Use of long-acting buprenorphine for opioid replacement

ROUND 3: RESPONSES

Statement 1

Treatment with depot buprenorphine potentially confers the opportunity to change the way in which opioid substitution services are structured and delivered. The less frequent dosing with depot buprenorphine formulations may reduce the opportunity for daily contact between service user and care provider. This may offer advantages for some individuals as it gives them the opportunity to have time to attend recovery activities and other priorities. For others who need more support, careful scheduling of clinical reviews for example in the setting where the depot can be delivered and flexible approaches to care planning should be considered.

Of 21 respondents:

- 11 Strongly agreed with this statement (52.4%);
- 5 Agreed (23.8%);
- 3 Neither agreed nor disagreed (14.3%);
- 2 Disagreed (9.5%);
- 0 Strongly disagreed (0%);

16 out of 21 (76.2%) respondents agreed or strongly agreed with this statement, so consensus has technically been reached.

Respondents' comments are detailed in table 1:

Table 1: responses to consensus statement 1

1	AGREE I agree with this statement in general. I am not sure whether daily contact with care provider (addiction services) is common or standard practice. Daily contact with pharmacy for dispensing is very common - not sure whether that is being referred to contact with care provider.
2	STRONGLY AGREE I think the statement is true and reflective of benefits. I think it should mention attending employment along with recovery activities and other priorities, as this is a treatment group that benefit greatly from reduced contact / attendance at services and community pharmacy.
3	AGREE I think that it should read as below; Treatment with depot buprenorphine potentially confers the opportunity to change the way in which opioid substitution services are structured and delivered. The less frequent dosing with depot buprenorphine formulations may reduce the opportunity for daily contact between service user and a care provider. This may offer advantages for some individuals as it gives them the opportunity to have time to attend recovery activities and other priorities. For all service users, careful scheduling of clinical reviews for example in the setting where the depot can be delivered and flexible approaches to care planning should be considered and based on an individuals needs.
4	STRONGLY AGREE I think this wording is sensible.
5	STRONGLY AGREE I do not feel anything else needs to be added to this statement. I agree with the revised statement.
6	STRONGLY AGREE I agree that is individual patient dependant to identify support needs. It may also vary over time, depending on wider support-

	family and friends, any trigger times they may experience-this can be worker in to care plan.
7	STRONGLY AGREE I agree with the revised statement
8	AGREE This revised statement recognises that care and support can be scheduled when required at times other that when the depot is administered.
9	STRONGLY AGREE Appears to cover everything concisely.
10	STRONGLY AGREE Buvidal does not mean that there must be less contact. Contact will be arranged, as it always should have been, on a clinical need basis.
11	STRONGLY AGREE If a patient is stable/relatively stable on DB- the time spent managing cravings, fear of withdrawal etc. opens up a sea of recovery opportunities and networks that support the person into long term recovery, and at least, an opportunity to improve heart and lung health rather than chasing a prescription daily or twice weekly etc. This offers the brain bandwidth for service users to engage in healthful activities, recovery communities and rest from stigma of being caught up in addiction bureaucracy and norms and reclaim, or claim, their personhood.
12	AGREE I feel this is a sensible statement.
13	STRONGLY AGREE The statement indicates the importance of flexibility in care and the emphasis of care, support and routine being of equal importance to many people accessing prescribing.
14	AGREE No changes required
15	NEITHER AGREE NOR DISAGREE The use of the term 'care provider' is quite broad. The depot will reduce the opportunity for contact with the community pharmacy but is unlikely to change the level of contact with substance use services
16	STRONGLY AGREE I completely agree with this statement, nothing further to add.
17	STRONGLY AGREE makes sense to remain flexible and adapt to the needs of the service user.
18	DISAGREE This statement should read "frequent" in place of "daily" as most people in maintenance treatment do not attend pharmacy daily. The phrase care provider, as in previous comments, is usually associated with the treatment service not the pharmacy.
19	DISAGREE Pick up of MAT is not the same as addictions support which should still happen and be patient led. Term care provider in sentence two is wrong. Dispenser is not a care provider as per daily MAT where by with depot it would be the nursing team (care provider) giving the depot although this is likely to be in a depot clinic setting and not therapeutic.
20	NEITHER AGREE NOR DISAGREE In agreement with this statement but suggest the addition of "a" to distinguish between the prescribing treatment service and the dispensing community pharmacy. The less frequent dosing with depot buprenorphine formulations may reduce the opportunity for daily contact between service user and A care provider. This may offer advantages for some individuals as it gives them the opportunity to ...."
21	NEITHER AGREE NOR DISAGREE suggest recovery activities, work and other priorities

