

# Tinkering with care: adaptation and innovation in the implementation of long- acting depot buprenorphine treatment

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# Altering relations of OAT delivery

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Long-acting formulations can work to alter relations of OAT service delivery by:

- Generating a sense of freedom from restrictive and costly treatment regimens
- Reconfiguring clients' relationship with treatment by offering release from short-term cycles of living
- Altering stigmatising relations

But complex adaptations are required to implement **an OAT medication that acts as a bridge to care without necessarily being the focal point**, given the potential to disrupt other aspects of treatment delivery sometimes relied on for daily contact and social support.

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*... the task is that of attuning everything to everything else, one way or another. **What to fiddle with and what to keep fixed, is rarely obvious.** What you try to do, may not work out. Try something else. **Keep on tinkering.** Doctoring. Caring. It would be great if things were so simple that a wise choice made at a single, crucial moment were all that was needed to control a body suffering from a disease. It would be great if the world fitted into little vignettes. But as it happens, **there are always contingencies and surprises.***

– Annemarie Mol, *The Lancet* (2009, p.1757)

# Method

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- Qualitative study embedded within the Community Long-Acting Buprenorphine (CoLAB) study – a prospective single-arm, multicentre, open-label trial of monthly depot buprenorphine
- 5 CoLAB sites in New South Wales and Victoria, Australia (urban and regional)
- In depth interviews with:
  - Providers (n=19; 7 addiction medicine specialists and researchers, OAT prescribers, psychiatrists, and general practitioners; 9 nursing staff; 2 pharmacists; 1 receptionist) (2020-2021)
  - Patients (n=36; 25 men, 11 women; aged 33 to 61 yrs) interviewed (2019-2020)
    - 32 followed up at wave two (2021)
    - 26 followed up at wave three (2022-2023)
  - In depth interviews capturing experiences at different time points across participants' treatment trajectories
  - 11 participants continuously received monthly depot buprenorphine during the 3 year study period; 8 used different strategies and adaptations to make treatment work through time and in response to changing situations in their life, for example, by adjusting dosing intervals and engaging with the treatment in different way

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**1. The shift from daily to monthly dosing altered how treatment was delivered and experienced, and reconfigured patients' relationships to treatment**

# Re-making time, re-configuring relationships to OAT

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“just the freedom of being able to do whatever I want, you know, whenever I want **within a month** [...] I mean just **living month to month is a lot better than day to day** [...] I don't have to worry, **I'm not tied to any medication at all** [...] it's changed my life totally” (Ken, client, aged 44)

“the main concern was, was **it going to hold me**, do you know what I mean? Like I just didn't understand, and still don't really understand, how it seems to hold me for so long because I'm used to taking something every day and I've gone to taking something once a month and I still can't work out how it holds me for so long.” (Edward, client, aged 51)

# A new normal, transformation and loss

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You don't feel nothing ... **it doesn't do anything**". (Adam, client, aged 46)

“they get lonely and their biggest thing is to go out once a week and go to the clinic, and say hello, you know. And that might be their **highlight of their whole week**, and it might keep them sane, you know, and keep them on the straight and narrow, and keep them happy. [...]  
It's just waking up feeling normal you know, you just wake up and have a cup of coffee and relax you know, like people do, instead of having to run around.” (Steve, client, aged 59)

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**2. Adaptations were required to implement an OAT medication that acts as a bridge to care without necessarily being the focal point, given the potential to disrupt other aspects of treatment delivery sometimes relied on for social support**

# Tinkering with novelty

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“We have not had any new treatments for opioid use disorder for many years and so we have got very comfortable using methadone and sublingual buprenorphine and so suddenly... [...] The injecting mechanism was **different**, and the storage is a bit **different**, and there are a whole lot of things that are **different**. It was a **whole lot of learning**. How do we order them, how do we store them, how do we count them, how do we actually educate our patients?” (Robert, clinician)

“Anything new is challenging, changing something is challenging, **learning something new is challenging** at a service level to get multiple people to accept change and do something differently. Clinicians probably get too stuck in their ways, not want to do anything new, they learnt what they learnt 20 years ago, whatever they learnt, they don't want to change, they don't want to do anything different, that's the barrier.” (Thomas, clinician)

# what is made present and what is made absent

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“[Long-acting depot buprenorphine clients] only come in once a week or once a month, whereas the other people are coming in every day for methadone or buprenorphine, or [even if] they’re only coming in a couple of times a week, they are still getting a lot more interaction than the people that are getting the long-acting product. [...] What we offer on OTP [OAT], **it’s not just about the medication, but it’s about the other stuff that we do**, the other psychosocial stuff, and I think we just have to be careful in the future that we don’t lose sight of that” (Robert, clinician)

# Conclusions

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- Prompts **new questions about embedded practices**, including supervised dosing, and the time and place of psychosocial support, and how social aspects of care might be recalibrated.
- New practices emerge to handle the **tensions between different objects and technologies of care**, including an orientation to flexibility, as far as arrangements can stretch within material constraints.
- Innovative technologies **bring with them new and different effects**, and both the technology and the settings and practices in which it is used change in unpredictable ways, requiring modes of evaluation that orient to the study of emergence and evolving experimentation.
- Potential to re-open questions about embedded practices in drug treatment, including supervised dosing, bullet-proof glass, urinalysis, and the time and place of psychosocial support. Adaptations in the clinic assemblage can also **open up new possibilities for the undoing and remaking of dynamic relations** which afford the category dependency its stigmatising capacity (Treloar et al., 2022).

# Conclusions

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- Lancaster, K., Gendera, S., Treloar, C., Rhodes, T., Shahbazi, J., Byrne, M., Nielsen, S., Degenhardt, L. & Farrell, M. (2024) Tinkering with care: Implementing extended-release buprenorphine depot treatment for opioid dependence. *International Journal of Drug Policy*, 126, 104359
- Lancaster, K., Gendera, S., Treloar, C., Rhodes, T., Shahbazi, J., Byrne, M., Degenhardt, L. & Farrell, M. (2023) The social, material and temporal effects of monthly extended-release buprenorphine depot treatment for opioid dependence: an Australian qualitative study. *Contemporary Drug Problems*, 50(1), 105-120
- Treloar, C., Lancaster, K., Gendera, S., Rhodes, T., Shahbazi, J., Byrne, M., Degenhardt, L. & Farrell, M. (2022) Can a new formulation of opiate agonist treatment alter stigma?: Place, time and things in the experience of extended-release buprenorphine depot. *International Journal of Drug Policy*, 107, 103788
- Gendera, S., Lancaster, K., Rhodes, T. & Treloar, C. (2025) Making long-acting treatment work: Tracing connections with extended-release buprenorphine depot through time. *Drug and Alcohol Review*.