Buvidal® Peer-led Review

Insights, data and recommendations on improving the treatment journey - led by people with lived and living experience of addiction.

#NoMoreLiquidHandcuffs

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Introduction

This review is a peer-led evaluation, part-funded by Welsh Government, to gain valuable qualitative insights into the Buvidal® treatment journey. The survey process was designed and delivered wholly by peers, who each have their own experiences of receiving opiate substitution therapy including individuals who are currently on a Buvidal® prescription and as a result have first hand experience of this new form of OST.

As in our previous peer-led study, (COVID19 Impact Review), we asked peers to evaluate service provision to provide us with a rich, authentic and transparent review, encouraging the peers to feel included, valued and trusted throughout the process. Our aim was to conduct an impartial study, interviewing two sets of respondents – those who responded well to Buvidal®, and those who faced challenges that caused them to stop the medication. Whilst the feedback from respondents overall was overwhelmingly positive regarding their experiences on Buvidal® – there were some respondents who struggled on the medication, and their testimony provides insights into how we can improve pathways and mitigate these challenges.

As with our previous CV19 impact study, our peers met to produce a set of interview questions, questions they believed would provide the most insight into people's experiences. Together we then combined these with the areas that Welsh Government's substance misuse team needed to review.

Peer-led reviews do not simply gather data and inform recommendations for providers and commissioners. Importantly, they give the peers a sense of purpose and belonging, extending them an opportunity to build connections and really influence process and strategy.

Buvidal® may be the OST game changer of the last decade, and so ensuring that peers are at the heart of its review and development in Wales is as integral as the forthcoming academic research. I would like to thank the Welsh Government for their investment in this second peer-led review, and for ensuring that the peers were financially rewarded for their time, commitment and passion.

Background

Opioid substitution treatment (OST) is the most common form of medical treatment for opioid dependency in the UK. Most often, this includes Methadone (a full opioid agonist) or sublingual Buprenorphine (a partial opioid agonist), both of which are typically prescribed for oral consumption and taken on a daily basis, under the supervision of a specialised practitioner. The primary goals of OST relate to health stabilisation, as well as supporting improvements to the individual's personal, social and family life.

Methadone and sublingual forms of Buprenorphine have been found to be effective in reducing rates of infectious disease transmission, overdose, and mortality . Such forms of OST have also been found to improve health outcomes and increase access to other services and therapies that provide additional psychosocial support. (Predictors of Buvidal® treatment and changes in psychosocial outcomes for service users accessing support for opioid dependency from a Dyfodol service: A service evaluation, Dyfodol South Wales).

However, some people do not seem to benefit from such forms of medication and a significant proportion continue to use illicit substances, including opioids, whilst on OST. Due to the continued use of substances, treatment outcomes are often compromised. Treatment barriers associated with Methadone and sublingual forms of OST include limited accessibility for people living in rural areas, potential stigma from attending treatment bases and the use of chemist attendance as a tool for treatment providers to both reward and punish people receiving a prescription for OST. These experiences undermine trust and satisfaction, sometimes leading to non-engagement, diversion and misuse.

To overcome the obstacles related to oral medications, there have been developments in the manufacturing of a new form of OST, Buvidal®. Buvidal® is a slow-release medication that is subcutaneously injected and provides Buprenorphine exposure for either one week following a single injection, or one month. Buvidal® has therefore been designed for flexible dosing, to meet individual needs. Current costs of Buvidal® are higher than general forms of Buprenorphine, and remain significantly higher than Methadone.

Method

This review utilised information from an administrative database for adult service users (18+) receiving Buvidal® treatment for opioid dependency between March 2021 and October 2021, as part of Kaleidoscope's clinical services across Wales.

A contact within each of Kaleidoscope's regional clinical teams was established, who was responsible for collating the details of people prescribed Buvidal®. Details included gender, area and whether their experience of Buvidal® treatment was positive or negative. We determined to select a fair balance of positive and negative experiences.

