


It's Risky Out Where We Are: Exploring Intersectional Factors of Intentional Overdose Among People Who Use Drugs in Regional Queensland, Australia

Timothy Piatkowski, Dominique de Andrade, Emma Kill, Jacinta Hawgood & Kairi Kølves

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It's Risky Out Where We Are: Exploring Intersectional Factors of Intentional Overdose Among People Who Use Drugs in Regional Queensland, Australia

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ABSTRACT

Objective: Globally, drug-related deaths impact both urban and non-urban areas. In Australia, regional areas face a concerning rise in drug-induced fatalities and suicides, exacerbated by structural factors like limited services and stigma. We sought to explore the experiences of people who use drugs (PWUDs) in regional Queensland to understand the structural vulnerabilities influencing drug-induced deaths.

Methods: The sample comprised 19 PWUDs from regional Queensland, Australia who had experienced overdose. Semi-structured interviews explored participants' overdose experiences and contributing factors, focusing on regionality. Iterative coding was used to develop thematic categories.

Results: Participants highlighted the complex interplay of trauma, coping and drug use influencing overdose dynamics. Regional challenges, including limited access to support services, exacerbate risks for PWUDs. Structural inequalities perpetuate cycles of harm, with rural areas disproportionately affected. Participants emphasized the need for systemic changes to facilitate effective suicide prevention efforts, advocating for enhanced service engagement and legislative reforms.

Conclusions: These findings challenge systemic factors such as stigma and healthcare accessibility, which appear to be driving drug-related harm. Based on the findings, recommendations are made for systemic change, represented by comprehensive, community-driven interventions to address structural inequalities, and improve access to support services.

KEYWORDS

Drugs; harm reduction; overdose; regionality; suicide

INTRODUCTION

Globally, drug-related deaths are a significant public health concern (Krausz et al., 2021). Overdose mortality rates vary widely, ranging from 0.04 to 46.6 per 100,000 person-years depending on the region, population, and timeframe (Martins et al., 2015). Some of the highest rates have been reported in U.S cities like Chicago (39.7 per 100,000 person-years) (Martins et al., 2015), however, international research indicates that drug use in rural communities is comparable to, and sometimes surpasses, urban areas (Thomas et al., 2020). For instance, these rates are quite high in regional communities such as Wilkes County, North Carolina (28.1 per 100,000), and higher still in

rural areas such as West Virginia (46.6 per 100,000). These areas are known for high poverty rates and significant public health challenges, contributing to the severity of the overdose crisis in these regions (Figgatt et al., 2021). Further to this, drug use is increasingly recognized as a significant public health concern beyond urban areas (Browne et al., 2016; Peterson et al., 2007; Piatkowski et al., 2024; Turnock & Mulrooney, 2023), challenging the notion that it is primarily an urban issue (Ezell et al., 2021; Gfroerer et al., 2007).

In Australia, drug overdose mortality rates have been increasing, with 2,231 drug-induced deaths in 2021, equating to 8.7 per 100,000 people (Penington Institute, 2024). This exceeds the 2019 global average of 5.5 per 100,000 people (Penington Institute, 2024). Unintentional overdose deaths nearly doubled between 2002 and 2019, rising by an average of 4.1% per year (Chrzanowska et al., 2023). During the same period, drug-induced suicides outside state capital cities increased from 1.5 to 1.9 per 100,000, while in capital cities, the rate rose marginally by 0.1 per 100,000 (Penington Institute, 2024). It is vital to distinguish unintentional overdose deaths, which occur without intent to die, from drug-induced suicides, which reflect intentional harm. Both are increasing, but their causes and interventions differ. The rise in drug-induced suicides in regional Australia underscores a critical need for targeted action. Research from the Australian Institute of Health and Welfare highlights that remoteness amplifies drug and alcohol-related harm, including higher rates of suicide, self-inflicted injuries, and drug-induced deaths (Sweeney et al., 2019). Contributing factors include limited employment opportunities, physically demanding jobs like agriculture and mining that increase chronic pain and opioid prescriptions (Thomas et al., 2020), and structural barriers such as inadequate services, transportation challenges, stigma, and resistance to harm reduction (Bares et al., 2019; Fadanelli et al., 2020; Keyes et al., 2014; Young et al., 2012). While studies have explored social and structural factors shaping drug-related harm in rural areas, little attention has been given to how these intersect with overdose intentionality.

