

USER VOICE



OPIOID DEPENDENCE TREATMENT

**PIONEERING
TRANSFORMATIVE
CHANGE**



EXECUTIVE SUMMARY

OPIOID DEPENDENCE TREATMENT – PIONEERING TRANSFORMATIVE CHANGE



Long-acting buprenorphine (LAB) is beginning to change lives. In our report commissioned by NHS England, 88% of patients described their experience with LAB as 'great', with only a single person reporting a negative encounter. This feedback reinforces what both patients and healthcare practitioners have consistently echoed: LAB can be a life changer.

Unlike other opiate substitutes such as Methadone, people taking LAB are much less likely to take illegal opiates as LAB significantly reduces craving and blocks the effects of other opioids. This could suggest that as a result of more widespread availability related acquisitive crime to access illegal drugs could be reduced. This factor also points to the importance of being a part of a healthier culture, as people taking LAB don't by necessity need to be part of group cultures based on need and choice of illegal drugs.

LAB also provides improved emotional reconnection. Its' impact reaches far beyond medication alone. Patients reported moving

out of a feeling of acute crisis to feeling like themselves again, reclaiming emotional depth and agency over their lives.

LAB therefore offers a foundation for stability, dignity, and recovery.

LAB has clear benefits in prisons. Unlike daily treatments like methadone, which can be traded and linked to bullying and violence, LAB is injected monthly and can't be diverted. This reduces risks, eases pressure on healthcare staff, and enables patients to focus on moving towards drug free lives and developing a new identity beyond everyday drug use. .

But the LAB journey is not without its' challenges too. Patients and providers alike acknowledged a critical gap in emotional support, particularly as stated when negative emotions resurface during treatment. And while more than three in five patients said their release plans are 'Good' or 'Excellent,' long waiting times and limited treatment access continue to undermine progress. Without consistent community support like housing

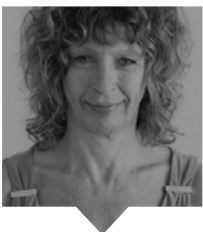
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and GP/pharmacy access, many struggle to stay on track post-release. The research also highlighted that more than one in three patients were neurodivergent, underscoring the need to ensure tailored support.

All interviewed healthcare professionals agreed that LAB should be more widely available, but the creation of an effective wraparound service as part of resettlement plans is key. We recommend that prison staff healthcare providers and people in prison work together to co-create an effective care journey through prison and into the community, and we would be delighted to use our relevant expertise to facilitate the co-production of that much needed approach. Expanding access, increasing support services, and learning from successful models, like peer support programmes, are all essential next steps.

Our peer-led recommendations offer a clear roadmap for improvement: expand funding, increase staffing and training, enhance emotional support, and strengthen release planning. These insights, grounded in lived experience, underscore the importance of designing services around the needs and realities of those who use them.

To fully realize the benefits of LAB, it must be supported at every stage, from induction in custody to continuation in the community. With the right investment, infrastructure, and commitment to peer-led engagement, LAB can become a cornerstone of recovery for individuals affected by opioid dependence, and a catalyst for healthier, safer communities.



Lucie Russell, CEO

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PROJECT OVERVIEW

This research project was commissioned by NHS England as part of the Lived Experience for Health and Justice programme and delivered by User Voice. The programme is designed to ensure that individuals with lived experience of health and wellbeing services in secure settings are meaningfully involved in shaping those services. This aligns with NHS England's commitment to improving outcomes, enhancing accountability, and ensuring that care in secure settings is equivalent to that in the wider community.

The focus of this consultation was the Long-Acting Buprenorphine (LAB) service, also known as Buvidal. The research aimed to gather feedback from individuals who are currently accessing, or have previously accessed, the LAB service, to understand its impact on their treatment and recovery journeys, and its broader influence on their lives and wellbeing.

The study was conducted across six prison establishments.

This work contributes to the wider objectives of the NHS England commissioning framework, which emphasises the importance of independent, service user-led engagement to inform service design, delivery, and performance monitoring. In line with these aims, the research sought to:

- Assess how the LAB service has supported individuals in custody.
- Evaluate whether the service is effectively meeting their needs.
- Identify both positive experiences and areas for improvement.
- Understand healthcare practitioners' views on the service's impact.
- Explore the demand for LAB services and whether current caseload processes are acting as a barrier to access.

The project also supports NHS England's goal of ensuring that:

- Service users are empowered to contribute to the continuous improvement of healthcare services.
- Commissioners receive clear, evidence-based insights from those with lived experience.
- Engagement activities are delivered independently and with integrity, acting as a "critical friend" to healthcare providers and commissioners.



OUR APPROACH

User Voice is a charity led by people with lived experience of the criminal justice system, and this principle is at the heart of our methodology. Our approach to this research was grounded in peer-led engagement, ensuring that the voices of those directly affected by opioid dependence and treatment in custody were not only heard but actively shaped the direction and delivery of the project.

This research was not conducted on people in prison, but with them. From the design of the consultation tools to the facilitation of focus groups and the interpretation of findings, individuals with lived experience were involved at every stage. This ensured that the process was authentic, relatable, and trusted by participants, a critical factor in generating honest, meaningful insights.

Our peer-led model aligns with NHS England's commissioning priorities, particularly the emphasis on:

- Independence from healthcare providers, allowing us to act as a critical friend.
- Empowerment of service users to contribute to the continuous improvement of services.
- Accountability in ensuring that healthcare in secure settings is equivalent to that in the wider community.

We used a combination of qualitative and quantitative methods, including:

- Peer-led interviews and focus groups with patients currently or previously on the LAB programme.
- Surveys capturing both patient and practitioner perspectives.
- Thematic analysis of lived experience narratives to identify patterns, challenges, and opportunities for improvement.

By embedding lived experience throughout the research process, we were able to build trust, reduce barriers to participation, and uncover insights that may not have emerged through traditional research methods. This approach not only reflects our values but also enhances the credibility, relevance, and impact of the findings.

KEY FINDINGS

The findings from this research strongly indicate that the Long-Acting Buprenorphine (LAB) treatment has had a profoundly positive impact on the majority of patients. An overwhelming **88% of patients described their experience with LAB as “great”**, with only one individual reporting a negative experience and 10% remaining neutral. This overwhelmingly positive response was echoed by both patients and practitioners, who frequently referred to LAB as a “life changer”, a treatment that not only supports recovery but also restores a sense of stability and hope.

A key benefit reported by both groups was a notable **reduction in the use of illegal drugs** following the transition to LAB. Patients described feeling more in control and less tempted to use, while practitioners observed fewer incidents of drug-seeking behaviour. Another significant theme was the emotional reconnection experienced by patients. Many described “getting their emotions back” after starting LAB, which they viewed as both a benefit and a challenge. While this emotional clarity was welcomed, patients and practitioners differed in their views on the level of support available to manage these returning feelings, with patients often expressing a need for more structured emotional support.

Despite the benefits, **access to LAB remains a challenge**. Patients consistently reported long waiting times due to the limited number of treatment places available. This not only delays recovery but also contributes to frustration and disengagement. The research also highlighted that **more than one in three patients were neurodivergent**, underscoring the need for tailored support and inclusive service design.

Looking ahead to continuity of care, **over 60% of patients rated their release plans as ‘Good’ or ‘Excellent’**, suggesting that many felt prepared for the transition back into the community. However, without the right support structures in place, patients often **struggled to maintain their treatment post-release**, citing life pressures and unstable circumstances as key barriers.

All interviewed healthcare practitioners agreed that LAB should be more widely available, particularly for individuals struggling with opioid addiction. They also reported **improved communication and engagement** with patients during one-to-one sessions, attributing this to the stability and clarity that LAB provides. Finally, **peer support forums** were mentioned as a valuable tool for raising awareness and encouraging uptake of LAB, offering a trusted space for individuals to share experiences and ask questions.



