

Extended-release (depot) buprenorphine injections for opioid dependence: Understanding potential clients' perceptions prior to implementation in Australia

Disclosures

- CoLAB is sponsored by UNSW and supported by an Externally Sponsored Collaborative Research grant from Indivior. Indivior contributed to the study design and analysis plan; Indivior will play no role in the collection, analysis and interpretation of data; in the writing of manuscripts; or in the decision to submit the manuscripts for publication.
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Background

- Two buprenorphine depot formulations (XR-BPN):
 - Buvidal[®] (Camurus) – monthly or weekly subcutaneous injection
 - Sublocade[®] (Indivior) – monthly subcutaneous injection
- Early studies of Buvidal[®] and Sublocade[®] indicate:
 - rapid onset and sustained release of BPN;
 - blockade at the mu-opioid receptors;
 - sustained reductions in illicit opioid use; and
 - excellent treatment retention.
 - Retention higher than observed in routine treatment with SL BPN:
Sublocade[®] (63%) and Buvidal[®] (73%, 77%)
- Potential to dramatically change the treatment settings and options for people who are opioid dependent.

Broader CoLAB study: Key aims

- **'CoLAB'** short for Community studies of Long-Acting Buprenorphine (trial uses Sublocade®).
- To **document** and **evaluate the implementation** of monthly BPN injections in different community treatment settings with an emphasis on the feasibility and practical clinical, regulatory and supply issues in settings representative of Australian clinical practice.
- To **examine key client outcomes**, including impacts on treatment engagement, opioid and other illicit drug use, adherence with the administration schedule, retention and patient experience.

CoLAB: Study components

1. Cross-sectional survey of N=400 people who use opioids regularly;
2. Implementation of Sublocade® in different treatment settings: A single-arm, multi-site, open-label study of monthly injections of extended-release buprenorphine; and
3. Mixed-methods implementation review:
 - Qualitative study
 - Costings

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Aims and Methods

- Aim: To examine potential clients' perceptions of XR-BPN and their concerns. Primary outcome measures:

Method:

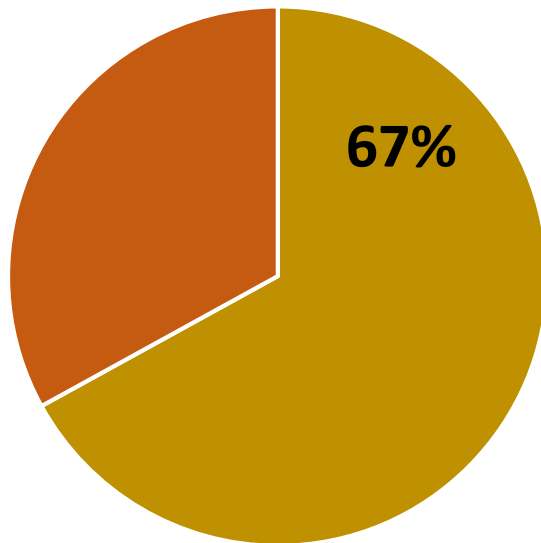
- Cross-sectional survey conducted prior to implementation of XR-BPN.
- N=402 people who use opioids regularly (Sydney, Melbourne and Hobart) interviewed December 2017- March 2018.
- Eligibility: aged 18 years+, either using illicit/extra-medical opioids regularly or currently receiving treatment for opioid dependence (or both). 'Regular' opioid use was use of any opioid (heroin or the pharmaceutical opioids) on at least 21 out of the past 28 days.

Primary outcome measures:

1. % participants who believed XR-BPN would be a good treatment option for them,
2. preference for weekly vs. monthly injections,
3. perceived advantages/disadvantages of XR-BPN.

Cross-sectional survey: Findings

What proportion of the total sample (N=402) thought XR-BPN was a good treatment option for them after the nature of the treatment was explained?