The interplay between substance use and suicide is a growing area of concern, with research indicating that substance use disorders are strongly associated with suicidal thoughts and behaviors (Ferrari et al., 2014; Poorolajal et al., 2016). Substance use, particularly with opioids, can increase vulnerability to both accidental overdoses (Degenhardt et al., 2019; Piatkowski et al., 2024) and intentional drug-induced deaths (Colledge-Frisby et al., 2023), as people may engage in high-risk behaviors or self-harm when experiencing mental health distress (Colledge-Frisby et al., 2023; Esang & Ahmed, 2018). In rural areas, where both mental health services and harm reduction programs are often lacking (Gamm et al., 2010; Hastings & Cohn, 2013), this relationship can be even more pronounced. Understanding how substance use, mental health, and suicidal behavior interact in these settings is critical for developing targeted interventions that address both unintentional and intentional drug-related harm.

The Present Study

In Queensland, one of Australia's more sparsely populated states, there were 292 drug-induced deaths in 2021, equating to 5.6 unintentional deaths per 100,000 population (Penington Institute, 2024). Rural and low socio-economic areas are disproportionately

affected, with regional Queensland experiencing higher rates (6 per 100,000) compared to Brisbane (5.2) in 2020–2021 (Penington Institute, 2024). Queensland also recorded the highest number of drug-induced suicides in 2021 (120), surpassing New South Wales (112) and Victoria (102). This rise in unintentional and intentional drug-induced deaths highlights a growing crisis in regional communities. Notably, drug-related suicides accounted for 15.4% (125) of Queensland's 813 suspected suicides in 2021, second only to hanging, strangulation, or suffocation (59%; 480 cases) (Leske et al., 2022). However, inconsistencies in classification—such as distinguishing “drug poisonings” from other drug-induced deaths—may lead to underreporting or misclassification, underscoring the need for more accurate data to fully capture the scope of drug-related harm. Understanding the lived-living experiences of people who use drugs (PWUDs) offers crucial insights into the complexities of drug use and overdose (Berg et al., 2024; Francia et al., 2023; Harris, 2021). Narratives from those with lived experience can uncover the underlying factors driving drug-induced deaths, informing more effective, tailored prevention and intervention strategies—critical for developing targeted interventions and support systems to address the escalating rates of drug-related fatalities in regional Queensland. Therefore, the aim of the current study was to explore the experiences of people who had lived experience of drug overdose among PWUDs in regional Queensland.

Theoretical Framing

Previous studies have emphasized the importance of understanding the lived experiences of individuals in the context of drug use (Dennis & Farrugia, 2017; Piatkowski et al., 2024; 2024; Pienaar et al., 2020; Race et al., 2023), endorsing the significance of adopting frameworks to fully elucidate the circumstances external to the individual that shape their behavior and experiences (Pennay & Duff, 2023). By incorporating these perspectives, we can deepen our understanding of the complex interactions between individuals, drugs, and social structures in influencing outcomes such as drug overdose. Structural vulnerability, within the framework of examining the inherent violence in the lives of PWUDs, entails recognizing the dynamic interplay between PWUD and the risk-laden environments they navigate (Farmer, 1999; Rhodes, 2009). The term “structural” denotes the human-made political, economic, and social organization embedded in risk environments, where power dynamics, contingent on social positions defined by race, class, gender, sexuality, and other categories, shape health risks systematically. In the context of drug use, structural vulnerabilities significantly affect PWUDs, exposing them globally to adverse health outcomes rooted in societal structures, such as laws and policies governing substance use, the criminalization of injecting drug users, unequal treatment in healthcare, housing policies leading to homelessness, and social stigmas (Benintendi et al., 2021; Fassin, 2013; Haritavorn, 2014; Lamonica et al., 2021; Schneider et al., 2021). Adopting a structural vulnerability perspective emphasizes addressing these upstream, fundamental structural causes in drug policies and interventions rather than exclusively focusing on individual factors influencing ‘poor’ health. This lens helps interpret and contextualize PWUDs’ narratives on overdose and

suicidality, shedding light on the dynamics that shape overdose outcomes across different geographic regions.

