ALCOHOL AND DRUG SERVICE

Drug & Alcohol Treatment Update

Dr Ian Guinan

Dr Diane Hopper

Dr Tash Lovatt

Tasmanian Government

14th September @ 6.30pm-8pm

- Introductions & Straw Poll
- Depot Buprenorphine in Tasmanian Primary Care?
- Take Home Naloxone – who might benefit?
- Using GP Pathways to support substance using patients
- Assessment tools and Apps
- Questions?

ALCOHOL AND DRUG SERVICE
Tasmanian Opioid Pharmacotherapy Program

Depot Buprenorphine

Treating patients with Depot Buprenorphine in Tasmania

Tasmanian Government

Opioid Pharmacotherapy

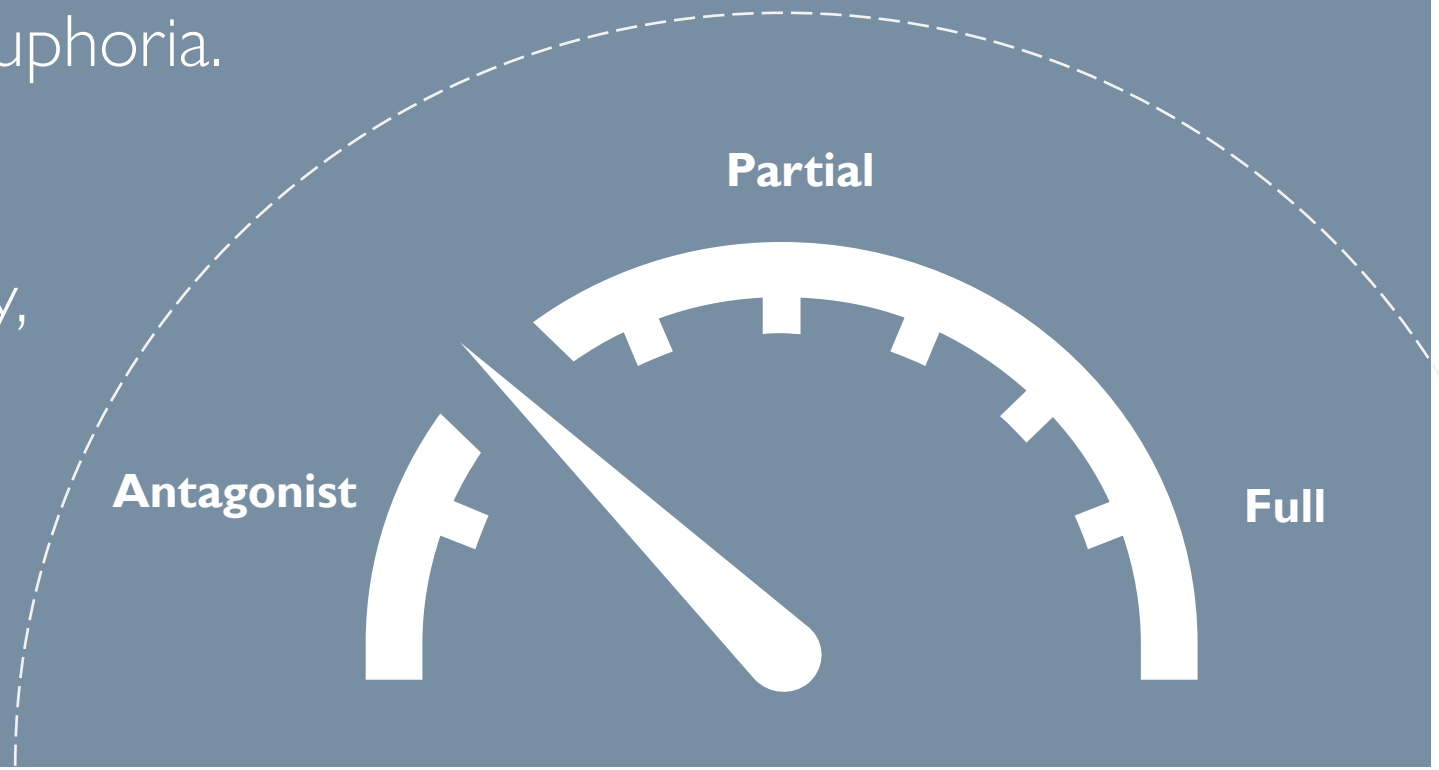
A quick recap on the key principals of opioid pharmacotherapy:

- The mainstay drugs are still methadone and buprenorphine.
- This treatment is not effective without psychological interventions.
- This treatment is a harm reduction approach.
- These mainstay drugs require restricted prescribing/supervised dosing and regular review.

