

EXPLORING THE LIVED EXPERIENCE OF DRUG-INDUCED OVERDOSE THROUGH PEER-LED INTERVIEWS.

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Background: Drug-related deaths estimates have been increasing worldwide. Scotland presents extremely high rates of fatal and non-fatal overdose. The aim of this study was to explore the lived experience of overdose among people who use drugs and understand the heightened risk of overdose among this population with qualitative interviews led by peer researchers.

Methods: Semi-structured interviews were conducted by two peer researchers with 20 adults who used drugs and had experienced at least one non-fatal overdose in the previous six months. The interviews took place in two injecting equipment provision sites in Dundee, Scotland. Data was analysed using thematic analysis, using a mainly inductive approach with experiential and essentialist orientation.

Results: Five themes were identified: 1) Social context, which included risk associated with living in the city and knowing other drug users, distrusting others, feeling pressured by peers to buy substances and by the self to use more than others; 2) Personal risk-taking triggers, both automatic associations in the form of payday, and emotional triggers such as feeling emotionally overwhelmed or suicidal; 3) Planned and impulsive consumption, with associated reflective motivation and personality traits; 4) Risk perception, including general awareness of own and other's risk and low awareness of tolerance; 5) Reversing overdose, presenting experience of receiving Naloxone to reverse an opioid-related overdose and the acceptability of the use of Naloxone on anyone in need.

Conclusion: A complex interplay of internal and external influences emerged from the interviews. Social and physical environments played a significant role in risk-taking behaviours. Given the extensive personal and vicarious experience of overdose, the high perception of susceptibility to overdose events, and the high acceptability of Naloxone administration, interventions on overdose risk reduction should shift to target the interpersonal skills involved in drug using behaviours which lead to increased risk of overdose.

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