METHOD

Sampling and Recruitment

This study focuses on a sub-sample of 19 PWUDs from regional Queensland (part of a larger sample of 30), aged 18 or older, who had experienced or witnessed an overdose. The sub-sample included 13 women and 6 men, with a mean age of 47 ($SD = 7.75$). Regionality was indicated by participants living outside of urban areas of Queensland and defined by Queensland Government parameters for regionality and remoteness (Health Q, 2024). These regions included: Toowoomba, Regions of the Sunshine Coast, Townsville, and Cairns. In the interest of preserving participant anonymity, we do not identify specific participant numbers in regions. Participants were recruited between November 2023 and January 2024 using purposive sampling and snowballing via personal and professional networks, social media, and community outreach. Those who agreed to participate underwent online interviews with verbal consent, reassured of their right to withdraw. Participants received a \$90 AUD gift card as compensation. Ethical clearance was obtained from the University Human Research Ethics Committee (2023/782).

Data Collection

Interviews followed a semi-structured guide developed by the research team, informed by co-design principles (River et al., 2023) and shaped by the lead and third authors' personal experiences with substance use and overdose. This established approach allowed for a deeper exploration of participants' narratives and fostered empathetic dialogue (Piatkowski et al., 2024). Two pilot interviews with people with lived-living experience from the research team's network were conducted to refine the guide, ensure alignment with the study's objectives, and enhance the interview process. The interviews were on average 1 hour and 2 minutes in length ($SD = 12$ minutes, range = 47 minutes to 1 hour and 49 minutes). Interviews began with the question, "Can you tell me about your experiences with substance use and overdose?" Follow-up questions included: "What factors contributed to the overdose(s)?" "Can you describe the circumstances or environment of the overdose?" "How have experiences of opioid overdose, personally or witnessed, affected your emotional well-being and life?" and "Do you feel comfortable discussing overdose experiences within your community or with healthcare providers?" These open-ended questions led to discussions surrounding the intentions behind overdose incidents, prompting an organic exploration of the topic of intentional overdose. Participants were further prompted to elaborate on the intersections between intentional overdose and suicide, elucidating the distinctions between the two and exploring contributing factors. Interviews were arranged based on participant availability and conducted via Microsoft Teams, with verbal consent obtained before starting. Transcriptions were automatically generated and manually reviewed by the research team for accuracy.

Data Analysis

This study employed an iterative and collaborative process for developing preliminary codes (Neale, 2016). The lead author followed a flexible coding approach, initially drawing codes from both the literature and the data while remaining adaptable to modifications, adjustments, and the inclusion of new codes as needed. Initially, deductive codes were formulated based on predetermined topics of interest outlined in the interview guide, such as “suicidality” “overdose” and “regionality.” Additionally, inductive codes, including “systemic causes” and “structures contributing” were generated through ongoing team discussions addressing emerging themes. Various iterations of the codebook were tested on transcript excerpts to establish interpretive consensus (Neale, 2021). The coding was supported by a team of three researchers, all of whom had experience in qualitative analysis and substance use research. The coding framework was tested and refined through multiple iterations, where transcript excerpts were discussed to reach interpretive consensus. Team discussions helped resolve complexities encountered during analysis, enhancing the interpretative rigor. NVivo (v12, QSR) software was used to facilitate data coding and organization. Please see [Supplemental Materials](#) for more information on qualitative rigor and reflexivity practices. While formal coding reliability scoring was not conducted, coding was refined through regular consultations and feedback sessions within the team. After identifying the main themes in the data, we connected the findings to with broader social and structural issues. This process, referred to as theoretical redescription (Neale, 2021), involved interpreting the participants’ experiences in the context of wider systemic factors, such as healthcare access and social stigma. In the next section we present the two overarching theme-categories which were identified and developed from the data.

