 43 who had been sentenced

8 were currently receiving LAIB, 1 had previously been on LAIB and was now receiving Espranor.

KEY THEMES

Impact:

"My mum can now look at her son and be proud of what I have achieved and how far I have come. I have my kids back and that's my new focus."

Expectations:

"When I started, obviously it was quite new and getting told that I would have an injection instead of tablets and it would be administered to me once a month and I would have complete lack of control of my...like my medicine and my sobriety and it would all be managed by this one monthly jag, which sounded like a miracle cure em, was pretty scary and pretty daunting."

Half used substances on top of LAIB:

"Buvidal helps with opiate-based dependence but not much else. I think more work needs to be done around why people take substances and use alcohol as that's something that is never really explored."

Harm reduction-opportunities to widen support for people who use cocaine/crack:

"Access to safer inhalation pipes would be great to be able to engage with those using crack. If we had more trained staff, we could catch more of them for impromptu one-to-one support meetings."

Choice:

"In the jail, they don't want you or anyone on Subutex as it gets sold etc so anyone who comes in on it is quickly moved onto Buvidal so there isn't really a choice in it"

Wraparound support:

"He phones me a lot just to check up on me, he is really good at attending like my children's hearings and things that like that, like putting in all the positive stuff like, no just the negative."

"I like the idea of a safer inhalation pipe"

KEY THEMES

Need for preparation and support for mental health/emotions returning:

"at the beginning obviously, I struggled with mental health, my anxiety was crazy because you had 20 odd years of being an addict of an opiate and then suddenly, you're getting an opiate blocker and you're, you don't know how to cope with your life."

Gaps in support:

"Buvidal support in some ways is the same and in others, the same things remain a problem - no real, quick access to mental health services and help. That is an ongoing issue, we must fight to get to be seen"

Benefits:

"I feel like I'm back to my normal self. I do have a cry. I do feel a stress. I do feel love, but I feel everything now that I couldn't feel before."

"Not being able to cope with clarity and all the feelings that come up. These seemed to be subdued more so with methadone. Basically, they have not learned to deal with their trauma so the initial reason for using drugs is still there, it has not been dealt with."

Stigma:

"This doesn't feel like opiate treatment, it just feels normal and like a depot jag and then you get on with your life and that is the difference with this."

Peer education and support:

"I don't find people read leaflets, too much longwinded explanation. I need to hear it from the horse, someone that's been there, do you know?" "I really spoke to my mates about how they found it - they did a better job telling me some of the realities of it compared to the workers."

Need for clearer information:

"The beginning of the process, there was not the information that was needed."

**REGARDLESS OF EXPERIENCE, ALL
PARTICIPANTS SAID THEY WOULD
ENCOURAGE OTHERS TO TRY THE
TREATMENT**

65%



**RATED LONG-ACTING BUPRENORPHINE
AS GOOD OR VERY GOOD**

92%



**OF STAFF SAID REDUCED PHARMACY
CONTACT WAS A KEY MOTIVATION**

“NOT ONLY DO THEY SEE IT BENEFICIAL TO HAVE LESS PHARMACY CONTACT OR CONTACT WITH US, THEY ALSO FEEL IT IS LIKE ‘THEY HAVE THEIR LIFE BACK’ AND THEY ARE NOT HAVING TO ‘REPORT’ TO SERVICES. THE PEOPLE LIKE HAVING A SENSE OF FREEDOM, THAT THEY CAN GO AWAY ON HOLIDAY AND NOT HAVE TO WORRY ABOUT THEIR SCRIPTS.”

RECOMMENDATIONS



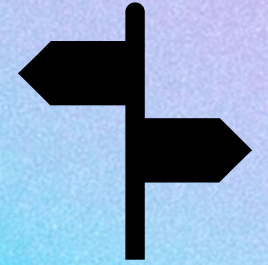
Access

Information: Everyone should be offered consistent access to high quality and accessible information on LAIB prior to considering commencement of the treatment and at key transition points e.g. reducing or stopping.

Peer education and support: Services should expand existing living or lived experience roles within services to formally include peer education about LAIB to support informed decision-making.

Prescribing: Regional disparities in access should be addressed by sharing best practices and ensuring equitable resource allocation, therefore supporting areas to scale up provision and provide more consistent access across all localities.

RECOMMENDATIONS



Choice:

Choice within treatment: All individuals - whether in the community or custody - should have access to a full range of MAT options.

Treatment delivery: LAIB delivery should be expanded across a broader range of treatment settings to allow more equitable access.

Stigma: Stigma surrounding all forms of MAT should be addressed to avoid treatment preferences being impacted by misinformation.

RECOMMENDATIONS



Substance use

Harm reduction: Tailored harm reduction advice and equipment (including safer inhalation pipes and drug checking services) should be offered routinely in line with MAT standard 4 to reduce risk of overdose and other risks.

Person-centred support: Support offered for substance use should be person-centred, taking account of gendered issues and specific patterns of use.

RECOMMENDATIONS



Support

Person-centred support: Support alongside LAIB delivery should be tailored to the individual, balancing the flexibility that LAIB can provide with more structured and regular supports where needed and wanted.

Mental health and psychosocial support: Access to mental health and psychosocial supports should be improved, ensuring consistency and equity around what people can access across all localities and settings.

Care planning and coordination: Coordinated care led by collaborative care plans should be a key part of holistic care in LAIB treatment.

**"IT'S LET ME GET ON WITH MY LIFE, EM LIKE I'VE I'VE SAID,
LIKE MAYBE A FEW YEARS AGO, LIKE WHERE I WOULD BE
TODAY I WOULDNAY, I WOULD PROBABLY LAST, BUT LIKE I'VE
GOT MY KIDS, AND I'VE GOT MY HOUSE AND LIKE I'M
VOLUNTEERING AND GIVING SOMETHING BACK EH SO I'VE
HAD A REALLY POSITIVE EXPERIENCE. EM AND I THINK WITH
THE RIGHT SUPPORT, ROUND ABOUT PEOPLE, YEAH, IT IT
DOES WORK"**

READ MORE:

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**FULL
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