

Patient Perspectives on Hospital Initiation of Long-Acting Injectable Buprenorphine

Introduction

Our objective was to explore patients' reasons for choosing long-acting injectable buprenorphine (LAIB) during hospitalization, along with their experiences with the medication after discharge.



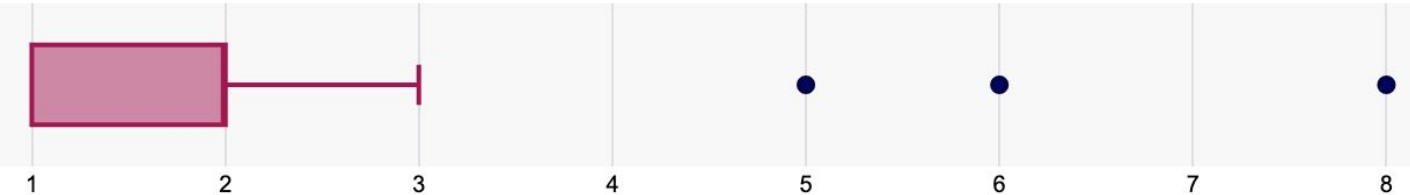
Methods

- 18 in-person, semi-structured interviews
- Independently coded using an iterative, open-coding approach
- Analysis of key themes and quotes

Participants

- Median Age: 59
- 95% Black/African-American

Number of LAIB Doses Prior to Interview



Authors & Disclosures

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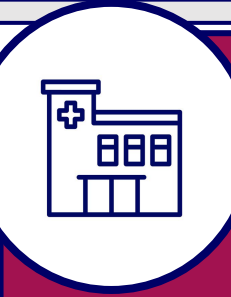
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A. Nothing to disclose



Results

Hospitalization



"I didn't never even know anything about [LAIB] until I got here." (Participant 14)

"I wish I did start it earlier. I wish I knew about it. Instead of coming to the hospital to find out about it, you know, I would've did something different." (Participant 7)

Counseling



"I was kind of pressured a little bit." (Participant 10)

"At first I did [feel pressured], but I know they was just trying to help me." (Participant 11)

- 67% of participants who were asked reported no pressure.

Peer Support



"Darryl was the one who influenced me to get the shot. He spoke to me about his past and his journey, what he'd been on and stuff, that road he been on, and how he got himself back up on his feet..." (Participant 19)

"I talked to a guy when I was in the hospital and he called me a couple of times on the phone. So he gave me a lot of moral support about the [LAIB]. He gave me a lot of moral support because I was leaning towards against it at first. And he was like, well, just give it a try, you know? So he was very helpful to me for that." (Participant 14)

Drug Supply



"I'm not really good with trying new things, but I said give it. You been trying this, they got fentanyl. I never had fentanyl. Down here fentanyl taking people out left and right. You might as well try this here. You try the fentanyl." (Participant 3)

Overdose



"I wanted to stop using drugs because my friend OD'ed off of it and that could have been me. So it scared me, you know, when you wake up next to a person that's dead. It do something to you, so that's what made me want to get clean." (Participant 7)

Benefits



"I got grandkids now and I retired and I'm able to wake up and tend to my grandkids normally, not wake up and all while I got to get this and do it. And so I can feel normal." (Participant 6)

"I feel so much better now. I'm eating right and everything." (Participant 5)

Disadvantages



- ineffective (n=1)
- mild withdrawal symptoms after injection (n=2)
- injection site lump (n=1)
- pain of injection (n=1)
- decreasing dose from 300 mg to 100 mg (n=1)
- withdrawal symptoms with late doses (n=3)

Conclusions

- **Limited awareness** of LAIB before hospitalization
- Importance of **peer support**
- **Fentanyl-containing drug supply** and **personal experience with overdose** as motivation to start LAIB
- Reported benefits in **multiple areas** of participants' lives

Our participants' overall positive experiences with hospital-administered LAIB should inform policy-makers and payors to support expansion of this model and urgent exploration of additional strategies to lower barriers to LAIB access.

Acknowledgements

This project is dedicated to the first patient we interviewed who shared that after getting LAIB, "it is time to live for my grandkids now." She passed away this year. We are deeply grateful to every person who shared their insights and experiences with us. We are also grateful to Darryl Clark and Tony Strong, the peer support specialists whose dedication and expertise make this all possible.

References

1. Johnson, B., Flensburg, O. L., & Capusan, A. J. (2022). Patient perspectives on depot buprenorphine treatment for opioid addiction – a qualitative interview study. *Substance Abuse Treatment, Prevention, and Policy*, 17(1). <https://doi.org/10.1186/s13011-022-00474-2>
2. Ling, W., Nadelipelli, V. R., Solem, C. T., Ronquest, N. A., Yeh, Y.-C., Learned, S. M., Mehra, V., & Heidbreder, C. (2020). Effects of monthly buprenorphine extended-release injections on patient-centered outcomes: A long-term study. *Journal of Substance Abuse Treatment*, 110, 1–8. <https://doi.org/10.1016/j.jsat.2019.11.004>
3. Lintzeris, N., Dunlop, A. J., Haber, P. S., Lubman, D. I., Graham, R., Hutchinson, S., Arunogiri, S., Hayes, V., Hjelmström, P., Svedberg, A., Paterson, S., & Tilberg, F. (2021). Patient-reported outcomes of treatment of opioid dependence with weekly and monthly subcutaneous depot vs daily sublingual buprenorphine. *JAMA Network Open*, 4(5). <https://doi.org/10.1001/jamanetworkopen.2021.9041>
4. Parsons, G., Ragbir, C., D'Agnone, O., Gibbs, A., Littlewood, R., & Hard, B. (2020). Patient-reported outcomes, experiences and satisfaction with weekly and monthly injectable prolonged-release buprenorphine. *Substance Abuse and Rehabilitation*, 11, 41–47. <https://doi.org/10.2147/sar.s266838>
5. 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. <https://doi.org/10.1016/j.drugpo.2022.103788>