A network of peers with lived and living experience, several of whom had lived experience of Buvidal® treatment specifically, were recruited to lead the survey review. The peers were involved in the design of our Buvidal® review survey, providing invaluable input on every question asked. They were then given a database of people prescribed Buvidal® to contact and conduct the survey over the phone, inputting responses directly into the cloud-based software, Survey Monkey. Data protection measures were adhered to at all stages, and individual surveys took between 25 minutes and one hour to complete.

A total of 94 people prescribed Buvidal® were included in the evaluation, and included people from Gwent, Cardiff and Vale, Powys, Neath, Port Talbot and Swansea Bay, Rhondda Cynon Taf and Bridgend.

Survey Respondents

Data Overview of **94 total** respondents

Age

18-24 : 1%
25-34 : 32%
35-44 : 33%
45-54 : 30%
55-64 : 3%
65+ : 0%
Not specified : 1%

Sex

Male : 75%
Female : 25%
Gender Non-Conforming : 0%

Ethnicity

White & Asian : 4%
White & Black Caribbean : 2.%
White – British : 37%
White – English : 3%
White – Welsh : 52%
White – Scottish : 2%

Survey Respondents

Data Overview of **94 total** respondents continued

Area

Gwent : 58%
Cardiff & Vale : 12%
Powys : 2%
North Wales : 1%
Neath, Port Talbot, Swansea and Western Bay : 14%
RCT & Bridgend : 9%
Did not say: 4%

Treatment prescribed before Buvidal®

Methadone : 45%
Espranor : 7%
Subutex : 11%
Not receiving a script* : 27%
Other : 10%

First heard of Buvidal® via

A Peer : 20%

Their Community Substance Misuse Service : 61%

Prison : 14%

GP : 0%

Online/Social Media : 0%

Other agency eg. Housing, DV : 0%

Other: 5%

*These individuals had either fallen out of treatment and were not in receipt of a prescription before beginning Buvidal® treatment, or, they were a new-starter. Under pandemic conditions titrating service users was more dangerous, meaning some individuals were prescribed Buvidal® as their first opiate substitute prescribed by a treatment provider.

Themes

Before Buvidal®

A look at the individual's life circumstances before treatment.

The Treatment Journey

Were individuals prepared for the effects of Buvidal®, and how did the treatment journey progress?

Mental health and trauma

What impact did Buvidal® have psychologically and emotionally, and how can we better support individuals?

Substance switching

How did Buvidal® impact the individual's use of other drugs?

Patient outcomes & lessons learned

Insights from both -ve and +ve experiences, and those who chose to exit treatment.

Summary & Recommendations

A look at how we can improve the treatment journey for future Buvidal® patients.

Before Buvidal®

Buvidal is life-changing, it really saves lives. I want to volunteer now. I would recommend Buvidal to anyone who is ready for it.

FEMALE, 25-34, SWANSEA BAY UHB.
RECEIVED 30 PRISON SENTENCES AND WAS LIVING CHAOTICALLY.

Before Buvidal® Overview

*Using more than one drug at a time is known as polydrug use. This intensifies the effects of any individual drug and makes them more dangerous.

Poly drug use*

Many survey respondents were poly drug users.

Crack, valium, spice, benzos, alcohol and canabis were cited most often.

Strained family relationships

Most respondents had suffered a breakdown in family dynamics.

Commiting crime

When asked about their life circumstances before Buvidal®, 32% (n=26/82) of respondents admitted to committing crime. The crimes most often cited were drug possession, supply and shoplifting.

Chaotic lifestyle

The words 'Chaos' and 'Chaotic' were mentioned more than 30 times when describing lifestyles before Buvidal®.

Unstable accommodation

Many were living in a hostel, 'sofa-surfing' or street homeless.

Mental health

Only 2 out of 89 respondents cited particular mental health struggles, such as anxiety or depression when explaining their circumstances before Buvidal®. However the overall picture was one of struggle and hopelessness, as shown overleaf.

Before Buvidal®

How would you describe your life circumstances before starting Buvidal®?

"Chaotic drug use. I was on benefits, committing crime to fund my drug use. Suffering spells of homelessness and mental health issues."

"I was homeless and back and fore prison, a chaotic polydrug user and an overdose risk."

"A poly drug user drug dealing to fund my heroin use. My family life had broken down."

