

PROLONGED RELEASE OPIOID FOR RECOVERY (PROP) STUDY

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Background:

People who use drugs (PWUD) often face stigma and marginalisation, including in healthcare. Opioid Agonist Treatment (OAT), though effective, is criticised for its rigid, oppressive nature, limiting real change and reinforcing stigma, such as the visible “methadone queue.” Such environments can hinder recovery and agency. Long-acting injectable buprenorphine (LaB), with weekly or monthly dosing, offers a flexible alternative. By disrupting restrictive OAT routines, LaB may reduce stigma, support inclusion, and enable PWUD to engage in activities hindered by strict OAT regimes. This study explores the impact and social value of LaB.

Methods:

This longitudinal qualitative study explored views, experiences, and values of individuals receiving LaB (n=29) compared to traditional OAT (n=18). To contextualise findings and strengthen validity, demographic data were collected, including mental wellbeing (Short Warwick-Edinburgh Mental Wellbeing Scale), financial inclusion (Scottish Survey’s Core Questions), and social network mapping. Each participant was invited to take part in three interviews over 18 months, acknowledging the non-linear nature of recovery. Additionally, drug treatment service staff (n=9) were interviewed. Framework analysis was used to identify themes, commonalities, and differences, generating descriptive and explanatory insights.

Results:

Four themes emerged: avoiding contacts, a “normal life,” future plans, and service issues. LaB helped individuals avoid negative social interactions tied to daily pharmacy visits required by traditional OAT. This freedom supported a more “normal life,” including the ability to go on holiday without permission from drug services. Participants on LaB expressed hope and made future plans, often discussing dose reductions and life beyond prescribing. However, some noted LaB’s potential was limited by service delivery issues, where administration tasks now delivered by key workers reduced holistic care.

Conclusion:

LaB has the potential to be a powerful, positive disruptor in supporting recovery. However, to fully realise its benefits, services must prioritise holistic, person-centered care over administration demands.

Disclosure of Interest Statement:

This is an investigator-initiated study funded by Camurus AB.

SRD declares receipt of research grants from Gilead and Camurus AB and speakers’ honoraria from Camurus AB. JFD declares receipt of research grants and lecture honoraria from Merck Sharp & Dohme, AbbVie and Gilead. AR declares receipt of research grants from Camurus AB, MSD and Gilead Sciences and speakers’ honoraria from Camurus AB.