Basic opioid pharmacology

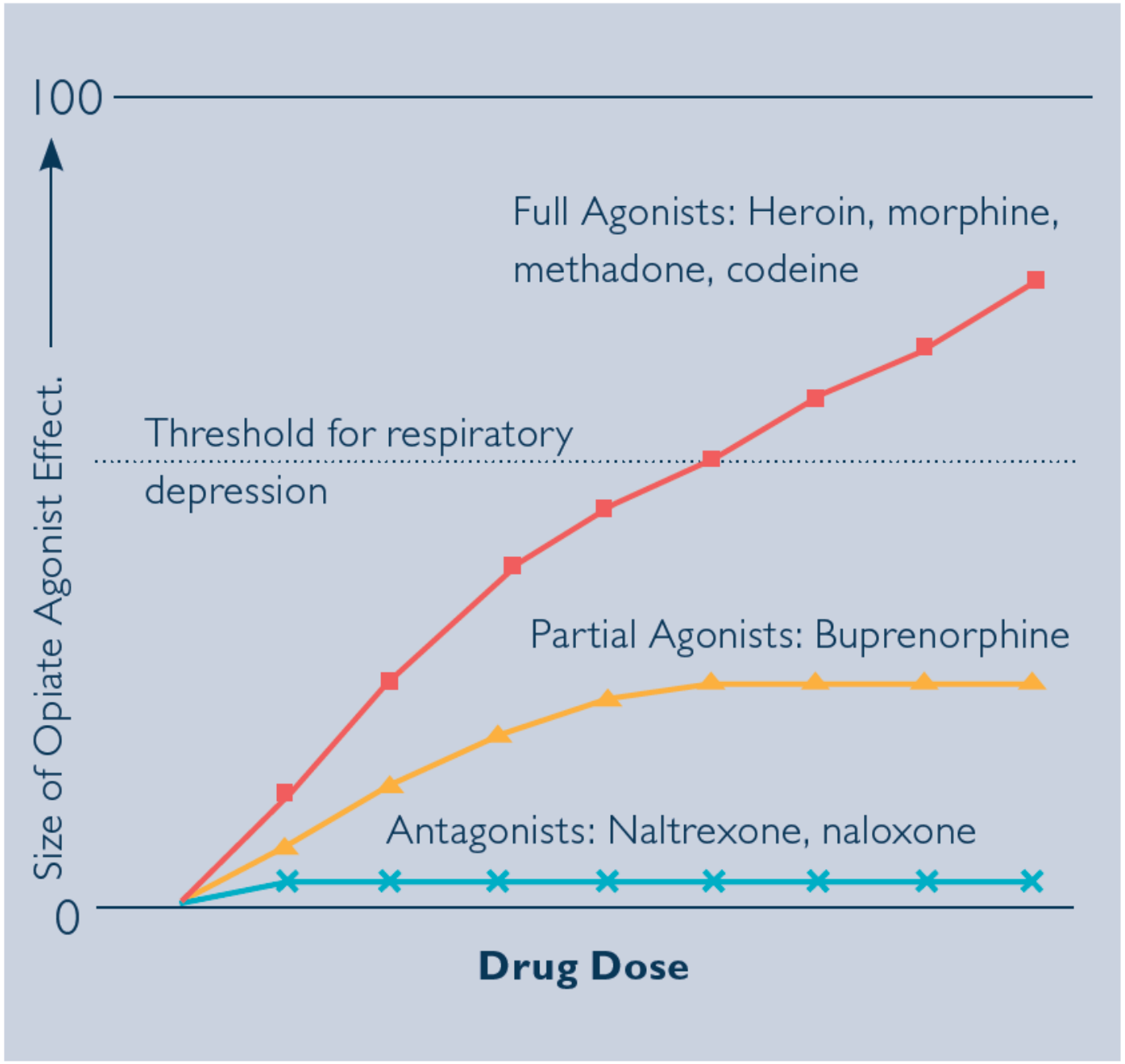
The principal effects of opioids are analgesia, sedation, respiratory depression and euphoria.

