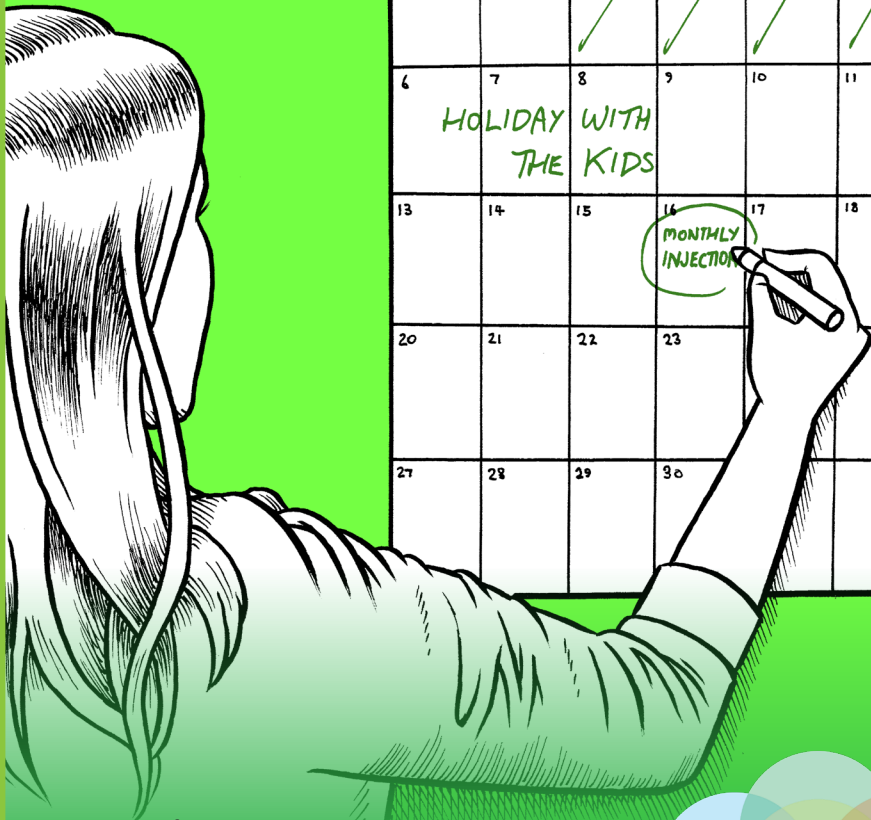
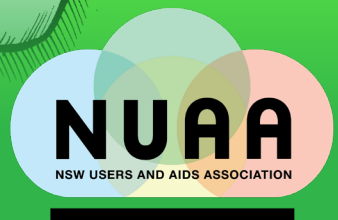


Consumers' Guide to the Opioid Treatment Program: Depot Buprenorphine Starters' Guide



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*Opening the Doors
on Opioid Treatment*



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'Consumer's Guide to the OTP: Depot Buprenorphine'. 1st edition, 2019

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The OTP Consumer Guidelines series was produced by the NSW Users and AIDS Association (NUAA). NUAA is governed, staffed and led by people with lived experience of drug use. Since 1989, we have provided innovative harm reduction services, advancing the rights, health and dignity of people who use drugs illicitly in NSW. This includes supporting and advocating for people on the Opioid Treatment Program. This resource has been reviewed and approved by the NSW Ministry of Health (MoH). The MoH provides NUAA with the funding to do this work. Special thanks to all our wonderful peers who helped create this resource.

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NUAA would like to acknowledge and show respect to the Gadigal people of the Eora Nation as the traditional owners of the land on which we work. We extend this respect to all First Nations groups upon whose land this resource is distributed.

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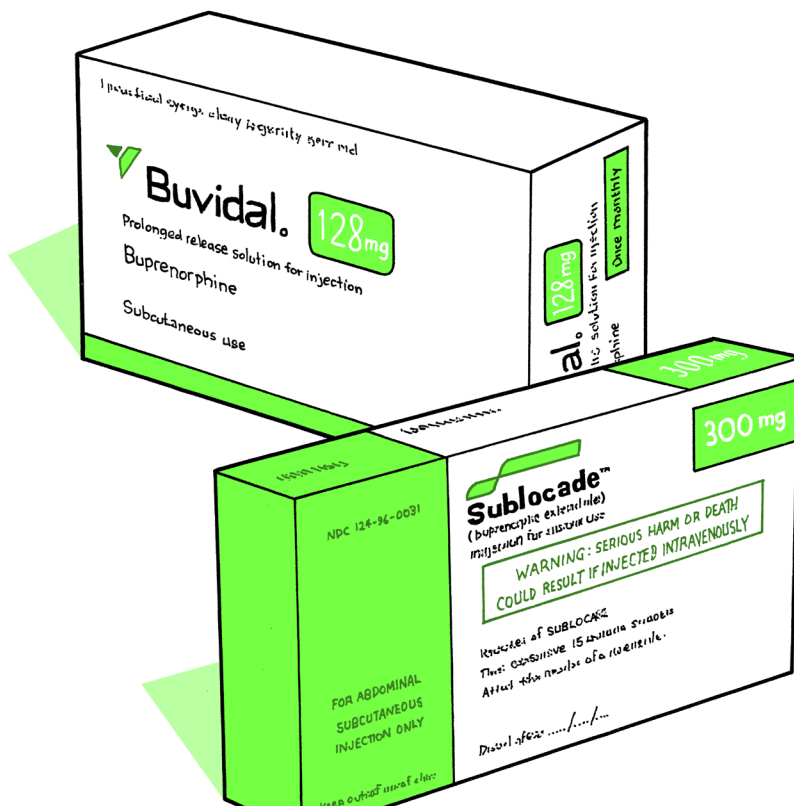
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INTRODUCTION

