Understanding and Responding to the Rise in Overdose Deaths Among Black and Hispanic People Who Use Drugs in Massachusetts

RACK team

NHRC 2022

Team RACK:

For the People, Body and Soul

Brandeis University

Traci

Jackie

Trish

Tom

Shikhar

Laura

Wilson

Cheryl

Margaret

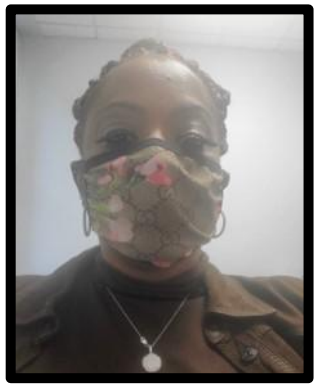
Joe

Becca

Cole

Derek

Sabrina



Monique

RACK

Goal

- **To help us understand the dynamics associated with the increasing rates of death among Hispanics and Latinx communities** (Hispanic/Latinx RACK: 2019)
- **To understand what is driving the increase in opioid involved overdose deaths among people in Massachusetts who identify as Black or African American** (ARACK: 2020-2021)

14 RACKS from 2017 to today!

Rapid Assessment of Consumer Knowledge (RACK) is a study that aims to learn from people who use drugs in order to improve programs and policies to prevent overdose. This project is funded by a grant from the Centers for Disease Control and Prevention to the Massachusetts Department of Public Health, Bureau of Substance Addiction Services

Methods

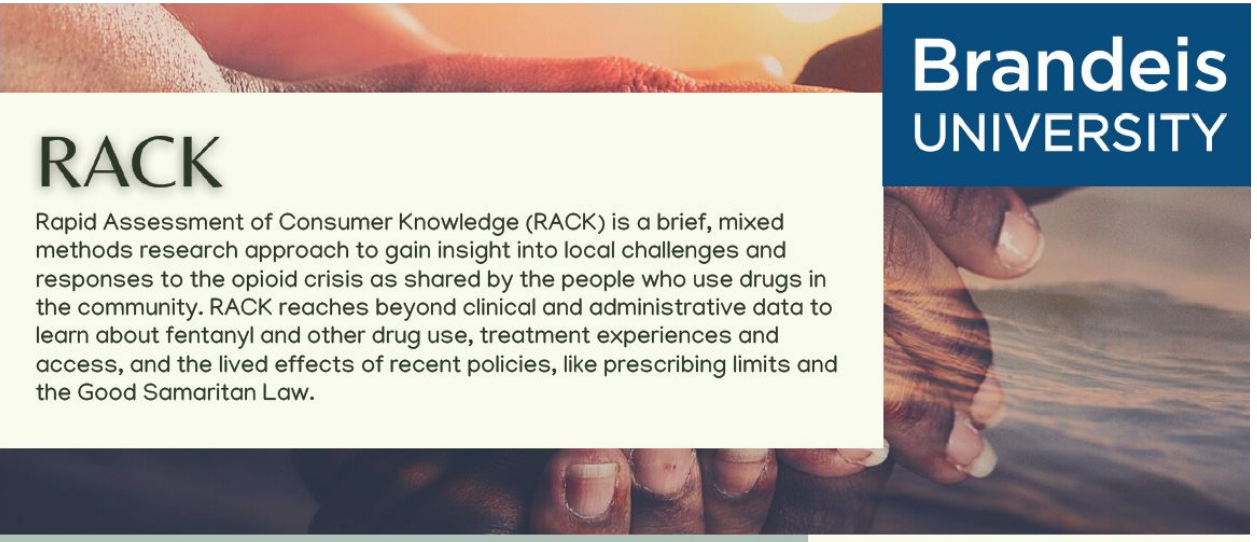
Rapid Assessment, Community-Engaged, Mixed Methods

