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### **Abstract**

Qualitative research studies play a crucial role in understanding the experiences and responses of individuals who have experienced an opioid overdose. In this qualitative, thematic study, structured in-depth interviews were conducted with six adults in an Upstate New York inpatient substance use disorder (SUD) facility. Qualitative data were analyzed using an inductive thematic content analysis approach regarding participant's reflection on what could have been done differently to avert the overdose incident(s), the impact of such experiences on their overall well-being, suggestions on enhancing public education about the risks and consequences of opioid use, and proposed specific resources, programs, and interventions that could effectively prevent overdoses and support individuals in their journey of recovery. Such an analysis informs comprehensive strategies for prevention and support. The study's outcomes offer valuable implications for developing targeted interventions and educational initiatives to address the opioid crisis and promote healthier outcomes for individuals affected by opioid use.

#### **Keywords**

Opioid overdose, thematic analysis, overdose experiences, fentanyl, opioid treatment

### **Opioid Overdose Experiences: A Thematic Study**

Hart (2023) emphasizes that in recent years drug overdose deaths have reached record highs primarily due to the increased use of synthetic opioids such as fentanyl, which are far more potent compared to drugs like heroin. Only a small amount is needed to produce a fatal overdose.

Qualitative research studies play a crucial role in understanding the experiences and responses of individuals who have encountered opioid overdose situations. The following studies provide valuable insights into the perspectives of various stakeholders, including individuals who have survived opioid overdose, service industry workers, first responders, military veterans, and people who use opioids. Skolnick (2018) highlights the alarming magnitude of the opioid epidemic, emphasizing the need for comprehensive research to understand the crisis and develop effective solutions. Dunn et al. (2010) point out the parallel rise in opioid-related overdoses and increased prescribing of opioids for non-cancer pain, shedding light on the potential factors contributing to overdose incidents. Furthermore, Kahn et al. (2022) emphasize the scarcity of qualitative research examining the experiences of individuals who have survived opioid overdose and naloxone rescue, underscoring the need for in-depth qualitative investigations in this area.

Febres-Cordero & Smith (2022) provide valuable insights into the experiences of service industry workers and community members who have encountered opioid overdoses, highlighting the use of qualitative descriptive techniques and ethnographic fieldwork to capture the nuances of these experiences. Bennett et al. (2017) and Hughto et al. (2022) offer perspectives from male veterans and individuals who use cocaine and other drugs, respectively, emphasizing the importance of training all individuals to recognize and respond to opioid overdoses. Schlosser & Hoffer (2022) present a hybrid approach of rapid qualitative inquiry and rapid ethnographic

assessment to explore beliefs and practices related to opioid use, fentanyl presence in the illegal drug market, and the use of take-home naloxone to prevent overdose deaths.

Brandt et al. (2022) delve into the emotional reactions of trained overdose responders, shedding light on the psychological aspects of intervention in overdose events. Mueller et al. (2015) emphasize the significance of translating overdose education and naloxone distribution into conventional medical settings and the effectiveness of training potential bystanders to prevent, recognize, and respond to opioid overdoses. Additionally, Monico et al. (2020) provide insights into the difficulties in identifying overdose, the intentionality of overdose, and the relationship between personal overdose and behavior change among adolescents and young adults with opioid use disorder.

The synthesis of these qualitative research studies provides a comprehensive understanding of the responses from individuals who have experienced an opioid overdose including experiences of individuals responding to opioid overdose. These studies align with the current research study and highlight the need for additional research to be conducted utilizing multifaceted approaches to address the opioid epidemic and its associated challenges. What the literature does not provide are answers from individuals who have experienced an opioid overdose and what they believe would be beneficial in preventing opioid overdoses and how to better support individuals in recovery and those who continue to actively use opioids. This study's focus is to provide valuable perspectives on what has been effective in the individual's journey of recovery and provide perspectives on what they think would be helpful regarding what services are not available in the community that could be helpful to reduce the risk of future overdoses.

In other words, what can we do that we aren't doing? By exploring the experiences of individuals who have overdosed using opioids, this research will contribute to the existing knowledge regarding the opioid epidemic. The findings can provide valuable insights for healthcare professionals, policymakers, and community organizations to develop targeted interventions and support systems to address the opioid crisis effectively. Ultimately, this project seeks to promote awareness, understanding, and empathy towards individuals affected by opioid overdose, fostering a compassionate and evidence-based approach to tackling this public health crisis. Brandt et al. (2022) researched perspectives and emotions of bystanders, first responders, and those suffering from opioid use disorder. Their research asked open ended questions specific to participants experiences and emotional responses.