Depot buprenorphine, also known as long-acting injectable (LAI) buprenorphine, is a new treatment option in NSW. Depot bupe is given as an injection under the skin - this is known as a 'subcutaneous' injection, or a 'subcut'. Once injected, the medication forms a deposit of buprenorphine under your skin.

Up until now, there were only 2 forms of buprenorphine available for OTP - Subutex and Suboxone - and both are taken sublingually (under the tongue). There are some key differences between sublingual and depot buprenorphine products.

Subutex and Suboxone can hold people for up to 3 days before redosing, but they are generally taken every day. The new depot bupe products make it possible to be dosed much less often. Depending on the product, these injections last either a week or a month between doses.



There are two depot buprenorphine products on the market in Australia, and there are some important differences between the products.

Buvidal® - Buvidal is a gel that spreads through the body and cannot be removed once it is injected. Buvidal has two products – one that lasts a week and one that lasts a month.

Sublocade® - Sublocade is an oily liquid that, when injected, forms a solid deposit under the skin and can be surgically removed. All Sublocade injections last a month.

These products have been in use in trials across the world and in Australia since 2013. Both products are effective in reducing opioid withdrawals and cravings. Unlike Suboxone, neither Buvidal or Sublocade contain the anti-overdose drug naloxone.

Buvidal and Sublocade are more convenient products as you are dosed weekly or monthly instead of daily. You don't need to attend a clinic or pharmacy as often or pay a daily dispensing fee. These treatment options may be more attractive to people trying to stop using drugs completely, as they allow people to change their routine and environment, which can support them to make other changes.

While depot bupe will be a game changer for some, it's important to remember that there is no evidence suggesting depot buprenorphine products are more effective than other OTP medications, and they are not a "silver bullet" or cure for opioid dependence.

TREATMENT OPTIONS

Access to depot buprenorphine is currently restricted (correct as of late-2019, when this was written). It is only available through specialist prescribers who dose on-site (i.e. at public OTP clinics). Some jails are also trialling depot bupe.

At this stage, depot bupe cannot be dispensed via chemists. These regulations may change in the future, but a doctor or nurse will always be needed to perform the injection. It cannot be dispensed directly to patients, as it can be fatal if injected into a vein.

The main difference between depot bupe and other OTP medications is that you only need to be dosed weekly or monthly. Not having to go to a clinic or pharmacy every day is especially useful for those who struggle with transport, live out of town, or have commitments such as work, family or study. Monthly dispensing should lower the costs and may reduce stigma and discrimination.

To find more about the full range of treatment options, including OTP and non-medicated treatment, have a look at the main document in this series, *'Consumers Guide to the OTP: Opening the Doors on Opioid Treatment'*.

"For me, being on depot bupe means getting as far away from using drugs, and that behaviour and lifestyle, as possible! I don't wanna think about it anymore. If by some chance depot didn't work, I wouldn't be looking for a shot, I'd be looking for more medication." - Oscar

COST

Because depot bupe only needs to be taken weekly or monthly, it is much cheaper than other OTP meds, while still having the same effect.

Buvidal is also on the Pharmaceutical Benefits Scheme (PBS), which makes the medication much cheaper, especially for people with a Health Care Card (HCC). Sublocade's application is still being considered but is expected to be on the PBS by mid-2020. While no one is sure on the final cost, those with a HCC may pay as little as \$6 a month.

It is unclear whether private clinics will charge a fee for injecting the dose and what this will be. Regardless, it is likely to be much cheaper than the daily dosing fees currently set by private clinics and pharmacies.

"I'm not struggling on depot bupe, which is a nice change from being on methadone. I've got money, I've got food in the cupboard, I'm happy on it. I really am." - Justin

HOW IT WORKS

Buprenorphine has some of the same effects as other opioids (e.g. heroin, morphine), but tends not to make people as drowsy. Many people report they are more clear-minded and energetic on bupe compared to methadone. Buvidal and Sublocade do not contain naloxone, which is put in Suboxone to make injecting it less attractive.

Both Buvidal and Sublocade are given as a subcutaneous (under the skin) injection. When injected, they turn into a deposit, or “depot”, of buprenorphine. It is this hardening after injection that makes both medications so dangerous to inject into a vein. The depot is slowly absorbed by the body, lasting for a specific time (a week or a month).