"Sex working and homeless. A chaotic heroin and spice user, committing crime to fund my drug use."

"I was using crack, heroin, benzos...and on a methadone script. I didn't have a relationship with my kids, or my ex."

"I was street homeless for many years. A chaotic user of heroin, crack and Valium for 27 years."

Before Buvidal®

"I was really desperate, a hell of a mess, really lost. I was buying Subutex off the street to stop myself using heroin. If I couldn't find any Subutex I would buy heroin instead, my relationship with my partner was very strained because of my using."

"I was using crack and heroin about 3-5 times a day, I was street working to fund my habit, and I had no contact with my son and family. A sofa surfer as well."

"I was using heroin daily, drinking alcohol daily, I was stuck in a cycle of using drugs and I couldn't get out of it. I didn't have a good relationship with my parents and kids. I was also in and out of prison because of shoplifting, and other crimes to fund my habit."

"I was a fully functioning addict."

"I was at college, but it was making life difficult picking up subbies everyday, I was using heroin prior."

Motives for considering Buvidal®

Desperation, nothing to lose

Fed up of life after trying 'everything else going'.

Freedom from 'liquid handcuffs'

Tired of 'going to the chemist everyday'.

Avoiding pressure from peers to use

Didn't want to 'see the boys who are using'.

Positive peer advice

19% were influenced by a peer's experience.

Stop heroin for good

The nature of the 'blocker' makes it 'harder to cheat'.

Rapid access

Offered Buvidal® when leaving residential care or prison.

Motivation for change

What influenced you to consider Buvidal® as a treatment option?

"The knowing that I'd never have to feel embarrassed in a chemist ever again, or hide empty bottles everywhere. And no longer having to be chained to a chemist to collect weekly medication. That, and the anxiety and panic that goes with it, if you're running late and could miss your pick up!"

"I was using on top of my methadone, which meant I had two habits."

"My life was in a mess, I needed to try something different."

"I was stable on Espranor, but felt I would benefit in my daily life by having a monthly injection."

"I wanted my life back, and was willing to try anything."

The treatment journey

Initial phase of treatment

In this review, we look at...

Initial meeting

How individuals felt when making the choice to explore Buvidal®. Were they given enough information to make an informed decision?

First appointment

Individuals were advised to enter mild withdrawal before their first injection. We'll look at what that experience was like, and how patients felt immediately after the injection.

The first week

Here we examine how patients felt, both physically and emotionally, during their first week of treatment.

During Stabilisation

We look at positive and negative outcomes experienced. Did people experience outcomes they felt unprepared for? And if so, was the right support in place.

**I've got time now to sort my life out. I've stopped using heroin and I feel physically and emotionally stronger than before Buvidal.
My anxiety is being addressed now, as I'm back with my GP and on antidepressants.**

FEMALE, 25-34, CARDIFF & VALE UHB.
WAS NOT RECEIVING A PRESCRIPTION BEFORE BUVIDAL®.
CHAOTIC USE OF DRUGS AND ALCOHOL, COMMITTING CRIME TO FUND HABIT, LIVING IN A B&B.

Initial Meeting Overview

Making an Informed Choice

93% (n=77/83) of respondents said they were 'given all the information they needed to make an informed choice about Buvidal®'.

Many said the treatment had been thoroughly explained by a peer.

The main points taken on board were that it 'would be easier to quit heroin', 'heroin won't work if I use', 'no cravings or withdrawals' and 'more money'.

The emotions involved

93% (n=77/83) of respondents felt positive emotions; Excited, hopeful, positive, happy, optimistic. 7% felt worried, anxious, apprehensive or under informed and unprepared to make the decision. This 7% was broadly the same as the 7% that cited not receiving adequate information, highlighting the impact being well informed has on the treatment journey.

Tangible information

Many cited that the treatment was explained verbally, alongside accompanying leaflets. Respondents in a custodial setting cited feeling very well prepared.

Peer Support

Some keyworkers arranged a call between the individual and a peer already prescribed Buvidal®.

Hopes for the future

What areas of your life did you hope would improve as a result of entering Buvidal® treatment?