- Believed XR-BPN was a good option for them
- Did not believe XR-BPN was a good option for them

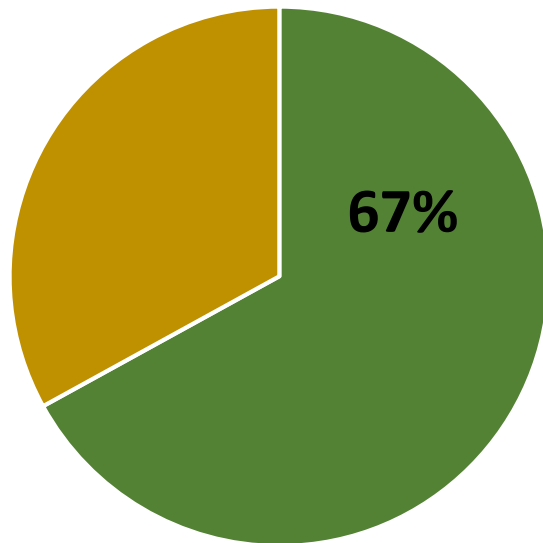
This group were more likely to:

- Be younger (26-35 years vs. >55 years)
- Be female
- Report fewer years of education
- Report past month heroin and methamphetamine use.

(Neither lifetime nor current OAT were associated)

Cross-sectional survey: Findings

What proportion of current OAT clients (n=255) thought XR-BPN was a good treatment option for them?



- Believed XR-BPN was a good option for them
- Did not believe XR-BPN was a good option for them

Among current OAT recipients (n=255), those who believed XR-BPN was a good treatment option for them were more likely to report:

- Shorter treatment episodes (1-2 year vs. ≥ 2 years)
- Fewer takeaway doses
- Longer travel distance.

(Current OAT medication, prescriber setting, dosing setting and out-of-pocket costs were not associated)

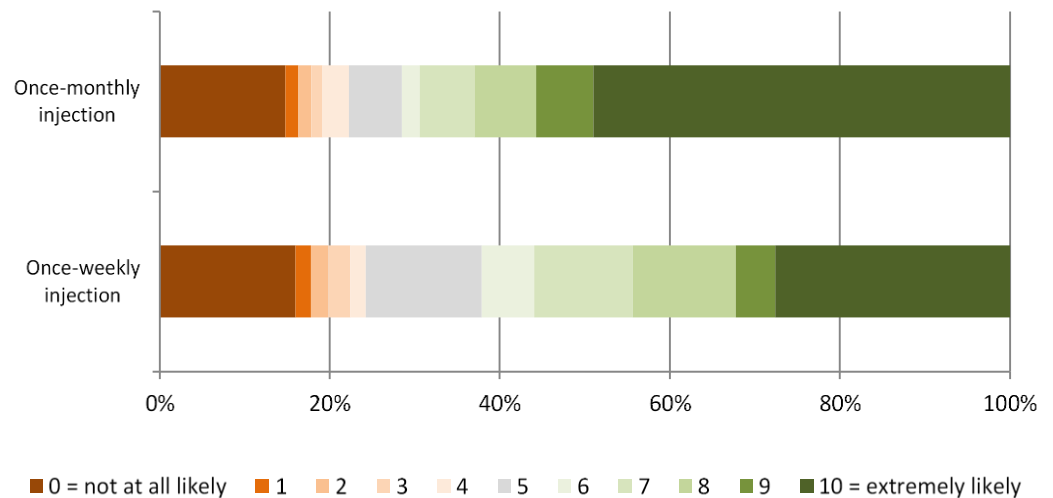
Cross-sectional survey: Findings

Weekly vs monthly injections?

- 54% no preference
- 7% preferred weekly
- 39% preferred monthly

Aside from the group preferring monthly injections being younger (vs. no preference group), there were significant associations between demographic, drug use or treatment variables and having a preference for weekly or monthly injections.