## **Method**

### **Participant Criteria and Rationale**

The defining criteria was individuals who were current inpatient clients, at least 18 years of age, and had experienced at least one opioid overdose. The rationale for the study includes individuals who have experienced an opioid overdose who have first-hand knowledge of the factors that led to the overdose, the circumstances around it, and the aftermath. These individuals identified specific triggers and risk factors that contributed to their overdose incidents. These individuals had the ability to shed light on the barriers they encountered when seeking treatment or support both before and after the overdose. They had the ability to provide their perceptions of existing services, treatment programs, and support networks. They had the ability to provide insights into how stigma impacted their willingness to seek help, engage in treatment, or disclose their opioid use. They had the ability to provide valuable perspectives on what has been effective

in their journey of recovery and provide perspectives on what they thought would be helpful regarding what services are not available in the community that could be helpful to reduce the risk of future overdoses.

### ***Excluded Participant Criteria and Rationale***

The study did not include individuals who had never experienced an opioid overdose and participants below 18 years of age. Individuals who did not meet the necessary language proficiency requirements were excluded. Individuals with severe cognitive impairments or mental health conditions that would hinder their ability to participate in interviews actively and meaningfully were excluded. In cases where there were concerns about the physical or emotional well-being of potential participants, exclusionary criteria were implemented to ensure their safety. This included individuals currently in crisis or those with unstable mental health conditions.

### ***Recruitment***

Participants were recruited from an upstate NY substance use disorder (SUD) inpatient treatment facility. Inpatient counselors screened and identified potential participants through reviewing client charts to determine who was eligible for the study and then verbally provided this information to the researcher. Six participants consisting of one female and five males between the ages of 31 and 52 years of age were asked, by the researcher, if they were interested in participating in a SUNY Brockport Institutional Review Board (IRB) approved overdose research study during their stay.

### ***Informed Consent***

There was only one researcher conducting this study and obtaining informed consent. The time for informed consent occurred after the researcher had been provided with identities of

individuals who had experienced an opioid overdose and the participant had been approached and asked by the researcher if they were interested in participating in the study. After the participant verbalized interest to the researcher regarding their decision to participate, informed consent was obtained. The researcher provided a designated location in a private area away from other residents or staff within the SUD inpatient facility to ensure privacy and confidentiality during the consent process. The researcher considered the participant's mental state, level of sobriety, and comfort level during this process. A written consent form that included all necessary information, such as the purpose of the study, criteria for participation, potential risks and benefits, confidentiality measures, and the participant's rights were provided prior to seeking consent. The researcher ensured the consent form met the requirements of the IRB guidelines. The researcher began the consent process by introducing himself, his role as a researcher, and explaining the nature and objectives of the study. A verbal overview of the consent form and a hard copy were provided allowing the participant ample time to ask questions, seek clarification, and express any concerns or reservations they had. The participant's understanding of the consent form was evaluated by consistently asking, "How do you feel about answering questions regarding your opioid overdose?" This was utilized to confirm their comprehension of informed consent. They were assessed to ensure they understood the purpose of the research and the potential risks and benefits of participation, ensuring the participant fully comprehended the information before proceeding. It was emphasized that the role of the researcher was that of a SUNY Brockport graduate student researcher, and participation, or non-participation had no impact on the participant with regards to services being provided by the SUD inpatient facility. The researcher emphasized that participation was completely voluntary and the participant could withdraw their consent at any time without facing any negative consequences, while reinforcing

their right to refuse or discontinue participation without impacting their current treatment or care. Once the participant agreed and comprehended the information, their signature on the consent form was requested and obtained. The participant's confidentiality was protected consistent with the IRB approval. The study area where the research was conducted had video monitoring on the part of the agency, but was not part of the research study, and the researcher did not have access to the video monitoring. The video monitoring was only accessible by the SUD facility leadership personnel and only reviewed if there was an incident report that required video review. All video was stored for 30 days before being erased.