Findings

Theme 1: Coping Strategies, Trauma, and the Overlap Between Overdose and Suicide

This theme explores the complex intersections between substance use, trauma, and the dual risk of overdose and suicide among PWUD. Substance use emerged as a response to personal trauma and mental health challenges, which created a dangerous cycle of coping and additional harm. The following two sub-themes capture different facets of this relationship: Coping with trauma through substance use and overdose, suicide, and intentionality.

Subtheme 1.1: Coping with Trauma Through Substance Use. People used drugs for a variety of reasons, however, some reported using substances as a means of coping with trauma. Participants spoke of seeking comfort, numbing pain, or escaping reality to cope with the aftermath of complex traumatic experiences, for example:

P4 [Woman, 54]: I didn’t pick up drugs until my daughter passed away and then I lost my husband as well in 11 months and I didn’t pick up drugs until I was 33.

Participants’ narratives reflect the devastating impact of witnessing loss and the ripple effects of trauma within their communities. Some shared how the deaths of peers

through overdose and suicide have deepened their sense of isolation and pain, highlighting how trauma is both a precursor to substance use and a consequence, creating a cycle of loss and distress.

P7 [Man, 42]: So death is part of our life and it does happen to every one of us.

When it comes to your friend's early and you know it's their fault [and you're] trying to work out if they did it on purpose or not. You know, like did they have enough of this life? Did he take himself out or was it an accident? You know, that's what I've battled with. Because I've dropped from just having morph [morphine] you know because I've been drunk. But I was brought to [revived], so I was lucky, one of the lucky ones.

Substance use can serve as both a conscious choice and a survival strategy. Participants mentioned self-medication to alleviate negative effects, but this coping mechanism perpetuates trauma, as consequences like witnessing peer deaths lead to further psychological distress.

P3 [Woman, 48]: It comes back to coping mechanisms. Like you use so you don't have to think about all of the shit that's happened and then using on top of that as traumatic, and then people dying as traumatic.

Adding to this issue, some participants indicated the social isolation that can occur through frequent illicit drug use. Due to the mental health decline, the social relationship breakdowns, and the lack of support, it can be dangerous and detrimental for PWUDs. One participant spoke of her experience with a close friend:

P16 [Woman, 38]: [friend] had been reaching out to a few people... I think because she was frightened for herself... using too much... having a really, really tough time with her mental health... she kind of burnt everybody out.

This illustrates how the mental health decline linked to drug use can lead to further isolation, exacerbating feelings of despair.

Subtheme 1.2: Overdose, Suicide, and Intentionality. Participants highlighted the complex and often intertwined nature of overdose and suicide, revealing how personal struggles, drug variability, and broader systemic factors converge to create high-risk situations for PWUDs.

Interviewer: And so how do you think, like what factors or situations lead to overdose?

P2 [Woman, 45]: Oh, Jesus, A lot of factors. You know, like it could be wanting to commit suicide. It could be changes of purity of gear. It could be taking pills through the day or scoring [acquiring substances] off different people.

Many participants described how using substances combined with emotional or mental health challenges, could significantly increase the risk of fatal outcomes. Their experiences suggested that for many PWUDs, drug use and suicidality were closely linked, sharing parallels with adolescent samples (Ammerman et al., 2018; Rioux et al., 2021).

P11 [Man, 44]: I've had 90% of my friends die from overdoses and suicide. The amount of people that I started out with when I was a kid, there's only me and one other guy left. All the rest are dead. If they didn't OD [overdose], they shot themselves in the head or they committed suicide. Because once they come off the drugs, two of them kill themselves after they come off the drugs because the horrendous things that were done to them.

Interviewer: Yeah. So, they didn't have that support to deal with that emotional pain. I think what you were talking about earlier?

P11 [Man, 44]: They didn't go tell people what their problems were. Yeah, they didn't want to discuss what happened.

Participant accounts illustrated the devastating impact of both overdose and suicide within social circles, highlighting the profound emotional and psychological toll experienced by many PWUDs. The reflections pointed to a lack of emotional support and the inability to process trauma. Extending on the previous accounts, another participant shared experiences of individuals close to them intentionally overdosing.