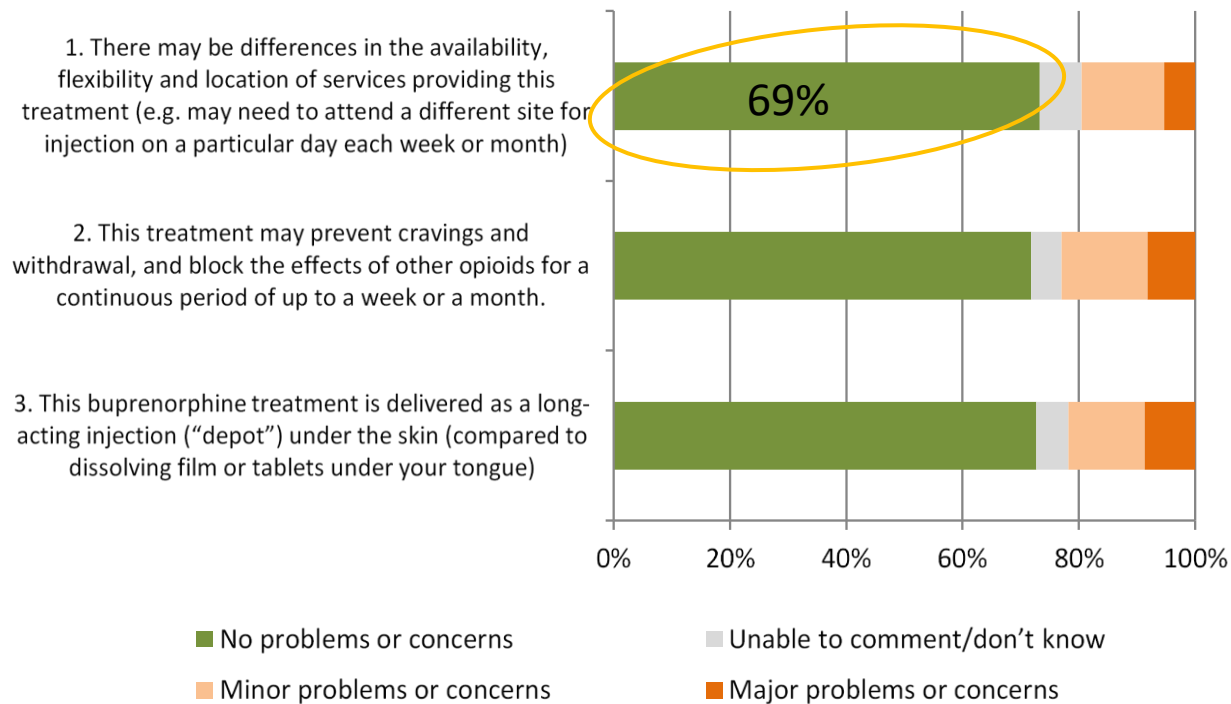
Figure 1: Participant ratings of likelihood of using once-weekly/once-monthly XR-buprenorphine injections (%)



N=386 (n=16 missing cases) for 'once-monthly' injection; N=384 (n=14 missing cases) for 'once-weekly injection'

Cross-sectional survey: Findings

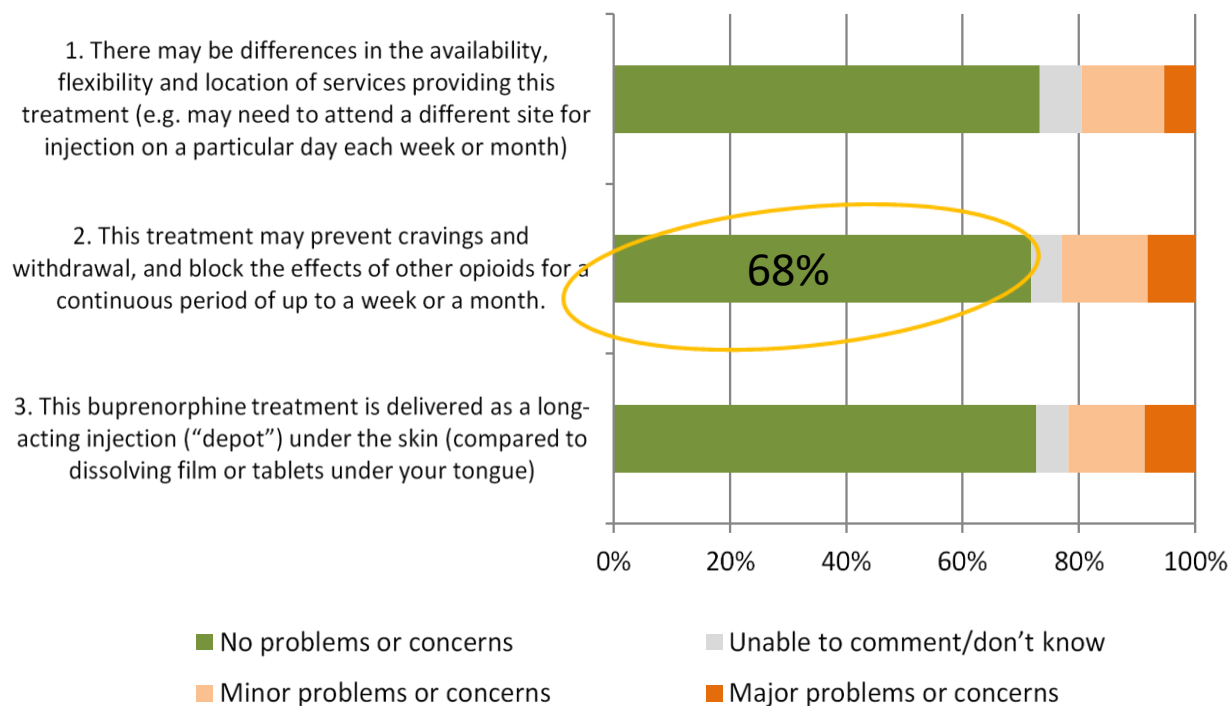
Figure 2: Participants' reports of the extent to which different features of treatment with XR buprenorphine injections raised problems or concerns (%)