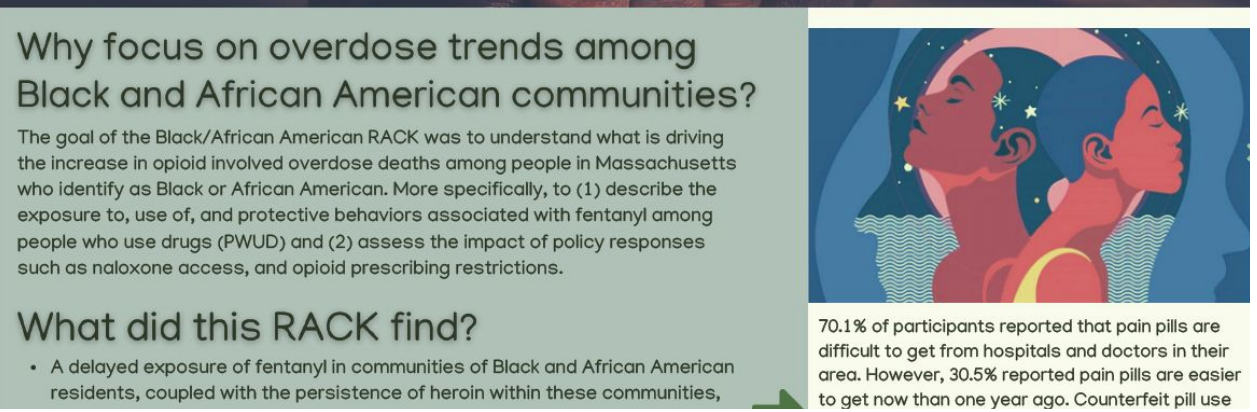
- **Rapid assessment and response framework**
- **Environmental scan, Community mapping, Policy mapping, Partner meetings:** ***Tailor plans for how, where, when***
- **Survey**: Go to where overdose burden is greatest. Ask demographics, drug use behaviors, naloxone/Narcan, overdose history, Good Samaritan Law, medication assisted treatment, diversion and drug access.
- **Qualitative one-on-one interviews**: Questions that dove deeper into survey topics. Interview recorded or transcribed.
- **Drug Checking:** Collection and analysis of drug trash samples from survey participants to better understand the contents of the local drug supply. [ARACK only]
- **Compensation**: $20 for survey participation +$20 for interview participation, $5 for up to 3 referrals, and $5 for each of up to 3 drug trash samples.
- *N=55 Hispanic/Latinx RACK, N=98 ARACK*

Community Partners and Recruitment Sites

- Syringe exchanges (e.g., Healthy Streets, Tapestry, AHOPE, Life Connections, LCHC, APW)
- Community programs (e.g., Boston Medical Center, PAACA, Seven Hills, Universal Missionary Church Brockton, HCAT)
- Police department community outreach programs (e.g., NBPD, Chicopee PD)
- Homeless shelters and soup kitchens (Rosie's Place, Pine Street Inn, Lowell Transitional Living Center, The Mustard Seed, St. John's Soup Kitchen – Worcester)

https://heller.brandeis.edu/opioidpolicy/community-resources/rack/





Community presentations of results (anywhere from 1 to 12)

One-pager synthesis of findings, implications

Policy briefings

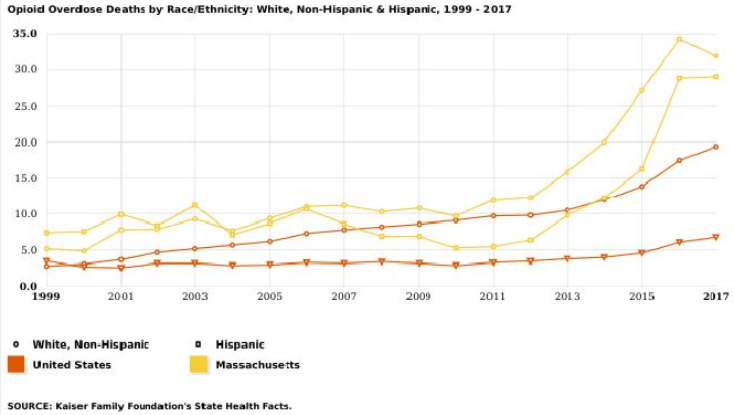
RACK: Trends in Hispanic and Latinx Communities

What is RACK?

Rapid Assessment of Consumer Knowledge (RACK) is a brief, mixed methods research approach to gain insight into local challenges and responses to the opioid crisis as shared by the people who use drugs there. RACK reaches beyond clinical and administrative data to learn about fentanyl and other drug use, treatment experiences and access, and the lived impact of recent policies, like prescribing limits and the Good Samaritan Law in Massachusetts (MA).

Why focus on overdose trends among the Hispanic/Latinx community?