You may have heard of, or even used, medications and contraceptives that are given as a depot. Being on a depot medication just means the medication is stored under your skin and releases gradually, instead of having to be taken daily.

Depot products are not like implants. You do not have to get anything removed before you are re-dosed. With both Buvidal and Sublocade, your system will have absorbed all the medication by the end of the set period.

Some people get depot buprenorphine confused with a different product, the naltrexone implant, which is claimed to “cure” drug dependency. However, the Therapeutic Goods Administration (TGA) has not approved naltrexone implants for use in Australia, and there are significant concerns about the safety of Naltrexone implant treatment.

According to info from the clinical trials, you will feel the bupe in your system most at these times:

Buvidal Weekly: 6-10 hours after dosing

Buvidal Monthly: 24 hours after dosing

Sublocade Monthly: 24 hours after dosing

Sublocade monthly will hold you longer than Buvidal because it breaks down more slowly in your body. If you travel or will have difficulty getting to the clinic, it may suit you better. Talk to your doctor to see what they think.

Depot bupe builds up in your body the longer you are on it. This means that you may not feel withdrawal symptoms at the end of each month. After you leave the program, you will have bupe in your system for several months after your last dose.

Pharmacology of Bupe - How it affects your brain

Buprenorphine's effects come from how it interacts with two types of opioid receptors in your brain - the mu receptors and the kappa receptors. Most opioids (e.g. heroin, fentanyl, morphine) are 'full agonists' at these receptors, meaning they fully trigger them. Buprenorphine is different to these opioids in a few ways.

Bupe is a strong 'partial agonist' at the mu receptor, which gives it a lot of its unique effects. It binds to these receptors much more tightly than other opioids, and can even 'kick off' other opioids from this receptor. However, because it is only a 'partial agonist', bupe doesn't give you the same opioid-like effects as methadone, heroin, or other opioids.

Bupe is also an 'antagonist' at the kappa receptors. This means that buprenorphine blocks these receptors, which is one of the reasons buprenorphine can block the effects of other opioids.

DOSING OPTIONS

Sublocade® and Bupival® come in different strengths. Just like other buprenorphine products, your prescriber will work out your dose based on what they observe and what you tell them. You can go up and down depending on your tolerance and your needs.

Depot bupe: Dose strengths

Bupival Weekly is available in 4 dose strengths in prefilled syringes with a 23-gauge needle:

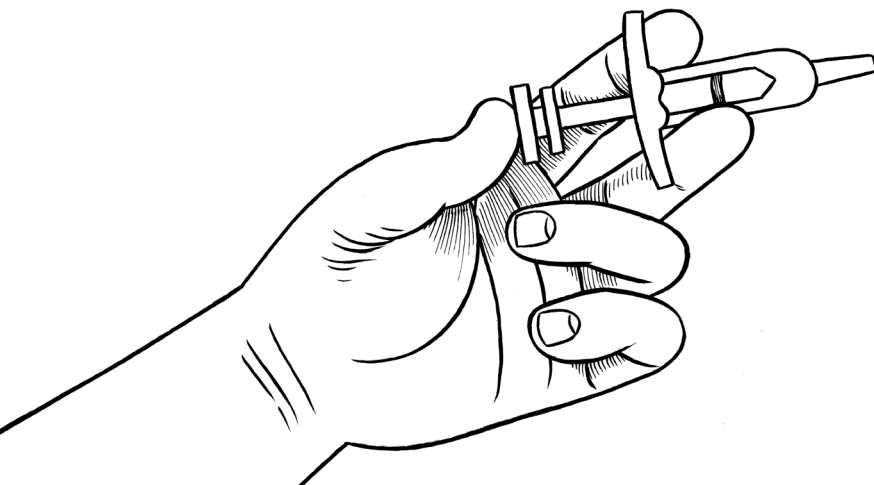
- 8mg/0.16 mL,
- 16mg/0.32 mL
- 24mg/0.48 mL
- 32mg/0.64 mL

Bupival Monthly is available in 3 dose strengths in prefilled syringes with a 23-gauge needle:

- 64mg/0.18 mL,
- 96mg/0.27 mL
- 128mg/0.36 mL

Sublocade is available in 2 dose strengths in a prefilled syringe with a 19 gauge needle:

- 100mg/0.5 mL
- 300mg/1.5 mL



Finding out the right dose for you is part of the 'stabilisation' stage of the OTP, so there may be a bit of trial and error at the start of your treatment.

You may be worried that your injection won't hold you the full week or month. Generally, there will be no problem because depot bupe builds up and stays in your body for a long time. However, if you start feeling withdrawal symptoms or opioid cravings before the end of your week or month, you can get a 'booster dose'.

A 'booster dose' is a top-up of buprenorphine to hold you until your next injection. If you get a booster dose, it's a sign your medication needs to be adjusted, and your prescriber may want to increase your dose.

If you are on Buvidal Weekly or Monthly and need a booster dose, you will likely be given extra Buvidal Weekly 8mg injections.