P5 [Man, 46]: Like, if you're struggling with something, like so much despair that you're trying to kill yourself. They're doing this to essentially suicide in a way. Before my last mate done it [intentional overdose], he done it about three months ago... went to a motel. You know, any combination of that stuff [drugs] can put you out. And he had a big tolerance. That's still a part of overdosing, cause that they actually think it's a way out... it just hurts everybody.

While intentional overdoses may stem from a desire to "escape," however, they also highlight the circumstances around "toxic" drug supply currently evident globally (Weicker et al., 2020). This highlights the complex nature both structural factors which potentiate overdose and those which potentiate suicidality. These data indicated this stems from the vulnerability that PWUDs have, the coping strategies of drug use, the stigma and barriers they feel, which in turn, creates increased problematic use and further vulnerability.

P10 [Woman, 38]: People are vulnerable, cause... their coping strategy [is] to use drugs... they take them away from that drug [then] don't give access to evidence-based programs ... release you into a world where you're gonna face all this stigma and barriers at every corner... it's such as recipe for disaster and overdose.

This is especially the case in areas with limited access to prompt medical assistance. We, therefore, turn our attention to the regional challenges, such which play a role in exacerbating the systemic factors associated with drug use, particularly in cases of overdose.

Theme 2: Structures and Systems Potentiated by Regionality

This theme explores how regional location and structural vulnerabilities intersect to shape the experiences of PWUDs. It emphasizes the impact of stigma and limited access to services, particularly in regional and remote areas, which contribute to a cycle of harm. These systemic challenges are compounded by a lack of adequate support services, especially for those in non-metropolitan areas. The following two sub-themes further explore these issues: the role of stigma and social norms in shaping regional experiences and the structural barriers to accessing support and harm reduction services.

Subtheme 2.1: Stigma and Cultural Attitudes. Systemic stigma extended its impact into broader societal attitudes, shaping perceptions and behaviors across multiple

environments; it was embedded in cultural attitudes. There was nowhere this was more evident than in non-metropolitan areas.

P4 [Woman, 54]: 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 what everybody was.

The stigmatization of PWUD goes beyond the lack of support for counseling or relapse, creating an environment where individuals feel compelled to conceal instances of overdose due to the automatic association with “trouble” and associated condemnation.

Adding to these broader systemic challenges, participants reflected on the lack of accessible support services in regional and remote areas, creating challenges for individuals seeking support around their substance use. These sentiments seem to reflect systemic shortcomings in remote healthcare infrastructure internationally (Fadanelli et al., 2020), where punitive measures and carceral systems often drive stigma and, consequently, exacerbate the challenges for PWUDs.

P17 [Woman, 30]: The issue with people, in our town – it’s not a place you could go to for counselling and support. Traumatic really, yep. So, it’s this insular little, very, relatively small town. And yeah, they [health workforce] just run it as they choose to enforce [...] I think that the isolation of like those regional areas impacts kind of what’s going on.

This stigma not only impacted individuals’ willingness to seek help but also led to concealing critical situations, such as overdoses, for fear of judgment. This pattern reflects the broader cultural context in which regional PWUDs navigate their substance use, contributing to a lack of support or recognition from healthcare providers and society at large.

Subtheme 2.2: Structural Barriers to Accessing Support. Adding to the social stigma, participants also discussed the tangible barriers they faced when seeking support services. Healthcare infrastructure was often perceived as city-centric, leaving rural areas underserved. This lack of support, combined with challenges in discerning intentionality of overdose, complicates the issue further.

P6 [Woman, 60]: It’s very risky out here [regional area], it’s city centric – the services are always around the city [...] but [here] where there’s lots of heroin, people might have overdosed from heroin and people not know if it was a suicide or an accident.

Interviewer: So, like there’s that lack of education surrounding that like the unintended and intended overdose?

P6 [Woman, 60]: It’s weird when you start getting into regional Queensland. It’s a different world. It’s a different world.

Another participant emphasized the inability to have open and honest conversations with healthcare providers due to stigma within the system. This lack of communication and support contributes to overdoses, as individuals are uninformed about harm reduction practices such as naloxone use.