88%

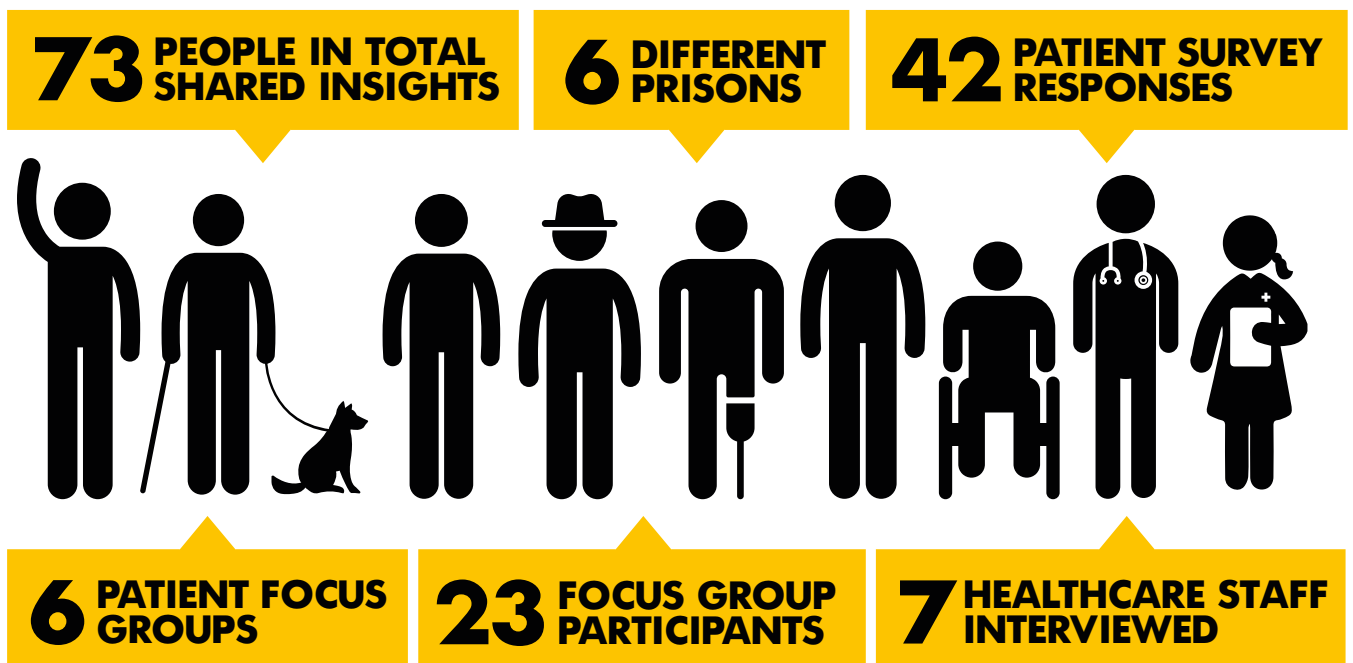
**OF PATIENTS DESCRIBED
THEIR EXPERIENCE WITH
LAB AS “GREAT”**

PART 1 PATIENTS

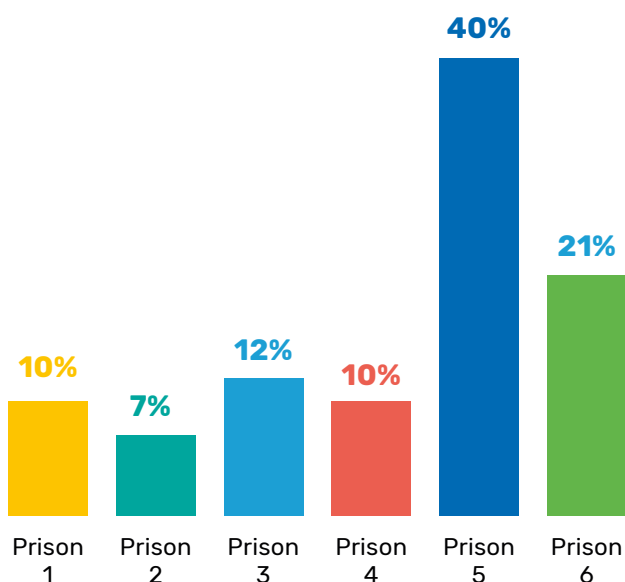
Gathering feedback from patients is essential to understanding the real-world impact of the LAB service. As the primary users, patients offer first-hand insight into how the treatment affects their recovery, wellbeing, and daily life. Their perspectives help identify what's working, where improvements are needed, and how services can be made more accessible and effective.

This aligns with NHS England's commitment to lived experience-led service design, ensuring that care in secure settings is shaped by those who use it. Patient feedback also strengthens accountability and supports continuous improvement by highlighting both successes and gaps in provision.

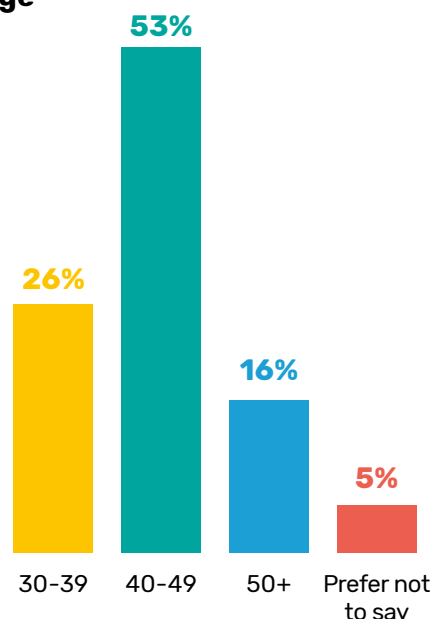
WHO DID WE GIVE A VOICE TO:



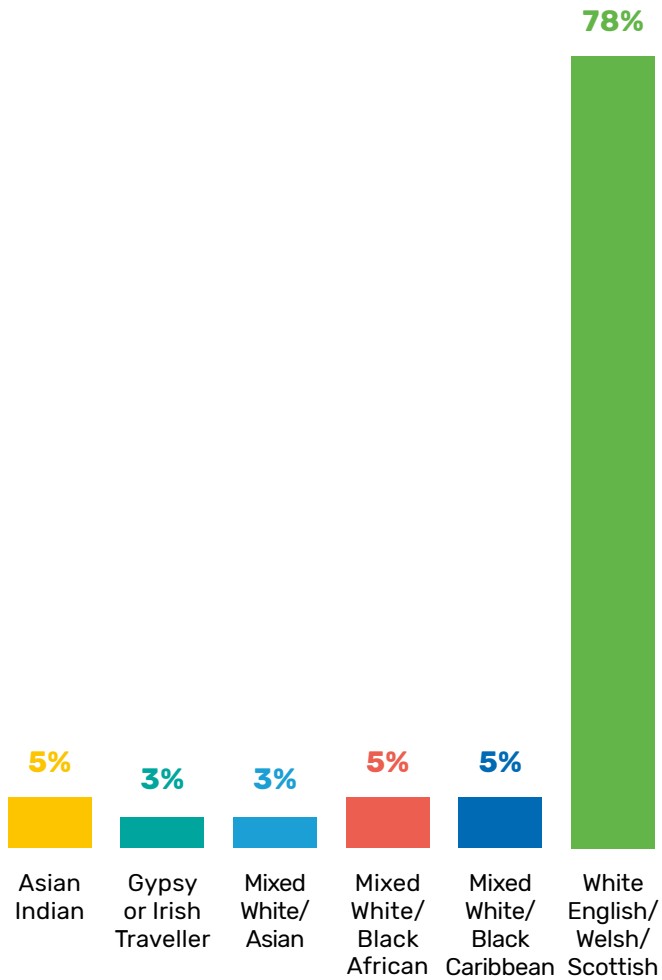
Prison (Survey Responses)



