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2024

### Document Version:

Publisher's PDF, also known as Version of record

[Link to publication](#)

### Citation for published version (APA):

Capusan, A. J., Nordgren, J., Monwell, B., Gunnarsson, N. V., & Johnson, B. (2024). *Balancing between care and control: Staff perception on the introduction of long-acting injectables for opioid agonist treatment*. Poster session presented at Lisbon Addictions 2024, Lissabon, Portugal.

### Total number of authors:

5

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## Balancing between care and control -

### Staff perception on the introduction of long-acting injectables for opioid agonist treatment

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Long-acting injectable buprenorphine [LAIB] formulations reduce the need for daily supervised intake of opioids, while delivering a steady medication dose and a more stable plasma-concentration of buprenorphine, with less frequent visits and no risk for diversion or misuse. In the Swedish setting OAT has been characterized by low treatment access and high levels of control. Several studies have analyzed patient experiences of LAIB but the perspective of OAT staff and how they address emerging ethical dilemmas is unknown. The study was approved by the Swedish Ethical Review Authority (Dnr. 2020-00796).

<b>AIM:</b> to explore how healthcare staff in OAT in Sweden perceive and manage treatment with LAIB, which new challenges they faced and how they handled arising ethical dilemmas.			Method		Participants (F/ M)	Work experience in OAT (Range)	Interview Time (Range)
			Focus Groups (9 groups)	Nurses, assistant nurses	41 (34/7)	7.3 years (1-22).	52 min (47-60)
		Interviews	Physicians	10 (2/8)	6.9 years (1-17)	50 min (34-60)	

#### Main Themes

Advantages and disadvantages of LAIB

Patient categories that may or may not need LAIB

Patients' degrees of medication choice

Keeping tabs, control and treatment alliance

LAIB's impact on risk and enabling environments in OAT.

It's an advantage to not come here and meet other patients who continually use illicit drugs. That can be a risk factor for relapse. Also to not have to meet the people who, come by the clinics to sell illicit substances.



Nurse  
(participant 35)

If you come once per week or per month you minimize the risk of being exposed to that.

We have used [LAIB] to a very high degree to be able to help patients who have low adherence. /.../ I think [LAIB] has been a revolution in treatment for these patients, but I also think that there is uncertainty about the situation of the patient when they are away [from the clinic] for a month.



Nurse  
(Participant 11)



Physician  
(Participant 7)

If the patient ... comes to us daily ...we see day-to-day what shape they are in and then we can quickly alert the social services or call an ambulance or send them to detox. But if they are away for a whole week or ... month..., then we lose the possibility to act swiftly



Nurse  
(Participant 21)

All patients had to try [LAIB], whether they wanted to or not. So, it was kind of enforced. Staff became split about that and, also toward the patients... pushing the patients to switch formulation. To some extent, I think it ... it resulted in an increase in staff sick leave

The first is that this suspicion disappears, that a more relaxed, equal relationship with the patient occurs.



Nurse

#### Conclusions

Clinical use of LAIB highlighted important aspects of the patient-staff relationship along tension lines between care and control, and between enabling versus harmful environments in OAT clinics. By reducing the need to frequent clinic visits LAIB may strengthen the enabling environment in OAT for patients with complex needs.

Decreased risk for diversion with LAIB opened for a more direct and trusting rapport according to staff. In contrast rigid local practices, disregarding patients' choices created tension in the relationship between patients and staff and a stressful work environment.

LAIB profoundly influenced staff perceptions on their relationship with the patients, shifting focus from control towards support and care.

Acknowledgements: We want to thank all the staff who agreed to share their experience with us and the Swedish Research Council for Health, Working Life and Welfare, Forte (2022-00228) and the Research Council of Southeast Sweden, FORSS (931904, 940502, 969130 and 982042), for funding this project.

Conflicts of interest: AJC has received consultancy and speaker's fees from ndivior, dne pharma, Camurus, Nordic Drugs, Lundbeck, all outside the scope of this study.

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