

# HIGH PREVALENCE OF NON-FATAL OVERDOSE AND GAPS IN KNOWLEDGE AMONG COMMUNITY-RECRUITED PEOPLE WHO INJECT DRUGS IN ATHENS, GREECE: FINDINGS FROM THE ARISTOTLE 2024-2025 PROGRAM

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## Background:

In recent years, there have been increasing trends in fatal and non-fatal overdose events worldwide. In Greece, all-cause mortality among people who inject drugs (PWID) is high, and a substantial proportion of these deaths is attributed to overdose. Aim of this study is to assess the prevalence of non-fatal overdose and of witnessing an overdose, as well as the knowledge regarding overdose and naloxone among community-recruited PWID.

## Methods:

The ARISTOTLE 2024-2025 program (October 2024-April 2025) is a community-based intervention aiming to increase diagnosis and linkage to care for infectious diseases among PWID in Athens. PWID were recruited using respondent-driven sampling. Eligible participants ( $\geq 18$  years, lifetime injection history) completed structured interviews including the validated Opioid Overdose Knowledge Scale (OOKS), assessing risk recognition, symptom identification, emergency management, and naloxone knowledge.

## Results:

Of 686 recruited PWID (mean age 44.8 years), 55.5% reported past-year homelessness and 77.3% were current injectors (past 30 days). The most commonly used substances were heroin (66.5%), cocaine (17.6%), and speedball (13.4%). Lifetime prevalence of non-fatal overdose was 50.1% (95% CI: 46.3-53.9%), with 11.4% of them (95% CI: 8.2-15.2%) experiencing a recent episode (past six months). Only 13.1% accessed post-overdose treatment. Witnessing overdose was substantial: 24.6% observed non-fatal and 5.5% fatal overdoses (past six months), primarily in drug-use settings (72.8% and 68.4%, respectively). Knowledge assessment revealed critical gaps regarding awareness of overdose risk factors (mean score: 7.0/9), overdose symptom recognition (6.9/10), emergency management (7.9/11), and naloxone competency (3.6/17); 30.3% knew naloxone's mechanism of action.

## Conclusion:

This real-world evidence demonstrates substantial overdose burden with critical healthcare integration gaps among PWID in Greece. Action is needed to introduce take-home naloxone

programs including peer naloxone distribution, integrate overdose prevention with HCV/HIV programs, deliver targeted education, and strengthen post-overdose care.

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