

Experiences and effects of extended-release buprenorphine depot treatment: Qualitative findings from the CoLAB study

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Disclosures

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Introduction

- Extended-release buprenorphine depot (BUP-XR) heralded as a ‘game changing’ technology for opioid agonist treatment (OAT)
- BUP-XR is entering a treatment context often characterised by constraints, lack of flexibility and limited choice
- Hoped to provide more convenience for clients e.g. reducing the frequency of clinic attendance, travel time, and costs associated with pharmacy dispensing fees
- Need to remain alert to how the implementation of new technologies accords with clients’ preferences and needs, foregrounding the principle of choice in healthcare

Emerging clinical evidence



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Research paper

Outcomes of a single-arm implementation trial of extended-release subcutaneous buprenorphine depot injections in people with opioid dependence



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Emerging qualitative and social science literature on BUP-XR

- Barnett, et al., *Tracing the affordances of long-acting injectable depot buprenorphine: A qualitative study of patients' experiences in Australia*. Drug and Alcohol Dependence, 2021. 227: p. 108959.
- Neale, Tompkins, and Strang, *Prolonged-release opioid agonist therapy: qualitative study exploring patients' views of 1-week, 1-month, and 6-month buprenorphine formulations*. Harm Reduct J, 2019. 16(1): p. 25.
- Neale, et al., *Implants and depot injections for treating opioid dependence: Qualitative study of people who use or have used heroin*. Drug Alcohol Depend, 2018. 189: p. 1-7.
- Neale, Tompkins, and Strang, *Depot buprenorphine injections for opioid use disorder: Patient information needs and preferences*. Drug Alcohol Rev, 2019. 38(5): p. 510-518.
- Parsons, et al., *Patient-Reported Outcomes, Experiences and Satisfaction with Weekly and Monthly Injectable Prolonged-Release Buprenorphine*. Subst Abuse Rehabil, 2020. 11: p. 41-47

Aims

- Qualitative study, tracing experiences and effects across time
- Informed by sociological approaches which attend to the multiple social and material effects of novel health intervention technologies as they are put to use and made to work in sites of implementation practice (Rhodes & Lancaster, 2019)
- What an intervention can do, and the effects it makes, extend beyond the biomedical or technological
- Aim: to examine the multiple social and material effects of BUP-XR in clients' lives, among a group of participants receiving BUP-XR in Australia, and to reflect on the situated potentials of these new OAT technologies

Method and approach

- Qualitative study embedded within the Community Long-Acting Buprenorphine (CoLAB) study – a prospective single-arm, multicentre, open-label trial of monthly BUP-XR
- 4 CoLAB sites in NSW and VIC
- 36 CoLAB participants (25 men, 11 women; aged 33 to 61 years) were interviewed, and of these 32 participated in a second interview
- In depth interviews conducted between October 2019 and July 2020, capturing experiences at different time points across participants' depot treatment trajectories
- 8 participants discontinued BUP-XR during the study, and 6 of these participants participated in a follow-up interview.

Analysis

Analysis identified the shifting temporalities in participants lives; attending to how the shift from daily to monthly dosing changed how time was sensed.

We examined the social and material effects made by these new temporal relations, including for how:

- I. participants related to treatment
- II. imagined the possibilities of the present and futures
- III. and how these relations allowed new patterns of living bringing about both transformation and loss.

Re-making time, re-configuring relationships to OAT

“just the freedom of being able to do whatever I want, you know, whenever I want **within a month** [...] I mean just **living month to month is a lot better than day to day** [...] I don't have to worry, **I'm not tied to any medication at all** [...] it's changed my life totally”
(Ken, aged 44)

“You still feel like you're trapped with the suboxone, even though you're not using heroin anymore, you still feel like you have to make sure you have a substance every single day, whereas sublocade, yeah, **it's so easy, you're not thinking about it**, you don't have to remember to do it, you don't have to hide it from anybody, you don't have to do anything, you know. It's just, yeah, **it's done already for you**”. (Miles, aged 38)

Re-making time, re-configuring relationships to OAT

“With the injection, the monthly injection, I’m just concerned that it’s not gonna hold me, you know. [...] I just want it to hold me. I don’t want to crave heroin, you know.” (Garry, aged 39)

“the main concern was, was it going to hold me, do you know what I mean? Like I just didn’t understand, and still don’t really understand, how it seems to hold me for so long because I’m used to taking something every day and I’ve gone to taking something once a month and I still can’t work out how it holds me for so long.” (Edward, aged 51)

Absenting daily routines, re-imagining possible futures

“I’ve tried to jump off the suboxone many times, but I get to about a week and I just feel terrible. I’m hoping that maybe these injections, they’ll find a way to, maybe it’ll sort of... it’ll taper down a lot slower, rather than the other, you sort of... if you didn’t take it, that’s it. It wasn’t in your system and you were straight into detox. So, I mean that’s yet to be seen”. (Ken, aged 44)

“I was busy and I didn’t go to my appointment and I thought ‘oh maybe I shouldn’t have done that, I am going to start feeling bad’ but I never started feeling bad, so was interested to see how long it would take I guess.” (Emma, aged 43)

Absenting daily routines, re-imagining possible futures

“I stopped using, and then I started living a whole new lifestyle, a sober lifestyle, sober people and that kind of thing, you know what I mean, and I was going so well, in fact, that I completely forgot to go and get my injection when I was supposed to. [...] I was just hanging around the right people, all the cravings were gone, and even coming off of the depot, yeah, I didn't really notice it. It was really good. It was just like a really natural transfer from the injection to nothing at all, and I didn't get really severe withdrawals or anything like that. [...]

That was actually the reason I started using again. [...] Because I was panicking thinking that withdrawals are going to kick in.”

(Simon, 42 years)

A new normal, transformation and loss

“You don't feel nothing, like you don't get a high or anything off it. It stops you from getting sick. There's not much I can tell you about it, because once you have the injection, it doesn't make you off your head or anything, *it doesn't do anything*”. (Adam, aged 46)

“they get lonely and their biggest thing is to go out once a week and go to the clinic, and say hello, you know. And that might be their highlight of their whole week, and it might keep them sane, you know, and keep them on the straight and narrow, and keep them happy. [...]

“It's just waking up feeling normal you know, you just wake up and have a cup of coffee and relax you know, like people do, instead of having to run around.” (Steve, aged 59)

Conclusions

- The shift from daily to monthly dosing changed clients' relationship to treatment itself, and affected the temporal patterns of their lives
- New treatment technologies require a different kind of communication with prospective clients
- Raises questions about the role of supervision, and how service systems can adapt
- How social connection and care can be maintained, and how clients can be supported to adjust to what was felt to be a new normal, will be a key consideration for services
- Important to attend to the multiple effects BUP-XR makes in specific sites of practice, recognising that the promise of new treatment technologies entangles with their local social and material environments in ways that produce unexpected outcomes

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