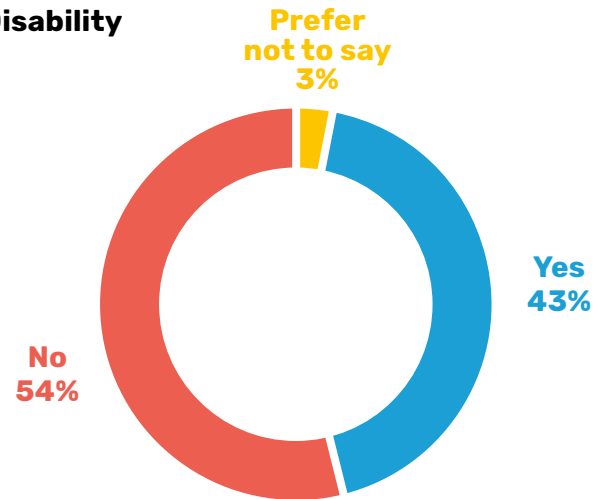
Age



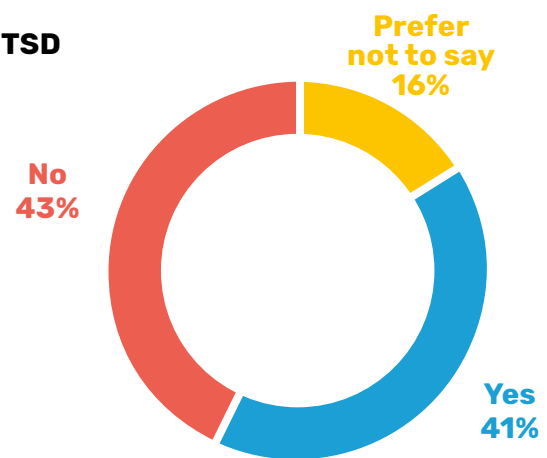
Ethnicity



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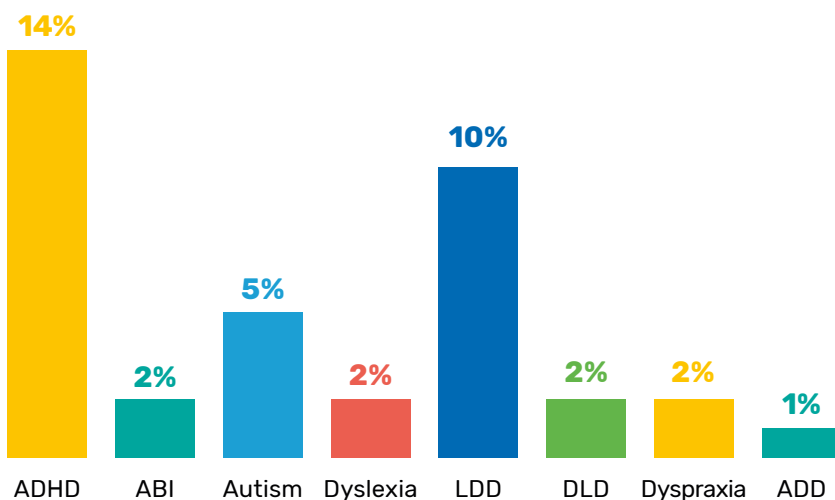


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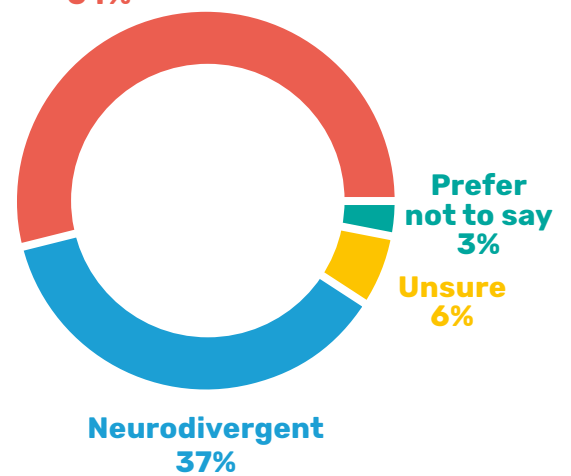


MORE THAN 1 IN 3 PARTICIPANTS WERE NEURODIVERGENT

Neurodiverse conditions



Neurotypical



EXPERIENCE WITH LAB

88% of the surveyed patients reported that their experience with Long-Acting Buprenorphine (LAB) had been “great,” with 66% strongly agreeing and a further 22% agreeing with this statement. Only one patient surveyed described their experience negatively. The overwhelmingly positive feedback reflects the significant impact LAB has had on individuals’ health, wellbeing, and recovery journeys.

Patients identified several key benefits of LAB. Many reported improvements in their general health and a reduction in the use of illicit drugs. A major advantage was the elimination of the need to collect medication daily, which contributed to a greater sense of freedom and normalcy.

For many, LAB was described as a “life changer” – a treatment that not only supported physical recovery but also restored hope and stability. Patients spoke of a renewed outlook on life and the ability to build a more stable lifestyle, with some emphasizing the importance of personal motivation in making the treatment successful.

“

I personally think it's worth every penny. Since being on Buvidal I've managed to get some clean time where I couldn't before.

”

“

It's helped me so much, not having to go for methadone everyday! At first it was hard getting the right dose but very much worth the hard work.

”

“

I feel that I've been able to cope with the emotions, but I feel we should be offered support if we needed it.

”

“

The best thing I ever did... It's given me my life back.

”

“

It has been a game changer, not having to go to meds every day.

”

“

I think it's better really, because, you haven't got to go get methadone when you wake up every day, do you know what I mean? Not having to go and put the drug in your system first thing and actually waking up fresh and going to work I think it's way better, anyone who is on drugs.

”

One of the most profound effects of LAB was the return of emotional depth. Patients described “getting their emotions back” after starting treatment, which was seen as both a benefit and a challenge. While this emotional reconnection was welcomed, many felt unprepared for the intensity of these feelings and expressed a need for more support in managing them. The lack of emotional support was a recurring theme, particularly in the context of the prison environment.

Health improvements were also widely reported. Patients felt healthier, more mentally clear, and less preoccupied with drug use. Many said they no longer woke up thinking about drugs and instead felt more like themselves. The shift away from daily medication routines allowed individuals to focus on personal development and contributed to a better quality of life.

“

The emotions come back, course they do because, like, heroin suppresses that, doesn't it, and so does this one, it suppresses everything, like Subutex will suppress them feelings, emotions that will come back naturally.

”

The reduction in illicit drug use was another key outcome. Patients noted that LAB made it physically difficult to use other opioids due to precipitated withdrawal symptoms, which acted as a deterrent. Some also mentioned that not having to queue for medication reduced exposure to drug-related temptations.

“

I think it's worth every penny I'm on. I've found, since being on it, that you don't-, I've gone, like, three or four days without using and haven't felt any withdrawal symptoms, do you know what I mean?

”

“

If you use on top of it, it sends you into a rattle, makes you sick. So, I thought, 'Lovely.' I haven't got the choice whether to take the Espranor tablets or not, because when I was on them, I always had the choice whether to go to the chemist and collect them or not. If I wanted to use that day, if the bug was in my head that bad, I'd get halfway to the chemist and my head went and I'd turn around and go and score. You haven't got that choice with the Buvidal, that's what I love about it.

”

“

It's been really positive as previously I was on methadone which is a horrid drug. My overall help has improved a lot.

”

The transition to LAB was generally described as smooth and manageable. Most patients reported no major issues, although some experienced pain or discomfort at the injection site. A few suggested that healthcare staff could benefit from additional training to improve the administration of injections. A minority of patients missed the daily interaction with healthcare staff that came with methadone collection, but overall, the transition was seen as a positive and worthwhile step.