### **Interview Procedures**

During a 30-day period between 02/29/2024 - 03/28/2024 the researcher met in-person with each participant separately only once with regards to the collection of information for the research study. These meetings were held in a secure, confidential meeting room within an Office of Addiction Services and Supports (OASAS) certified inpatient SUD facility. The researcher's personal iPad, which is password protected, was utilized to audio record the interview sessions, and transcription of the audio recordings occurred within 72 hours through the utilization of a professional transcription service provider. The recording was then deleted after transcription. A safe, nonjudgmental, therapeutic space for participants to express their thoughts, feelings, and emotions with regards to being asked five specific questions directly related to their opioid overdose was provided. The researcher is a Credentialed Alcohol and Substance Abuse Counselor (CASAC), with an advanced counselor designation. Participants were provided time after the session to process their thoughts, feelings, and emotions with the interviewer.

### **Data Analysis**



An inductive thematic content analysis approach was employed to analyze the qualitative data, with the goal of identifying themes as they naturally emerged from the data, rather than being guided by a pre-existing outline or template (Burnard et al. 2008). The themes identified were recurring major ideas or concepts that surfaced both within individual transcripts and across multiple transcripts. The researcher asked five open ended questions: (1) How did the overdose impact their perception and relationship with opioids? (2) What could have been done differently to prevent the overdose? (3) How did the experience affect their physical and mental health? (4) What are their thoughts regarding how to educate people about the risks and consequences of opioids? (5) Are there any specific resources, programs or interventions that could be beneficial in preventing overdoses and supporting those in recovery?

## **Results**

### **Dangers of Opioids**

In this study participants shared thoughts of increased danger regarding their opioid use. The primary concern was the prevalence of fentanyl not only replacing heroin but now being found in other drugs that are sometimes used in combination with opioid use, which in turn increases the probability of overdose. One participant expressed,

Nowadays, they're mixing fentanyl and everything. And me, I like mixing my fentanyl or heroin with cocaine. So that's also double the...I'm playing Russian roulette because they're mixing it in cocaine. So, I could be getting a double shot and not knowing it (Participant 4) Another participant added, I guess the overdosing just exemplifies how deadly opioids are. In the past 10 years, I think one of them was a Tylenol overdose and I've had four other overdoses besides that. Narcan for two of them. Two of them I

overdosed and just woke up hours later.(Participant 1) Yet another shared, Opioids ... opiates have changed since the start of what I knew opiates to be and then what they are now. I started opiates back when I was probably ... probably when I was in my teenage years. 17, 18, 19, somewhere around there. First it started with the pills, and then from the pills it goes to the cheaper way of opiates would be heroin, obviously. And back then heroin was still available. That was back in 2011, '12, '13. Somewhere around that area, maybe a little earlier. And as the years progressed, fentanyl ... which I don't know if it's labeled an opiate, but I know it's somewhere in that field. It's now ... that's what's out on the street. I have overdosed several times. 14 just last year. (Participant 3)

Well, ever since heroin turned into fentanyl, I look at it much differently because it's just a higher risk of overdosing and dying. But at the same time, I seem to keep doing it even though I've overdosed, I know it's very dangerous. But at the same time, you know that you can get Narcaned. (Participant 6)

Regarding the dangers of opioids, participant 2 stated, “You could nod out and stop breathing. Especially being on Suboxone or methadone mixed with fentanyl and a benzo. That's a lot of heavy sedatives mixed at once. It's very easy to stop breathing with all that mixed in.”

### ***Preventing Overdose***

A participant stated, “I could have spent less money on drugs, and I could have did less drugs and that. I could have talked more with my sponsor and my home group and gone to more NA to affiliate stuff.” (Participant 5)

Another participant expressed, Well, the two times that I overdosed and woke up, I was by myself the whole time. So, I could have used with somebody, I could have called

somebody on the phone. The one time I was just in my apartment by myself, so nobody could have got in. The other time I was in the car, and I'm surprised a passerby or nobody stopped. But yeah, I think just having somebody else there would've definitely made a difference. (Participant 1) Another participant shared, Every time I've overdosed, it's been because I've mixed using benzos with my opiates, or I've overdosed a couple times from where I'm doing it, you know, like I've been hitting my neck to get a vein there. A couple times I've gotten Narcan because... I got Narcan last time, and it might not have been because I overdosed, but I held my breath so long and I sort of passed out. And I was upset when they Narcan me, "Come on man." Just because I held my breath. But they didn't know that. Because when you get Narcanned, it's a horrible experience because it just sucks everything out of you and being on methadone and all that, so then two hours later, you're trying to get off sick and the Narcan is still blocking it. It's just a bad experience altogether. Anything differently, I'm definitely not mixed two drugs."