"I wanted to stop taking heroin, address my mental health and housing situation."

"I was hoping to stop using and committing crime, and get my own house."

"I wanted to stop self-medicating."

"I wanted to change my life and have more stability. Stop the daily dosing and increase my chances of stopping heroin use."

"To have self-esteem, be financially better off, more time for me and better relationships with friends and family."

"All my life I've wanted to stop taking heroin."

"Just to live a normal life and not have to be ill."

First Injection Overview

Physical preparation

Individuals were instructed to:

- Attend in mild withdrawal.
- Not use heroin for at least 12 hours before the appointment, many were advised 24 hours or '4pm the day before'.
- Not use methadone for 24 hours before appointment.
- If prescribed Espranor, keep taking it as normal.
- Some were prescribed Espranor for a week before the injection.

Emotional preparation

Just one respondent shared that they were told to expect their emotions to return quickly.

Level of vulnerability

Of those respondents told to attend the appointment in withdrawal, 21% (n=5/23) shared that they felt 'embarrassed', 'vulnerable', 'ill' or in 'full cluck' when attending their appointment.

The initial withdrawal

Respondents were asked 'Before attending your first appointment, how much were you withdrawing? 10 being intolerably uncomfortable, 0 being feeling no different to normal.'

Only 7 respondents gave a value of 5 or below. Most respondents gave an 'off the scale' value.

Talk me through your first injection appointment. What happened, how were you feeling, what did you do afterwards?

"I felt fine, it stung a bit. After the injection I felt okay after 24 hours."

"I felt a bit rough and strange, so I had a couple of joints of cannabis and got my head down."

"I wasn't in full withdrawal as I'd used heroin in the morning. Before getting my first injection I was given a 4mg Espranor, then injected with Buvidal 30 minutes later. I went into withdrawal within the hour."

"I was given 4mg Espranor to see if I could take subbies. Then, an hour later, I was given my first injection for a week to see if I'd be okay. I got drunk later on and crashed out. I've not used heroin for five days."

"Really positive and I felt okay afterwards. I still had cravings for a while, about 5 months, and after that they went away."

Common Themes:

Taking Valium or drinking alcohol to relax following appointment.

Those respondents who were switching from methadone were given a 4mg Espranor before their injection to test for allergies.

"I lied to the staff at my first appointment. I had used like 12 hours before, but when asked I said I hadn't. I was given two tablets then had to wait 30 minutes. I didn't feel any different after that so I had the injection. Then I went home, but as I was walking home I could feel myself getting worse. I went to bed and I was ill for about five days."

"Before I went I didn't think it was going to work. I said to myself that if I was still ill after I was going to buy something to feel better, but I started to feel better straight away! So I was blown away with how quick it was."

"I used crack before going to my first appointment after being told not to. I was given Espranor tablets, waited 30 minutes, then I had the injection. I felt really rubbish for the rest of the day, but the next day I was fine."

"I was feeling positive and did my family stuff."

"I remember saying to myself beforehand, if this doesn't work I'm going to buy some heroin later. But as soon as I had it I started to feel better, and I've never looked back. Afterwards I went home and I've never used since, it's been 13 months."

I was feeling sleepy after my injection, it was hard not to do my usual stuff, like shoplifting to make money. So I carried on, and spent the money on crack cocaine.

MALE, 35-44, ANEURIN BEVAN APB.
HOPELESS, HOMELESS, NO CONTACT WITH FAMILY OR EMPLOYMENT.
HAD BEEN IN TREATMENT FOUR TIMES BEFORE BUVIDAL®, AND WAS RECEIVING METHADONE BEFORE THE FIRST INJECTION.

The First Few Days Overview

Mental clarity and energy

Many reported feeling physically and emotionally stronger in the first few days with improved energy. Feeling like themselves again, feeling 'clearer'.

Time and Motivation

Respondents reported having more time and mental capacity to deal with their issues and improve their lives. They entered 'get things done' mode.

Absense of cravings

Many respondents were shocked at how effective Buvidal® was in removing their cravings. Respondents who did think about heroin did so out of habit, rather than any physical need or withdrawal symptoms.