P3 [Woman, 48]: Out where we are [referring to geographical location], people are unable to have open and honest conversations with healthcare providers around substance use,

opioid use, naloxone, overdose, because of stigma within the healthcare system. So that contributes to overdose because people aren't informed.

In regional and remote areas, the limited availability of support services (Fadanelli et al., 2020; Fennell et al., 2018; Turnock & Mulrooney, 2023) and the pervasive stigma within healthcare systems create additional barriers for PWUDs, hindering their access to vital resources and increasing the risk of harm. Participants highlighted structural inequalities, noting that rural regions faced limited access to harm reduction and support resources.

P18 [Man, 38]: Location definitely. It depends on where you are. Once you go out rural, you've got no hope, absolutely no hope whatsoever, and that's why the [urban place]... they can access a lot of things in that area. They got all the mental health facilities, the homeless shelters, the needle exchanges. I mean, that's where it becomes very difficult to access any support or any help.

These descriptions of experiences reflect the true outcomes of structural vulnerability (Friedman et al., 2021), culminating to a sense of hopelessness and perceptibly becoming an act of "self-euthanasia." This reframing of suicidal behavior highlights the profound challenges experienced by PWUDs within the context of societal marginalisation (Goodyear et al., 2021) and limited access to support services (Benintendi et al., 2021).

P9 [Man, 37]: I got a mate, [regional place], he tried hanging himself, while I was gone then I come home and he had a burn mark all the way around his neck where he got the washing line out the back which was wire. That was just because he was homeless, you know.

The act of intentional overdose emerged as a by-product from these regionally-potential systemic issues.

P15 [Man, 30]: A lot of bad memories. A lot of years spent trying to kill myself. Trying to take myself out. Combination with amphetamine addiction, opioid addiction for 24 years, you know, you sort of get to a point where – I don't know – People call it suicidal, but ... I'd seen it as self-euthanasia. I was that fucking sick of it all.

Existing systems presented challenges for PWUDs, exacerbated challenges associated with substance use, and perpetuating cycles of distress for those in vulnerable circumstances. Collectively, this is representative of structural vulnerabilities (Farmer, 1999) for PWUDs, which we contend is in fact, "targeted" given it is ongoing and pervasive despite awareness of these issues for some time (Bryant & Garnham, 2015; Selfridge et al., 2020). Expanding upon these insights, participants emphasized the critical need for enhanced service engagement and systemic changes to facilitate effective suicide prevention efforts.

P12 [Woman, 47]: And you know, there's the regions, you know, the cities have got lots of, you've got lots of opportunities that regions don't have. There's just so many different scenarios where just connection is key.

They highlighted the importance of creating an environment where individuals were motivated to seek help and utilize available services. This entails addressing not only individual-level factors but also systemic barriers, including legislative constraints that hinder access to and utilization of support services.

DISCUSSION

The findings highlight the complex challenges faced by PWUDs in regional areas, particularly regarding overdose, suicide, and the intentionality of substance use. Our results show the interplay between trauma, coping mechanisms, and socio-structural factors that heighten PWUDs' vulnerabilities. In regional Queensland, these challenges are driven by systemic causes, similar to international structural factors (Friedman et al., 2021; Haritavorn, 2014; Sarang et al., 2010), including stigma and healthcare disparities (Selfridge et al., 2020). The data stress that responsibility for drug-induced deaths should not rest solely on individuals. Structural inequalities in these areas point to the need for targeted interventions and policy reforms, as limited harm reduction services and stigma within healthcare systems exacerbate PWUDs' vulnerability. Public health responses to drug use often place responsibility on individuals, leading to prevention efforts that focus solely on the individual rather than systemic factors. Our data emphasize the need for a more ecological approach, addressing the systemic, place-based factors that contribute to drug use. The findings call for comprehensive interventions that consider the intersection of drug use, stigma, and healthcare disparities in regional and rural communities.