(Participant 6) Yet another participant added, I had used one bag, waited, and then I just went into mixing two more and then three more up right after one another. And I just kept on going and going. And I could have just did the one bag, waited 10, 15 minutes instead of mixing up two more right away because I wanted to get that feeling and I didn't feel like I was getting it. And also having some Narcan or something around would've been safe. I know some people have it with them, but I never really carried it with me, so that would've been helpful too. (Participant 4)

Participant number three stated, "I would watch the amount that you use and also to seek other forms of help if you have that possibility or that option."

Another participant expressed, Well, first of all, I definitely should have been smarter. Being aware that it was my first time using in three and a half years, I shouldn't have gone right to doing four bags in a shot. I usually will do one bag just to see what the quality is. I almost always do a bag just to see what I'm working with. I got lucky enough that the two doses of Narcan brought me out of it. And luckily somebody was present when I was using, my wife was aware of what I was doing. There was Narcan in the room when I was using. (Participant 2)

### **Mental and Physical Health.**

In the current study, participant number two stated, "Luckily, I don't think it affected my physical health at all. I'm in pretty decent physical shape. It definitely affected my mental health in some ways, for sure. There's a little PTSD there for sure." One participant shared,

Mentally, mentally, I think that, I mean, it doesn't do anything good for you mentally. Mentally, as far as the addiction part of it goes, is always stuck with me longer than the physical. I've seen, you know people throwing up for just no reason it seems like. Or they can't eat. I mean, after a while it'll start to subside, where after a week or two maybe... It takes that long for you to physically come back from withdrawal symptoms. And even then you're still not 100%. So, it's definitely affected me physically and mentally, but not to the point where I couldn't come back from, and that's why I'm here. (Participant 3)

Another added, I don't know if its affected my physical health that much, but I'd say more the mental health. Because now when I'm going to cop drugs, I am afraid to do it and it's like I got lucky the last time, I was with someone and I don't know how strong this is, how many bags should I be doing. It messes with my head, and I don't like going

to different people out on the street and getting different stuff. (Participant 4) This theme continued with this statement from a participant, Physical obviously, my weight loss, mental health, it's completely messed up. My mental health, depression, my anxiety has become way worse. It's the quality of life in general, but at the same time it's also made me a little more scared to do more than maybe a bag at a time.” (Participant 6) Another added, I don't know how much the overdose has affected my physical health more than just the using in general, extended 10 years, pretty much, of straight using day to day, not getting nutrition, walking for miles and miles every day to get drugs. I think that's probably affected my physical and mental health more so than the actual overdoses. I was in the ICU on a ventilator for five days. So that was a really serious, serious thing. When I got out too, because being on the ventilator, your lungs get really weak and stuff. So I had this little machine I had to practice, get my lungs to work normally again. (Participant 1) Another person shared, Well, my overdose gave me an ulcer, a bleeding ulcer, from my heroin overdoses, and it affected my body more rapidly. I'm not being able to think that clearly. I'm not being able to concentrate more, and my ADHD got worse. (Participant 5)

### ***Educating Others of Opioid Risks.***

In the current study, a participant recommended, “Make a book and have a user writing the book about the drug use and the addiction and what it's about and what it does to people and how it makes them feel and just things of that nature.” (Participant 5) Another added,

I think having young people know about it before they're teenagers somehow. I know there's ads on TV and stuff like that now and so many people know somebody who has an