Opioids have varying potency, bioavailability, speed of onset and duration of effect.



Opiate agonist effects

Opioids produce their effects by acting on a range of receptors at the molecular level of the nervous system.



Buprenorphine pharmacology

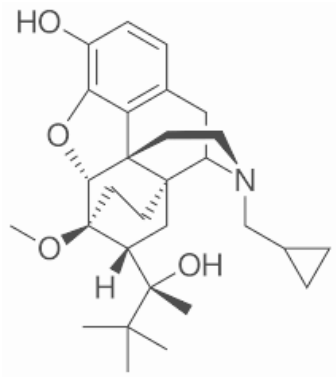
Buprenorphine has a higher affinity for the μ-opioid receptor than almost all other opioid agonists.

Relieves opioid withdrawal symptoms but can cause precipitated withdrawal if commenced too soon after full μ-opioid agonist

Actions are similar to other opioids. Onset at 30+ minutes and intensity peaks at 1 - 4 hours. Most μ-opioid receptors are saturated at ~16mg dose.

Potent at low doses but has a "ceiling" opioid activity due to receptor saturation.

Buprenorphine is a partial μ-opioid receptor agonist with possible shorter, less severe withdrawal on cessation.



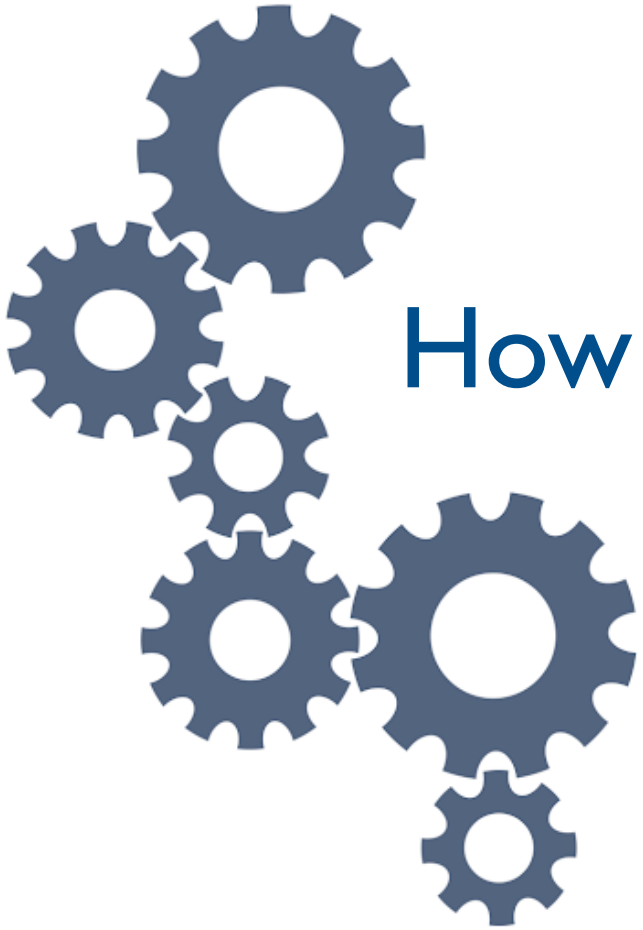
A NEW RX FOR OPIATE DEPENDENCE

Depot Buprenorphine:

- For the first time in 14 years, a new Rx for opiate dependence is available.
- It was approved by the Therapeutic Goods Association (TGA) in November 2018 with restrictions applied.
- It was added to the PBS listing in September 2020.
- GPs must undertake approved education prior to prescribing.
- Draft Tasmanian protocols are available.

