



WHAT IS BUVIDAL

AND IS IT RIGHT FOR YOU?

AN ADDITION TO OUR OPIATE TREATMENT TOOLBOX...

BUVIDAL IS A LONG-ACTING BUPRENORPHINE INJECTION THAT IS PROVIDED ON A MONTHLY BASIS.

Kaleidoscope is now making this treatment available to you, alongside all currently available treatments. Previously you may have been offered buprenorphine in a tablet form, for example, Subutex, Espranor or Suboxone.

Buvidal has had a positive impact on the recovery of a number of our service users, however it will not suit everyone. It is important that you make a well-informed choice when it comes to the right treatment for you, and our clinical teams are on hand to offer you support and guidance.



Buvidal has been most effective when treating...

- People on a lower dose of medication who are stable and doing well, but still feel restricted by their treatment in their daily life ie. visiting bases, collecting medication from the pharmacy and storing meds.
- People with a more chaotic lifestyle who find it challenging to make routine appointments, and have struggled to achieve treatment stability.

THINGS TO CONSIDER

01 The treatment can allow you more freedom, as you will no longer need to visit the pharmacy to collect medication on a routine basis.

02 The treatment offers more protection from the risk of accidental overdose than either methadone or oral buprenorphine.

03

There is a chance you could feel unwell initially as your body adjusts to the new treatment.

If your initial dose feels too low for you, you could experience mild withdrawal symptoms. In this situation you will be able to return to our base for a top up dose.

04

you will not experience euphoria when taking heroin if you use on top of Buvidal.

21 QUESTIONS FROM PEOPLE WITH LIVED EXPERIENCE

WITH KALEIDOSCOPE'S LEAD
CLINICIAN, DR. MOHAN DE SILVA
AND DR. BERN HARD

Q. I've heard that I need to be in withdrawals before I get started, what can I expect to feel like, and how long will that feeling last?

A. It is true that you will need to be in mild withdrawal to begin treatment. You do not need to become terribly unwell, but should be at the point of early opiate withdrawal, where you begin to feel aches, yawn and have some goosebumps. This typically occurs after no heroin has been used for 12-16 hours. Unfortunately, you won't feel great for the remainder of the day, but by the next day patients typically report feeling well.

Q. After my first injection, what happens if I still feel withdrawals after a few days?

A. This is when we would consider a top up dose, by trying to work out what you need, what you normally use and what prescription you take. If you are feeling unwell, we will ask you to return at the earliest opportunity.

The recommended starting dose is 16ml, and while this dose has been suitable for some patients, others have needed to start off on a 24mg weekly dose,

- If you need a top, we would increase the dose to 32mg while you adjust, but most patients respond well to the 24mg weekly dose.
- Some patients can go straight to a monthly preparation, particularly if switched from a stable daily buprenorphine dose.
- Top up doses are usually only needed when the patient starts to experience withdrawal symptoms. In our experience, we rarely need to use top up doses, as we initiate treatment with the most appropriate dose.
- Remember that if you are feeling ill, attempting to top up with heroin will not have the desired effect.
- The easiest patients to convert to Buprenorphine are those already on an oral Buprenorphine, or people who are not on any treatment and using heroin daily. If a patient wants to come off methadone and convert to buprenorphine, we will aim to give them what we believe is the correct dose after assessment.



Q. What happens if I use drugs on top of Buprenorphine? For example opiates or cocaine?

A. If you decided to take opiates on top of Buprenorphine, you are not likely to feel the effect of the opiates you are taking, so you will effectively be wasting your money.

- If you take cocaine, the Buprenorphine will not interfere with this and you will feel the cocaine hit, however you will not be able to use opiates to come down from the effect of the cocaine.
- The side effects experienced would be similar to those felt when using other drugs on top of an oral buprenorphine.



Q. If I began treatment, but then wanted to use opiates on top from time to time, could I use and not experience withdrawals?