1. N=380 (n=22 missing cases)
2. N=379 (n=23 missing cases)
3. N=378 (n=24 missing cases)

Cross-sectional survey: Findings

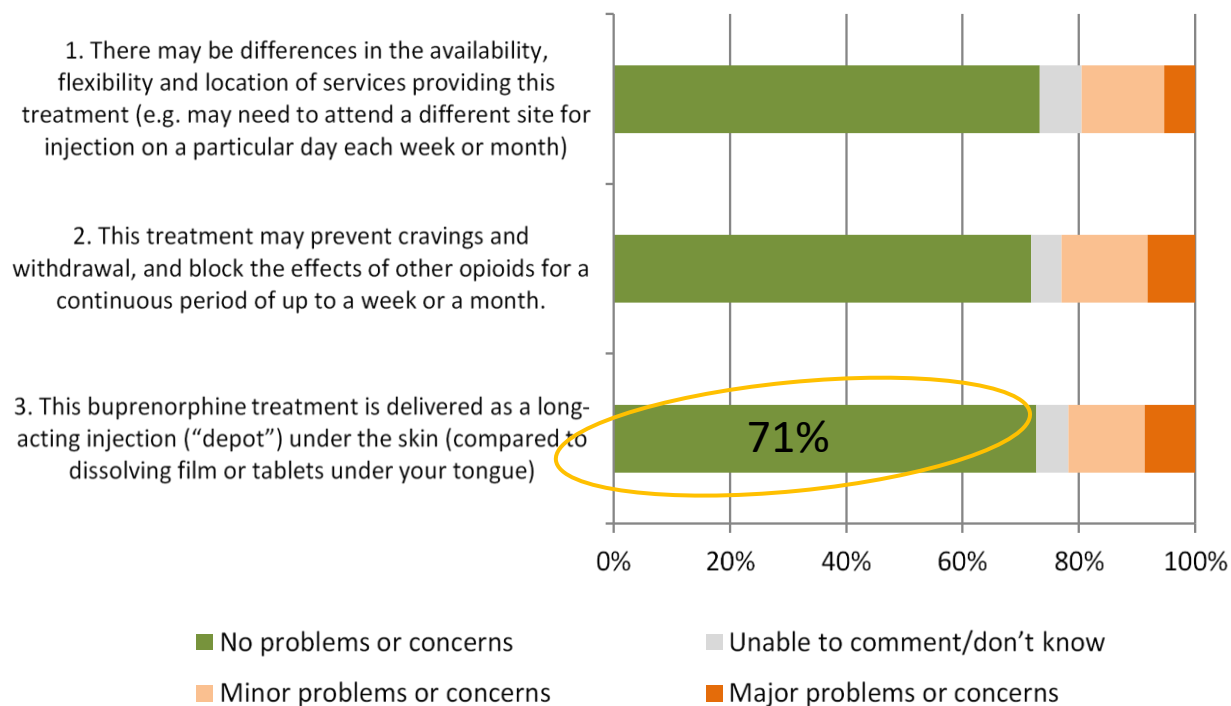
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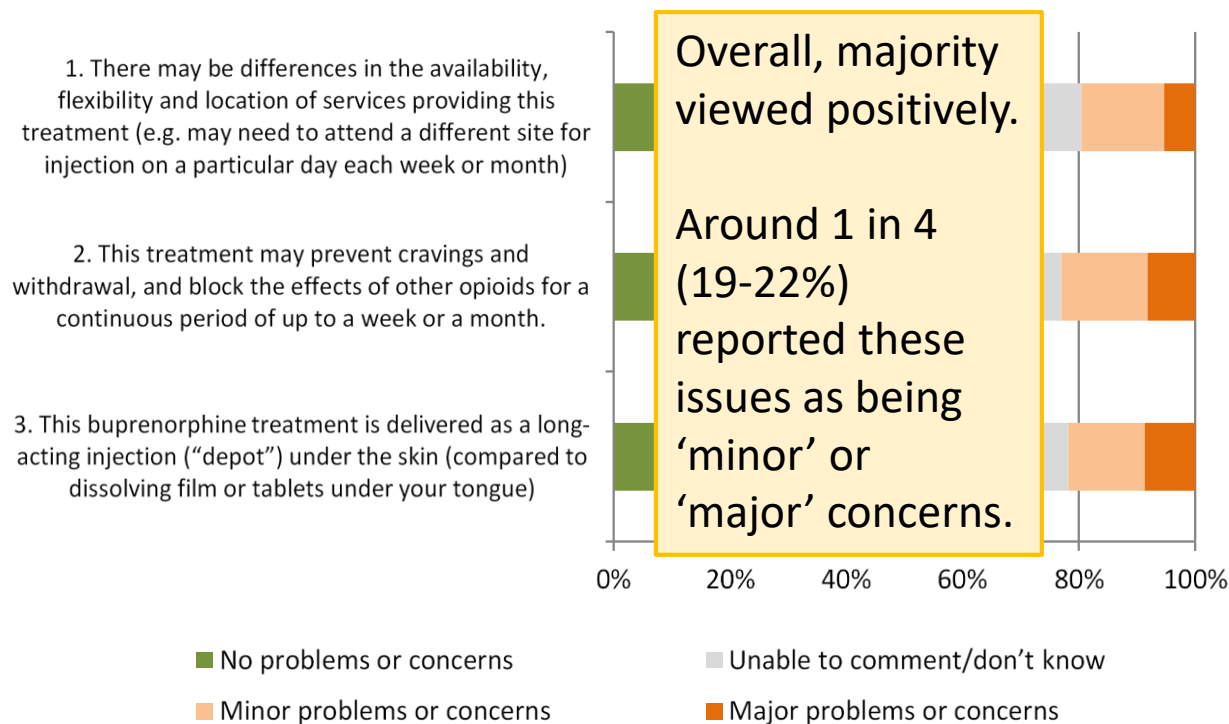
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Cross-sectional survey: Findings