Statement 2

General principles of chronic pain management should be followed and include patient education and engagement in the treatment process, physical interventions (eg exercise or physiotherapy), psychosocial interventions (eg Cognitive Behavioural Therapy) and the appropriate use of medications (eg paracetamol, NSAIDS, gabapentinoids, antidepressants).

Depot buprenorphine is used for opioid substitution therapy, and not pain management.

Of 21 respondents:

- 10 Strongly agreed with this statement (47.6%);
- 6 Agreed (28.6%);
- 2 Neither agreed or disagreed (9.5%);
- 3 Disagreed (14.3%);
- 0 Strongly disagreed (0%)

16 out of 21 (76.2%) respondents agreed or strongly agreed with this statement, so consensus has technically been reached.

Respondents' comments are detailed in table 2:

Table 2: Responses to consensus statement 2

1	STRONGLY AGREE Happy with how this statement looks now.
2	STRONGLY AGREE Statement and intentions are clear. Buvidal is for use as an opioid agonist treatment not as an analgesic, but pain is an important consideration for individuals being treated with Buvidal and they must be treated appropriately and effectively.
3	STRONGLY AGREE I think that this reads well. Reflecting on some of the concerns around gabapentanoid use, there is an increased risk for patients who are on OST or using other substances but this should not stop them receiving appropriate clinical care for other medical conditions. The decision to use a gabapentanoid should always be risk assessed, the risks discussed with the patient and the decision made collaboratively.
4	DISAGREE Would fully agree with changes and support first paragraph as now written. Would still disagree with the second paragraph about only for OST and not in pain management. Both for all reasons I've previously given. But also reading others comments I was not aware that manufacturer is now seeking to extend licence to chronic pain and has data in support of this. Especially in light of this removing this line completely may be sensible as may become out of date and not in keeping with licence if the application is approved.
5	STRONGLY AGREE I do not feel anything else needs to be added to this statement. I agree with the revised statement.
6	AGREE I agree with patient education required possibly prior to commencing buvidal. I feel staff will also require some education of appropriate alternative options
7	DISAGREE Could it not be worded not to include the actual medications ie Just "the appropriate use of other medication".
8	DISAGREE The bracketed examples of medications should be removed or amended to include opitae/ opioids where appropriate.

9	STRONGLY AGREE Agree with statement as it takes into consideration my previous comments.
10	STRONGLY AGREE Nothing in the administration of Buvidal changes the principles of pain management.
11	AGREE I agree with this statement in terms of the primary use for DB. I would imagine that as Buprenorphine has been used in management of acute pain, there may be a wish to extrapolate the benefits to treat chronic pain- but this is not my field of expertise, and in terms of wraparound care, the above interventions regarding movement, engagement and other analgesics are necessary to manage chronic pain
12	AGREE I feel this is a sensible statement. I am particularly encouraged by the clarification that depot buprenorphine is for OST and not pain management.
13	STRONGLY AGREE Clear, specific information. I dont feel there is anything to add.
14	AGREE No changes required
15	NEITHER AGREE NOR DISAGREE I agree with the clarity that depot buprenorphine is for treatment of opioid use disorder. However the paragraph suggest all of the pain management options should be considered, perhaps there could be more clarity that many people will not require pharmacological interventions.
16	AGREE Agree with this statement, nothing else to add.
17	AGREE yes agree with this full statement
18	STRONGLY AGREE Agree with amendments.
19	STRONGLY AGREE No issues with this statement
20	NEITHER AGREE NOR DISAGREE In agreement with the first paragraph of this statement. I am not clear that the statement "Depot buprenorphine is used for opioid substitution therapy, and not pain management." is required as this position statement is about OST.
21	STRONGLY AGREE statement is concise and easy for anyone to separate the 2 issues of pain and therapy.