

Tinkering with care: Implementing extended-release buprenorphine depot treatment for opioid dependence

Authors:

Kari Lancaster^{1,2}, Carla Treloar¹, Tim Rhodes^{1,4}, J Shahbazi⁵, M. Byrne⁵, Suzi Nielsen⁶, Louisa Degenhardt⁵, Michael Farrell⁵

¹*Centre for Social Research in Health, University of New South Wales, Sydney, Australia*

²*Department of Social and Policy Sciences, University of Bath, UK.*

³*Social Policy Research Centre, University of New South Wales, Sydney, Australia*

⁴*London School of Hygiene and Tropical Medicine, UK*

⁵*National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia*

⁶*Monash Addiction Research Centre, Monash University, Melbourne, Australia*

Introduction: It is widely recognised that implementation of new technology requires complex adaptation. But there is little emphasis on how contingencies and complexities are managed and worked-with in the practices of implementation. We examine how extended-release buprenorphine depot (BUP-XR) is put to use and made to work in implementation practices, attending to how care practices are challenged and adapted.

Method: We draw on qualitative interview accounts ($n = 19$) of service providers involved in BUP-XR implementation across five sites. Our analysis considers the disruptive novelty of BUP-XR and is informed by ideas in science and technology studies (STS) emphasising the irreducible entanglement of care practices and technology, and in particular the concept of 'tinkering' as a practice of adaptation.

Key Findings: Tinkering to make a novel technology work in practice slows down the expectation of implementation in relation to transformative innovation, despite the promise of dramatic or rapid change. Tinkering allowed for more open relations, for new care practices that departed from the routine and familiar, opening potential for how BUP-XR could be put to use and made to work in its new situation. This analysis identifies a concern for what is made present and what is made absent in the altered care network affected by BUP-XR, with the multiple effects of supervised daily dosing practices thrown into relief as they become absented.

Discussions and Conclusions: By attending to tinkering as a continual practice of adaptation, our aim is to illuminate the material conditions and relations which help shape change.

Disclosure of Interest Statement: This study was supported by an Externally Sponsored Collaborative Research grant from Indivior PLC. Indivior contributed to the study design and analysis plan of the clinical parent study but not this qualitative study; Indivior had no role in collection, analysis and interpretation of data, in the writing of the manuscript, or in the decision to submit the manuscript for publication. LD and MF disclose untied educational grants from Seqirus and Indivior for the study of opioid medications.