VOICES OF LIVED EXPERIENCE: UNDERSTANDING OVERDOSE NARRATIVES AMONG PEOPLE WHO USE DRUGS IN QUEENSLAND

31st January 2024

“I am holding a lock of my brother's hair, contained in a small plastic box with a clear lid, given to me by the funeral home.
While we all expected my brother to die young due to his drug use and general reckless lifestyle, I was still not fully prepared within myself for the many layers of grief that accompanied his death.”

‘Unprepared’
Symone Male, 2011

Acknowledgement of Country

We acknowledge the Traditional Owners and First Nations people's lands of where we work and live, in Meeanjin. We recognise that these have always been places of continued culture, teaching, and learning.

We wish to pay respect to their Elders – past, present, and emerging – and acknowledge the important role Aboriginal and Torres Strait Islander people continue to play within health services and the harm reduction community, by providing services that are culturally appropriate and safe.

We recognise the harm and destruction colonisation has had, and continues to have, on Aboriginal and Torres Strait Islander people and aim to be inclusive and welcoming to all communities.

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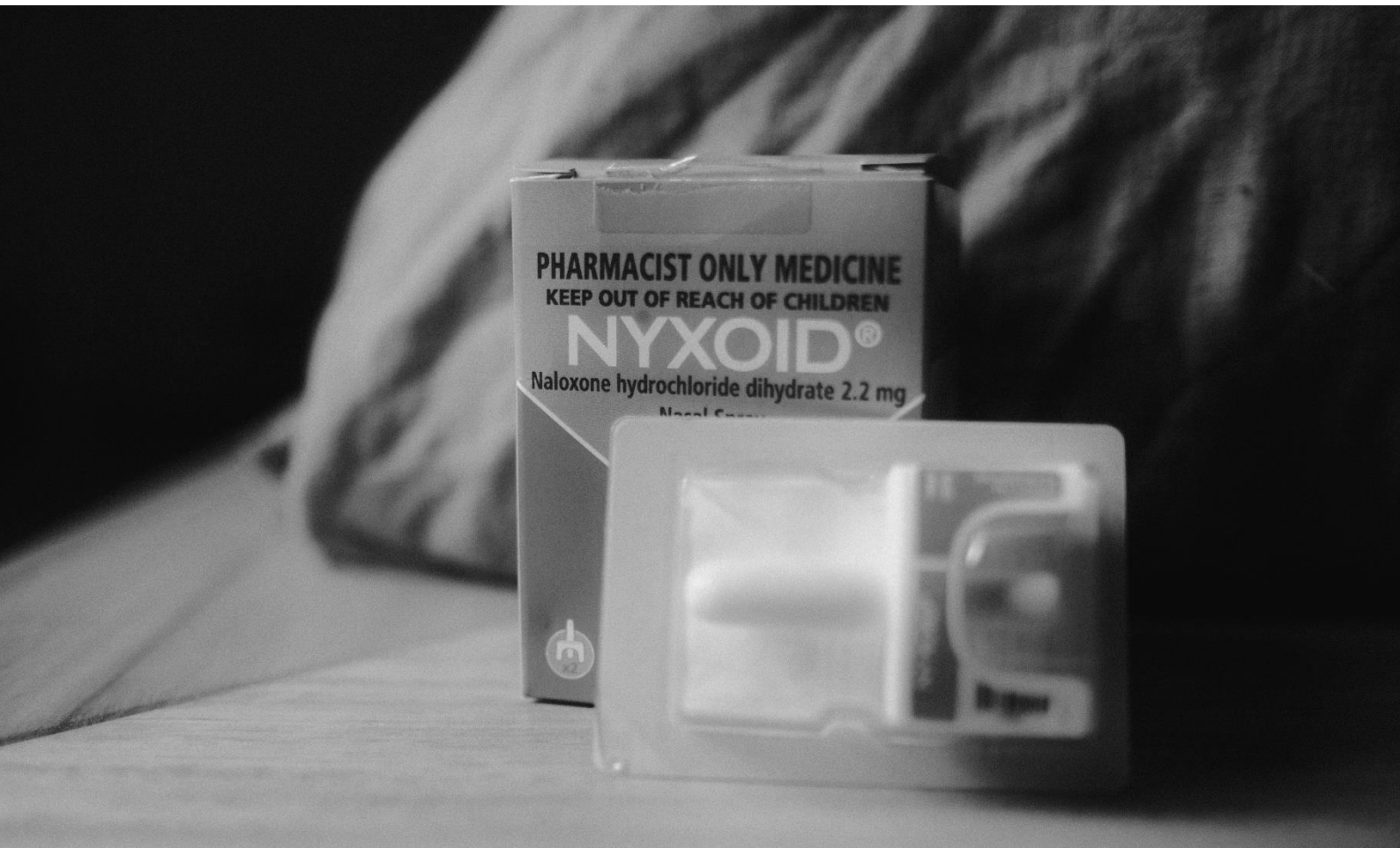

Acknowledgements

We wish to acknowledge the Queensland Mental Health Commission who funded this project. We appreciate their commitment to the alcohol and other drugs sector and facilitating research that can provide better outcomes for our community. We are also thankful for their support in extending the evidence base and documentation regarding the power and value of Lived-Living Experience in the sector. We thank Queensland Injectors Health Network (QuIHN) and their staff for assisting the project team with participant recruitment. We are grateful to the Peers who contributed to the recruitment design and cultural safety of the work.

We recognise that we are incredibly privileged to be able to share the experiences and stories of those in our community who have experienced and witnessed overdose. If it was not for their candour and commitment to speak freely, despite all the associated stigma that persists, we would not be in a position to provide the important findings hereon. Those with lived-living experience of drug use comprise an incredibly diverse, yet supportive, community and this work stands as a testament to the fact that, sadly, there are people from the community who are no longer with us. In honouring the community of people who use drugs, we hope this work can inform initiatives that bring forward a future which is not further marred by these preventable losses.