“

No, it stings a little bit but all injections do, don't they, from a flu jab down to whatever. I've had so side effects at all whatsoever, I've done absolutely great on it.

”

“

You know the day I had my injection, in the afternoon, I was asleep. Then I've noticed that every time I've been itching at the injection spot.

”

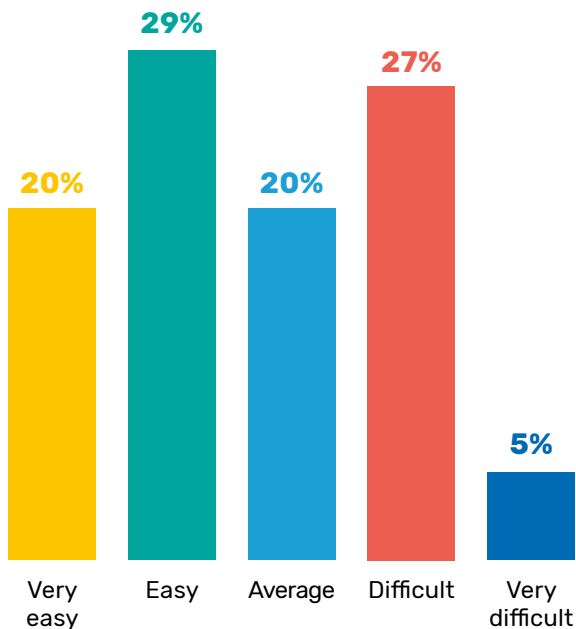
“

It's got me off illegal drugs

”

ALMOST HALF TOLD US THAT GETTING ONTO THE LAB TREATMENT PROGRAMME WAS EASY

Q: How was the process of getting onto the LAB treatment programme?



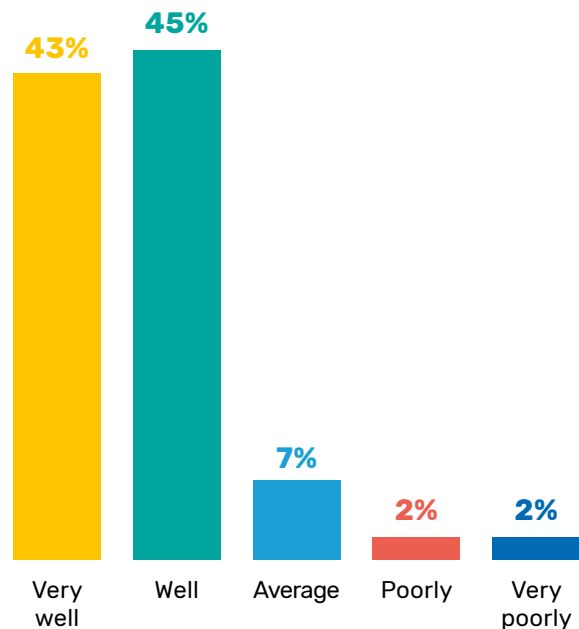
Patients shared a range of experiences when it came to accessing the LAB treatment programme. 20% of the surveyed patients described the process as “very easy,” while a further 29% said it was “easy.” However, 32% participants reported that getting onto the programme was either “difficult” or “very difficult.” Despite these mixed experiences, 88% of patients said the process had been explained to them either “very well” or “well,” indicating that communication around the treatment was generally clear and effective.



I reduced from 60ml methadone in a gradual basis over eight weeks and received my first jab two days after the last dose of methadone. It made sense to do it this way.



Q: How was this process explained to you?



I asked the nurse, and she put me on the waiting list done on my bloods and I was prescribed it.

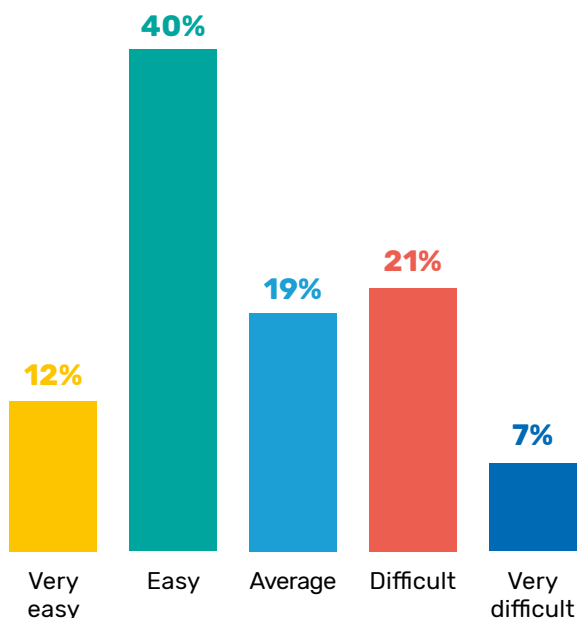


Importantly, there were no significant differences in responses between patients in different prisons, suggesting a relatively consistent experience across the different sites involved in the research.

A recurring concern among patients was the length of waiting lists for LAB treatment. Those who found the process easy often attributed this to specific factors: This included having been already prescribed Buprenorphine in the community or another prison, encountering helpful and proactive staff, or having undergone a gradual reduction in their methadone dose. Conversely, those who found the process difficult typically cited long waiting times and the limited number of treatment places as the main barriers to access.

MORE THAN HALF TOLD US THAT IT WAS EASY TO FIND INFORMATION ABOUT LAB TREATMENT

Q: How easy it was to find information about the LAB service in prison?



SOME SUGGESTIONS WERE MADE TO IMPROVE THE VISIBILITY OF INFORMATION

“

If they approached you more often in case you need to discuss anything.

”

“

Instead of just advertising it at healthcare they should advertise it in the whole prison but also make it more easily to get on it.

”

“

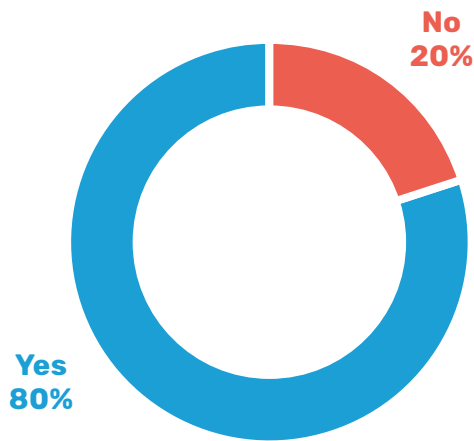
Put info on the houses and not just down at DARS (Drug Alcohol Recovery Service) or up at dining or meds.

”

TRANSITIONING FROM METHADONE TO LAB

OF THOSE WHO TRANSITIONED FROM METHADONE, 67% FELT THE TRANSITION WAS SUPPORTED 'WELL' OR 'VERY WELL'

Q: Were you converted from methadone to LAB?



Many patients who were previously on methadone expressed a strong desire to transition to Long-Acting Buprenorphine (LAB). Several individuals reported that their decision to switch was influenced by advice from healthcare practitioners, while others were encouraged by peers on their prison wing who had already made the transition.

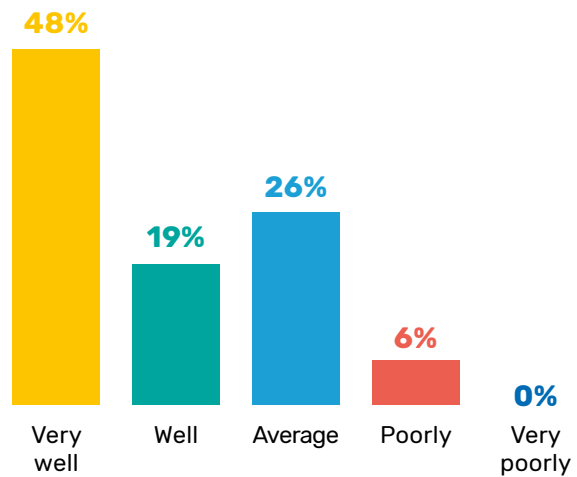


Didn't want to keep going to the chemist everyday also a lot of girls spoke highly about it.



