

# **TINKERING WITH CARE: ADAPTATION AND INNOVATION IN THE IMPLEMENTATION OF LONG-ACTING DEPOT BUPRENORPHINE TREATMENT**

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## **Background:**

Long-acting depot buprenorphine (LADB) is a potentially disruptive technology for the treatment of opioid dependence. It is hoped that LADB might provide additional choice and reshape how opioid agonist treatment (OAT) can be delivered, in effect, relocating when and how care in treatment is done. The different temporal and social relations produced by the innovation of long-acting technologies are arguably altering the OAT landscape, opening new possibilities for trial and movement in the constitution of treatment.

## **Approach:**

We examine the situated potentials of long-acting OAT technologies, bringing together the qualitative findings of a major Australian study of LADB implementation. Drawing on interviews with patients (n=36) and providers (n=19), we examine how LABD is made to work, attending to how care practices are challenged and adapted as a long-acting technology is introduced. Our analysis is informed by ideas in science and technology studies emphasizing the entanglement of care practices and technology, and the concept of ‘tinkering’ as a practice of adaptation.

## **Analysis:**

We consider the disruptive novelty of LADB, in services and patients’ lives. The shift from daily to monthly dosing altered how treatment was delivered and experienced, and reconfigured patients’ relationships to treatment. Adaptations were required to implement an OAT medication that acts as a bridge to care without necessarily being the focal point, given the potential to disrupt other aspects of treatment delivery sometimes relied on for social support. We identify a concern for what is made present and what is made absent in the altered care network affected by LADB, with the multiple effects of supervised daily dosing practices thrown into relief as they become absented.

## **Conclusion:**

The introduction of LADB prompts new questions about embedded practices, including supervised dosing, and the time and place of psychosocial support, and how social aspects of care might be recalibrated.

## **Disclosure of Interest Statement:**

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