“And for me, it was about realising how much once you have that label. All the other amazing labels you have become less.

So, she was a woman,

she was a partner,

she was a mother.

She was all these things, but when the health system saw her, they saw a drug user.”

Executive Summary

This report documents the lived-living experiences of overdose among people who use drugs in Queensland, Australia. The findings underscore an urgent need for comprehensive harm reduction strategies, including post-prison transitions, supervised drug consumption rooms, and focused Aboriginal and Torres Strait Islander initiatives. Additionally, a more nuanced approach to overdose prevention, revised opioid dependency treatment programs, and a state-wide early risk and response system were raised. By amplifying the voices of those with a lived-living experience of substance use and dismantling the structural barriers that limit their participation, we envision a layered harm reduction approach that prioritises safety, wellbeing, and informed policy change. This report resonates ongoing calls to policymakers, urging reform to tackle the diverse challenges posed by overdose events. We emphasise the need to bolster safety and support for members of our community, who have been rendered vulnerable by targeted structural and systemic violence.

Background

Illicit drugs pose significant public health risks globally contributing to a notable increase in overdose hospitalisations and deaths since the late 1990s (Degenhardt et al., 2019). Non-fatal opioid overdoses significantly impact the morbidity of people who inject drugs (PWID) and serve as a major predictor of subsequent overdoses (Degenhardt et al., 2019; Roxburgh et al., 2019). Targeting individuals with non-fatal overdose experiences is considered crucial for effective prevention interventions (Conway et al., 2021). An emerging area of research is the Lived-Living Experience (LLE) of PWID in the context of drug overdoses (Chang et al., 2019; Foreman-Mackey et al., 2019; Selfridge et al., 2020). Internationally, the work integrating LLE perspectives highlights that people who use drugs (PWUDs) have concerns about community stigma and law enforcement which influence their strategies to prevent and survive overdoses (Chang et al., 2019; Selfridge et al., 2020), however, LLE work in Australia is in its infancy.

Between 2001 and 2021, there were 37,000 drug-induced deaths in Australia (Penington Institute, 2024). In 2021 alone, there were 1,675 unintentional drug-induced deaths, reflecting a 70.7% increase despite a national population growth of 32.9% since 2001 (Penington Institute, 2024). This upward trend indicates a concerning rise in drug-induced deaths over the two-decade period. Further, Indigenous Australians face a significantly higher rate (20 per 100,000) compared to non-Indigenous individuals (5.9), and residents of rural/low socio-economic areas are also over-represented in these fatalities (Penington Institute, 2024). While take-home naloxone initiatives have been implemented and examined (Dwyer et al., 2018; Fomiatti et al., 2022; Nielsen et al., 2022), research lacks firsthand accounts of overdose experiences, preventive measures, and interactions with the healthcare system and broader socio-political and economic contexts. We recognise the interplay between PWUD and risk-laden environments (Rhodes, 2009), where societal structures, influenced by race, class, and gender systematically shape health risks. We contend that this structural violence (Rhodes et al., 2012) is targeted; a corollary of stigma and discrimination surrounding and significantly impacting PWUD, adversely and inequitably affecting health outcomes. In addressing fundamental causal factors in public health policies, we advocate for focus on societal structures rather than individual factors influencing health.

Aim

Transitioning from the national context to the Queensland context, there were 292 drug-induced deaths in 2021, constituting an average rate of approximately 5.6 unintentional drug-induced deaths per 100,000 population (Penington Institute, 2024). Queensland has witnessed significant rises in unintentional drug-induced death rates, notably with pharmaceutical opioids nearly doubling between 2007-2011 and 2017-2021 (ratio of 1.9). Additionally, instances involving stimulants have seen a five-fold increase (ratio of 5.1) during the same period (Penington Institute, 2024). While overdose is widely discussed as a public health epidemic, there is little action, and the actual events remain private and known to few. Therefore, the aim of this project was to explore and understand the firsthand accounts of overdose from the LLE perspective of PWUD in Queensland, Australia. Harnessing the knowledge and perspectives of people with LLE of overdose in Queensland can empower policymakers to advance overdose prevention strategies and evidence-based practices that have been identified by the community most impacted by overdose, positioning the state at the forefront of guiding Australia in this domain.

Method

Two alcohol and other drug (AOD) peer researchers (Kill and Piatkowski) undertook a ‘peer led’ and ‘current best practice’ informed approach to the co-design and implementation of the project. This meant authentic peer involvement from the initial planning, defining the research design, conducting research, analysing data, and disseminating findings (Bellingham et al., 2023; River et al., 2023). A total of 30 participants who met the inclusion criteria of experiencing drug-related overdoses engaged in individually scheduled interviews, providing recorded verbal consent. Participants were made aware of their right to withdraw at any stage and provided a $90 visa debit card as a recognition of their time and expertise. The semi-structured interview guide, developed by the research team and informed by LLE literature, underwent validation through two pilot interviews engaging with individuals with LLE expertise. The interviews were conducted on the Microsoft Teams platform, transcribed, and reviewed before importing into NVivo (QSR, v12) for analysis. Interviews ranged from 47 minutes to 1 hour and 49 minutes, the average length was 1 hour and 8 minutes (*SD* = 14 minutes). We employed an iterative and collaborative process for developing a codebook (Neale, 2016). Themes were documented through memos, fostering regular discussions within the team (Piatkowski et al., 2023b). The analysis was conducted in conjunction with a comprehensive review of relevant literature, with particular attention to aspects of structural stigma.