A common reason for wanting to move away from methadone was dissatisfaction with its impact on general health. Patients described feeling worn down by the side effects and limitations of methadone and were seeking a more effective and sustainable alternative. Some noted that they saw little difference between being on methadone and using illicit opioids, whereas Buprenorphine offered a clear and positive change.

Q: If you were converted from methadone to LAB, how was the transition supported?



Because being on methadone daily is just as bad as taking drugs, on Buprenorphine you live a normal life.



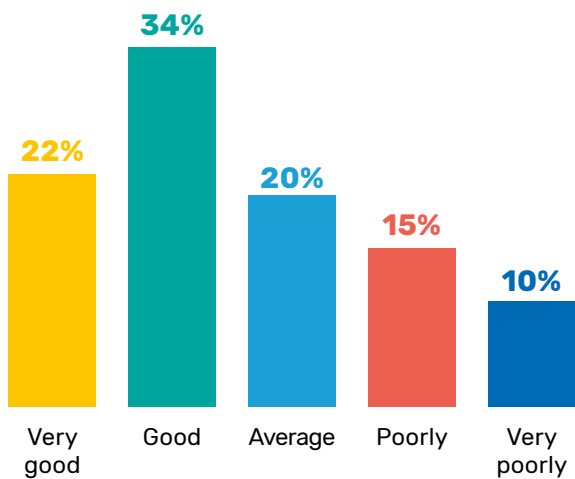
Another motivating factor was the pharmacological nature of LAB itself. Patients understood that once on Buprenorphine, they would be unable to use other opioids without experiencing precipitated withdrawal symptoms. This acted as a strong deterrent and encouraged individuals to commit more fully to their recovery.

When asked whether healthcare staff could have done anything better during the transition from methadone to LAB, most patients responded that there was nothing more staff could have done. This suggests that, for many, the support provided during the transition was appropriate and effective.

SUPPORT FROM HEALTHCARE STAFF

56% OF THE SURVEYED PATIENTS TOLD US THAT STAFF SUPPORTED THEM WELL AFTER THEY STABILISED WITH BUVIDAL

Q: After you stabilised with LAB, how has staff supported you?



Patients reported a range of experiences regarding the support they received from healthcare staff after stabilising with Long-Acting Buprenorphine (LAB). When asked about the quality of support, 22% of respondents rated it as “very good,” while 34% described it as “good”. 20% of patients felt the support was “average,” and 25% said it was either “poor” or “very poor”.



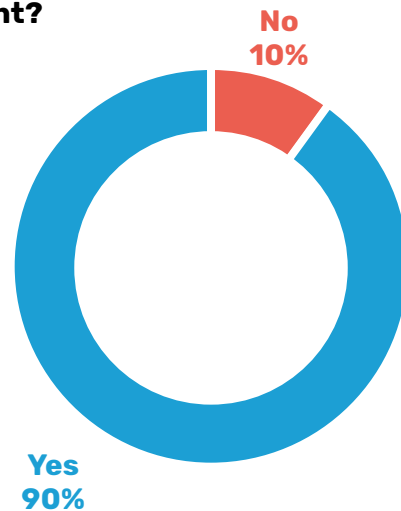
All the help was there when I needed it.



When I've asked about my injection, they've found out what's going on.



Q: Do you know how to contact healthcare staff if you have any issues with the LAB treatment?



You only see them once a month which is brilliant. That's enough to speak and catch up on how things are going.



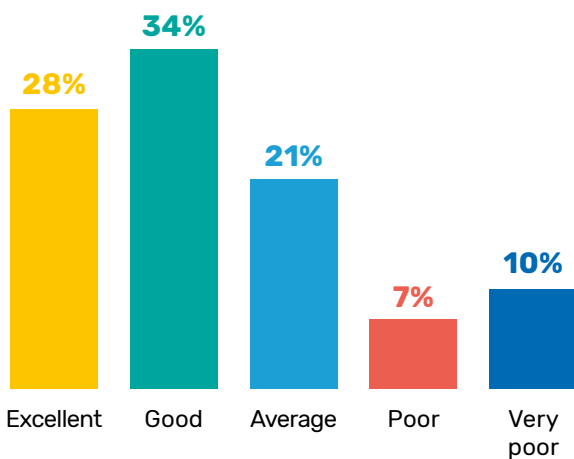
Despite these varied responses, most patients (90%) said they knew how to contact healthcare staff if they had any issues related to LAB treatment. This suggests that while perceptions of support quality differ, access to healthcare staff is generally well established.

Patients' opinions on post-stabilisation support varied significantly. Those who felt well supported often cited regular monthly check-ins as a key factor. Others appreciated the accessibility of healthcare nurses when needed. However, 45% of participants rated the support they received after stabilising with LAB as either “very poor,” “poor,” or “average,” indicating that there is room for improvement in how ongoing care is delivered and experienced.

CONTINUITY OF CARE

62% OF THE SURVEYED PATIENTS RATED THEIR RELEASE PLAN REGARDING LAB AS 'GOOD' OR EXCELLENT'

Q: If you are to be released soon, how would you rate the release planning you have received? (In regard to LAB)



Continuity of care emerged as a critical theme in the research, particularly in relation to patients' transition from custody to the community. With over 62% of patients rated their release plans regarding LAB as "good" or "excellent," indicating that many felt reasonably well prepared for continuing treatment after release. More than half of the patients confirmed that their LAB treatment would continue in the community, with arrangements in place for monthly visits to a pharmacy or healthcare provider.

“

I have been setup for Buprenorphine on release. It will be monthly visits.

”

“

I will get support from the beacon in [city] and the help for my road to recovery.

”

However, the reality of maintaining treatment post-release was more complex. Patients shared mixed experiences, with some expressing confidence in their release plans and others voicing uncertainty or reluctance to continue. Several individuals highlighted the importance of receiving their LAB injection shortly before release to avoid gaps in treatment and reduce the risk of relapse.

“

Me, personally, like, if I was due to be released, I'd take comfort in knowing that-, I don't know how they'd work it around the days, because if it's during the month or whatever, but to know that I'm having it a couple of days just before I go out, do you know what I mean, rather than you need to be having it a few days after getting out.

”

A recurring issue was the lack of engagement with community services after release. Many patients failed to attend follow-up appointments or discontinued treatment, often due to unmet basic needs such as housing or proximity to a pharmacy that administers LAB.

“

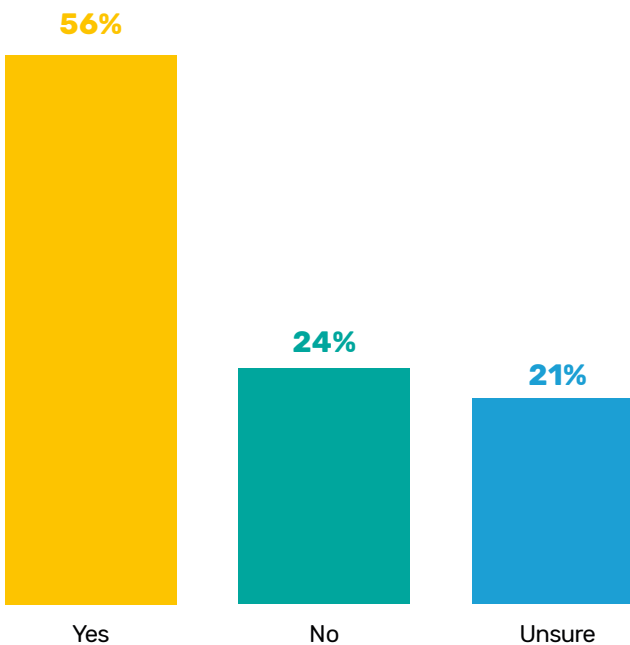
I have had details for my release, I'm thinking of refusing it.