Depot Buprenorphine offers several advantages…

- A weekly or monthly injectable that offers patients more flexibility.
- Reduced overdose risk (partial opioid blocker/plateau effect).
- Far less risk of diversion.
- Less supervision required.
- Reduced cost of treatment.
- Long duration of effect, avoid peaks and troughs of opioid effects.
- Normalisation of life for patients.



How it works…

- Depot Buprenorphine is a long acting form of buprenorphine **via subcutaneous injection**.
- It offers an alternative medication to oral opiate replacement agents.
- It is available in **weekly** and **monthly** preparations.
- When injected, it transforms from a low to high viscous liquid gel depot.
- Buprenorphine is encapsulated within the gel and is slowly released as the depot biodegrades.
- It is rapid onset.
- It is long acting.
- **Administration is restricted** to healthcare professionals.

Buvidal® use in Tasmania

Buvidal® is a new preparation which has potential for unforeseen outcomes or problems.

We are gaining experience with Buvidal ® at the Alcohol and Drug Service and initially small numbers of GP prescribers will be recruited to expand Buvidal ® prescribing in the community.
(AHS experience)

During the early stages of use Alcohol and Drug Service draft polices and protocols will be reviewed and revised.
(Close to release and online training to be available)

Who might benefit from Buvidal® now…?

Stable clients (initially)

Patients seeking to reduce costs of treatment

Patients located in remote areas and unable to attend pharmacies

Patients who work during normal pharmacy opening times

Unstable clients
(opposite spectrum)

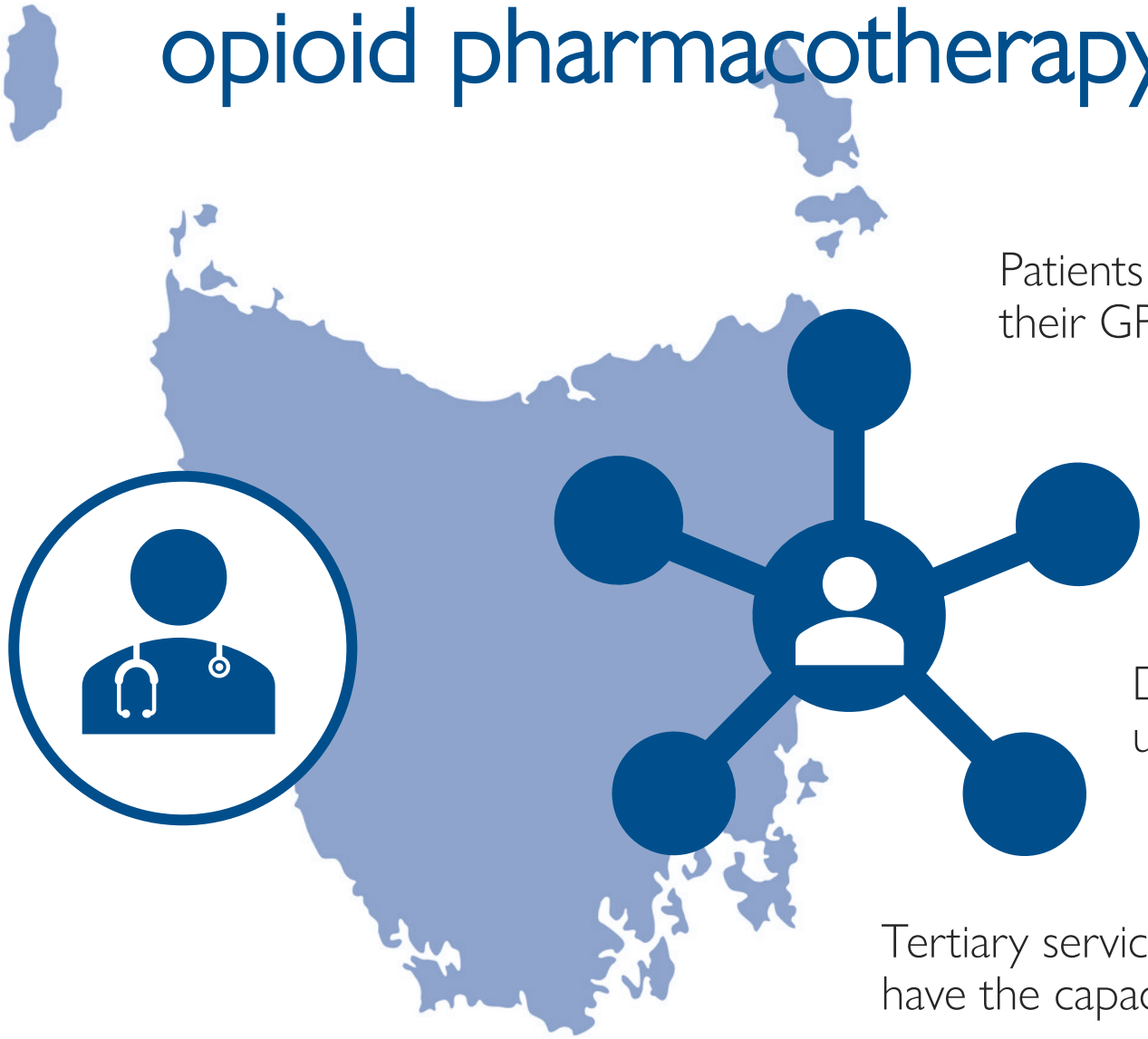
Patients with complex issues and/or behaviours