Research Note

Many individuals reported this project was their first opportunity to openly discuss and, at times, emotionally confront their experiences of overdose, offering a therapeutic outlet for the often-challenging process of revisiting trauma. Most participants highlighted that this was the first time anyone had ever asked them specifically about this subject. The raw and unfiltered nature of their narratives underscores that our national data may not comprehensively encapsulate the breadth of their encounters with both fatal and non-fatal overdoses, highlighting potential gaps in our understanding. The incorporation of peer counselling and support emerged as a crucial factor in enhancing the safety aspect of the process with several respondents taking the opportunity to access the offered peer debriefing and support after the interviews.

Findings

Of the thirty participants aged between 25-73 years old (*M* = 47.3, *SD* = 10.35), 18 identified as female, ten as male, one as non-binary, and one as gender fluid. Overdoses experienced (*M* = 5.27, *Mdn* = 3, *SD* = 7.81) and witnessed (*M* = 7.77, *Mdn* = 4.50, *SD* = 10.25) were calculated using the greatest value when participants provided a range or at 40 for unlimited values. We note that, for many participants overdose was challenging to quantify, participants mentioned 'too many too count' or that they 'tried not to keep count', participant responses are reported in Table 1 below.

Table 1.

Participant Characteristics

Participant	Pseudonym	Age	Gender	Overdoses	Witnessed Overdoses
1	Ava	47	Female	-	8
2	Evelyn	45	Female	4	20
3	Olivia	48	Female	2	-
4	Iris	59	Female	3	-
5	Levi	46	Male	0	30-40
6	Maeve	60	Female	10	-
7	Mila	44	Female	4-5	3
8	Ezra	44	Male	10	1
9	Camila	61	Female	Too many to count	3-10
10	Isla	51	Female	4	6
11	Elijah	63	Male	>10	Too many to count
12	Abigail	47	Female	10	10-20
13	Aurora	38	Female	3	5-6
14	Maverick	73	Male	3	-
15	Theo	61	Male	1	2
16	Elias	43	Male	0	6
17	Kai	42	Male	18-20	2
18	Sebastian	49	Male	2	12
19	Aria	34	Female	3	2
20	Grace	54	Female	1	-
21	Leilani	51	Female	1+	6-7
22	Clara	54	Female	2	1
23	Atlas	46	Male	2	10
24	Paisley	41	Non-Binary	8	3
25	Gianna	34	Female	2-3	1
26	Adeline	38	Female	3	10
27	Zion	34	Male	2	3-4
28	Scarlett	38	Female	2	4
29	Avery	49	Gender Fluid	1	5
30	Harper	25	Female	3-4	10+

"It's another day": The normalisation of overdose

All participants highlighted the occurrence of what they classified as overdose events, encompassing both fatal and non-fatal incidents. The term 'dropping' was commonly employed in the context of opioid overdoses.

Ezra [44, male]: I've seen people have too much and just, you know, you're standing there talking and they just drop. So that's an overdose.

It is noteworthy that the classification of overdose events as either fatal or non-fatal was contingent upon a complex interplay of individual and situational factors. The participants' accounts underscore the complexity in distinguishing between fatal and non-fatal overdose events, emphasising the interplay of individual and situational dynamics in such classifications. The narratives suggest a nuanced understanding of overdoses, with individuals recognising distinct physiological and experiential cues that contribute to their interpretations of the event's severity and potential outcomes.

Isla [51, female]: I've overdosed four times. And I've witnessed about 6 people's overdoses. The latest one was like last year with my neighbour and he ended up, he was a poly-user so to say but he used to be an opioid user. And he got some heroin.... And yeah he dropped

Elijah [63, male]: That's all you feel, really. You feel a bit of a warm flush and you, I don't know, I can sort of tell when it's gonna drop me.

Within the context of individuals experiencing overdoses, the challenge extended beyond the binary classification of fatal or non-fatal events. It necessitated a deeper exploration of how people subjectively understand and define their overdose experiences, considering diverse substances like amphetamine-type stimulants. This nuanced approach not only enriches our comprehension of non-opioid-related overdoses but also addresses the broader issue of recognising potential fatality, contributing to a more comprehensive understanding of overdose dynamics. We do note that there were other drugs which participants mentioned had overdose potential they had experienced or directly witnessed. For example:

Evelyn [45, female]: The main things I've overdosed on is GHB [gamma-hydroxybutyric acid]. I've woken up in the hospital twice.

Elijah [63, male]: But even with speed [amphetamines], like while, I was using speed, I nearly had a heart attack a few times, you know, and he ended up dying of a heart attack.

Theo [61, male]: Well, with ice [methamphetamine] people they just have a heart attack, you know normally.

Notably, as participants conveyed narratives of overdose experiences, they highlighted a distressing frequency with accounts of fatal incidents occurring on a weekly basis. The normalisation of overdose events emerged as a recurring theme, illustrating the tragic reality that such occurrences have become an everyday aspect of some individuals' lives within the social context under investigation.

Evelyn [45, female]: I'm hearing about someone overdosing bloody every week. At one stage I was going to a funeral every week. You know, it's happening quite often.

Levi [46, male]: [You] wouldn't believe me, but … a person dying in front of me, probably [seen] 30-40.

The assertion that drug overdoses are treated as just "another day" within the community suggests a profound cultural normalisation of such events, reflecting a complex interplay of factors shaping the collective attitude toward drug use and its consequences. The reluctance to discuss these experiences underscores the deeply rooted stigma surrounding overdose. Extant work has documented the stigma surrounding drug use and injection (Benintendi et al., 2021; Muncan et al., 2020) and we see this as an extension of that, contributing to a pervasive

lack of open communication. This cultural norm of silence around overdose narratives may further impede efforts to address and intervene in these situations effectively.