opioid addiction. It's just really just so widespread these days. I think just talking about it with young people, it's probably something. I don't know if doctors could do as part of the regular yearly exam or something, ask about opioid use, if anyone's taking pills. Some people do get into the illegal stuff from the pills. (Participant 1) One participant shared, I think a lot of it is just going to be about going out and talking to people, commercials on TV, communicating, radio ads, things like that. A lot of people are just ignorant. They just aren't aware of what opioid addiction really is, what the underlying causes of it are. (Participant 2) Another expressed, I think that social media is the biggest way now because of just how life is these days. Everybody's on their phone, everybody's on the computer, everybody's watching TV. No one's paying attention to posters or signs on the poles. They're paying attention to online. So maybe just a little more additional information as far as the numbers go. Because I don't think that every day that someone dies from an overdose or every day that someone dies from using opiates or any other kind of drug that it's posted or let known about. I think that there's probably hundreds each day just in our city alone that died, and we just don't even know about it. So they only post the ones that hit close to home or that are bigger names or something like that. Something that's special to them. (Participant 3) One participant added, Obviously if people see statistics more, that definitely would open people eyes. "Oh my god. 15 people died today, holy crap." People know that's happening. Or even if it touches people close to them, a family member or a friend, it really hits home more if it's happening more and more. At the same time, I don't know if you noticed, but on the side of buses now it's like, "Narcan," big things like that. (Participant 6)

### *Safe Injection Sites*

Among participants someone expressed, I've lived all over the country, but I lived in San Francisco the most. Out there there's needle exchange programs, but there's also mobile needle exchange programs. And if we had more of them. We have that one downtown and that's great, but sometimes people can't get there. Now if we had those mobile ones that place and this place, it would definitely help. And I've noticed that though. By my house, I live by the WYMCA. Maybe they put up a couple of those little Narcan boxes and if you see more of those around, it definitely will save lives. (Participant 6) Another participant added, So, I don't know if there is a place. We have needle exchange where we can get clean needles and everything like that, but you can't use there and you can't use on the property or anything like that. So, if there was a place where you could use safely and it was encouraged to use there, I know a lot of people would probably do it. If there was somebody watching for overdoses or whatever, that'd be good. (Participant 1) One participant shared, I know recently I've seen on the news too, it was a little while ago that I'd seen it, but they're doing something with ... they're doing something as far as it's got to do with the brain. And I don't know if it's hospitals or if it's scientists or who it is or what it is, but as far as addiction goes and opioid receptors go, I don't know if you've seen anything about that on the news. I don't even know what the ... exactly remember what it was called. I can't remember the wording or anything like that. But basically, changing your mindset almost. (Participant 3) Another participant expressed, Vancouver, London, places like that, where they have safe injection sites, places where you can be supervised while you are using, places where they even give you the drugs. I'm not necessarily saying, "Hey, your drug dealer is there. Go purchase heroin." But even if that was the case, it would be better than the situation that the world is currently in. That way you're

not getting fentanyl on the streets, you're getting pure heroin. It's better than the situation the world is currently in. It would save a whole lot of lives, I feel. I don't know.

(Participant 2) Participant number four added, I've watched some documentaries on TV that had safe injecting sites. I know there's different perspectives about that, but when you're out there overdosing and dying like the addicts are nowadays, I think it would be helpful and safe for people that don't know what they're doing. And it could be a safe place for someone to go to, just to talk to somebody. Also, I think they should have some information about treatment centers in the injecting site so that it's not just people going there and getting high, they're also getting educated on treatments and stuff like that. So, I think it could be beneficial for a lot of things, helping people get housing or stuff like that set up. It could be bad and good at the same time, but I think it would be a great idea.

### **Discussion**

This study involved the researcher utilizing a qualitative, thematic analysis by conducting interviews with six SUD inpatient clients who have experienced at least one opioid overdose. Based on participant responses findings were organized into five separate themes, which included safe injection sites, educating others of opioid risks, mental and physical health, preventing overdose, and dangers of opioids. Participant responses were very similar and aligns with the cited research within the study. The implications and significance of participant responses could have potential for changes in services on all levels of community from local municipalities, state, and federal. More qualitative research in this area, which involves the insight and experiences of those affected may create a catalyst for change. Saving lives, preventing use, improving physical and mental health through educating others and removing negative stigma for marginalized individuals can produce a healthier, well informed state of



being for individuals in all communities.

Through conducting interviews with participants of the current study a theme of the dangers of opioid use emerged. Zachariah (2016) emphasized in 2016 that Ross County Ohio was experiencing overdoses due to the presence of fentanyl being found in heroin.