Patients who have missed doses/poor engagement in treatment

Others
(Primary Care providers)

Who might benefit from Buvidal® in the future…?

Buvidal ® could expand community access to opioid pharmacotherapy in primary care



Patients have the maximum trust in treatment from their GPs and want to have their treatment locally

GPs have the skills to deliver holistic care.

Drug and Alcohol clinics unavoidably carry stigma and ultimately mean some patients will not access treatment

Tertiary services such as the Alcohol and Drug Service will never have the capacity to treat all dependent patients

There are two depot buprenorphine preparations licenced for use in Australia:

1 Buvidal®

- Buvidal® (manufactured by *Camurus*) is the preferred preparation for use in Tasmania.
- Tasmanian guidelines have been developed for this preparation. The remainder of this training module will focus on Buvidal® administration.

2 Sublocade®

- Sublocade® (manufactured by *Indivior*) can only be stored for a maximum of one week at room temperature after which it must be discarded or returned to the manufacturer.
- Sublocade® is not currently used in Tasmania. Interstate patients moving to Tasmania can be transitioned to Buvidal® (contact ADS for assistance).

Buvidal ® preparations

Each pack of Buvidal® contains a single dose, pre-filled syringe with needle, stopper, needle shield, plunger and built in safety device and stored at room temperature.

Buprenorphine (Buvidal®) modified release solutions:

Weekly

Weekly injection packs come as follows:

- 8mg/0.16ml
- 16mg/0.32ml
- 24mg/0.48ml
- 32 mg/0.64ml

Monthly

Monthly injection packs come as follows:

- 64mg/0.18ml
- 96mg/0.27ml
- 128mg/0.36ml

PRECAUTIONS:

Precautions for prescribing depot buprenorphine to patients with:

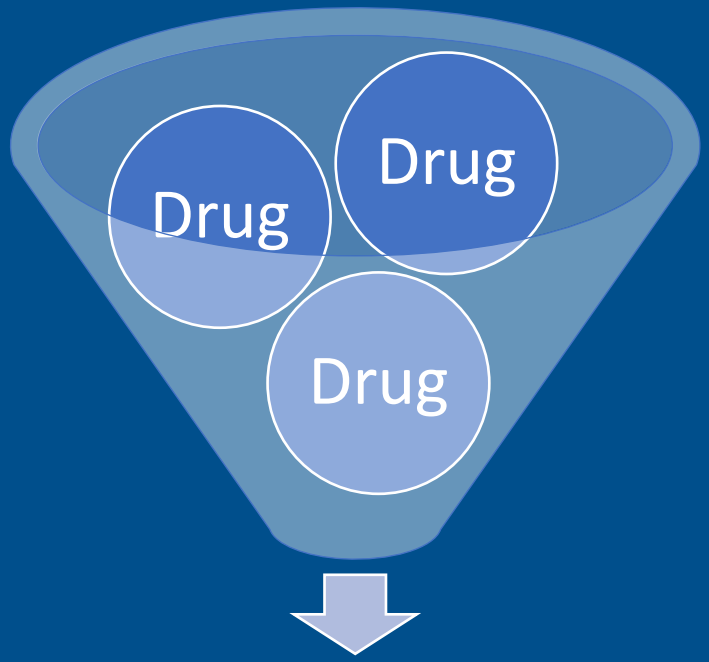
- Head injury, intracranial lesions, or history of seizures.
  Opioids may elevate cerebrospinal fluid, which may cause seizures;
- Hypotension, prostatic hypertrophy or urethral stenosis;
- Myxoedema, hypothyroidism or adrenal cortical insufficiency;
- Severe renal impairment;
- Hepatitis and hepatic impairment;
- Ongoing, unsanctioned drug use, especially sedating drugs.

