

Case studies of injectable buprenorphine commenced during unplanned inpatient admissions and followed up at a specialist community-based addiction service.

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Introduction: Clinicians have traditionally been reluctant to commence opioid agonist treatment during inpatient medical or psychiatric admissions due to concerns about their impact on the acute illness or potential lack of follow up for (or commitment) of the client. Here we present four cases of clients commenced on long acting injectable buprenorphine during acute admissions and their community follow up.

Method: Multiple case studies

Key Findings: While it is important to consider the indication for admission when considering timing of long acting injectable buprenorphine, it is possible to commence treatment in acute psychiatric, acute medical and emergency department settings. Not all clients will be successfully retained in treatment.

Discussions and Conclusions: Commencing long acting injectable buprenorphine can be considered by hospital clinical liaison services. Well-developed linkages to outpatient treatment programs are likely to facilitate a smoother transition though this is also the case for daily oral and sublingual formulations of opioid agonist treatment.

Implications for Practice: Hospitals should develop dispensing and administration practices that support the commencement of injectable buprenorphine along-side other opioid agonist treatment options.

Implications for Translational Research: Larger case series of clients commenced on long acting buprenorphine in hospitals may allow for the development of improved predictors of retention in treatment.

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