Lintzeris et al. (2020) and Myers et al. (2021) discuss different overdose preventions such as Narcan, needle and syringe programs, and SUD treatment centers which have all been found to be effective in reducing mortality rates, reversing overdose, and reducing transmittable diseases due to needle sharing. Frost et al. (2022) focuses on the effectiveness of syringe service programs. Volkow (2022) highlights the importance of reducing cravings utilizing medications such as buprenorphine and methadone. She emphasizes the importance of finding the right dose to control withdrawal, which is going to be different for everyone due to individual metabolizing medications differently. Passik & Lowery (2011) emphasize the importance of screening for psychological risk factors when considering opioid therapy. Gicquelais et al. (2022) identifies the increase in fatal overdoses when individuals use in isolation. There is now an overdose prevention lifeline named, Never Use Alone. They are a toll-free national overdose prevention, detection, lifesaving crisis response and medical intervention service for people who use drugs while alone. They operate 24-hours a day, seven days a week, 365 days a year. Mariani et al. (2020) report opioid overdose deaths in the United States are increasingly attributed to the rising prevalence of highly potent synthetic opioids.

O'Grady et al. (2022) discovered commonly observed symptoms indicative of anxiety, post-traumatic stress, and depression due to drug use. Additionally, self-reported health status and level of functioning were generally suboptimal. Drugs can have a broad array of impacts on the human body, encompassing behavioral, biochemical, and toxic organic outcomes, with a

specific emphasis on the brain. In terms of behavior, substance abuse can result in modified cognitive function, impaired judgment, and alterations in mood and emotions. These substances frequently disrupt the brain's reward system, leading to addictive behaviors and compulsive drug-seeking. Biochemically, substances of abuse can disturb the normal operation of neurotransmitters, including dopamine, serotonin, and gamma-aminobutyric acid, influencing mood regulation, reward processing, and overall brain function. Furthermore, Ciucă Anghel et al. (2023) found that persistent drug abuse can lead to detrimental organic effects on the brain, causing structural and functional damage.

Larson et al. (2019) discuss shaping present public health and clinical approaches and steering development of proactive policies with regards to informing the public. Volpenhein's article in 2015 highlights the hopes of North Dakota Grand Forks County State's Attorney David Jones of producing a video warning of the fentanyl risks. He would further like to create public service announcements and incorporate information into public school assemblies and university orientations.

Baziuk's 2011 study revealed that in Canada's city of Vancouver the safe injection site saw a 35 percent decrease in fatal overdoses after the site was opened. Multiple studies of the site report a decrease in overall overdose death rates, HIV transmission, hepatitis rates, and a reduction in crime. A report in 2005 by the Canadian HIV/AIDS Legal Network reports there has been significant referral to treatment and counseling services.

### **Limitations**

This study has limitations that could arise from the potential difficulty in replicating the study. It is important to consider the potential for participants to provide socially desirable

responses that may not reflect their true experiences..

### **Conclusion**

The findings from this research have relevance for public health policy and clinical practice. A person-centered strategy is necessary, considering the individual's motivation, community environment, social network, and treatment encounters. This approach would advance personalized care by customizing treatment elements for those with opioid use disorder and not only potentially save lives but improve lives and enhance community wellbeing overall. Consideration and implementation of participant ideas have the potential for those suffering with opioid use disorder to engage in treatment, improve mental health, improve physical health, save community monies due to a reduction of crime because of a reduction of opioid use, which in turn reduces jail and prison population resulting in lower taxes. Overall, there would be improved outcomes for all members of society. The insights provided by individuals who have experienced opioid overdoses are invaluable in informing comprehensive strategies for prevention, intervention, and support. By listening to their voices and incorporating their suggestions, policymakers, healthcare providers, and community organizations can develop more effective programs and initiatives to address the opioid crisis and promote healthier outcomes for individuals affected by opioid use.

Future research in this area should continue to prioritize the perspectives and experiences of individuals who have firsthand knowledge of opioid overdoses. Qualitative research studies like this one can further explore the specific needs and preferences of individuals in recovery, identify gaps in existing services and resources, and inform the development of targeted

interventions tailored to the unique circumstances and challenges faced by individuals recovering from opioid use disorder.

In conclusion, the voices of individuals who have experienced opioid overdoses are essential in shaping effective responses to the opioid epidemic. Their insights, suggestions, and experiences can guide the development of more comprehensive and compassionate approaches to prevention, treatment, and support. By listening to and valuing their perspectives, we can work towards creating a healthier and more supportive community for all individuals affected by opioid use disorder.

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