EARLY EVIDENCE ON THE UPTAKE AND SAFETY OF LONG-ACTING DEPOT BUPRENORPHINE AND INFECTIOUS DISEASE TREATMENT INITIATION AS PART OF OPIOID AGONIST THERAPY IN SOUTH AFRICA

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Background
In many countries people who inject drugs (PWID) experience high infectious disease (ID) burden and low access to opioid agonist therapy (OAT). Long-acting depot buprenorphine (LADB) offers reduced dosing frequency, which may improve opioid dependence and ID outcomes. We present early findings from a study site in Johannesburg, South Africa, on LADB uptake, changes in opioid use, treatment initiation for HIV, hepatitis C (HCV) and pulmonary tuberculosis (PTB), and adverse events (AEs).

Method
At baseline, participants were offered HIV, HCV and PTB screening. At enrolment, participants were initiated onto sub-lingual buprenorphine (seven days), then offered four weekly, and then monthly LADB injections. Quantitative data was extracted from logs, questionnaires, and laboratory results from October 2025 to February 2026 and analysed descriptively.

Results
Overall, 208 PWID were engaged around the research. Sixty-three (30%) showed interest and were screened. Forty-five (71%) eligible PWID were enrolled (42 males, 3 females, mean age of 38). All participants received sub-lingual buprenorphine at induction. Twenty (44%) received at least one LADB injection, among whom 16 (80%) reported not using opioids for over seven days at their last visit. Seven (16%) participants were lost to follow-up. Twenty-one (47%) participants are HIV-positive and initiated on treatment. Twenty-five (56%) have HCV, among whom 16 (64%) initiated treatment. Fifteen (33%) have HCV–HIV co-infection. Two (4%) have PTB and are initiated on treatment. Nine AEs were reported: two severe (one possibly related to LADB and one serious but unrelated), four moderate (two possibly and two definitely related), and three mild (one possibly and two definitely related).

Conclusion
Early findings suggest low LADB uptake and notable drop-out. Participants receiving LADB have reduced opioid use, with notable clinical events and high rates of ID treatment initiation. Efforts to enhance LADB uptake, retention and monitoring of safety and clinical outcomes is needed.

Disclaimer: The authors have nothing to declare in relation to this research.