Increased anxiety

Those who suffered with anxiety felt their anxiety increase. More generally, stronger emotions returned. For those with past trauma, this was a particularly negative experience.

Increased crack use

A small number of respondents used more crack as a result of having more money to spend, more hours of free time to fill and ingrained habits and routines.

Immediate physical and emotional changes

57% (n=44/77) of respondents said they felt physical changes within 24 hours of their injection, compared to 36% experiencing psychological changes over the same period.

Can you now talk me through the first few days or so of being on Buvidal®? How did it make you feel? Any changes, positive and negative.

Common Themes:

A few respondents reported needing a top up dose.

Respondents who suffered with anxiety, felt their anxiety increased in the days following their injection.

"I felt like I was free from liquid handcuffs, but that felt weird at first."

"I felt so much better and felt like life got faster."

"I have never felt so clear headed in my life and have stayed out of prison."

"I felt a bit shaky the first couple of days, but no problem. It was a positive experience because I didn't use heroin."

"Pretty stable with no cravings. Feeling very energetic but not sleeping well."

"I was okay in the first few days, although my anxiety was through the roof."

"It was awful, I was ill so I used heroin every day for a week, all negative experiences."

"I got drunk for a few days as I felt anxious and a bit weird, my emotions were up and down. I felt a bit strange, but I dealt with it."

"I felt ill, and my emotional baggage resurfaced."

"I felt a bit hyper the first couple of days, I felt great though, and after a few weeks I started reconnecting with my family which is going good so far. I haven't used since I started on Buvidal - so positive changes."

"I was still very ill the first week so I bought a load of Valium tablets off the street and ended up in hospital. I've been on Buvidal for 2 weeks now and I'm only just beginning to feel a little better."

"By the next day I felt great, but the habit I'd had for years was still there. Instead of using heroin and crack I was using more crack in the first few weeks, so some positives and some negatives."

Common Themes:

Emotions came flooding back, including repressed trauma in some instances.

Respondents felt clear headed and energised, this made sleep more difficult for some.

"I felt like a cloud was lifting off me."

"I was fine over the first few days, the physical changes were positive. But I wasn't ready for the psychological changes, which were negative."

"I felt normal for the first time in years."

"Like a new man, I hadn't felt that good in a long time."

"After the first 24 hours I felt really good, and because I felt good I was able to deal with my issues better, because I can think straight now."

Mental Health & Trauma

Being on Buvidal I felt I needed extra support with my mental health, and possibly help with things to fill my time, such as volunteering opportunities. I'm left with a lot of time on my hands because I'm not doing drugs anymore.

MALE, 35-44, ANEURIN BEVAN UHB.
IN OST TREATMENT 9 TIMES. USING HEROIN AND CRACK. POOR MENTAL AND PHYSICAL HEALTH. SOME CRIMINAL BEHAVIOURS AND A STRAINED FAMILY LIFE.

36% (n=29/81)

Either sought help, or felt the need to seek help from services, during their Buvidal® treatment.

8% (n=5/64)

8% of those who reached out for help during their Buvidal® treatment, said that help was **not** available to them.

10% (n=6/62)

Said the help they received was not satisfactory.

Were there any particular outcomes you felt unprepared for, or unsupported with?

"Yes, I didn't realise how much my emotional needs were."

"I had no idea that I would be so ill by not being in full cluck when I had my first injection."

"Yes, I thought I would feel better quickly, but I didn't."

"I was unprepared for my emotions coming back so quickly."

"I didn't expect to go into instant serious withdrawal."

"No. I'd been on bup and Espranor in the past, so I knew what to expect."

"I didn't expect to be as ill as I was and just wish I'd listened to my nurse and not used before I had Buvidal."

Common Themes:

Emotional instability

Unprepared to feel as unwell after using before first injection

Some wished they had planned ahead or had more support with organising activities to fill their time

If help didn't meet your expectations, what could your service have done to give you the right amount of support?

"I'm not sure. It was my fault for not going into withdrawal and using heroin."

"I think there should be more support for people with mental health conditions. Perhaps to check if they are medicated, because some people self medicate with other illegal substances."

"I was given a top up, but no other help beyond that when I was still withdrawing."