- The rate of opioid overdose deaths for Hispanics has increased dramatically in MA compared with national rates.
- Recent reductions in opioid overdose deaths for white, non-Hispanics have not been observed for Hispanics.
- From analysis of past RACKs, we learned that Hispanic participants tended to use cocaine more, were less engaged in harm reduction services, and were less knowledgeable about overdose prevention tools.
- This RACK sought to understand factors contributing to these differences, cultural trends within the opioid crisis, and possible intervention points.



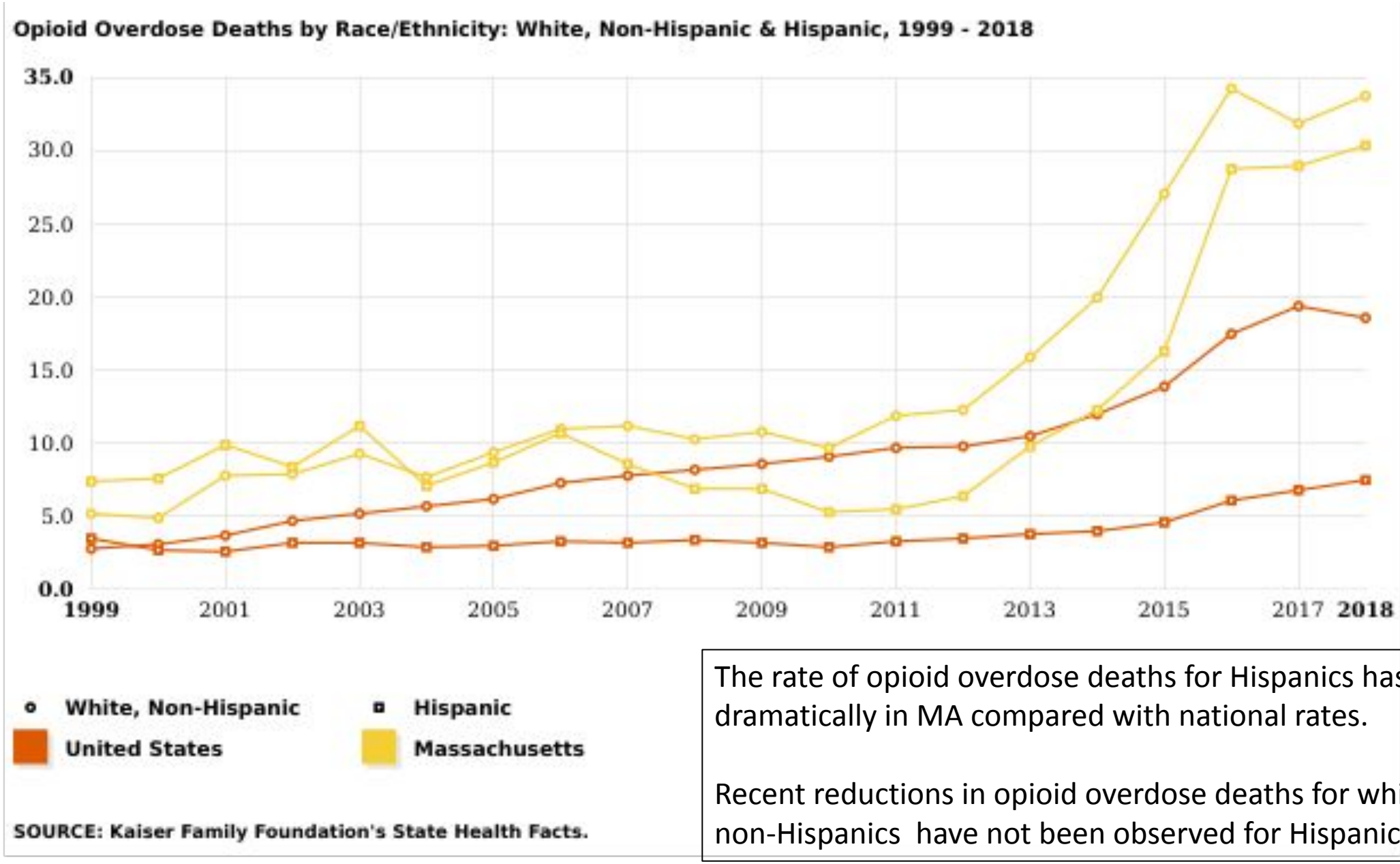
How did the RACK Hispanic/Latinx work?

