



Voices of Lived Experience:

The making of a comprehensive harm reduction environment from the expertise of overdose survivors

Introduction and Context

In 2022, 2,356 Australians lost their lives to drug overdose.

In Queensland 314 unintentional drug-induced deaths.



Image: unprepared

What we know

- In Australia, there is still limited understanding of firsthand accounts of overdose (not just opioids).
- While overdose is widely discussed as a public health epidemic, the actual events remain private and known to few.
- Recent Qualitative studies have mostly focused on overdose or treatment responses like naloxone utilisation.
- Need lived-living experience accounts, as they fill gaps in our understanding of overdose .



Themes from the literature

- Addressing upstream causes in policies, not just individual factors has greatest impact.
- Systemic violence affects people who use drugs.
- Structural vulnerabilities lead to adverse health outcomes.
- Health risks are shaped by social positioning and systemic inequalities.



#ENDOVERDOSE

"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."

(participant description of an overdose victim)

Methods

Two AOD peer researchers co-designed and implemented the project with authentic peer involvement throughout the process.

- First opportunity for many to openly discuss overdose experiences, providing a therapeutic outlet.
 - Revealed gaps in national data on overdose experiences.
 - Peer counselling/support enhanced safety, with several using debriefing support.
-

Method

Sampling:

- 30 diverse people who use illicit drugs (>18 years) with LLE of overdose or witnessed overdose

Data Collection:

- Semi-structured interviews via MS Teams, audio recorded and transcribed.

Data Analysis:

- Thematic analysis using NVivo for code generation and theme development.

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

Elias [63, M]: “Too many to count”



Findings

1. “It’s another day”: The normalisation of overdose
2. “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
3. “[overdosing] in the car park of the prison”: The intersecting structural factors surrounding overdose
4. “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
5. “...Their ability to connect with people on a level, where [health] professionals can't”: Peers, Advocacy, Policy



Findings - Unpredictable and Toxic Drug Supply


- The delicate balance between withdrawal symptoms and risky substance use.
- Periods of abstinence decrease tolerance, increasing the risk of overdose when resuming use.

Sebastian [49, male] “For me both times that I overdosed I was starting again. So, I hadn't used in a long time.”


- Mixing drugs like benzodiazepines with opioids adds complexity and risk.
- Inconsistent potency in illicit drugs due to lack of quality control.



Findings – Comprehensive suite of harm reduction



“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”



Findings - Naloxone

- Naloxone's critical role in reducing opioid overdose risks
- However, concerns about precipitated withdrawal

Elias [43, male]: 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.

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.

Findings – Drug Checking

- Drug checking is important to reduce harms due to unregulated market
- Some limitations voiced by people in community



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.

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].

Findings - Safe Consumption Spaces

Using alone increases the risk of theft, exploitation, and fatal overdose. Homelessness exacerbates these risks..

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. You've got nowhere safe to store your drugs. You got nowhere safe to store your needles. You know, it makes it all 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.

Findings - Peers

- Peers with LLE effectively share information and build trust, bridging gaps with healthcare services.
- Peer communication promotes safer use practices and support networks, enhancing harm reduction efforts.

Abigail [47, female]: It's imperative that that drug users are involved in bringing these changes about, because without that the information doesn't get out there.

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: "...just take half first, it's strong" I think peers are giving that information all the time anyway.