"More face to face support, and it needs to be explained more."

"Clearer information about how long to detox beforehand."

"I did receive help but it wasn't instantly. I had to wait around 3 or 4 months until psychology was in place!"

Substance Switching

looking back I wish I knew I would feel so good, because I would of put something in place to fill my time. If I was occupied with something, my crack use wouldn't of been so bad.

MALE, 35-44, ANEURIN BEVAN UHB.
MANY METHADONE SCRIPTS OVER THE YEARS AND 2 SUBUTEX SCRIPTS. WAS USING CRACK, HEORIN, BENZOS AND METHADONE. COMMITTING CRIME. STRAINED RELATIONSHIPS

49% (N=39/80)

Admitted to using heroin on top of Buvidal®. Most either did so out of curiosity, because it was free, or to cope with discomfort during the initial stages of treatment and until they began to stabilise. [As Buvidal® is a partial agonist, it seems it may have provided some relief from withdrawal symptoms initially, though it's possible the relief was a psychological benefit, rather than a physical benefit.]

51% (N=33/64)

Experienced no euphoria while using heroin and felt they had wasted their money. For some, the heroin made them feel sick, for others it made them feel better and eased their withdrawal symptoms.

6% (N=5/62)

Shared that they had used crack whilst on Buvidal®. One person had increased their crack use as a result of boredom, while another had greatly reduced their crack use to £80 a month. Respondents described crack as making them feel 'wired' or 'anxious'.

Most common substances

The most common substances respondents used while on Buvidal® were heroin, crack, benzos and Valium.

If you have used on top, what did you use? Why? And how often?

"I used every day until I felt stable."

"I used seven bags and I didn't feel a thing."

"I used simply through boredom and curiosity."

"I used heroin, crack and valium. I used heroin 4 times in the first two weeks."

"Boredom, curiosity and availability. I haven't bought any heroin though, and it didn't work for me."

"Heroin twice and crack once weekly for the first couple of months."

"Crack £80 a month, which is a vast reduction from what I was on.
I've used heroin twice but I'm no longer using."

If you have used on top, what did you use? Why? And how often?

"I used heroin daily because I was feeling ill."

"I used a couple of times in the first few weeks, but I've stopped all drug use since."

"Valium because I was still in withdrawals and they were helping me until I overdosed."

"Considerably less than usual, sporadically, about once a week."

"Heroin, but I didn't get the affect I used to from it."

Use of crack cocaine whilst prescribed Buvidal®, in more detail.

"I did heroin twice and crack once a week in the first couple of months. The crack was just getting me wired and anxious, while the heroin was a waste of money with no euphoria. But it did work for me and reduced my cravings and need to use."

"I was still spending £80 a month on crack, which is a vast reduction from what I was on. I've used heroin twice but I'm no longer using. The heroin didn't work, and the crack made me feel wired."

"I was not feeling good for the first few days so I used a bit of crack. I didn't use heroin, only crack through boredom, and I felt a bit emotional. I started to feel okay by day 5. Now after five months I'm abstinent to all drugs except cannabis."

"The habit I'd had for years was still there, so instead of using heroin and crack, I was using more crack in the first few weeks."

Use of crack cocaine whilst prescribed Buvidal®, in more detail.

"There was a lack of support. But I was using considerably less than usual. Sporadically, once a week. Overall my experience was positive, compared to other treatments, Buvidal is the best by far."

"Buvidal has stopped me taking crack too. It exceeded all my expectations and I've got my life back."

Treatment Outcomes

I think Buvidal is a wonder drug. Treatment is better as a monthly injection. It takes away your liquid handcuffs. I've got my life back, I feel free and can make my own choices.

MALE, 35-44, SWANSEA BAY UHB.
WAS PRESCRIBED METHADONE AND HAD SPENT TIME IN PRISON.

80% (n=64/80)

Said Buvidal® had either met or **exceeded** their expectations, when reflecting on the hopes they had when their treatment began.

94% (n=74/79)

Of respondents would recommend Buvidal® treatment.

What did you like about Buvidal®?