If you are on Sublocade, it is unlikely you will need a booster dose at any point due to its long half-life. However, if you do need a booster dose, you may be given up to 8mg of sublingual buprenorphine (i.e. Suboxone, Subutex) per day as a 'rescue dose'.

People on depot bupe may still be required to do Urine Drug Screens to see how they are tracking against their treatment plan. In fact, urine testing may be more important than ever as a tool to assist prescribers to give the best advice around dose strength and providing additional support.

INJECTIONS AND DEPOT

Injection sites

With other OTP medication, you are the one putting the dose in your body. Depot bupe is different as a health care worker will dose you. Buvidal is injected under the skin above various muscle groups - generally the upper arm, stomach, buttock and thigh. Sublocade is only injected under the skin in the stomach area.

When you get a depot bupe injection, they should change (or rotate) the place they inject you each time. Rotating between injection sites is done to avoid continually irritating the same place on your body. Even though Sublocade is only injected in the stomach area, they still should swap injection sites. Imagine your stomach divided into 4 sections - each injection should be in a different "quarter" than the previous time.

You have the right to tell your doctor or nurse where you want to be injected. Some people experience pain or side effects when they are injected into a particular place, or may not want to be injected in certain areas because of their religious or cultural backgrounds. If you do have an issue around being injected in a particular place, you should discuss it with your prescriber and find a work-around. This may include agreeing beforehand where and how you are to be injected.

"Buvidal is convenient, I never think about it except when I'm getting the injection. It bloody hurts though, that's the worst thing about it - it's like a bee sting or a green ant bite! Thankfully though it only lasts a couple of minutes" - Jess

It's all about technique

Many people who are on depot bupe have experienced pain when they are injected. While some find the injections hurt more than others, the most common report is that it feels like a bee sting.

The skills and experience of the person doing the injection will account for at least some of the pain - we all know the difference technique makes. Ask other people on depot bupe at your clinic or service about the nurses doing your injections- they can let you know which ones have great technique and who to avoid!

The person injecting you should make sure that the injection site has enough tissue between your skin and muscle for the injection. As with tattoos, fatty areas are less likely to hurt than lean muscle. They shouldn't inject into anywhere that is bruised, inflamed or infected. They also shouldn't inject into scars or any abnormal skin growth (such as nodules, cysts or lesions).

To make sure that the injection is as painless as possible, the nurse or doctor needs to inject very slowly and steadily, taking between 2 and 4 minutes. They should also fully press down on the plunger before removing the needle from you.

Your doctor or nurse should only inject depot bupe under the skin (subcutaneously). Injecting directly into the skin will cause severe irritation. Similarly, injecting into a muscle or a vein can lead to serious health problems or even death. You should never attempt to inject yourself with depot bupe.

PROS AND CONS

When deciding whether to try depot buprenorphine or any OTP medication, you should think carefully about their pros and cons. Depot bupe is not going to be the best option for everyone, and it doesn't work the same for everybody. However, people we talked to who were on depot bupe generally found it useful and were happy with their treatment.

To help you make up your mind, we've put together a list of some of the pros and cons of being on depot bupe. Depending on your situation and priorities, some of these will be more important for you than others. You need to work out what is important for you.

Some of our 'pros' will be 'cons' for you, and vice versa, so think about what you personally want out of treatment before making a decision. For example, some people liked the even effect of the long-acting doses, while others missed being able to under-dose and double-dose to control their level of energy.

"If you want normality in your life, then depot is truly the way to go. Once you're on it, you don't want to be taking anything else. I can concentrate, everything's a lot easier for me now. I feel myself for the first time in 27 years." - Adam

Pros

- Cheaper than other OTP treatment
- More convenience and freedom
- Only having to go to the clinic once a month/greater flexibility
- Not having to wait at the pharmacy while non-OTP customers are served
- Greater mental clarity and energy
- Less likely to use while on it
- Less incentive or possibility of diversion (selling your meds)
- Level treatment – less of the ups and downs of daily dosing
- Some people reported better sleep
- Much easier to travel on it.

Cons

- Less contact with healthcare team
- Weekly or monthly injections that many people find painful.
- Depot bupe is a new type of medication, so we don't know yet what withdrawing from these products will be like - how long until withdrawal symptoms start, how long they will last for, or how severe they will be.
- Some people reported being restless and having too much energy the first 48 hours after their injection
- Constipation (common side effect)
- Long waiting time to get injected at some clinics.

SETTING YOURSELF UP FOR SUCCESS



For many, not having to dose every day will be a huge relief. However, not having this routine means you'll likely have a lot more free time, which may lead to you feeling directionless or bored. It's essential to spend this time positively and productively.

The best way to replace an old routine is to pick up a new one - try adopt a daily routine that fits in with your interests and lifestyle. You may want to try regular exercise, attending evening classes, helping with family responsibilities, and picking up a new hobby. You may also benefit from attending a support group such as SMART Recovery or Narcotics Anonymous.

It can be helpful to think of the OTP as not only a way to reduce your drug use, but also an opportunity to deal with whatever else is going on with your life. Being on depot bupe can make it easier to focus on issues such as your health, living situation, finances, and relationships.