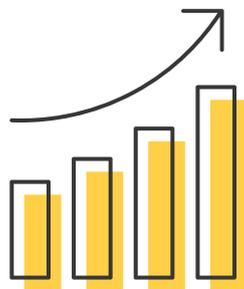
A. Usually you will not experience withdrawals, however it depends on the stage you decide to use. If you use opiates while your body is still adjusting to the treatment, you may experience some type of mild withdrawal symptom. Once you have levelled off on the injection, you are unlikely to experience withdrawals if you use opiates. Feedback from patients has been that buying heroin was a waste of money - you won't experience the sensation you are looking for.

Q. How does titration work?

A. Titration works on the basis that you are either on a weekly script or a monthly script. On the weekly script, there are several available doses. To keep things simple, we have a straightforward titration step, which is to start your treatment at the middle titration dose - 24mg of Buvidal.

If that dose works for you, you will be put on to the middle dose of the monthly injection, which is 96mg. If for some reason when you have the 24mg dose you feel that it is not holding you, you can have a top up, but we rarely have to do this.

If we do need to top up your dose while you are on 24mg, we will then put you on the 128mg monthly injection. This is the maximum dose.



Maximum Monthly Dose **128mg**
Average Monthly Dose **96mg**
Maximum Weekly Dose **32mg**
Average Weekly Dose **24mg**
Low Weekly Dose **16mg**
Top-up doses **8mg**

Q. What would I need to do if I wanted to switch from methadone treatment to Buvidal?

A. If you are on methadone and wanting to convert to Buvidal, we would need to first get your methadone dose down to 30mg. Then you need to have been off 30mg for at least 24 hours before receiving your first Buvidal injection. So let's say you are on 50mg, you will come down by 10mg every three days. If this reduction is too quick for you, we can review and slow the process if needed.

If you have your first 30mg dose on Sunday, you can receive your Buvidal injection on the Tuesday, allowing Monday to be your 24 hour gap where you are not having anything.

At Tuesday's appointment, we would administer an oral buprenorphine, such as Espranor or Suboxone, to ensure you have no allergic reaction to buprenorphine. If you experience no ill effects, we can provide your Buvidal injection just 30 minutes later. You will be physically assessed before you receive the Buvidal injection, so we can be sure you are showing signs of mild to moderate opiate withdrawals.

Q. How long do I have to be on Suboxone before switching to Buvidal?

A. You don't have to be on Suboxone, or another oral buprenorphine, at all to go on to Buvidal, However if you are on an oral buprenorphine, it does make the process more straightforward than if you were converting from methadone treatment.

Q. Can I drink alcohol while having Buvidal?

A. A small amount of alcohol (3 units or less) is unlikely to harm, however Buvidal is not recommended to people drinking large amounts of alcohol.

Similarly to oral Buprenorphine, it is not usually prescribed to people with an alcohol related issue because you need to have reasonable liver function to get on with this treatment.

If we suspected you had liver problems, you had been diagnosed with jaundice, or had been admitted to hospital with liver type problems, we wouldn't necessarily be putting you on this treatment.

Q. Is there a risk of overdose if opiates or alcohol are used on top?

A. Like oral Buprenorphine, Buvidal is very protective from opiate overdose.

Buvidal is certainly much more protective than methadone, and more protective than buprenorphine oral, however it won't protect you from overdose at all costs.

It helps people that may have an accidental overdose, but we cannot say with any certainty what would happen if someone was determined to see how much they could take before they overdose.

When it comes to alcohol, unfortunately Buvidal will have no effect in an alcohol overdose type scenario. Meaning that if you did drink too much, you are still at risk of respiratory depression and possibly choking.

Q. If I overdose, what would be the effect of being given a shot of Naloxone?

A. The effect of the Naloxone would be the same as if you were on Buprenorphine.

The Naloxone would take away whatever the overdose drug is, and then the Buvidal would start acting again. So after a few hours, you would start to feel better again.



Q. What happens if I miss my injection?

A. There is a two day grace period with weekly Buvidal injections, so if you were unable to make your scheduled appointment, receiving your injection two days either side of that appointment will not impact your treatment. There is a seven day grace period either side of the monthly injection.

