COMMUNITY-LED RESEARCH EVALUATING LONG-ACTING DEPOT BUPRENORPHINE VALUES AND PREFERENCES AMONG PEOPLE WHO USE DRUGS IN JOHANNESBURG, SOUTH AFRICA.

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Background

Many people with opioid dependence (PWOD) in South Africa experience social and structural challenges that perpetuate their substance use with little access to opioid agonist maintenance therapy (OAMT). OAMT is usually misaligned with people's realities. Weekly or monthly long-acting depot buprenorphine (LADB) injections offer an alternative to daily methadone dosing. We assessed community values and preferences regarding the acceptability, feasibility, and potential effectiveness of LADB as OAMT.

Method

Two gender-specific focus group discussions (FGDs) with PWOD in Johannesburg explored attitudes toward LADB, perceived benefits and concerns, support needs and implementation preferences. In September 2025 community researchers moderated FGDs, took notes and transcribed the data. A qualitative researcher analysed data using thematic analysis.

Results

Participants (7 cis-females; 10 cis-males; age 23-65 years) described OAT access and continuity as shaped by structural and social conditions. While methadone was recognised as beneficial, rigid dosing threatened sustained engagement, particularly if unhoused or isolated from family. Participants linked treatment success to broader life aspirations, including dignity and sustained recovery. LADB was widely viewed as a promising option because reduced dosing frequency could lessen the burden of clinic visits and increase autonomy. LADB was seen as a potential catalyst for behavioral change, offering a pathway to stability and restored relationships. Participants' attitudes toward LADB included optimism, curiosity and comparisons with methadone as standard of care. However, participants emphasised the need for safe housing, food security, employment opportunities and protection from harassment and stigma. Integrating LADB through trusted harm-reduction services with meaningful peer involvement was viewed as essential for acceptability and effective implementation.

Conclusion

These FGDs suggest that retention and outcomes of LADB may improve with integrated peer support and social services (housing, safety, means to generate income). LADB could fit well within a broader, flexible OAMT menu that allows individuals to choose what works best for them.

Disclosure of Interest Statement

Nothing to declare