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# What do people who are at high risk of dying from street-drug overdose say is needed to reduce the chance of drug death?

**Submission date**
30/01/2026

**Recruitment status**
No longer recruiting

**Registration date**
20/03/2026

**Overall study status**
Ongoing

**Last Edited**
11/08/2026

**Condition category**
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] Record updated in last year

## Plain English summary of protocol

Background and study aims
With the continuing high rates of street-drug related deaths in Scotland in recent years, there have been policy debates around interventions which may reduce the risks of drug related harm. Following the recent introduction of a drug consumption room and heroin assisted treatment centre in Glasgow, consideration has been given to similar services elsewhere e.g. in Edinburgh. Based on data describing causes of death and recent studies focussing on the subgroup of people experiencing homelessness who use street-drugs, this group are most likely to face harms. They are also frequent users of new initiatives aimed at reducing drug-harms.

Innovations to reduce drug-harms are needed more than ever in Scotland, especially for people experiencing homelessness who use street drugs. Injecting drug use and previous overdose are markers of heightened risk. It is important to understand what options those affected by both homelessness and injecting drug use want in the management of their substance use, and their wider views on recent initiatives (e.g. drug consumption rooms), before widespread rollout of such initiatives.

An independent, detailed understanding of the literature (published and unpublished) describing perspectives of this subgroup, on wants and needs in relation to services and support to help in tackling street drug-use and in general, to aid recovery, is urgently needed.

An independent, detailed understanding of the perspectives of this group (who are traditionally regarded as difficult to engage and recruit in studies) is important given their likely use of any new services such as heroin assisted treatment.

This study will address both of these gaps in our understanding, through two related studies:
1. A literature review using agreed systematic approaches to searching and extraction;
2. An interview study involving people experiencing homelessness with current injecting drug use / previous overdose across Scotland.

The literature review will involve independent researchers searching the international published and unpublished literature. After relevant articles or reports have been identified, independent researchers will closely examine them to extract relevant information. This information will be summarised and analysed to give a picture of what is known about the thoughts/experiences of people experiencing homelessness, on services (including heroin assisted treatment for example) for their street-drug use.

The following relate to the interview study:

Who can participate?
Participants who are aged 18 or over, are (or have within the last six months) experiencing homelessness and using illicit drugs (injecting or with a history of overdose), are able to give informed consent, can participate if they live in the following health board areas: Lothian, Glasgow, Tayside, Perth and Kinross, Lanarkshire, Grampian, Ayrshire and Arran, and Highland.

What does the study involve?
Participants will take part in an in-person interview conducted at a time and place convenient for them and lasting up to one hour. The interview will explore participants' goals and aspirations for the future, and their views on what would help them to manage their substance use.

What are the benefits and risks of participating?
Participants will receive a £20 voucher to compensate them for their time. Their views and insights and may contribute to policy development that will help communities across Scotland. The topics covered in the interviews have the potential to be upsetting to some; however, the research team are very experienced and know of local services that can provide support to those who need it.

Where is the study run from?
The study is being run from the Centre for Homelessness and Inclusion Health at the University of Edinburgh

When is the study starting and how long is it expected to run for?
It will run between Feb 2026 and January 2027

Who is funding the study?
UKRI (Additional Funding Scheme).

Who is the main contact?
Richard Lowrie who works in the Centre for Homelessness and Inclusion Health at the University of Edinburgh
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# Contact information

### Type(s)
Principal investigator, Scientific, Public

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# Additional identifiers

# Study information

### Scientific Title
Let the people sing: A qualitative study of the views of people experiencing homelessness who use drugs on options for the management of their substance use

### Study objectives
Background
Drug-related deaths are an issue of international concern (WHO, 2024) and disproportionately impact marginalised groups including those experiencing homelessness (NRS, 2024). Per capita, Scotland has the highest levels of drug-related deaths in Europe, a position that it has held since 2017 (NRS, 2025). Over 40% of deaths while homeless in Scotland were attributed to drug use. Within this context there has being an evolving public and political debate about which policy measures and interventions will be effective in reducing the risks of drug-related harm (PHS, 2025).