> *Evelyn [45, female]: I don't think really anyone really likes to talk. With my mates and stuff, like if they've overdosed. I don't know, you don't hear until weeks later from them. They're just like it's another day to them. And I don't really know anyone that likes to share about their experiences.*

From the perspective of those with LLE, encountering overdose becomes almost inevitable, especially regarding heroin and other opioids. The notion that encountering overdose is so normalised underscores the nature of such events within the trajectories of PWUDs. This normalisation highlights a concerning aspect of the social landscape where the prevalence of overdose experiences is deeply embedded in the narratives of those navigating the complexities of drug use.

> *Leilani [51, female]: It's very rare to find people that haven't had an experience with it [overdose] at some point. Unfortunately, it really does become part of the course, especially I think with heroin.*

Lastly, the classification of overdose as intentional and non-intentional was also underscored by participants, with the notion of intentionality emerging several times. The narratives of these participants illustrated a complex interplay between intentional and non-intentional overdose, with some expressing a sense of 'self-euthanasia' as a response to profound struggles – expounded on further in the structural elements surrounding overdose. These accounts underscore the need for further exploration into the normalisation of contemplating both intentional and unintentional overdose within the context of overdose, suggesting a crucial area for future research and intervention development in the realm of mental health and substance use.

> *Elias [43, male]: She didn't want to live in the 1st place, you know? She got upset that I actually - she got upset that she was still alive when she came back from the hospital. You know, just because she had a lot of other issues going on.*

> *Kai [42, male]: You sort of get to a point where – I don't know - People call it suicidal, but it's not. In the sense like. Like you do, try and take yourself out, but in a sense it's. It's not like, I seen it different. So, I'd seen it as self-euthanasia. Like I've got to a point where I was that fucking sick of it and I was that done. I'd tried to go through copious and many times through rehabilitation. I've beaten the 'done [methadone] program. I've been on the 'done program four years. I'd actually kicked a significant opioid habit many times over and I got to the point where… I just wanted fucking off this planet.*

"When you are sick, you'll end up doing anything and that's when it's dangerous": The intersection of individual and situational factors for overdose

Participants articulated the delicate balance between being 'sick' (Bardwell et al., 2021) and risk within the context of substance use. The common theme emerged of people facing critical decisions when dealing with the urgency of substance use to alleviate withdrawal symptoms. This overarching pattern emphasises the vulnerability inherent in situations where the immediate need to alleviate sickness can potentially lead to risky behaviours, such as injecting substances without adequate knowledge or concern for their composition.

> *Elijah [63, male]: I'm sorta – I'll have a little bit first if I don't know where it's coming from. But the situation too, sometimes you don't have that luxury. Sometimes you're sick and you have to get into your vein so quick that you don't really care what it is, as long as it stops you from being sick. The thing is when you are sick you'll end up doing anything and that's when it's dangerous.*

Elijah [63, male] goes on to highlight the severe consequences that can arise from the lack of transparency and quality control in illicit drug markets. This underscores the broader systemic issues, including the limited capacity to ensure substance safety and the prevalence of harmful practices within environments characterised by substance use, vulnerability, and limited control over the substances accessed.

> *When I was in jail in [area], three people were killed that way. By a guy, selling drugs in jail, you know, he was giving them rubbish to begin with and then he hit him with the Hotshots [purposefully contaminated or counterfeit substance given with intention of harm] and kill them. And they did nothing about it. Everyone knew. How easy it is to kill somebody because you don't know what you're getting. Yeah, when you're sick, you're not gonna test it out first.*

Participants further illuminated the intersectionality of individual and situational factors contributing to heightened vulnerability in the context of substance use. They articulated the challenges faced, such as the lack of a stable and safe environment. This is broadly representative of the intersecting risk environment for PWUDs (Rhodes et al., 2003) and exacerbates the risks associated with substance use. Individuals in such situations may resort to using substances in less controlled and more hazardous settings. The absence of a secure place to administer substances, coupled with the urgency to alleviate withdrawal symptoms, intensifies the potential for risky behaviours. Further, amid the ongoing cost of living crisis and the rising issues of homelessness, isolation occurring from domestic violence, and transiency in accommodation options in Queensland, risk behaviours have further potential to increase.

> *Harper [25, female]: I think there needs to be more of a conversation around domestic violence and substance use about because I think there's just from my experience, substance use can be used as like a can actually be used as like a weapon in DV. So they can either do it like they are drugging you and they are actually using that substance to make you more placid to make you more easier to deal with, or whatever the excuse is, or they can also be keeping you in that situation because if you want to leave, they'll call the cops on you. Or do you know what, they'll use that whole criminalisation of it.*

> *Elias [43, male]: Because it's hard when you're on the streets and you have no one and nowhere to go. When I was homeless for a lot of years and I had nowhere to go to have a shot, except for maybe where I was staying.*

Several participants built on these discussions, highlighting the additional challenges and risks faced by individuals who use opioids, particularly in the context of isolation. The participant underscores the precautionary measures taken by those who use opioids, such as choosing to use alone and, thus, exposing themselves to the risk of theft, exploitation, or death. We emphasise that solitary substance use introduces another layer of vulnerability, as individuals may be hesitant to seek support or engage in safer practices due to concerns about personal safety.

> *Elias [43, male]: So you'll use by yourself and you'll try and be by yourself. Especially if you go on the nod or whatever, you don't wanna get robbed. You know, you don't wanna be taken advantage of, so you'll try and be by yourself more. So, there are factors there of isolation for people who use opioids.*

Further, the issues surrounding the intersecting risk characteristics are compounded by participant narratives which shed light on the role of 'tolerance' in overdose. Participants discussed the intricate relationship between periods of abstinence, resumption of substance use, and the subsequent risk of overdose. The reference to tolerance is crucial in understanding the dynamics of overdose events. In this context, many participants indicated that during periods of abstinence, the body's tolerance to the substance decreases. When individuals use again after a period of time, there is a risk of miscalculating the appropriate dosage, as the body's reduced tolerance may not align with previous patterns of use.