”

ONLY AROUND HALF OF THE SURVEYED PATIENTS SAID THEIR LAB TREATMENT WAS CONTINUING AFTER RELEASE

Overall, while there are systems in place to support continuity of LAB treatment, the findings highlight the need for more robust and personalised support mechanisms to ensure that patients can sustain their recovery journey beyond the prison gates.

Q: Have they confirmed the continuation of your LAB treatment in the community?



“

Yes, definitely, yes. Going to the chemist once monthly is a lot better. It's 50% of the job done there, do you know what I mean? Because you just want a normal life, don't you? So, if this is always in the way, it always comes first, do you know what I mean? When yourself and your kids and your family should be coming first.

”



Image: Andy Atchison

PATIENTS MESSAGES TO THE NHS ABOUT LAB TREATMENT SERVICES IN PRISONS.

“

By giving them Buvidal you can help people if they want to help themselves. You know, you can tell from talking to someone how serious their intentions are, wanting to sort themselves out. So, I think, if it's done on a person-to-person basis, there will be a lot of benefits.

”

“

If you put all people that need it on it in the prison, it would take, I'd say, 70% of that meds queue would be gone, and 70% of the drugs problem would be gone. So, for as a jail as big as this, that would make a massive difference daily... Then the nurses would be able to do the clinics that we desperately need.

”

“

Put more heroin addicts on Buvidal. Everyone should be on it.

”

“

My message for the NHS would be 'Nice one for fucking bringing it out. It's sorted my life out.'

”

“

It's the best thing that happened to me, so I've got nothing more positive to say about it.

”

“

I think everyone should have a chance of getting on it and trying to get themselves clean. They need to promote it more to people.

”

“

I reckon they should wean out methadone altogether and just keep Buvidal.

”

PART 2 PRACTITIONERS

HOW LAB WORKS IN A PRISON SETTING

Delivery of LAB Treatment Across Prisons

There are varying approaches to administering Long-Acting Buprenorphine (LAB) treatment across different prison settings. Healthcare practitioners reported that many patients prescribed Buprenorphine had already been on the treatment in other prisons, indicating a degree of continuity for some individuals. However, the method of initiating LAB treatment differs between establishments.

In some prisons, a structured 'ladder system' is used, where patients are first weaned off methadone before transitioning to LAB. In contrast, other prisons adopt a more direct approach, switching patients to LAB immediately if they are assessed as ready and motivated to change. The number of individuals receiving LAB treatment also varied significantly between sites, ranging from as few as four to as many as twenty-seven.

“

What we mostly do is start them on methadone. Then the drug workers here in the psychosocial team tend to work with all the patients. We look at how they comply with methadone and if they are successful, we move them to Espinor or Buprenorphine and observe them.

”

“

So they'll have to normally rebook them appointments, they'll come into the main healthcare clinic for us to see them. And then obviously we administer the medications to them. So that's how it's normally been done.

”

“

Well, at the moment we're allowed ten spaces... Given the benefits that people can get from Buprenorphine, I would like to see that number increase for sure.

”

Practitioners expressed frustration about the limited number of places available in the LAB programme. All those interviewed indicated a desire to expand access, but current capacity constraints made it difficult to meet demand. As a result, healthcare staff often face difficult decisions about who should be prioritised for treatment. Typically, patients who are more engaged and perceived as 'ready to change' were selected for the programme.

“

Sometimes I'll say it's quite sad because it's not a lot of people that can get it. We do have quite a lot of amount of prisoners that actually want it, but we've got like a budget that we have to stick to, so it's hard to provide that service or hard say no to them because that's what people want, especially if they are being released.

”

To support awareness and understanding of LAB, many prisons have introduced peer support forums. These forums provide a platform for individuals already on LAB to share their experiences with others who may be considering the treatment. Practitioners noted that these sessions were effective in encouraging open dialogue, answering questions, and helping to demystify the treatment process for those not yet enrolled.

“

We've got a drug strat lead here so she will do forums with the women to raise awareness where people on it can talk to the others.

”

“

The lads will go to the sessions and ask questions and talk about what they hope for the future when it comes to their treatment.

”



Image: Andy Alchison

PRACTITIONERS' OBSERVATIONS ON THE IMPACT OF LAB

Healthcare practitioners observed a clear improvement in the wellbeing of patients who transitioned to Long-Acting Buprenorphine (LAB). Staff noted visible changes in physical health, with patients appearing more active and more likely to engage in work or other structured activities. In addition to physical improvements, practitioners reported that patients' mental clarity also improved. Many described patients as having "clearer heads", which enabled them to better engage with support services and take steps toward recovery.

A significant reduction in illicit drug use was also reported among patients receiving LAB. Compared to those on methadone, patients on Bupival were less likely to experience cravings and were more likely to abstain from using illicit substances. LAB was described by staff as a "safety net", as the risk of precipitated withdrawal symptoms discouraged patients from using opioids on top of their prescribed treatment. However, some practitioners did note that a small number of patients had begun using crack cocaine while on LAB, highlighting the need for continued monitoring and support.

“

I've largely seen a sort of brighter outlook on their future physically. You know, they've got colour returning to their face.

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“

Their head feels clearer. So that then enables us to be able to interact with them better. It allows them to be able to consider psychosocial support. Support and maybe groups that they wouldn't have ordinarily entertained.

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Think my impression of and its effect on the patients has been it's largely positive. Certainly for the patients who are sort of motivated towards abstinence, it's absolutely fantastic.

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If they are methodone they can use illicit drugs, you know, at least in terms of safety point of view, you know it's different compared to Bupival. If you use on top of Bupival you will go into precipitated withdrawals.

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“

So the ones that get offered that all are on the long acting brupenorhine, what you tend to see a lot more is that they don't use any illicit drugs. They don't tend to have those cravings compared to people on methadone. If we were to get incidents of people using illicitly, it's mostly the ones on methadone.

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Practitioners acknowledged that transitioning to LAB can bring back suppressed emotions, a point also raised by patients. While patients often felt under-supported in managing these emotional changes, staff were more likely to believe that adequate support was available. They pointed to existing referral pathways and psychosocial services as resources for patients struggling with emotional challenges.



The only issue they [patients] tend to raise is it tends to bring back a lot of their emotions, which we then refer them to psychosocial team to try and intensify support with that.



Like the patients themselves, healthcare staff frequently described LAB as a “life changer”. They shared numerous success stories of individuals who had made meaningful and lasting changes in their lives after starting LAB. Practitioners emphasised that the treatment allowed patients to shift their focus away from drugs and medication, enabling them to rebuild other areas of their lives.



We've we had a guy that came in just to visit, and he's been doing so well. He's working, his life has improved, he's got his kids back, everything's working perfectly. So I think the long-acting buprenorphine is actually a game changer for most patients. Yeah, it's very helpful.



All the patients that we've initiated, all but one of felt it was really beneficial to them and we haven't had any real issues with it.



A lot of the patients say that, you know, it's the best thing they've ever done. They're clearer minded. I do get a few patients when you first initiate it that they can feel emotions that they've not felt for a long time. That's quite normal.



They feel more feelings that they have not felt for a while. They're very open about that. And you know, if they are having a bad day, we support the patient if they're feeling vulnerable.



A lot of them say it's changed their lives and in many ways. As in some of these things you mentioned that there's a sort of freedom that gives them not to go to chemist every day, knowing that, well, they can't use heroin because it's supposed to block it.



In terms of challenges, practitioners reported that LAB treatment was generally well tolerated. The most commonly cited issue was pain or swelling at the injection site. While this was a frequent complaint, it was not considered a major barrier to treatment. Staff suggested that better training in injection techniques could help minimise discomfort and improve the patient experience.