A lot of people on OTP avoid dealing with other health issues because they already spend so much time in a medical setting. Depot bupe is different – having to dose less often can give you the space you need to sort out other issues in your life.

Only dosing weekly or monthly means you will see your OTP team less often. Some people may find that this doesn't suit them, especially if your clinic and its staff are a significant part of your support network.

Not going to the clinic as often doesn't mean they will stop supporting you, however. You are still a patient there, so ask them how they can help you meet your treatment goals.

Some people will benefit from speaking to a mental health professional – you can talk to your prescriber about getting a referral to a psychologist or counsellor. Whatever your treatment plan has been, now is the time to review it and set some new goals.

STARTING DEPOT BUPE

Whether you're already on OTP or are wanting to start treatment, you should be able to access depot buprenorphine if you find a prescriber. However, there are some safety concerns around starting people on depot bupe. Depending on where you are at currently with your treatment, there are a few different ways to get on depot bupe.

Starting on OTP with depot bupe

If you think the Opioid Treatment Program (OTP) might be for you, your prescriber will assess you, and discuss the available medications (including depot bupe).

Even if you think depot bupe is for you, your prescriber won't start you on a monthly product straight away. Everyone who starts on OTP needs to see their healthcare team regularly, at least at the beginning, so they can check up on how you're going.

The Clinical Guidelines recommend patients start on Suboxone or Subutex for approx. 7 days to make sure buprenorphine is suitable for them. If there are no issues, you'll then be able to transfer across to a depot product.

People who are not taking long-acting opioids (e.g. methadone), and are instead only using short-acting opioids (e.g. heroin, oxycodone, fentanyl), are able to start either directly on Buvidal Weekly, or on Suboxone/Subutex first before moving onto a depot product.

Your prescriber is more likely to agree to this if you have tried Suboxone or Subutex before without any problems, and if there are practical reasons that make depot bupe a better option for you (e.g. living in a regional area, being unable to afford travel costs or dosing fees).

Swapping from Suboxone/Subutex to depot buprenorphine

Most people transfer to depot bupe from Suboxone or Subutex. Most will try Buvidal Weekly first to make sure depot bupe is going to be useful and effective, before moving onto Buvidal Monthly or Sublocade.

If the dose you are put on is too low, you'll start to experience withdrawal symptoms before your next injection. If this happens, you are able to receive top-up doses.

Swapping from methadone to depot buprenorphine.

If you're swapping to depot bupe from methadone, you will first have to swap to sublingual buprenorphine (Suboxone or Subutex). This is because there isn't enough research yet to show that it is safe to swap directly from methadone to depot bupe. Once you've been on sublingual bupe for at least 7 days, you'll likely be able to move onto Sublocade or Buvidal.

What if depot bupe doesn't suit me and I end up sick?

Sublocade can be removed by a medical professional in certain cases, but if you are on Buvidal you'll just have to ride it out. That is why you need to make sure that, firstly, your body tolerates buprenorphine and, secondly, that your body tolerates the depot injection.

For this reason, it's best to start by daily dosing with Suboxone or Subutex, then trying a weekly depot dose before moving to a monthly dose.

STABILISATION & DRIVING

When you start on depot bupe, your body will take a while to adjust - this is the 'stabilisation' stage of treatment. During stabilisation, your body gets used to the medication. You might also change your dose until you find what works for you.

How long it takes to reach a 'stable' dose of a depot bupe product depends on the formulation and dose strength, as well as your individual metabolism. The table below shows how long it takes to stabilise on each of the depot bupe products.

	Buvidal Weekly	Buvidal Monthly	Sublocade 100mg	Sublocade 300mg
Time to stabilise	4 weeks (4 injections)	4 months (4 injections)	6 months (6 injections)	2 months (2 injections)

After these time periods, you should have adjusted to being on depot bupe and would be considered to be in the 'maintenance' stage of treatment. Once your treatment has stabilised, you can start thinking about any other changes you want to make in your life.

During the stabilisation stage of your treatment, your ability to drive or operate machinery may be affected. It's important to keep track of how you feel and be open with your prescriber about how you feel. As a rule, you shouldn't drive or operate any machinery until you've talked to your prescriber. They will be able to let you know when it is safe to drive.

Once you are in the maintenance stage, you should be fine to drive, as long as you aren't taking other drugs (including alcohol and some prescription medications).

SIDE EFFECTS

Depot bupe, like other OTP products, can bring on a range of side effects. How severe these side effects are will vary from person to person. A lot of these effects are common across both prescription and illicit opioids, so you may already be used to them.

Common side effects of depot bupe include constipation and restlessness. You might also experience nausea, vomiting and headaches, although only a few people report these, and they generally only last for the first day or two after your injection.

As well as the injection itself being painful, some people also experience other issues at the injection site. These side effects range from bruising, redness and hard lumps to itchiness, swelling and cellulitis. Talk to your nurse and doctor if this occurs so they can treat you.

There are many products, medications and techniques which can help you manage the side effects of depot bupe. Talk to your prescriber to find out what you can do about your specific issue.