Sebastian [49, male]: For me both times that I overdosed I was starting again. So, I hadn't used in a long time. And then the first time I used just used too much and I think it was just, you know, going, 'oh yep, this is what I used to use' and not thinking about the fact that my tolerances had dropped, and you know and hadn't really thought about that and just used too much.

Heightened risk of overdose was particularly associated and noted when opioids were combined with other substances like benzodiazepines, reflective of other recent work (Figgatt et al., 2021). Participants noted the compounding dangers introduced by the concurrent use of different substances.

Maeve [60, female]: I used to pick up methadone, but I used to sneak it home and inject that as well. So, I think that if we talk about injection and opiates, it's like very, very easy to overdose on that when you throw in some benzos or something as well.

The impact of drugs on decision-making and the potential consequences of impaired judgment when using was also noted as a risk factor for polysubstance use and, therefore, for overdose.

Aria [34, female]: And if you got, if you got other substances on board too, you're not, you're thinking might not be as clear as normal. So like if you've already downed a 6 pack of drinks and then someone offers you a couple of lines of rack [cocaine], you know what I mean?

"[overdosing] in the car park of the prison": The intersecting structural factors surrounding overdose

Participant perspectives underscored the need to consider broader structural factors influencing individuals' experiences with substance use. Adeline's [38, female] critique of an overemphasis on personal responsibility highlights the impact of societal attitudes that may disproportionately burden individuals. Recognising the role of systemic factors, such as access to harm reduction resources or socio-economic conditions, is crucial for a more nuanced understanding of the challenges individuals face in navigating complex situations.

Adeline [38, female]. I agree that like personal responsibility is the thing. But I think sometimes there's like too much of an emphasis on personal responsibility, like sort of, particularly when people are sort or saying, well, like you, pushing that sort of abstinence thing and not being willing to do the harm minimisation stuff. It's like, well, it's your job to stay away from situations where you might encounter drug use or it's your job to keep yourself safe. Or it's your job to just have some willpower and like, not use. And so, we just feel like, well, the burden of all of the work is gonna be put on me. And all of the things that are going wrong are being made my responsibility. Like, what's the point?

Collectively, participants highlighted a pervasive pattern of healthcare stigma experienced by PWUDs. The recurring themes across participants' experiences depict a sense of discriminatory treatment when seeking healthcare services, revealing systemic issues within healthcare systems. The common thread among these diverse experiences underscores the importance of addressing stigma as a significant barrier to effective healthcare engagement for this population.

Levi [46, male]: The people that we see that are trying to help us and when we OD or whatever that they don't give a fuck, mostly honestly, they just wanna get away from you and back onto their normal life of as in normal patients.

Elijah [63, male]: The biggest problems I had was if you're on a program like Subutex or something like that. When you go to the chemist, it's being treated like you're scum, you know, even up here. I know people who are on the program [ODTP] and I asked them occasionally – "What's the chemist like?" They say, "they make us wait down the back".

The stigma experienced within these contexts, structurally, extends its impact into broader societal attitudes, shaping perceptions and behaviours across multiple environments; it 'bleeds' back into society and is embedded in our 'cultural' attitudes. The stigmatisation for PWUD extends beyond the lack of support for counselling or relapse, creating an environment where individuals feel compelled to conceal instances of overdose due to the automatic association with 'trouble' and associated condemnation. This attests to the deep-seated cultural attitudes shift that perpetuates negative stereotypes and reinforces the marginalisation of individuals who use drugs.

Leilani [51, female]: The issues with people like in our town. It's not a place you could go to for counselling and support. If you had relapsed, it was automatic, you were in trouble. So if there was overdose you would try to hide that very much. You are a bad drug addict and that was pretty much, that was what everybody just was. Because that's all you are, or you will ever be pretty much - and it's just wrong.

The intersections of stigma became evident across realms of healthcare and law enforcement. This narrative aligns with broader patterns of structural stigma (Hatzenbuehler, 2016), where multiple environments, intended to provide care and support, instead become arenas marked by discrimination and a lack of understanding.

Mila [44, female]: I think that the health profession in general has been probably the most abusive, I mean alongside law enforcement. But honestly, I think health professionals are the most unsafe place for someone to have to deal with.

Extending on these intersections, in navigating the complexities of managing overdose situation participants expressed a perpetual state of 'second-guessing', especially concerning the decision to involve emergency services and administer naloxone. This decision-making process reflected the intersectional challenges individuals faced when balancing the urgency of providing support, concerns for the person's wellbeing, and the potential legal consequences associated with intervention. The hesitancy is indicative of the intricate web of considerations individuals must negotiate, highlighting the intersection of healthcare, legal implications, and personal safety concerns within the context of overdose response.

Ava [47, female]: Just always the second guessing that you do in terms of managing it [overdose] and when to call an ambulance or if to call an ambulance and if or when to administer naloxone, you know how best to support the person and also how best to keep yourself safe within that too like cause you don't wanna get into any legal trouble as well.

Kai [42, male]: It's hard, because you're like you're literally weighing up a decision that can effectively decide whether that person who lives or dies in front of you. And that's a fucking heavy thing to do, you know? I was just lucky to have go to and in both instances, I still managed to get them out of the overdose. It was literally a case of not wanting to involve the police.

For individuals with criminal histories, a major barrier to navigating safety exists at the structural intersect of 'law and health'. The looming threat of incarceration acted as a significant deterrent for seeking timely medical assistance during an overdose, reflecting broader systemic challenges for PWUDs (Piatkowski et al., 2023a). This structural barrier not only impacts individual decision-making but also points to the need for a more risk-responsive, person-centred and health-focused approach within legal frameworks to encourage prompt and life-saving interventions without the fear of punitive consequences.

