

How can a new formulation reduce stigma linked to opiate agonist treatment?: Place, time and things in the experience of extended-release buprenorphine depot

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Introduction

It is important to understand how stigma is made in OAT and the political purposes that it serves to change the relations of stigma and avoid stigma attaching to new treatment formulations, such as extended release buprenorphine (BUP-XR).

Method

Semi-structured qualitative interviews were conducted at two time points with participants in a prospective single-arm, multicentre, open-label trial of monthly BUP-XR. Thirty-six participants (25 men, 11 women) were interviewed, and of these 32 participated in a second interview to explore their experience of transition from other treatment to BUP-XR.

Results:

This new formulation of BUP-XR was experienced by participants against a background of stigma associated with previous OAT as manifested in public discourse about OAT and the people who receive it, in media, in perceptions about the decisions of investment in medical technologies, within OAT services and in social interactions. The experience of BUP-XR drew attention to the stigmatising potential of time, place and things associated with other OAT requiring daily (or frequent) dosing. The time, place and things of OAT participation are visible signals of difference and participants appreciated release from these potential triggers of stigma.

Discussions and Conclusions:

Receiving BUP-XR allowed participants to avoid some signifiers of OAT and to reshape self-identities. The removal of time, place and things associated with other forms of OAT allowed participants to "pass as normal" and avoid stigma. However, the negative public discourse and stigma of OAT is a potential threat to BUP-XR to realise its potential for individual and population benefits.

Disclosure of Interest Statement:

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