"The only side effect I really notice is the constipation, but you get that with all opioids. Besides, I have the perfect remedy for it - all you have to do is eat a packet of chocolate liquorice bullets every day. Believe me, it works." - Steph

TRAVELLING AND TAKEAWAYS

There is no such thing as a depot bupe takeaway. People on depot bupe aren't allowed to inject their dose themselves, and they can't take it home with them either. Takeaways are unnecessary when you're on depot bupe anyway, because of how long it lasts in your body.

If you're travelling, Buvidal Monthly should cover you for 5 weeks, and Sublocade for 6 weeks. If you plan to be away for longer than this, you will either need to transfer to another OTP provider or swap to sublingual buprenorphine (Suboxone or Subutex).

There should generally be no issue with travelling within Australia. However, you will need to make sure that you can transfer to another prescriber who offers the specific formulation (same brand and dose) that you are on.

If you are travelling overseas for more than a month, you can ask for takeaways of sublingual bupe. You can also do this if you're visiting someplace in Australia without access to depot bupe. If your prescriber agrees, you will be given the takeaways the next time you have an injection scheduled.

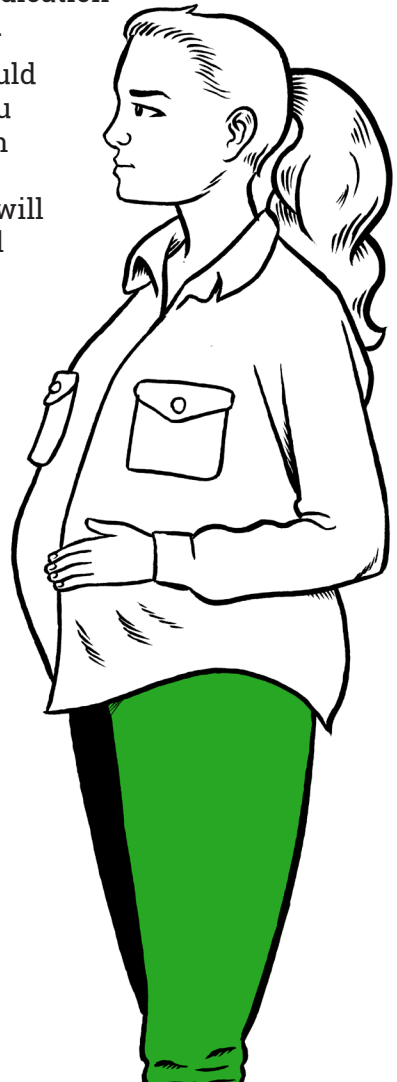
If you are travelling to Europe, you may be able to access Buvidal. If you are travelling to the United States, you may be able to access Sublocade. Before you finalise any travel plans or spend any money, you should talk to your prescriber about how you will manage your treatment while travelling. Making these arrangements takes time, so the earlier you have that discussion with them, the better.

PREGNANCY & BREASTFEEDING

There is not enough evidence to say whether depot bupe is safe to take while pregnant or breastfeeding. If you are trying to get pregnant, are currently pregnant, or are breastfeeding, being on an OTP medication other than depot bupe is less risky.

If you start on depot bupe, you should consider using contraception if you are a fertile, sexually active woman who has sex with men. If you do become pregnant, your prescriber will probably transfer you to sublingual buprenorphine.

However, these are decisions you should make with your prescriber. Prescribers are advised to keep pregnant or breastfeeding women on depot bupe if they are more likely to be stable on that medication. The Guidelines say that depot bupe should still be an option if the benefits outweigh the risks.



USING OTHER DRUGS AND ALCOHOL

Whatever your goals are, your treatment should be tailored to suit them. However, if you are still using while on depot bupe, there are some things you need to know.

If you're using other drugs and alcohol regularly and in a harmful way, your prescriber may want to see you more often than they would otherwise. Having extra appointments isn't a punishment – they just want to check in with you, seeing that you won't be coming into a clinic as often anymore. If you don't go to these appointments, your prescriber may want you to switch to another medication.

People will get different results from using opioids on top of depot bupe. Some say that they can easily get a result from having a shot, while others have said it was entirely wasted on them.

You are less likely to get a result if you:

- have recently gotten your depot injection;
- are new to the depot bupe program;
- are on a higher dose; or
- are on Sublocade rather than Buvidal, because Sublocade stays in your body longer

"Buvidal doesn't block using as much as Suboxone. Whether this is a good thing depends on what you want from treatment. It could be good if you want to still use every now and again, but knowing it could also make you more vigilant about not using." – Damo

If you want to continue to use opioids on top of your dose, it may be safer to be on Buvidal rather than Sublocade. Sublocade stays in your system significantly longer than Buvidal. It takes longer for your opioid tolerance to reduce once you stop taking Sublocade, compared to Buvidal or traditional OTP meds.

The main concern is that people on Sublocade need to take a larger dose of opioids to get a result and won't realise there will be a significant delay (potentially over a year) between their last depot injection and their tolerance reducing. As your tolerance wears off, you become more sensitive to opioids – using with low tolerance is one of the most common ways that people overdose.