> *Clara [54, female]: Well, like a lot of people that use have criminal records and stuff like that, and if they're people with really bad criminal records and there's overdose and there's stuff around like, they're gonna know, they're gonna go back to jail. And that's in the back of their head.*

At this point, we think it important to recognise the experiences of the small number of participants in this project who identified as Aboriginal and Torres Strait Islander, as well as some who spoke more broadly of the role of culture in relation to structural considerations surrounding drug use and overdose. However, this was beyond the scope of the present work, we believe further projects are warranted in this space.

> *Theo [61, male]: I went to many rehabs… Well, it's either that or jail and I used to go to the [name] rehab in [suburb] in [place], it's an Aboriginal and Torres Strait Islander rehab.*

> *Atlas [46, male]: Race comes into it as well. Like I've got lots of friends that are Aboriginal black and, you know, and like, they're addicts as well, and they've got criminal records as well. So not only are they dealing with, you know, racial stigma, but also addiction stigma and criminal stigma as well being a criminal.*

Where this intersection had the most profound impact was transition in and out of the prison system itself. The unassailable systemic injustice of law and health becomes most evident as individuals with a history of substance use face increased risks in an environment where adequate support and harm reduction measures were lacking. The narratives within the prison setting reveal the dire consequences of this intersection, as individuals struggle with tolerance changes post-release, leading to fatal outcomes.

> *Aurora [38, female]: And just the amount of people that have died from [overdosing] it's just baffling. And a couple of them, it was in the car park of the prison, you know. Just the most recent one I was involved in was a friend of mine. And it was heroin. She was a friend of mine from prison. She wasn't on the program, but I thought she was well, she was a regular heroin user. But yeah, she'd only been out of jail for about a month. You know, and again, I guess it's that tolerance situation. We were using, and we didn't even realize she was in the other room. I don't know how she must have wandered in there. It was at my house like a unit, and I was just talking to my friend with that just had it before and we were talking for so long we didn't realize that she wasn't around. And so I got up and went to the kitchen. And as I walked back, I realized she was face down on the floor, you know, passed out. And so I went and tried to move her, and I realized she wasn't conscious.*

> *Theo [61, male]: And [friend] should have known when he got out of jail that his tolerance wouldn't have been that high, you know. Why didn't he get me to watch him? I drove him around everywhere the day before that, you know, because you have to go and see your parole officers and housing and everything like that when you get out. And all for nothing, you know? And then he's gone the next day.*

The lack of adequate supervision, harm reduction education, and support exacerbates the vulnerability of those recently released, underscoring the need for a more comprehensive and harm reduction approach within the criminal justice and carceral systems. The tragic events described by participants highlight the urgent need for systemic changes in the criminal justice system, including the prioritisation of health care access during and after incarceration to prevent further loss of life within these settings.

> *Atlas [46, male]: There's no support, there's like stuff all support for you when you get out of jail. Especially when you get out of jail with an addiction and nowhere to live. A lot of the rehabs don't take people from jail, or if they do take people from jail, they only take two at a time and there's just a build-up of a waiting list, you know? So, you can't even get into a rehab even if you wanted to. And you know and that's a big problem. And you can't help yourself. How's someone meant to help himself.*

"I would have the shot. I would have naloxone with me. I'd be able to test it, and I'd have it in a medical injecting room": Prevention through layered harm reduction

Naloxone

The widespread acknowledgment of naloxone's efficacy in preventing opioid overdoses emerged prominently in participants' narratives, reflective of extant work (Natale et al., 2023). Having been engaged with opioids for a substantial period, participants underscored the positive impact of naloxone in mitigating some of the fear associated with seeking emergency assistance. Naloxone, in this context, was recognised as a critical tool to empowering community members to intervene effectively - ultimately saving lives.

> *Elias [43, male]: I've been using heroin since I was 19 and which is a long time and I've dealt with many people that have OD'd in the past personally never OD'd, but I think naloxone is a great thing that's come out now to help that, cause a lot of people have been too scared to ring an ambulance, you know, too scared to ring an ambulance in case the cops come out. So that's what people used to dump and run. They'd leave their friends and leave them for dead.*

However, the use of naloxone is not without its challenges. Participants express concerns about the potential consequences of naloxone administration, particularly its impact on individuals who are receiving Opioid Dependency Treatment (ODT) and/or other opioids. The fear of precipitated withdrawal, where naloxone removes opioids from the system, including medications like methadone, posed a dilemma for some participants. This fear introduces a complex interplay between harm reduction measures and the limitations imposed by the current treatment infrastructure. The narratives underscore the need for nuanced approaches that address both overdose prevention and the unique considerations of individuals undergoing ODT.

> *Camila [61, female]: And we think we don't wanna have Narcan because if they give us Narcan, it's gonna wash out all the methadone out of our system. And we're not gonna be able to get any more methadone until the next day. So, we're gonna be sick for a whole day.*

Drug Checking

All participants underscored the inherent risk and unpredictability associated with illicit drug markets. The variation in potency among batches, as experienced by the participants, highlights the lack of standardised quality control in illicit substances. The consequences of such variability further emphasise the critical need for interventions addressing drug purity issues. These narratives speak to the urgency of implementing harm reduction strategies that extend beyond individual choices to encompass systemic changes, such as drug checking services, to enhance user safety.

> *Maverick [73, male]: I had acquired it from the same source before and taken it without any trouble, and then I got another, another batch I bought again. It was just so much stronger. I knew I was getting into trouble. I vomited. I shit myself, the whole thing. I knew I was in strife.*

Several people particularly emphasised its potential benefits for young and inexperienced individuals experimenting with substances. The endorsement of this harm reduction measure reflects an understanding of the preventive role that drug checking services can play, especially for those who might be more susceptible to the risks associated with unfamiliar or adulterated substances.