- Participant reports of advantages/disadvantages of XR-BPN (pre-specified list)

	%
Advantages	
Attend treatment services less frequently	76
Gives me more time to do other things	69
Allows travel for work or holidays	66
Prevents cravings for opioids	64
Feel in control of my treatment	63
Suppresses withdrawal symptoms for a long time	62
Could avoid regular contact with other people in drug treatment	59
Blocks the effects of other opioids	54
Reduces the need for willpower to stay in treatment and/or avoid using other opioids	54
Decreases my risk of overdose (safety)	52
Disadvantages	
Might not hold people for the whole period between doses	40
Blocks the effects of other opioids	26
Less flexibility in treatment	17
Feel less in control of my treatment	16
Don't like the idea of having the drug/depot inside me for a long time	16
Reduced opportunity to attend treatment services for dosing	12
Reduced opportunity to have regular contact with other people in drug treatment	7

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Advantages	
Attend treatment services less frequently	76
Gives me more control over my treatment	69
Allows travel	66
Prevents craving	64
Feel in control of my treatment	63
Suppresses withdrawal symptoms	62
Could avoid relapse	59
Blocks the effects of other opioids	54
Reduces the need for willpower to stay in treatment and/or avoid using other opioids	54
Decreases my risk of overdose	52
Disadvantages	
Might not hold people for the whole period between doses	40
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Less flexibility in treatment	17
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Current OAT clients were more likely to endorse the disadvantage:

- 'Might not hold people for the whole period between doses'

And less likely to endorse the advantages:

- 'Blocks the effects of other opioids'
- 'Reduces the need for willpower to stay in treatment and/or avoid using other opioids'
- 'Decreases my risk of overdose'

Discussion and Conclusions

- Hypothetical scenarios and anticipated preferences, not actual experience – interpret with caution.
- But perceptions are important – anxiety or concerns may impact on early experience/uptake.
- Prior BPN was not associated with believing suitable option.
- Clients stable on OAT and accessing unsupervised doses may not perceive additional benefits of XR-BPN.
- Women may prefer XR-BPN to reduce burden of attending dosing with children and/or due to privacy concerns.
- Peer communication strategies may help mitigate potential clients' concerns.
- Potential convenience of XR-BPN is viewed positively, but individual preferences will be important in choosing OAT medications.