Common Themes:

Clarity and focus

No longer using heroin

Reduction or end to committing crime

Increased freedom

"I feel like me again. The monthly injection and no chemist."

"Freedom, choice, no cravings and withdrawal, time to address other issues in my life and no daily dosing when in treatment."

"Abstinent to all drugs, I have a home, I'm not committing crime and my mental health is good."

"I could stay away from peers who influence me to use drugs, and the fact I didn't have cravings."

"Gave me the strength to sort my life out and concentrate on me."

"Everything. It's given me my life back."

"The choice not to use. More money and less visits to the DIP office, not having withdrawals and clucking. Not having police on my case for dealing drugs."

What did you like about Buvidal®?

"Not having to graft and commit crime to get sorted everyday."

"Everything. I don't wake up clucking or craving."

"The ease of the swap."

"Buvidal gave me the freedom to get my life back on track."

"Buvidal gave me options, no daily trips to the chemist, not having to bump into people who offer me drugs, clarity of mind and more money in my pocket."

"I have the option now to go on holiday, or get employment outside of the city centre."

"I can get up and function."

"An instant remedy. It stopped me using heroin and has given all my feelings back."

What didn't you like about Buvidal®?

"The first dose was a bit high."

"Nothing to dislike after the fist few days, but even the first few days were okay."

"It burns when being administered, I don't like the injection."

"I had a lot of time on my hands which I wasn't prepared for."

"I'm very scared of needles but I think it's worth it because the results are amazing."

"I didn't like the fact that all my emotions came back too quickly."

"Not available in England."

Common Themes:

Vast majority of respondents cited 'nothing'

Some disliked how they felt during the first few days

Some disliked how having the injection felt

What didn't you like about Buvidal®?

"The bad withdrawing at the beginning."

"It made me so ill that I couldn't carry on with the treatment."

"The fact I couldn't use even if I wanted to."

"How it affected me mentally and how I'd never been told about it being a possible side effect. I'm 43 years old and have been through some harrowing events in my life which led me to use in the first place! I'm not sure I'd have started Buvidal if I had been aware of this."

"Just the lack of engagement."

"Just all the stuff in my head was at the forefront of my mind, so there could of been more support with that."

We asked everyone who took part in the survey to choose 3 words that capture their Buvidal® treatment journey. This is what they chose.

Recommended

Life-changing

Peace Of Mind

A Game-Changer

No more pain

Freedom

The Best Treatment

Regrettable

Miracle

Strength

Amazing

It saved me

A better lifestyle

Confidence

Better family life

Better off financially

An instant remedy

Gift From God

Lessons Learned

The majority of our survey respondents cited positive treatment outcomes and would recommend Buvidal® to a peer. However, it is important we look closely at those people who exited treatment following a negative experience, so that we can improve the treatment journey for future patients.

For this reason we have determined to include a section that looks at negative experiences in more detail.

Negative Experiences in more detail...

Common Themes:

Under informed and rushed decision making

Wasn't expecting to be as physically ill

Used heroin as a direct consequence of feeling so ill

Face-to-face consultations at the initial stage are necessary

Regret felt by those who used before their injection against nurse's advice

Felt overwhelmed by the emotional changes, without the right support in place

Being prepared for the range of possible outcomes would help

"It went wrong for me so I think some more time at the beginning explaining about how I would feel when I had the first injection. It made me so ill I couldn't carry on with my treatment. I had a £10 bag because I was very ill and I felt better after that, it took away my withdrawals. I would have benefited from more face to face, having things explained more. I felt unprepared for it all, I wasn't given enough info so in future I think leaflets should be given, along with a face-to-face consultation."

"Buvidal didn't meet my expectations. I was very emotional, and physically ill with mood swings. I used on top and it made me feel worse. To give me the right amount of support my service could have given me more advice. I felt physical changes after 2-3 hours, I started withdrawing a lot and feeling very ill. I couldn't sleep for the next five days. I felt that I didn't have enough information to prepare. I was hoping to improve my family life with Buvidal, and felt positive to start. I considered Buvidal after talking to peers about positive results. My life has got worse as a result of Buvidal, but I got the help I needed when I wanted to stop treatment."