Understanding the factors behind high drug-related deaths and suicides in regional areas is key to developing targeted interventions, as our findings suggest these outcomes are interconnected. Based on existing literature, there are several factors that may contribute to this disparity including higher rates of depression (Fennell et al., 2018; Gardiner et al., 2019; Hull et al., 2017), limited access to healthcare services, including opioid agonist treatment and life-saving medications such as naloxone (Browne et al., 2016; Natale et al., 2023). For example, policies aimed at expanding access to opioid agonist treatment in regional areas, such as providing funding for regional clinics or telehealth consultations with specialists, could address this critical gap in care. Additionally, our data support previous assertions (Ezell et al., 2021; Fadanelli et al., 2020) that pervasive stigma and shame surrounding PWUDs may deter those in rural communities from seeking help, exacerbating the risk of fatal outcomes. Implementing anti-stigma campaigns targeting healthcare providers and the general public in regional areas could help reduce these barriers to care. Together with existing literature, our findings suggest that there is a combination of factors contributing to the elevated risk of intentional fatal overdose observed in regional areas.

In drawing together overdose and suicide prevention efforts, we must go beyond individual-level interventions to address systemic barriers, including legislative constraints, that hinder access to support services. Creating an environment where individuals feel motivated to seek help and where support services are accessible and culturally appropriate is essential for preventing further harm and loss within these communities. Investing in regional-specific policies that incentivize the establishment of culturally competent mental health services, including partnerships with local Aboriginal and Torres Strait Islander community-controlled organizations to integrate culturally-safe practices into mental health and alcohol and other drug care, would also help bridge cultural gaps and build trust. Our findings suggest a need to implement community-driven initiatives that prioritize the development of accessible and culturally appropriate support services in regional and rural areas. One potential strategy is the expansion of outreach programs through mobile health units and

telehealth services, which can deliver harm reduction, mental health support, and naloxone distribution to PWUDs in remote regions where traditional services are limited.

Limitations

This study has several limitations. Firstly, we did not specifically investigate the connection between suicide and fatal overdose, as this was not the primary focus. While these themes naturally emerged during participant discussions, which we took to reflect their importance, it limits the interpretability of findings related to suicide and overdose. This highlights the need for targeted research to explore these intersections more explicitly. Future studies should prioritize understanding the link between suicide and overdose, particularly regarding factors like naloxone access, shelter, and healthcare services, which may influence survival outcomes. Additionally, the study did not collect data on participants' ethnic, cultural, or racial backgrounds, which could offer valuable context for understanding how intersecting identities shape experiences with drug use, overdose, and stigma. Future research would benefit from collecting this information.

CONCLUSIONS

This study provided valuable insights into the nuanced relationship between overdose and suicidality among PWUDs in regional Queensland. Systemic factors such as stigma and healthcare disparities significantly contributed to drug-related harms, emphasizing the structural nature of the issue. Therefore, addressing these systemic barriers and investing in accessible services is imperative for preventing further harm and loss within regional communities. Ultimately, concerted efforts are needed to create an environment where individuals feel empowered to seek help and where systemic inequalities are addressed to mitigate the devastating impact of drug-related deaths.

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DISCLOSURE STATEMENT


Emma Kill is the CEO of Queensland Injectors Voice for Advocacy and Action [QuIVAA], and Dr Piatkowski is a Director on the Board the organisation. QuIVAA is a non-government owned and not-for-profit 'Drug-User Organisation'.

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AUTHOR NOTES

Timothy Piatkowski, School of Applied Psychology, Griffith University, Queensland, Australia; Griffith Centre for Mental Health, Griffith University, Queensland, Australia; Queensland Injectors Voice for Advocacy and Action, Queensland, Australia. Dominique De Andrade, Griffith Centre for Mental Health, Griffith University, Queensland, Australia; Griffith Criminology Institute, Griffith University, Queensland, Australia. Emma Kill, Griffith Centre for Mental Health, Griffith University, Queensland, Australia; Queensland Injectors Voice for Advocacy and Action, Queensland, Australia. Jacinta Hawgood, Griffith Centre for Mental Health, Griffith University, Queensland, Australia; Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane, Australia. Kairi Kølves, Griffith Centre for Mental Health, Griffith University, Queensland, Australia; Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane, Australia.

Correspondence concerning this article should be addressed to Dr Timothy Piatkowski: School of Applied Psychology, Mount Gravatt Campus, Griffith University, QLD 4122, Australia. Email:  t.piatkowski@griffith.edu.au.

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