COMMUNITY PERCEPTIONS OF LONG-ACTING DEPOT BUPRENORPHINE IN NIGERIA'S EMERGING OPIOID AGONIST MAINTENANCE TREATMENT PROGRAMME

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Background
Opioid Agonist Maintenance Treatment (OAMT) is effective for opioid dependence, yet daily supervised dosing can impose substantial treatment burden, particularly in resource-constrained settings. Long-Acting Depot Buprenorphine (LADB), administered weekly or monthly, may reduce dosing-related barriers and enhance flexibility. As Nigeria integrates LADB research into its national OAMT programme, understanding community perceptions of LADB is essential for effective service delivery. This study examined how treatment burden, side effects, and service priorities shape anticipated acceptability of LADB among people who use opioids in Gombe State, Nigeria.

Approach
Two gender-segregated Focus Group Discussions were conducted with 16 participants (8 men, 8 women) purposively recruited through a One Stop Shop (OSS) supporting people who use drugs. Participants represented varied opioid-use histories (1–25 years) and treatment exposure (OAMT-experienced and naïve). As LADB was not yet available, discussions examined expectation-based perceptions following structured information on LADB characteristics. Discussions were audio-recorded, translated, transcribed, and analysed using deductive thematic analysis.

Analysis
Anticipated acceptability of LADB was closely linked to perceived reductions in treatment burden. Daily attendance under existing OAMT was described as disruptive to employment, income generation, caregiving responsibilities, and mobility. Participants viewed LADB as better aligned with daily functioning, citing fewer clinic visits and improved role stability. Side effects associated with methadone, including sedation, dizziness, vomiting, and itching, further shaped preferences, with LADB perceived as potentially more tolerable. Gendered differences were evident: women prioritised physical functioning, caregiving demands, and transport costs, while men emphasised employment, productivity, and stigma linked to treatment locations. Interest was observed among both OAMT-experienced and treatment-hesitant participants.

Conclusion
In this emerging OAMT context, anticipated acceptability of LADB was primarily driven by treatment burden reduction. Integrating LADB into Nigeria's daily-administered OAMT programme may improve engagement by addressing structural barriers. Future phases will assess uptake, retention, and treatment satisfaction following introduction.

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