The side effects you could probably get was pain from injection sites, which most people don't like. It the pain from the injection. But normally you tend to just talk them through, just encourage and reassure. Reassure them they tend to go, go ahead with it. It's just that initial pain that they get. But apart from that, they tend to be OK.



IMPACT ON HEALTHCARE

OPERATIONAL CONSIDERATIONS AND WORKFORCE CAPACITY

Practitioners consistently reported that patients prescribed Long-Acting Buprenorphine (LAB) were more engaged with healthcare services overall. Staff noted that these individuals were more likely to participate in broader aspects of their care and that one-to-one sessions became more meaningful and productive as a result. The stability provided by LAB appeared to foster stronger therapeutic relationships and more open communication between patients and healthcare professionals.

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They tend to engage more because it's once a week appointment or once a month don't have to keep going to the medication hatch to keep getting every morning. So yes, things have been quite good with it, you get to talk to them for longer periods of time.

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“

I suppose we could see that as a benefit in that, you know it reduces the patient having to attend every single day. So I suppose in effect it would reduce clinic time which would then lead to us being able to provide more one to one patient time.

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However, practitioners also highlighted significant operational challenges, particularly around funding. While there was a strong desire among staff to prescribe Buprenorphine more widely, many acknowledged that its higher cost compared to methadone posed a barrier. Some practitioners expressed frustration at being unable to initiate treatment for patients due to a lack of funding in the community areas to which those patients would be released.

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Obviously there's a costing issue, you know. In an ideal world we'd, we'd have at least 50% of our caseload prescribed it, or certainly an interest towards swapping to it. But obviously at the moment we, we maintain largely a methadone prescribed patient service.

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It's noticeably higher, the price. I suppose being a newish medication, that's to be expected.

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“

Money would be an issue if we were to get more people on LAB, definitely. There would have to be additional funding.

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In addition to funding constraints, workforce capacity was identified as a key issue. Healthcare staff explained that if the number of patients receiving LAB were to increase, additional staff would be required to manage the demand. One practitioner noted that recruiting permanent staff had been a challenge, and others emphasised the need for better training. Many reported that they were the first in their service to work with LAB and had to learn on the job. Attendance at external conferences and training sessions was seen as valuable, with several practitioners stating that these opportunities had significantly improved their understanding and confidence in delivering the treatment.

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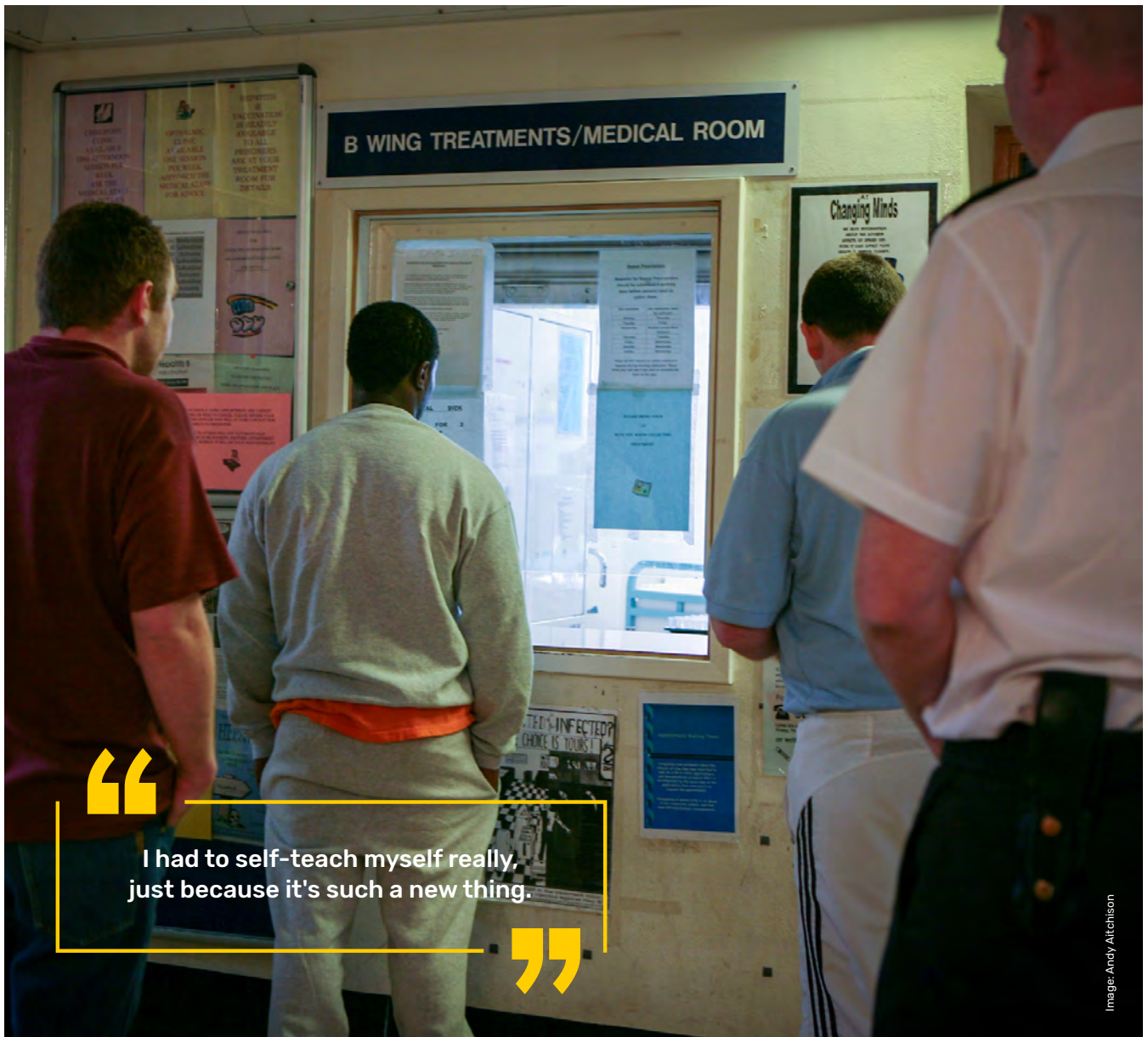
We can't really deliver as much as we want to. That's why we're struggling.

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Especially when it comes to the healthcare part, yes, because I'm currently the only permanent member of staff providing the service. So currently we're using quite a lot of agencies.

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“

I had to self-teach myself really, just because it's such a new thing.

