

QUALITATIVE EVIDENCE OF SERVICE USER EXPERIENCES AND PERSPECTIVES ON LONG-ACTING INJECTABLE BUPRENORPHINE FOR OPIOID TREATMENT – A SCOPING REVIEW

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Background (description of the problem):

Opioid treatment programs (OTPs) are effective models of care for opioid dependence. Long-Acting Injectable Buprenorphine (LAIB) is touted as a game changer for OTPs, yet there are no published reviews describing service user experiences of LAIB initiation and maintenance. Led by a person with living experience of opioid treatment, we aimed to describe and better understand the experience of service users on LAIB for opioid treatment.

Approach: theoretical underpinnings and approach to analysis

We conducted a scoping review of English language peer-reviewed qualitative literature from 2016 to 2024. We searched six databases (Medline, Embase, PsycINFO, CINAHL, Scopus, Web of Science) and citation chaining to identify relevant literature. Two reviewers performed screening and full-text review in Covidence. A narrative synthesis identified key themes and gaps in NVivo. First author's positionality and reflexivity provides a privileged interpretative lens to describing emergent themes.

Analysis: Main arguments, findings or outcomes

We included 25 studies from five countries (US, UK, Germany, Sweden and Australia). Injectable buprenorphine offers a biotech-driven solution, reducing practice-situated stigma and freeing service users from the constraints of daily/regular dosing. A key theme to emerge was one of LAIB fitting and/or disrupting the space and context dependent OTP landscape. Another key theme is the importance of information/knowledge transfer and shared decision-making, including service provider/user power dynamics within the therapeutic alliance. Our analysis highlights the conflicts and tensions that arise between service users' aspirations and goals and the requirements of treatment provision. Incorporating the changing circumstances and arrangements of LAIB is central to improving localised OTP practices and person-centred care.

Conclusion:

This review provides valuable insights on LAIB as an emerging treatment option viewed from those who have the most to gain and/or lose regarding OTP provision: the service user. Understanding this user experience is fundamental for improving what, when and how medicalised agonist or partial agonist opioid treatment works.

Disclosure of Interest Statement:

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