CONSUMER EXPERIENCES OF LONG-ACTING INJECTIBLE BUPRENORPHINE

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Aim: Depot buprenorphine has been described as a "game changer" for people seeking treatment for opioid dependence. This symposium will be a detailed exploration of consumer experiences of depot buprenorphine derived from research studies and feedback to two peer based drug user organisations.

PRESENTATION 1: EXPERIENCES AND EFFECTS OF EXTENDED-RELEASE BUPRENORPHINE DEPOT TREATMENT: QUALITATIVE FINDINGS FROM THE CoLAB STUDY

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Introduction: Extended-release buprenorphine depot (BUP-XR) has been heralded as a 'game changing' technology for the delivery of opioid agonist treatment. The Community Long-Acting Buprenorphine (CoLAB) study aimed to evaluate client outcomes among people with opioid dependence receiving BUP-XR. Within this prospective single-arm, multicentre, open-label trial of monthly BUP-XR, the qualitative study aimed to examine the experiences and effects of BUP-XR treatment in community-based general practice and specialist treatment settings.

Method: Using a longitudinal qualitative design, 36 clients (25 men, 11 women; aged 33 to 61 years) were interviewed across four sites in New South Wales and Victoria, Australia. In-depth interviews were used to generate accounts of clients' experiences of BUP-XR treatment including in relation to health and wellbeing, experiences of service encounters, embodied accounts of receiving and living with the BUP-XR treatment (including effects of the treatment, changes in dosage, and experiences of other drug use while on treatment) as well as any changes the treatment had afforded in clients' lives (social, physical, emotional, financial).

Key Findings: BUP-XR treatment had multiple embodied, social and material effects in participants' lives. The shift from daily dosing to extended-release formulations afforded a sense of 'normalcy' for many clients, changing routines, altering relationships with services, and disrupting stigmatised subjectivities.

Conclusions: While BUP-XR treatment had many positive effects in clients' lives, it is important to consider how implementation practices can integrate practices of care in a new mode. How the provision of BUP-XR treatment can help remake subjectivities by departing from stigmatising treatment practices is worthy of further examination.

PRESENTATION 2: TRACING THE AFFORDANCES OF LONG-ACTING INJECTABLE DEPOT BUPRENORPHINE: A QUALITATIVE STUDY OF PATIENTS' EXPERIENCES IN AUSTRALIA

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Introduction / Issues OR Introduction and Aims: Long-acting injectable depot buprenorphine represents an important new treatment option for the management of opioid dependence. However, little is known about patients' experiences of depot buprenorphine in Australia. Beyond recent clinical trials, this qualitative study aimed to explore patients' experiences of the practical and social affordances of depot buprenorphine.

Method / Approach OR Design and Methods: Participants were recruited from sites in Sydney, regional New South Wales, and Melbourne, Victoria, Australia. Thirty participants (16 men, 14 women; mean age 47.3 years) participated in semi-structured interviews. Participants had histories of both heroin and prescription opioid use, and previous opioid agonist therapy (OAT) including daily dosing of buprenorphine and methadone.

Key Findings OR Results: Depot buprenorphine afforded positive benefits for many participants, including: opportunities to avoid stigma experienced at pharmacies/clinics; time to engage in activities (e.g., travel, work) by releasing participants from previous OAT treatment regimens; and, cost savings by not having to pay pharmacy fees associated with daily dosing. However, for some participants, moving to depot buprenorphine: disrupted engagements with important social/practical supports available at pharmacies/clinics; constrained their control over dosing; and, constrained their ability to generate income via the sale of takeaway doses.

Discussion and Conclusions: While generally experienced as affording benefits, depot buprenorphine can have differing social and practical impacts. Clinicians should monitor and, where required and/or desired, provide support to patients receiving depot buprenorphine to reduce the risk of unintended consequences including disruption to clinical and practical supports.

PRESENTATION 3: Qualitative data from the UNLOCT trial – implementing depot buprenorphine in NSW correctional facilities

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Introduction: For people who use opioids and are released from custodial settings, the period after release from prison is high risk for overdose. Opiate treatment (methadone and buprenorphine) is protective against this but resource intensive to administer safely in custodial settings, leading to significant under-treatment of opioid dependence in these settings worldwide. This sub-study collected data on patient experience of the introduction of depot buprenorphine into NSW correctional facilities.

Method: We conducted an open-label, non-randomised trial in seven correctional centres in New South Wales. Sixty-seven men and women, aged≥18 years of various security classifications with a diagnosis of moderate to severe DSM-5 opioid use disorder currently serving a custodial sentence of ≥6 months were recruited between November 2018 and July 2019. Patients not in opioid agonist treatment at recruitment commenced depot buprenorphine (CAM2038 weekly for 4 weeks then monthly). Qualitative data were collected from 64 participants at week 4 and week 16.

Results: Many participants described a preference for depot buprenorphine over sublingual buprenorphine, with frequent experiences of threats and violence in custody with sublingual treatment and relief at not being exposed to these threats described. However some participants described preferring sublingual buprenorphine over methadone. Access to treatment was an issue reported by many participants.

Discussion and Conclusions: These data add context to the data on effectiveness of depot buprenorphine in custodial settings in NSW.

PRESENTATION 4: Community impacts of the scale up of LAI buprenorphine

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Introduction / Issues: The community scale-up of LAI buprenorphine has occurred under challenging circumstances – COVID restrictions and, in some jurisdictions, the implementation of Real Time Prescription Monitoring. These events have had a major impact on the timing of the roll out and access to services. Community members often reach out to

drug user organisations when they are experiencing challenges in treatment access. This presentation will explore consumer experiences outside of research settings.

Method / Approach: Community feedback was gathered from several sources including focus groups as part of a consumer-led research study, correspondence from people in the prison system and feedback from community members asking for assistance to resolve issues with their treatment.

Key Findings: While LAI buprenorphine has been a positive for many people, those seeking treatment with LAI buprenorphine experience many of the same challenges as those on other forms of OAT including limited service access, excessive charges and challenges in being heard.

Discussion and Conclusions: While many patients benefit from LAIB treatment, long-term issues with the opioid treatment system have not been eliminated with the introduction of LAIB.

Discussion Section: The discussion in this symposia will seek to explore the question of what systemic factors must be addressed in order for depot buprenorphine to truly be a "game changer" for people seeking treatment with this medication.

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