

Long-acting Injectable Buprenorphine (LAIB) webinar with Professor Nicholas Lintzeris, Carolyn Stubley, Frances Pidcock

Professor Nick Lintzeris has worked in the field of addiction medicine for more than 30 years in Australia and the UK. As a clinician researcher and as a contributed health services policy. Nick was the lead author on the long-acting injectable guidelines, and was until recently the director of drug and alcohol services at South Eastern Sydney Local Health District.

Carolyn Stubley is a registered nurse with extensive experience in drug and alcohol and mental health fields and has worked in opioid substitution treatment for 23 years. Carolyn set up the dispensing services at We Help Ourselves (WHOs) in Rozelle and coordinated harm reduction strategies across 7 whose programs. Carol's expertise lies in ODT, Hep C prevention and treatment therapeutic community programs and harm reduction.

Fran Pidcock has a background in nursing and has specialised in the areas of mental health and alcohol and other drug treatment for over 20 years. She's currently the Clinical Operations manager with the Buttery. She enjoys harnessing her position to advocate for the needs of the community and the sector. Both Carolyn and Fran are part of the NADA Practice Leadership group.

- Long-acting injectable buprenorphine has been a significant development in opioid dependence treatment.
- It may not suit everybody. Some people may prefer the sublingual buprenorphine or methadone.
- It's important that people are given accurate information around their options for treatment so they can have informed choice and choose something that suits their needs.
- There are a range of services across the NGO sector who provide options for people on opioid treatment, and for this webinar we have Carolyn Stubley from We Help Ourselves and Fran Pidcock from the Buttery to described how it works in their services.
- Nick talked us through different ways of referring to LAIB, including long-acting injectable buprenorphine, extended release, injectable buprenorphine, depot buprenorphine. The consensus in NSW is for LAIB.
- Buprenorphine is just over 50% of all opioid treatment and the depot is over 50% of all buprenorphine.
- Advantages of LAIB include less travel, monthly instead of daily dosing, less risk of non-medical use. Clinical trials have shown better treatment retention with the depot than with methadone or sublingual and milder withdrawals. Disadvantages may include less autonomy over medication and there could be some side effects.
- Advice: Establish a good relationship with your local Health District staff and your local pharmacy.

References

