

Long-acting injectable buprenorphine for the treatment of opioid concerns in Australia: Clinicians' perspectives on socio-technical factors shaping innovation

Anthony Barnett¹

¹*School of Psychology, The University of Queensland, Brisbane, Australia*

Presenter's email: tony.barnett@uq.edu.au

Introduction: *Long-acting injectable buprenorphine (LAIB) is increasingly being prescribed in Australia as a pharmacotherapy for opioid concerns. Drawing on clinicians' accounts, this work traces socio-technical networks of actors (e.g., prescribers; guidelines; local contexts) that have shaped, influenced and/or constrained LAIB innovation.*

Methods: *In-depth interviews were conducted with 26 Australian clinicians recruited from New South Wales and Victoria. Seventeen participants (65%) were male, with a mean age of 44.5 years (range: 29 to >70 years). They included Addiction Medicine Specialists, Addiction Psychiatrists, GPs, Nurse Practitioners, and Pharmacists. Applying a critical lens, this work draws on science and technology (STS) scholarship to trace emergent innovation practices within participants' contexts.*

Results: *LAIB innovation for the treatment of opioid concerns is influenced, shaped and constrained by a confluence of socio-technical actors. With the PBS listing on LAIB in Australia, intersecting with emerging clinical trial evidence, certain clinicians (often those experienced with opioid pharmacotherapy) acted as early innovators. Since then, LAIB diffusion has been shaped by training, guidelines and peer networks. Complicating notions of a singular 'best practice', prescribing practices are situated within local clinical contexts, influenced by clinicians' backgrounds (e.g., medicine; nursing), and their propensity for prescribing within or outside local evolving guidelines. Among wider socio-technical networks, funding models have potential to enable and/or constrain biomedical innovation.*

Discussions and Conclusions: *Complicating linear notions of biomedical innovation (e.g., 'bench to bedside' framings familiar in science), this work illuminates the complex relations between human and non-human actors implicated in innovative practice: it highlights innovation as an emergent and evolving spatio-temporal process.*

Implications for policy and practice: *Clinicians and policymakers in Australia and international jurisdictions have opportunities to intervene in local innovation networks to shape and/or constrain pharmacotherapy biomedical innovation. Practical solutions like enhanced prescribing networks may further benefit knowledge flows and prescribing practices.*

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