**VALUES AND PREFERENCES OF LONG-ACTING DEPOT BUPRENORPHINE AMONG PEOPLE WITH OPIOID DEPENDENCE IN UKRAINE: RESULTS OF QUALITATIVE DATA**

**Authors:** Ahafonov K[1], Kolibabchuk O[1], Gustafson K[1], Farley J[1], Green K[1], Gamazina K[1], Mueller L[1], Dymaretskyi O[2], Kozak I[2], Deyneka Y[2], Matveiko J[2], Zlydennyi T.[3], Kabanchyk M.[4]

[1]PATH. [2]Charitable Organization "Charitable Fund "Ukrainian Network of People who Use Drugs", Ukraine. [3]Regional Clinical Medical Center for Socially Dangerous Diseases, Sumy, Ukraine. [4]Regional Medical Center for the Prevention and Therapy of Addictions, Lviv, Ukraine.

Word limit: 300. Current word count: 298.

**Background:** The number of people with opioid dependence in Ukraine has increased since 2020, with narcotic and psychotropic substance use prevalence estimated at 17 people per 10,000 in 2022. By 2023, a total of 28,521 people were receiving treatment with opioid agonist maintenance treatment (OAMT). From 2022–2025, long-acting depot buprenorphine (LADB) was available in Ukraine through a manufacturer donation, and more than 150 people who use drugs (PWUD) participated in a pilot multicenter program. To guide patient-centered treatment models and scale-up, further evidence is needed on the LADB values and preferences (V&P) of PWUD.

**Methods:** In this Unitaid-funded, PATH-led study, two focus group discussions (FGDs), co-led by peers with lived experience, were conducted in Sumy and Lviv, Ukraine in May 2025 to determine V&Ps regarding new long-acting opioid use treatment (particularly LADB), service delivery, and enablers/barriers. People who attended OAMT services or reported recent and regular drug use were recruited through community-led processes, and the community contributed to data coding and analysis.

**Results:** Fifteen participants took part in two FGDs (Sumy n=7; Lviv n=8), mostly men (13/15), mean age 45.6 years. Most were already on OAMT (1 planning methadone, 4 with previous LADB experience) and typically received medication for 7–10 days. Participants described OAMT as the key to stabilization (health, relationships, work) and viewed LADB as the attractive for reducing visits to health care facilities. Although a certain group of participants, concerns about side effects, loss of ability to self-adjust dose, and uncertainty about uninterrupted supply and treatment courses access.

**Conclusion:** V&Ps toward LADB varied, and included both positive attitudes and concerns. Based on these findings, key implementation recommendations include: i) increasing individualized information resources about LADB pharmacological features; ii) developing support systems with psychosocial support referrals; and iii) advocating for stable supply and access.

**Disclosure of Interest Statement:** Author has received funding from Unitaid under the HepC3P Project. No pharmaceutical grants were received in the development of this work.