

# Barriers to Recovery Following an Overdose: A Qualitative Study

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## Introduction

Drug overdose remains one of the most vexing public health challenges in the contemporary United States, with over a million individuals estimated to have died from drug overdose since 2000.<sup>1</sup> Despite the rising number of overdose deaths in the United States, there remains a gap in knowledge regarding non-fatal overdoses, and the impacts of these events on drug use trajectories, treatment-seeking, and recovery among people who use drugs (PWUD). Previous studies have found a dose-response relationship between nonfatal overdose and subsequent fatal overdose.<sup>2</sup> Consequently, the period following a nonfatal overdose is crucial. **What is preventing individuals from utilizing available treatment and support groups after an overdose?**

This study aims to assess personal overdose experiences and subsequent barriers to treatment, support-seeking, and recovery by analyzing qualitative data from interviews with people who use drugs in Dayton, Ohio—an epicenter of overdose death.

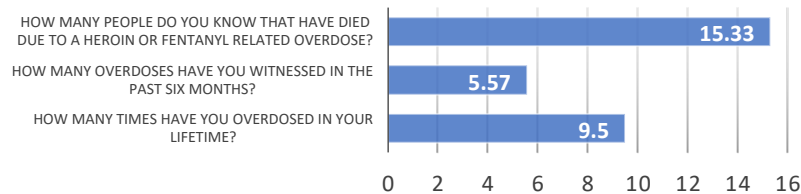
## Methods

- Mixed-method interviews were conducted with 21 individuals who self-reported illicit opioid use within the past 30 days and who had either: 1) witnessed or 2) experienced a drug overdose within the last 6 months.
- Participants completed a brief, structured questionnaire followed by an in-depth, qualitative interview.
- Survey data was entered into Qualtrics; digital recordings of qualitative interviews were transcribed and analyzed thematically using Taguette software.<sup>3</sup>

## Results

**52.4%** participants identified as **male** and **76.2%** identified as **Caucasian**. Participants reported an average of **10 lifetime treatment episodes**, an average of **23.7 lifetime incarceration episodes**, and substantial experience with overdose.

Average Number of Overdose Experiences



Participants described going at length to avoid interactions with first responders and medical professionals following an overdose by hesitating to call 911, refusing care, or leaving AMA. They articulated several key themes regarding the struggles they faced in attempting to seek out recovery following overdose incidents. Key themes included:

**Fear and embarrassment** (“It’s not about not wanting help. It’s about the opposite of what you’re doin’ seems so foreign, and change is so scary.”)

**Past negative experiences in hospital ED settings** (“I can remember one of the nurses, ‘I ain’t got time for this shit.’”)

**Fear of legal action** (“This hospital is known for calling the cops on people with warrants that are there. That’s why I left, ‘cause I was scared. I didn’t want to go to jail”).

## Conclusion

Our findings suggest a need to prioritize offering immediate options for treatment and mental health support before legal action. This is especially imperative due to the strong association between nonfatal overdose and consequent fatal overdose. Prioritization of mental health and outreach support over criminal charges, bed-to-bed transfers, persistent outreach efforts that include persons with lived experience, and greater options for long-term support could work to help mitigate the effects of the barriers identified by our study.<sup>4</sup> Medical professionals need to provide a welcoming environment in order to destigmatize those seeking treatment. By obtaining a better understanding of these barriers, providers can better target their approaches for recovery support.

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