"Buvidal didn't meet my expectations, but it would have if I told the truth about my use. I was out of treatment after one week. It made me feel poorly and I didn't have a chance to see the benefits. I was apprehensive beforehand as I'd not been honest about my prior use."

"It wasn't the right treatment for me at the time, I'm happy to be back on methadone. I felt awful, I was in full withdrawal, physically drained and sick to my stomach. I just felt in withdrawal for the whole week. I used heroin and Benzos on top of my Buvidal. It was my fault for not going into withdrawal and using heroin. I had no idea that I would be so ill by not being in full cluck when I had my first injection."

"The jury is still out for me. I have very mixed feelings about Buvidal. I have struggled with learning new ways of living and was never really prepared or told how I could feel during treatment. I'm 43 years old and have been through some harrowing events in my life which led me to use in the first place. I'm not sure I'd have started Buvidal had I been aware of this."

Because I was withdrawing so bad, I used the first and only week I was on it. I felt fine after I used heroin, but Buvidal made me feel so ill I couldn't carry on with the treatment.

FEMALE, 25-34, ANEURIN BEVAN UHB.
STREET HOMELESS USING HEROIN AND CRACK ON A DAILY BASIS. PRESCRIBED METHADONE TWICE BEFORE BUVIDAL®.

Summary and Recommendations

Summary and Recommendations for treatment providers

Initial Assesment

- When assessing suitability for Buvidal®, treatment providers must consider the individual's mental health and trauma, within the context of their current coping mechanisms and support structure.
- Wherever possible, initial assessments must take place face to face.
- Individuals should be able to access a range of resources explaining the treatment journey - such as physical leaflets, online information and video 'explainers'.
- Wherever possible, the individual should be offered the opportunity to discuss the treatment with a peer already prescribed Buvidal®. This allows the individual to talk frankly and openly about their concerns with someone with lived and living experience before committing to the treatment journey.
- Individuals should be made fully aware of the range of possible physical and emotional outcomes before committing to the treatment.

Mental Health and Trauma

- Treatment providers should ensure a robust pathway is in place to identify and resolve issues relating to a return of trauma.
- Keyworkers should signpost individuals to a resources pack, which includes the Little Book of Adverse Childhood Experiences, Your Guide to Buvidal® and other resources.

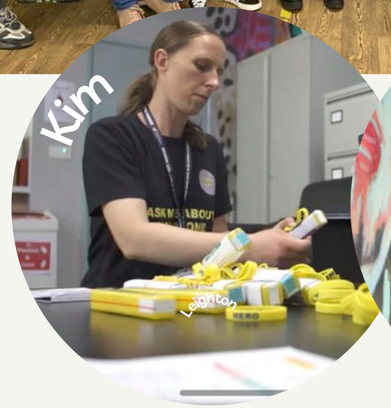
Connection & Community

- Treatment providers must do what they can to put in place diversionary activity, for example volunteering opportunities or a timetable of physical activities, given that individuals have been found to struggle with the amount of free time, energy and clarity of mind they experience in treatment, when they have no meaningful activity in place.
- Wherever possible, peer support groups should be established, offering the opportunity to discuss Buvidal® treatment with peers openly throughout the treatment journey, either in-person or remotely.

Clinical Provision & advice

- Clinical practitioners must stress the importance of following advice to not use heroin or methadone prior to their appointment, if they want to avoid the possibility of becoming seriously ill.
- Clinical practitioners can offer advice on how to cope with the initial withdrawal period and be aware how uncomfortable the person might be feeling. Ensure the person is met at the door and led to a quiet room with a comfortable chair. Offer early morning appointments for first injections wherever possible, as we have learnt that attending an afternoon appointment following a night and morning entering withdrawal is too challenging and uncomfortable.
- Treatment providers should be flexible about Buvidal® administration for people in chaos, being willing to visit homes or community centres.
- Treatment providers should inform individuals about the risk of substance switching for poly drug users. For example if the individual uses crack alongside heroin, their crack use might increase initially, as heroin use decreases.

Nothing about you, without you. To our incredible peers for leading the design and delivery of this review, **thank you.**



If you have any questions, please contact

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