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Image: Andy Altchison

CONTINUITY OF CARE

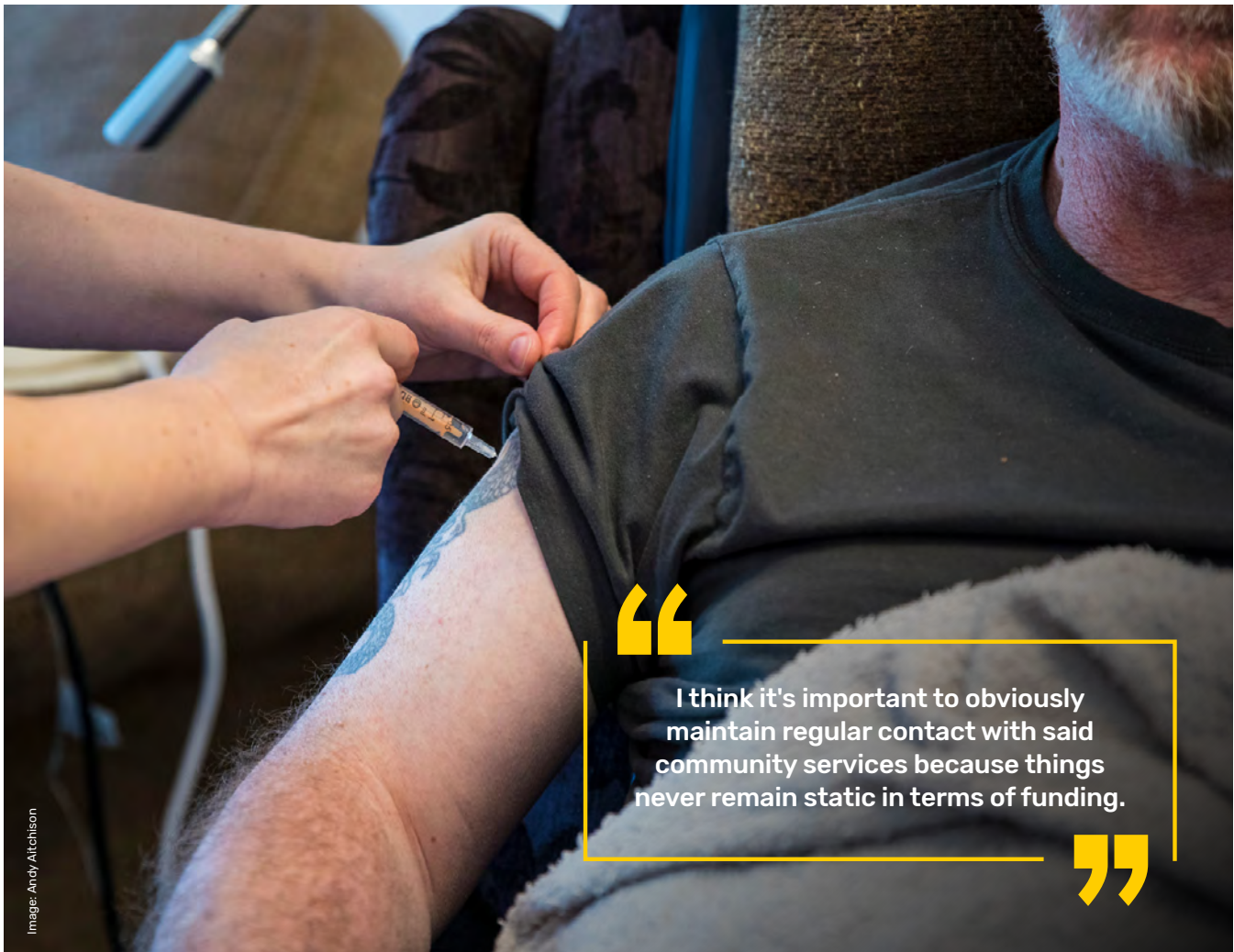
COMMUNITY ENGAGEMENT AND WIDER IMPACT

Healthcare staff generally reported positive experiences when communicating with community services regarding LAB treatment. Practitioners described these interactions as effective overall, although some noted that communication could become challenging in cases of short-notice releases. In such instances, the limited time available to coordinate care often hindered smooth transitions. Additionally, practitioners observed that conversations with community providers tended to focus more on the availability of LAB rather than on the specific needs of individual patients, which could limit the effectiveness of post-release planning.

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Sometimes we tend to get people being released on very short notice, and with that we don't have much time to arrange everything for them. So that's when it becomes a problem.

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I think it's important to obviously maintain regular contact with said community services because things never remain static in terms of funding.

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Image: Andy Althuisen

Despite these efforts, practitioners emphasised that more support is needed in the community to ensure continuity of care. It was commonly reported that many individuals did not engage with services after release, often because their basic needs, such as stable housing or proximity to a pharmacy that administers LAB, are not being met. Staff highlighted that stability in both life circumstances and treatment is essential for successful outcomes. Some practitioners suggested that dedicated support staff should be available to work with patients after release, helping them attend initial appointments and remain engaged with their treatment plans.

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I think that that engagement with the Community team is very important. I believe they should be under close monitoring for a bit and that's why I think that the patients really need to be started well on the outside in terms of housing and their other needs.

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The important thing for that is to make sure that they are stable prior to being released.

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My experience is that most people tend to not to engage in the community.... Most answers we tend to get as people, so I can't be bothered to go to the pharmacy everyday or it's too far for me to go. So they tend to then start using illicitly, and then that's it. They fall off the scripts, yeah.

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At the end of day, there's somebody on Buprenorphine in the community that is able to go to work every day and able to live a normal life able to, you know, contribute to the society.

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“

I know that transition to the community is not always a success. I know not everybody who gets on LAB has a fantastic turnaround when released. But in general, if they do manage to continue with LAB, this has got to lead to a decrease in overdoses and hospital patients intensive care.

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Beyond individual recovery, practitioners also recognised the broader societal benefits of sustained LAB use in the community. They believed that continued access to LAB could lead to more people entering employment, fewer hospital admissions, and a reduction in drug-related crime. These outcomes, they argued, demonstrate the value of investing in LAB not only as a clinical intervention but also as a tool for improving public health and community wellbeing.

HEALTHCARE PRACTITIONERS' MESSAGES TO THE NHS ABOUT LAB TREATMENT SERVICES IN PRISONS.

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I think the NHS should definitely continue to invest more in Buprenorphine.

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This is a really positive medication and positive treatment option for people in recovery and we'd like to help more people with this treatment option. I suppose the next bit would be more funding for community services because that's kind of a barrier for us.

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It could save it's saves lives, you know, and it stops them doing drugs, potentially stops overdoses. And it just gets gives patients another chance in life, but there needs to be more funding in the community for sure.

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I would like to see it more widely prescribed and certainly provided at a cheaper rate in the future if possible.

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You know, I think it's been largely a positive response to the treatment since we started it at this site. I don't think there's been any instances of treatment reversal... Very impressive compared to other medications.

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PART 3 SOLUTIONS AND RECOMMENDATIONS

PATIENT-LED RECOMMENDATIONS

Drawing on the insights and lived experience of those directly involved in the LAB programme, a number of patient-led recommendations have emerged to improve access, support, and continuity of care for patients.

- First and foremost, there is a strong call to **increase funding for the LAB programme**. Many patients believe that greater investment is essential to ensure that more people can access this life-changing treatment. Limited availability has been a recurring barrier, and expanding the programme would allow more individuals to benefit from its stabilising effects.

To support this expansion, peers recommend **employing more staff to administer LAB and ensuring that all staff receive sufficient training**.

This includes both clinical training in administering injections and broader awareness of the emotional and psychological needs of patients undergoing treatment.

- Another key recommendation is to provide **more counselling and emotional support** for patients, particularly those struggling with the return of suppressed emotions during recovery. Many patients have highlighted the emotional challenges that come with stabilisation and believe that structured support sessions would help them manage these experiences more effectively.
- Peers also emphasised the importance of continuing to organise **peer support forums**. These forums have proven to be a valuable space for sharing experiences, raising awareness, and encouraging others to consider LAB as a treatment option. They foster trust and openness in a way that traditional clinical settings may not.

- In terms of release planning, peers stressed the need to ensure every patient has a **clear and supported release plan in place**. This includes administering LAB one or two days before release to minimise the risk of treatment interruption and relapse. Timely administration ensures that patients leave custody with a buffer of stability as they transition into the community.
- The final recommendation was to **employ key workers who can support patients through this transition**. These individuals would play a crucial role in helping patients attend appointments, access community services, and stay engaged with their treatment during the critical post-release period.

1. INCREASE FUNDING FOR THE LAB PROGRAMME

2. EMPLOYING MORE STAFF TO ADMINISTER LAB AND ENSURING THAT ALL STAFF RECEIVE SUFFICIENT TRAINING

3. MORE COUNSELLING AND EMOTIONAL SUPPORT

4. ORGANISE PEER SUPPORT FORUMS

5. A CLEAR AND SUPPORTED RELEASE PLAN IN PLACE


6. EMPLOY KEY WORKERS WHO CAN SUPPORT PATIENTS THROUGH THIS TRANSITION



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