"YOU JUST GO HOME, LIVE YOUR LIFE": QUALITATIVE INSIGHTS INTO EARLY EXPERIENCES OF LONG-ACTING DEPOT BUPRENORPHINE INITIATION IN JOHANNESBURG, SOUTH AFRICA

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Background
In September 2025 community-led focus group discussions were held with people with opioid dependence in Johannesburg, South Africa. Discussions assessed anticipated values, preferences, and support requirements for long-acting depot buprenorphine (LADB). Findings informed the rollout of a LADB study at a community-based harm reduction clinic.

Approach
In-depth interviews with participants examined early experiences, treatment preferences, priorities to improve study implementation, positive and negative moments in care, and service quality improvement recommendations. Participants were purposively sampled to include people on weekly and monthly injections. Interviews were recorded, auto-transcribed, with manual cleaning and translation as needed, cross-checked with field notes, and analysed inductively using thematic analysis.

Analysis
In January 2026 seven participants (cis-male = 6, cis-female = 1, median age = 41 years) were interviewed. Participants were initiated with LADB in October/November 2025. Motivation for LADB was consistently linked to the desire to stop heroin use completely and avoid withdrawal. LADB was described as acceptable and preferable to daily methadone due to reduced treatment burden, improved capacity for income-generating activities, and perceived fewer or more tolerable side effects. Participants reported that LADB reduced the effects of heroin ("blockade effect") and contributed to improved self-care/relationships. Retention challenges were structural (access to site, fixed clinic hours, service disruption), compounded by participants feeling "cured" and viewing LADB as a short course. Polysubstance use (methamphetamine and methaqualone) while on LADB remained common. Participants highlighted unmet psychosocial support needs and called for respectful communication, counselling, LADB support groups, and peer-led recruitment and adherence support.

Conclusion
LADB appears acceptable by reducing heroin preoccupation, improving daily functioning, and offering treatment burden relief. Structural barriers, treatment duration related miscommunication and shifting substance use patterns threaten ongoing engagement. Integrated psychosocial, harm reduction support and clear participant education are needed to build on these early positive experiences.

Disclosure of Interest Statement
Nothing to declare