Overdosing

People who are already dependent on opioids are at a very low risk of overdose from buprenorphine alone. However, the risk of overdose increases if you are using alcohol or other drugs, or if you have detoxed after exiting treatment for other opioid use.

Research has shown that using 'sedative' drugs while on buprenorphine will increase your risk of overdose, breathing difficulties and death. Sedatives are 'depressant' drugs, including alcohol, benzodiazepines, barbiturates, GHB, and some antipsychotic medications.

It's unclear whether these risks are the same on depot buprenorphine as for sublingual bupe (i.e. Suboxone/Subutex).

If you do use sedatives, you should always carry naloxone when you're using and keep some at home. Make sure that your family and friends know how to use it. Naloxone is now available as an over-the-counter medication at pharmacies in NSW (although not all will stock it), as well as at public OTP clinics. You can also ask your prescriber or GP for a script for it - it will be cheaper this way.

PAIN MANAGEMENT

Chronic pain

Depot buprenorphine has been shown to be effective in managing moderate to severe pain, but in Australia it is not currently given for pain management.

If you experience chronic pain and are taking bupe, you will get some relief without feeling noddy. However, because chronic pain is generally a symptom of another condition, pain-killers don't provide long-term relief.

The extra time the depot bupe gives OTP patients means that they can focus on other health issues that they may have previously neglected. If you experience chronic pain, you should talk to your doctor about your options - depending on the cause, you may need further treatment, or could benefit from some lifestyle changes.

Acute Pain

If you have an accident or surgery, you should still receive pain relief while on the program. Your medical team need to know that you are on depot buprenorphine so that you get enough analgesic (pain relief) cover.

People on buprenorphine are most likely given:

- A non-opioid like ketamine
- Higher doses of opioids like morphine
- Local anaesthetic
- A stronger opioid like fentanyl

If you are on Sublocade, you may be able to have your depot surgically removed by a trained medical professional. Buvidal cannot be surgically removed.

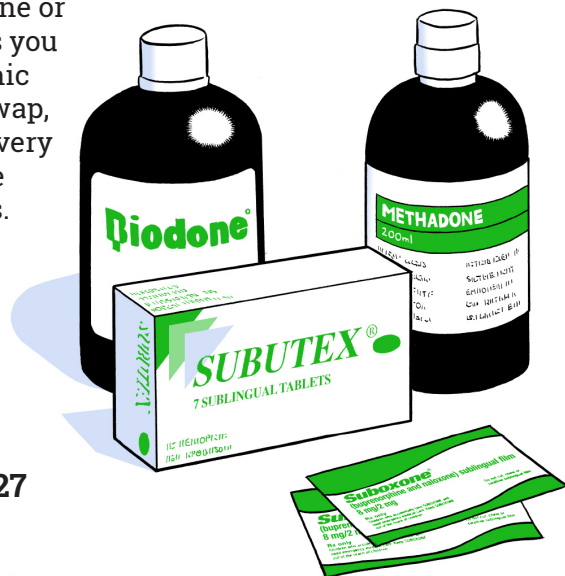
TRANSFERRING TO OTHER OTP MEDS

If you've tried depot buprenorphine and found it wasn't for you, or if it's no longer the best option for your treatment, you are able to swap to another OTP medication. Talk to your prescriber if you think this may work for you.

There aren't any studies about transferring directly from depot bupe to methadone, so for the time being everyone wanting to change medication has to first swap to sublingual buprenorphine (Suboxone or Subutex). From there, you can swap over to methadone.

To swap from Sublocade or Bupivald to sublingual buprenorphine (Suboxone or Subutex), you will need to wait until whenever you would get your next injection (a week or month after your previous one). Instead of getting another injection, you will be started on sublingual buprenorphine. You will need to go through a stabilisation phase again, and your dose will be adjusted based on your withdrawals, opioid cravings, other drug use, and intoxication.

Remember, changing to methadone or sublingual buprenorphine means you will have to start going to the clinic regularly again. When you first swap, you will have to go to the clinic every day to get dosed and after a while you may be able to get takeaways. The Clinical Guidelines also recommend that your prescriber starts seeing you more often if you're swapping from depot to sublingual buprenorphine.



EXITING OTP FROM DEPOT BUPE

Some people find that depot bupe makes them feel so 'even' that they think they don't need their next dose. This is similar to not finishing a course of antibiotics because you feel much better. With daily dosing we are often prompted to take our next dose based on the sniffles and other withdrawal symptoms. With monthly dosing, we are less likely to get a reminder from our bodies.

However, even if you do not feel you need your next dose, you should re-dose as scheduled. Taking your medication when you are supposed to means you shouldn't start going into withdrawals.

If you have more control over your drug use than when you started, and you have support from family or friends, you might be ready to leave the OTP. You are more likely to stay off OTP and keep in control of your using if you have fulfilling and positive ways to spend your time. These may include:

- working
- art
- volunteering
- studying
- activism
- yoga
- parenting
- sports
- bushwalking

If you are really ready to exit the OTP, you will have weighed up the good and bad things about being on the program and have come to the decision that your life would be better if you came off your meds. Once you have made the decision, exiting off depot bupe is just like exiting off other OTP medications. Nice and easy does it every time. Most people who exit the OTP successfully do it by gradually reducing their dose.