CAUTIONS:

Use buprenorphine cautiously when co-administered with:

- Benzodiazepines
- Gabapentinoids
- Alcohol
- Other CNS depressants;
- Opioid analgesics;
- Naltrexone;
- Cyp3a4 inhibitors or inducers; and
- Monoamine oxidase inhibitors.

Depot Buprenorphine Interactions



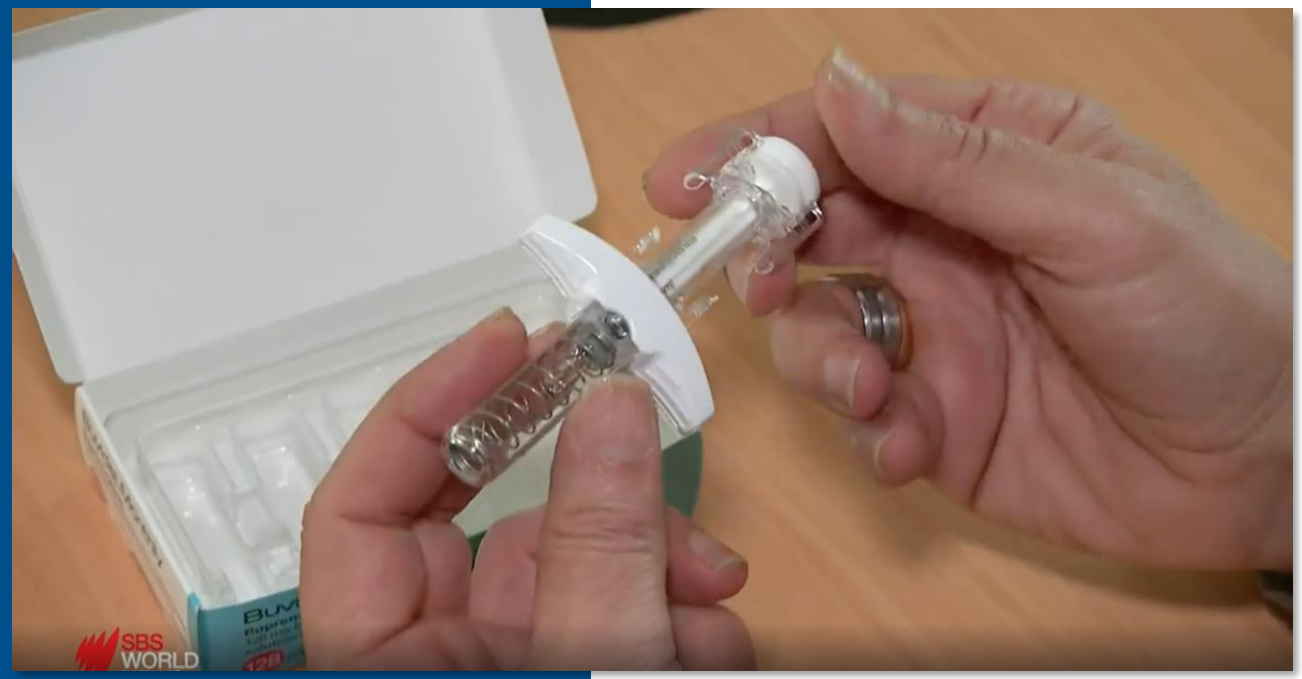
Higher risk to patient

CONTRAINDICATIONS:

Contraindications for the prescription of Buvidal® include:

- Hypersensitivity to buprenorphine or any product excipients listed in the product information.
- Severe respiratory insufficiency.
- Acute alcoholism or delirium tremens.
- Pregnant or lactation (further details listed on product information).
- Patients under 16 years of age.