> *Grace [54, female]: I think that's a brilliant idea, especially for young people, who are gonna pop something for the first time.*

> *Harper [25, female]: I really back pill testing and knowing what's in something cause like what happened to me like not knowing. You buy a substance thinking it is what it is and it's been cut with something else and you don't know, one of the best things to know what is in is pill testing so or just substance testing.*

There were some participants who offered more nuanced perspectives on drug checking, pointing to potential challenges in implementation across all cohorts. The participant highlights logistical hurdles, such as the practicality of buying quantities that facilitate drug checking and the complexities involved in shared drug use scenarios. This perspective sheds light on the contextual barriers that may influence the feasibility and accessibility of drug checking services, suggesting that tailored approaches are necessary to address the diverse circumstances and preferences within substance-using communities.

> *Elias [43, male]: We barely ever buy enough to be able to get taken out to use. And I mean like when you buy a certain amount, you gotta go sometimes with two people, you gotta go halves in that amount, so you don't really wanna have to spare some [for checking].*

Supervised Consumption

Many participants articulated the critical role of supervised drug consumption facilities by highlighting the inherent dangers associated with solitary and unmonitored drug use in secluded locations. The narratives emphasised the vulnerability of individuals who use drugs, facing the risk of fatal outcomes in the absence of a safe and supervised environment. This perspective reinforces the argument for supervised consumption facilities as crucial harm reduction interventions, providing a secure space where individuals can use substances under supervision, reducing the likelihood of fatal overdoses.

> *Zion [34, male]: But if this person's just seeing a street dealer or someone else and they don't say shit and they just go around the back alley and have a quick shot because they're too sick to care, you know, like I've done many a time. And before you know everything goes black and you're dead. That's why I think it gets back to injecting centres because once things go black, you won't know anything. You wouldn't have a*

clue. So, if you had, if you're in a safe place where someone could look after you, you know, then you would have nothing to worry about.

Building on this, other participants shed light on the unique challenges faced by individuals experiencing homelessness, emphasising the lack of safe spaces for unconscious or sedated states and the absence of secure storage of belongings. Some participants highlighted the isolating impact of having to leave their communities due to periods of abstinence, incarceration, or domestic violence control. Supervised consumption rooms were believed to mitigate these challenges, and participants envisioned a reduction in various risks, including assaults, robberies, and overdoses.

> *Sebastian [49, male]: You know, it's very difficult when you're homeless as well… you've got nowhere safe to be when you're unconscious or when you're on the nod. You've got nowhere safe to store your drugs. You got nowhere safe to store your needles. You know, it makes it all very, a lot more difficult. And that's why I think the safe injecting rooms, would be a lot safer for people you know. To be monitored by someone… it would cut back on a lot of assaults, robberies, overdoses.*

A multi-tiered approach to harm reduction

Participants contributed their 'ideal' scenario for substance use, highlighting the concept of a "perfect world" where supervised consumption rooms were readily accessible; a setting where individuals have the necessary resources, including naloxone for overdose reversal and the ability to test substances, all within a medically supervised setting. This perspective aligns with harm reduction principles, envisioning a scenario where individuals can make informed choices about their substance use in a supportive and supervised environment, reinforcing the potential positive impact of supervised consumption facilities on individual well-being and community health.

> *Paisley [41, non-binary]: Like if I just woke up tomorrow and decided I was going to have a shot. Right, like this is what I'm going to do. In a perfect world, I would have the shot. I would have naloxone with me. I'd be able to test it and I'd have it in a medically injecting like in the room like I'm a person who would use the room for sure. Now, with all this knowledge now I would do that.*

"…Their ability to connect with people on a level, where [health] professionals can't": Peers, Advocacy, Policy

Participants expressed the critical need for funding and a shift in harm reduction education as integral components of overdose prevention interventions. The focus was on creating safe spaces for individuals to disclose their substance use without fear of judgment. This perspective underscores the importance of addressing the contextual factors surrounding substance use and promoting open communication to facilitate early intervention and messaging, highlighting a key requisite in overlapping areas of policy advocacy and harm reduction education.

Aria [34, female]: I think the biggest thing is it definitely needs funding. When we talk about overdose prevention interventions, I think it's a lot around the lack of harm reduction education, because you know, we know obviously the best way to avoid overdose is to not use. But we know that that's not really realistic. So, I think it's just changing the context and making the place, where you have a client, be a safe place for them to disclose without judgment. Cause if people aren't disclosing and then you don't actually get that opportunity to provide them any messaging. So, I think you know, I think to even get to the point where we're providing an overdose intervention… we need to make that early safe space for people.

Enter peers. Participants advocated for an increased involvement of PWUDs in driving change, emphasising the potency of communication within the community. People stressed the unique role of individuals with LLE in disseminating information effectively. Further, they challenged the authority of non-drug using entities, such as the police, courts, and health professionals, arguing that true understanding comes from those with direct experience.

Abigail [47, female]: Look, I think it's imperative that that drug users are involved in bringing these changes about, because without that the information doesn't get out there. If with as many pamphlets as you've got, many websites as you've got, still the most current and the most believed way of getting the information to others seems to be through word of mouth, unfortunately. And so to do that, you need people like us to actually infiltrate the community in terms of that information.

Maverick [73, male]: If you're the police or you're the courts, or you're the doctor, you don't know, you don't do drugs, you're abstinent. As far as I know. So don't tell me shit about shit that you know nothing about.

Participants agreed on the significance of peer workers in establishing connections and bridging the gap between individuals who use drugs and services they engage with. Many participants highlighted the unique ability of peer workers to connect with empathy, authenticity and understanding, fostering trust that facilitated further engagement with healthcare professionals. They highlight the necessity for strategic intersection between LLE, peer support, and professional collaboration to enhance the overall safety and wellbeing of PWUDs.