However, because it is new, there is very little research around withdrawing from depot bupe. We do know that monthly doses stay in your system much longer than daily doses, and buprenorphine will stay in your system much longer than street drugs.

Looking at the 'half-life' of a drug can help us predict what its withdrawals will be like. Half-life is the amount of time it takes for half of the drug to leave your system.

The table to the right shows the half-lives of different opioids. The shorter the half-life, the less time the drug will hold you.

Withdrawal symptoms start when enough of the drug leaves your system. They will get worse, peak, and then start to taper off.

It is important to remember that repeated dosing will increase the amount of time it will take to clear the medication from your body. However, this table should give you a rough idea of how long you will go before experiencing withdrawals. It can also indicate how long withdrawal symptoms may last.

	Half-life (approx)
Buvidal Weekly	3 - 5 days
Buvidal Monthly	19 - 25 days
Sublocade (monthly)	43 - 60 days
Suboxone/ Subutex (daily)	37 hours
Methadone (daily)	24 hours
Heroin (one dose)	30 minutes

As a general rule, a longer half-life means that the withdrawal symptoms will come on later, but last longer.

The very long half-life of Buvidal and Sublocade suggests that, once you have stopped taking depot bupe, there might be a significant delay in withdrawal symptoms coming on. Some people may not even notice them at all. Unfortunately, there is not yet enough evidence to confidently say this is the case.

YOU HAVE RIGHTS!

While on depot buprenorphine, your rights to quality, respectful and efficient health care are covered by three documents: the *Australian Charter of Healthcare Rights*, the *NSW Clinical Guidelines: Treatment of Opioid Dependence*, and the *Clinical Guidelines for use of Depot Buprenorphine (Buvidal® and Sublocade®) in the Treatment of Opioid Dependence*.

One of the most important rights you have is the right to choose the OTP medication you want. Moving to depot bupe is a decision you should make with your doctor, but you should never be pressured into it. If you do not want to change medications, you have the right to stay where you are.

If you try depot bupe and don't like it, you also have the right to change back. If a prescriber or clinic make you feel that if you do not accept depot bupe then you won't be accepted onto the OTP or will be exited from the OTP, you should make a complaint.

You should be able to get dosed at the same times as everyone else in your clinic, and not be made to wait longer because you're on a different medication.

You also have the right to request they give your injection at a specific site, such as preferencing your arm over your thigh. You shouldn't be pressured into getting injected somewhere you don't want to be. While rotating sites might be important, it is more important that you feel safe and comfortable while being treated. You also have the right to nominate the gender of the person injecting you (although clinics may not always be able to support your request as it depends on staff rostering).

For more in-depth info about your rights and responsibilities while on the OTP in NSW, check out the Standalone Guide 3 in this series: '*Your Rights and Responsibilities on the Opioid Treatment Program*'.

Making a complaint

As well as the two sets of clinical guidelines and the Australian Charter of Healthcare Rights, most health care services also have a 'clinic agreement' document that goes over your rights and responsibilities at the clinic or practice. You should receive a copy of this document when you start attending a new clinic or pharmacy.

While these documents mainly focus on the smooth running of the service and the protection of staff, they usually include a complaints process.

If you believe your service is not following the guidelines or feel that you are being treated with stigma and discrimination, you have the right to make a complaint.

Talk to your health care service first to try and work things out at that level. You have the right to bring a support person with you to any meetings or appointments with your healthcare service. Having someone to back you up, or even as a witness, can lead to a more favourable outcomes for you.

If you cannot reach an agreement with your clinic, call the Opioid Treatment Line on free-call 1800 642 428 or call NUAA on 8354 7300. They can help you make a complaint and offer you advice.

Looking to find out more about the new long-lasting buprenorphine meds?

Look no further!

In your hands right now is the Consumer's Guide to the Opioid Treatment Program (OTP) - written by people who use drugs, for people who use drugs! This booklet looks at depot buprenorphine, a new, long-acting medication on the OTP. Whether you're just starting to think about treatment or have been on the program for years, there's something in this series for everyone!

OTP Consumer Guidelines Series:

- Opioid Treatment Program Consumer Guidelines – Full resource
- Standalone Guide 1 – Introduction to the Opioid Treatment Program
- Standalone Guide 2 – Maintenance on the Opioid Treatment Program
- Standalone Guide 3 – Your Rights and Responsibilities on the Opioid Treatment Program
- Standalone Guide 4 – Pregnancy and Parenting on the Opioid Treatment Program
- Standalone Guide 5 – Opioid Treatment Program in Regional and Rural Areas
- Standalone Guide 6 – Pain Management and the Opioid Treatment Program
- Standalone Guide 7 – Exiting the Opioid Treatment Program
- Standalone Guide 8 – Depot Buprenorphine Starter's Guide

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