Following the recent introduction of a safer drug consumption facility and heroin assisted treatment centre in Glasgow, consideration has been given to a similar service in Edinburgh (Nicholls et al, 2023). Whilst there has been research into the acceptability of drug consumption facilities to people with lived/living experience of injecting drug use and homelessness (ibid), their wider views on the management of their substance use have been less well explored in Scotland in recent years, especially outside of the central belt. Moreover, the focus on drug consumption facilities in recent research may have narrowed the potential for experts by lived experience to give their views on other interventions or services that they think would assist them in managing their substance use. Service design and delivery will be improved by achieving a deeper understanding of this population's views.

As a distal determinant, homelessness can interact with many other factors to greatly increase the risk of drug-related harm (ACMD, 2018). It is, therefore, important to understand what options those affected by both homelessness and drug use want/need in the management of their substance use and do this in an open format that allows them to consider any potential option, which may or may not include drug consumption rooms. A detailed understanding of the perspectives of this population is needed to inform policy and potential interventions, including in the consideration of drug consumption rooms.

Objective 1
To develop a detailed understanding of international research literature, and relevant 'grey

literature', reporting the perspectives of this population in relation to their goals, hopes, and aspirations for the future and their views on what would help them to manage their substance use.

Objective 2
In Lothian, Greater Glasgow and Clyde, Lanarkshire, Tayside, Grampian, Highland, and Ayrshire and Arran NHS Health Board areas, from January 2026 to January 2027, we aim to explore the views of adults experiencing homelessness who inject drugs and/or have a history of overdose on: a) their hopes, goals, and aspirations for the future and b) options for the management of their substance use (including but not limited to drug consumption rooms).

## Ethics approval required
Ethics approval required

## Ethics approval(s)
Approved 22/01/2026, School of Health in Social Sciences Ethics Committee, The University of Edinburgh (Doorway 6, The Old Medical School, Teviot Place, Edinburgh, EH8 9AG, United Kingdom; +44 131 651 3969; ethics.hiss@ed.ac.uk), ref: 25-26NUST007

## Primary study design
Observational

## Secondary study design
Qualitative interview study

## Study type(s)

## Health condition(s) or problem(s) studied
Homelessness and illicit drug use (especially injecting drug use and/or history of overdose)

## Interventions
Objective 1
To provide both context and rationale, a literature review will be undertaken to understand the extent to which qualitative research with this population has explored with them their future goals, hopes and aspirations, and their views on what would help them to manage their substance use. The review will be undertaken using tested and agreed search terms within the following databases: Scopus, Web of Science, ASSIA, Embase, MEDLINE, and PSCYHinfo. Inclusion criteria applied: empirical papers that have been peer reviewed, published within the last 20 years, in English, reporting qualitative results (including mixed methods design where qualitative results are reported) relating to the target population's hopes/goals/aspirations /recovery and their views on managing their substance use. In addition a search of relevant policy and other 'grey literature' will be undertaken, drawing on the knowledge and expertise of the research team and citation searching.

Objective 2
In this study we aim to conduct semi-structured in-person interviews with adults experiencing homelessness who inject drugs and/or have a history of overdose to explore their goals and aspirations for the future and their views on what they think would assist them in the management of their substance use. Interviews will be conducted using a pre-developed interview guide. Within the time and resource constraints of the project, we aim to achieve a sufficient level of code saturation (Ahmed, 2025) to provide confidence in the findings an

analysis. We recognise saturation as a process rather than an event and that it is determined by analysts incrementally during fieldwork (Saunders et al, 2018). As such, predicting sample size is inherently problematic; however, we estimate that we will need to undertake at least 50 interviews before being able to reasonably assess saturation. Coding and analysis will run concurrently with data collection to facilitate the assessment of saturation during this project.

We will be supported in recruitment by third sector organisations working with people experiencing homelessness in all areas indicated. In line with Scottish legislation and policy, we will utilise a broad definition of homelessness including people in temporary accommodation and no fixed abode (e.g. sofa surfing). Third sector staff will support purposive sampling by distributing participant information describing the research to individuals they know to be eligible (i.e. homeless and using drugs) that they encounter in the course of their service delivery (e.g. on the street, in support and outreach services, and via accommodation providers). While we will aim for a mix of gender and age, we acknowledge that this population is skewed (typically more male and younger than the general population) (Scottish Government, 2024).