Sebastian [49, male]: One of the things that I love about being a peer support worker and about peer support workers is - so their ability to connect with people on a level, where professionals can't. If you know what I mean or their ability to connect people with professionals in that aspect. And so I was able to, as a peer support worker, talk to and connect with people with empathy and connect with people because I could say, "look, I've been where you are. I know what you're going through because I've done it and I've been there and by the way, you can trust this person and then connect them with the professional and say, look, this person is a really good person, you can trust them" and they'll go "ohh. Look, if you trust them, I'll open up and trust them as well".

There was a profound level of importance placed on peer communication in promoting safer use practices. The interviewees encouraged individuals to connect communities that intersect around drug use, establishing a network of support and vigilance. The role of peers in sharing information about the quality and potential risks of substances is a way of fostering a collective approach to harm reduction. Others advocated for a harm reduction strategy, advising others to start with a small amount and gradually increase, emphasising the principle of "start low, go slow." Collectively, we draw these narratives together to underscore the role of peer relationships in enhancing safety and harm reduction practices within our community.

Oliva [48, female]: I would just use a little bit, you know, the start low, go slow, kind of thing and I would tell other people that, you know, just have 1/4 of it, have 1/2 of it and just see how you go because you can always have more.

Elijah [63, male]: Tell your friends. Look I've had a few things, can you just keep an eye on me every now and then. You know, that's the best thing to do. If you're used to taking drugs and you've taken a party drug or something, just letting your friends know. Just say hey, keep an eye on me.

Aria [34, female]: Like if you're about to go and buy some MDMA and you know that your peers bought MDMA off the same person, then you wanna check with them if it's any good or and potentially get any warnings off them like oh, it's good, but just take half first, it's strong or you know what I mean. So, I think peers are giving that information all the time anyway.

Conclusions

The findings present firsthand experiences of individuals with LLE's around overdose and illuminate the pervasive normalisation of overdose events within the community, revealing a distressing frequency and cultural acceptance of such occurrences. The complex interplay of individual and situational factors, including the delicate balance between addressing withdrawal symptoms and the heightened vulnerability during substance use, depicts the multifaceted nature of overdose risks. Structural factors, notably stigma particularly at the intersection of law and health, contribute to a reluctance to seek timely medical assistance, perpetuating a dangerous environment for those who choose to use drugs. The work highlighted the crucial role of harm reduction strategies, such as naloxone distribution, drug checking services, and supervised consumption facilities, in preventing fatal overdoses. Harm reduction was viewed as being multi-tiered and layered in its approach, as a suite of comprehensive interventions, rather than viewing interventions in isolation. Further underscored was the profound impact of peer support, advocacy, and policy changes in creating safe spaces, fostering open communication, and ultimately enhancing the overall safety and wellbeing of people who use drugs.

The findings have provided a clearer vision of what those with LLE of AOD see as their ideal harm reduction landscape. A 'layered' harm reduction approach involving naloxone availability and education, drug checking services, and supervised consumption facilities within a supportive setting. Included in this landscape is comprehensive harm reduction education and the active involvement of individuals with LLE in driving policy changes through meaningful peer-led co-design. The project identified an urgency to dismantle the structural barriers that continue to prevent those who most need support from seeking it, and widely promote informed and evidenced harm reduction strategies to mitigate the devastating impact of overdose events within this community.

Systems Reform

Throughout the project engagement several themes consistently arose around the topics discussed. Whilst the intention of this project was not to make suggestions for systems reform, rather report on experiences of those with LLE of AOD and overdose, to honour the spirit in which these narratives were conveyed throughout the process we have chosen to label them as systems reform options. They do not appear in any particular order and should be seen as genuine solution-focused ideas that were reinforced throughout the projects peer discussions.

Prison transitions: Implementation of harm reduction measures in prisons, as well as comprehensive post-prison transition programs providing support for incarcerated individuals to navigate heightened structural risks post-release.

Supervised drug consumption: Supervised consumption rooms across Queensland to mitigate fatal overdoses, offering a secure and monitored environment for individuals to use substances safely while reducing associated risks.

Peer literacy: Harm reduction materials co-designed by PWUDs that are tailored for overdose education is crucial for promoting public awareness and safety.

Stigma and discrimination: A stigma and discrimination reduction strategy that actively addresses structural stigma, with an emphasis on educating health professionals, law enforcement, and other service providers.

Overdose intentions: A nuanced approach to overdose prevention should consider the complex interplay between intentional and unintentional overdoses. Further targeted work that recognises the intersection of PWUD, mental health concerns, and suicidality is required to target interventions more appropriately.

Focused Aboriginal and Torres Strait Islander work: The distinct challenges faced by Aboriginal and Torres Strait Islander communities requires focused and co-led research initiatives, crucial for developing evidence-based strategies that specifically address the factors contributing to overdose within First Nations communities.

Revisiting drug policy: Robust drug policy discussions which consider decriminalisation and/or legalisation (including regulated supply), ultimately shifting towards a harm reduction approach that is capable of addressing systemic issues contributing to overdose risks.

Revising the Opioid Dependence Treatment Program: A robust ODTP informed by those with LLE. A revised system would be characterised by accessibility and navigability, which plays a pivotal role in bolstering individuals' engagement with treatment and subsequently diminishing the incidence of overdose deaths.

Risk prompt system: A state-wide approach focused on immediate responses to structural issues linked to overdose risk. Establish a focused program that employs an assessment system, identifying individuals experiencing risk factors and delivering timely and culturally appropriate support interventions to reduce overdose deaths.

Early warning system: This system should facilitate timely information dissemination to PWUDs and involve the identification of unusual overdose clusters. The dissemination could be overseen by LLE leaders in collaboration with government agencies, such as hospitals, emergency departments, and ambulance services.

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