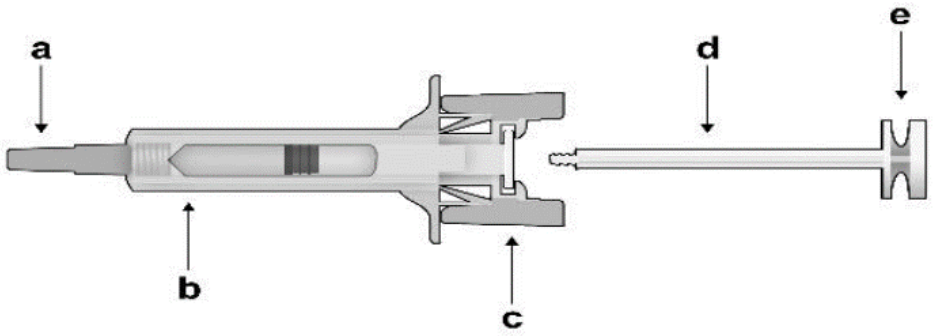
WARNING: Product information highlights **serious harm/death with intravenous (IV) use. IV injection carries the risk of thromboembolism**



Administration of depot Buprenorphine: Buvidal ®

Buvidal ® Needle Syringe

DIAGRAM



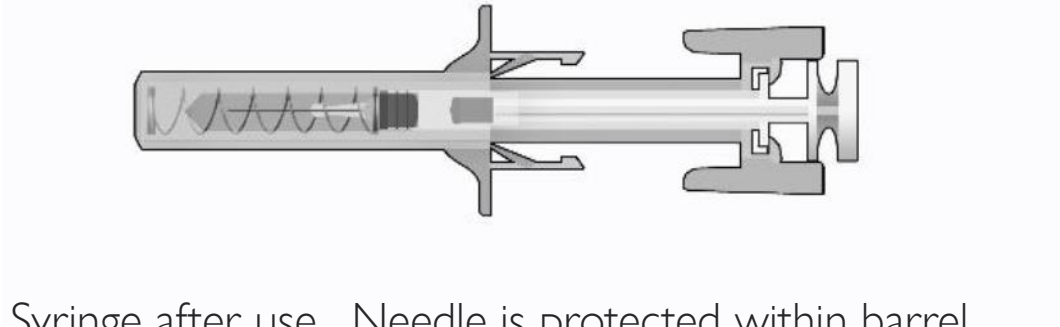
a. Needle shield

b. Syringe guard body

c. Syringe guard wings

d. Plunger

e. Plunger head



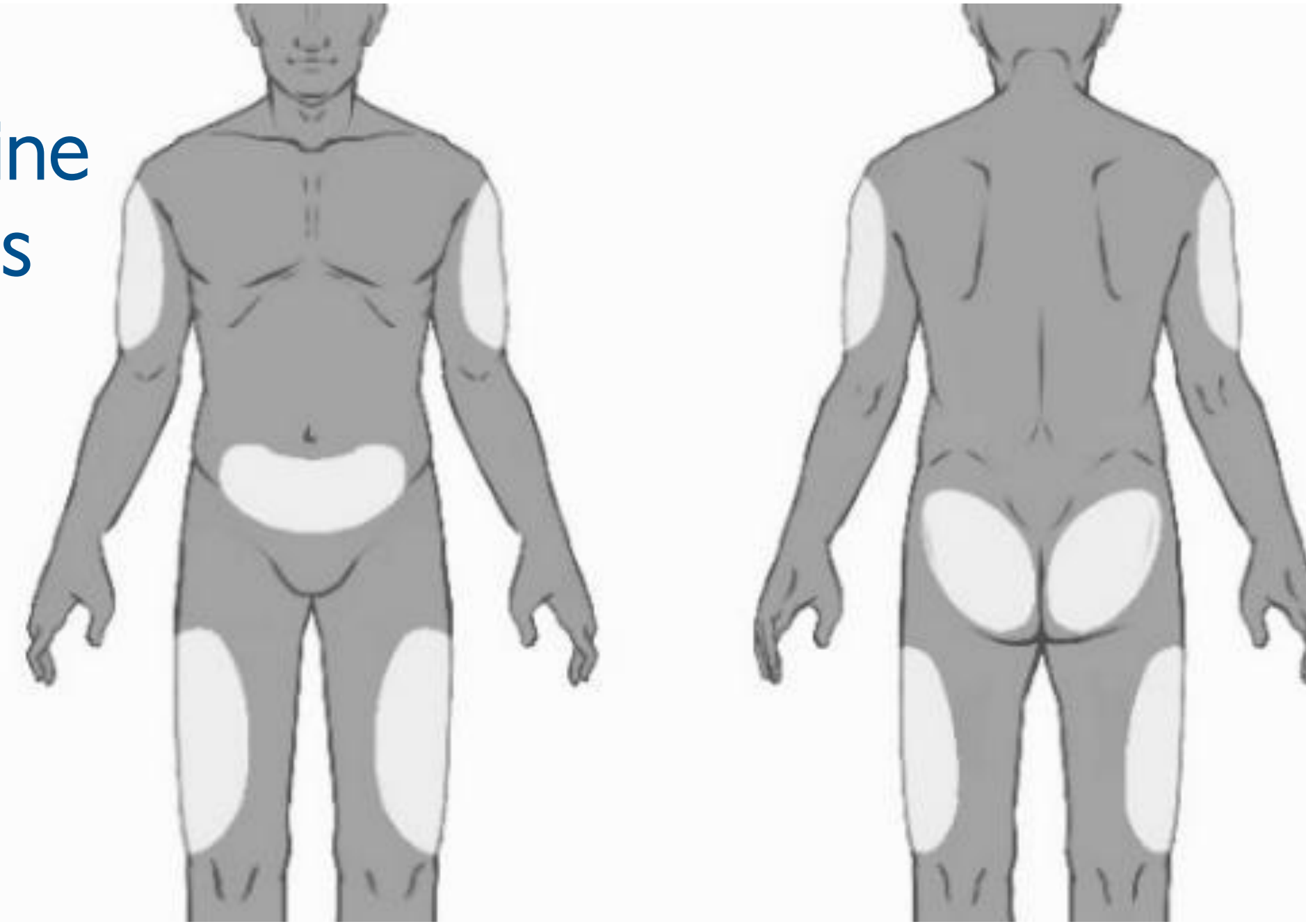
Syringe after use. Needle is protected within barrel.

Buvidal ® must be…

- Administered by trained nurses and doctors;
- Given by subcutaneous injection only. Injection sites should be rotated and alternated between the buttock, thigh, abdomen or upper arm;
- Given in a single injection and not in divided doses;
- Listed as an "ALERT" on a patient's digital medical record (DMR) or clinical record e.g. "*on Buvidal weekly or monthly*".

Depot buprenorphine injection sites

- Eight (8) injection sites
- Injection sites should be rotated
- Avoid waistline and 5cm around
- Consider use of site map to record date and last injection site.



Oral Buprenorphine vs Buvidal Dose Equivalence

Dose of daily Sublingual Buprenorphine	Dose of Buvidal® Weekly	Dose of Buvidal® Monthly
2-6mg	8mg	-
8-10 mg	16mg	64mg
12-16mg	24mg	96mg
18-26mg	32mg	128mg
28-32mg	-	160mg*

Withdrawing depot buprenorphine treatment

Depot Buprenorphine	Half-life (at repeated doses)	Likely timeframe for onset of withdrawal symptoms after last maintenance depot dose
Buvidal® Weekly	3-5 days	Up to 2-3 weeks after last dose
Buvidal® Monthly	19-25 days	Up to 2-3 months after last dose

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- Questions?
- Practical experience

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