Individuals who express an interest in participating will be put in contact with the research team either directly or with the support of third sector staff. The research team will then work with participants (and support staff where appropriate) to arrange a suitable location, date and time to conduct the in-person interview.

Interviews will take place in or near third sector service setting agreed with the participant. These will be in-depth, semi-structured interviews lasting up to 1 hour. Participants may invite a friend, family member, or support worker to sit in on the interview should they wish to do so. The interview schedule is designed to enable conversations that explore the views of participants on their goals/hopes for the future and options for managing their substance use before asking their opinions on drug consumption rooms. In exploring this, we will ask participants about their experiences of overdose and possible triggers and circumstances surrounding these, also what (if anything) could be done to prevent overdose and drug deaths. Participants will be asked specifically about whether third sector homelessness staff could play a lead role in systematically asking about reasons / triggers for overdose e.g. through the use of a validated overdose risk assessment tool, and in supporting participants to make changes that reduce risks.

This schedule will be piloted in 2-3 interviews to assess the suitability of the framing, wording, and ordering of questions and to allow the team to discuss and refine approaches to transcription and analysis. Interviews will be audio recorded (with participant permission), fully transcribed and pseudonymised before analysis. Participants will receive a £20 shopping voucher on completion of the interview to compensate them for their time and to thank them for their participation.

Applied Thematic Analysis (Guest, MacQueen and Namey, 2012) will be utilised as it is well suited to team research and uses systematic processes. Coding will be ongoing during data collection to facilitate assessment of data saturation. Two members of the research team will independently code a sample of transcripts. The codes will then be compared to identify areas of divergence that need to be resolved with any disagreements discussed and resolved by the wider research team. Any new codes generated by analysis of the full data set will be discussed and agreed by the research team. Codes will be grouped and themes generated. These themes will be checked against the data then discussed and agreed by the research team before being written up. NVIVO software will be used to support the analysis of data in this project.

This study has been developed collaboratively and a research advisory group already established that includes senior academics, researchers, and health and third sector practitioners and managers. This group currently meets fortnightly and will continue to meet throughout the project to provide oversight and guidance.

### Intervention Type
Other

### Primary outcome(s)
1. The views of individuals who both experience homelessness and use illicit drugs on their goals /hopes for the future and on what they think would help them to manage their substance use measured using semi-structured interviews and applied thematic analysis at third sector venues between February and April 2026.

2. The extent to which the views of this population on this topic have been gathered in other research measured using a literature review at February 2026

### Key secondary outcome(s)

### Completion date
11/01/2027

## Eligibility

### Key inclusion criteria
1. Are experiencing homelessness
2. Self report as currently or recently injecting drugs, or have a history of overdose
3. Are aged 18 years or over
4. Reside in the Lothian, Glasgow, Tayside, Perth and Kinross, Lanarkshire, Ayrshire and Arran, or Highland areas
5. Are able to provide informed consent to participate in the study

### Healthy volunteers allowed
No

### Age group
Mixed

### Lower age limit
18 Years

### Upper age limit
99 Years

### Sex
All

### Total final enrolment
0

**Key exclusion criteria**
1. Inability to provide informed consent
2. Under age 18 years
3. No experience of homelessness or substance use

**Date of first enrolment**
09/02/2026

**Date of final enrolment**
31/08/2026

# Locations

**Countries of recruitment**
United Kingdom

Scotland

**Study participating centre**
**University of Edinburgh**
Old College
South Bridge
Edinburgh
Scotland
EH8 9YL

# Sponsor information

**Organisation**
University of Edinburgh

**ROR**
https://ror.org/01nrxwf90

# Funder(s)

**Funder type**

**Funder Name**
UK Research and Innovation

**Alternative Name(s)**

UKRI

**Funding Body Type**
Government organisation

**Funding Body Subtype**
National government

**Location**
United Kingdom

# Results and Publications

## Individual participant data (IPD) sharing plan

**IPD sharing plan summary**
Not expected to be made available

**Study outputs**

| Output type | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|---|---|---|---|---|---|
| Participant information sheet | version 4 | 12/01/2026 | 02/02/2026 | No | Yes |