It is important to remember though that achieving optimal results with this treatment really depends on you following up with your monthly injections. The great thing about Buvidal is we see a level of engagement we don't always see with methadone, often leading to improved patient outcomes.

Q. Where would treatment take place?

A. Treatment would take place within Kaleidoscope's bases, where the injection will be administered safely by trained clinical staff.

However, if for example you are not very well, or isolating during the COVID-19 outbreak, we could look at visiting you at your home. While home visits are not something we routinely offer, we are prepared to assess this on a case by case basis.

Q. If I were on holiday and missed my flight, and I couldn't get back for my injection or get Buvidal where I was, what is the withdrawal like, and would it last longer than methadone?

A. The withdrawal would be much less severe than methadone. You will instead experience a very gradual reduction of the amount of Buvidal in your system. As a long-acting drug, it doesn't disappear from your body and will continue to do its work.

- For the monthly injection, there is roughly a seven day buffer built in, so unless you are at the very edge of receiving your next dose, you are not likely to feel any withdrawal symptoms. After seven days the amount of Buvidal in your system will slowly taper off.
- Patients receiving this treatment elsewhere in the UK, after deciding they didn't want the injection anymore, reported feeling no ill-effects or symptoms until 45 days later, and by that time they had been slowly detoxed and didn't need to take anything.
- The easiest patients to convert to Buvidal are those already on Buprenorphine. If a patient wants to come off methadone and convert to buvidal, we will aim to give them what we believe is the correct dose after assessment.



Q. If I had an accident and needed a pain relief opiate, what could be used instead of an opiate?

A. Buvidal is not a pain killer, however it does have a reasonable pain relieving effect.

Buvidal will attempt to block the morphine, so to be most effective, the morphine would need to be given in higher doses.

This is only likely to be an issue if a patient required a long term morphine drip.



Q. If I had a heart attack and needed diamorphine, what would happen?

A. The Buprenorphine may antagonise the diamorphine, so you might need to receive a higher dose of diamorphine for the drug to be as effective. This will be up to the clinician administering the diamorphine to assess the appropriate risk. All patients receiving Buprenorphine will be given a card that explains their treatment, so if such a situation was to occur, clinical staff will be aware you are on an antagonist.

Q. Can the injection be reversed if I was allergic to it?

A. No, it cannot be reversed. For this reason, we will give you an oral buprenorphine before administering your first Buprenorphine injection. If no reactionary symptoms occur, you can receive your first injection just 30 minutes after the oral buprenorphine.

Q. Will I have a lump under my skin?

A. Not usually, but after many injections you might notice that when you run your fingers over your skin, the previous injections site might feel a little different. This is not permanent however, and patients have noticed that after weeks that sensation gradually disappears.

Q. What if I am pregnant, or get pregnant when I am on it?

A. Buprenorphine has been approved for use in pregnancy by the European Commission where benefits outweigh the risks. The use of weekly or monthly formulations would be based upon individual clinical decision-making, which would of course include your information and involvement. If you were already receiving the Buprenorphine injection and became pregnant, we would continue your treatment and discuss with you whether we convert you to oral buprenorphine at some stage in your pregnancy.

Q. Would my treatment be continued in prison if I got a sentence?

A. Prisons in the UK are currently looking at using Buprenorphine, so there may come a point where they can continue this treatment in prison, if you were given a short sentence for example. However, if the prison doesn't offer Buprenorphine, your treatment would be converted to the equivalent dose of oral buprenorphine.

Q. Will Buprenorphine prevent natural endorphin highs from sex, exercise and so on?

A. No, the Buprenorphine will have no impact on naturally occurring endorphins. They will not be enhanced or reduced by Buprenorphine.

Q. If I have been on Buprenorphine for a year and want to come off, what's the process?

You could start reducing the monthly injection, so if you are on a 96mg monthly injection, you could come down to a 64mg monthly dose. We could also look to extend the periods between your monthly injections, or we could convert you to oral buprenorphine, and then reduce your doses of this. When the time comes there are several ways of doing this, and we can discuss this together to reach a solution that best suits your needs.