A sampling plan was created proportional to places with the highest burden of Hispanic/Latinx overdose deaths in Massachusetts. The RACK team conducted extensive community

Drug	Reported Use n (%)	Route of Administration n (%)
Heroin	34 (65)	Snort: 9 (26) Inject: 27 (79)

RACK Return on Investment

Empowerment	Services	Innovations	Feedback loop
Direct line of communication from street to state decisionmakers	Syringe service programs opened, services expanded	Statewide drug checking program	Structural changes to contracts, processes, delivery, funding
Centering local challenges	Fentanyl test strip access	COVID-19 Isolation and Recovery Site harm reduction protocols	Services that need help, technical assistance
Harm reduction program-research collaborations, networks established	Safer smoking supplies	Harm reduction housing	Elevating voices and programs
			Identify problem areas (section 35)



The rate of opioid overdose deaths for Hispanics has increased dramatically in MA compared with national rates.

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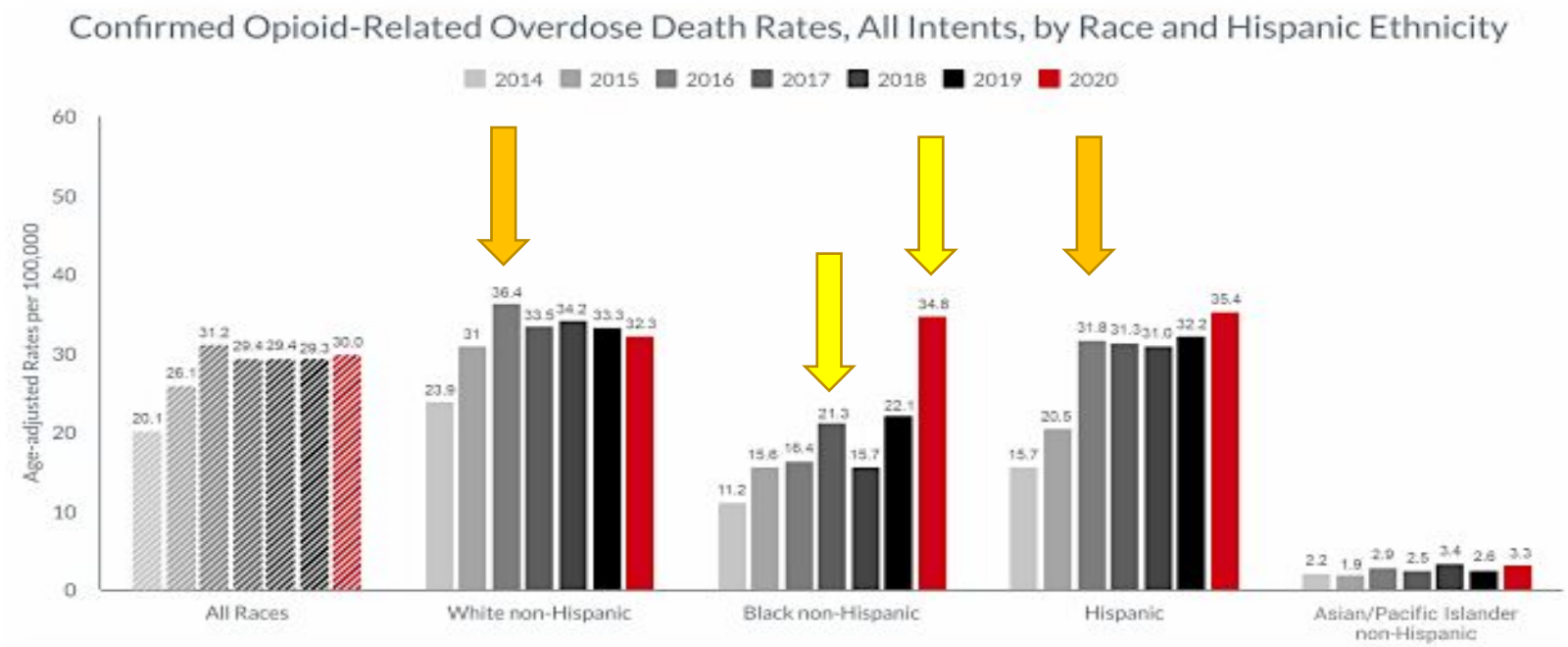
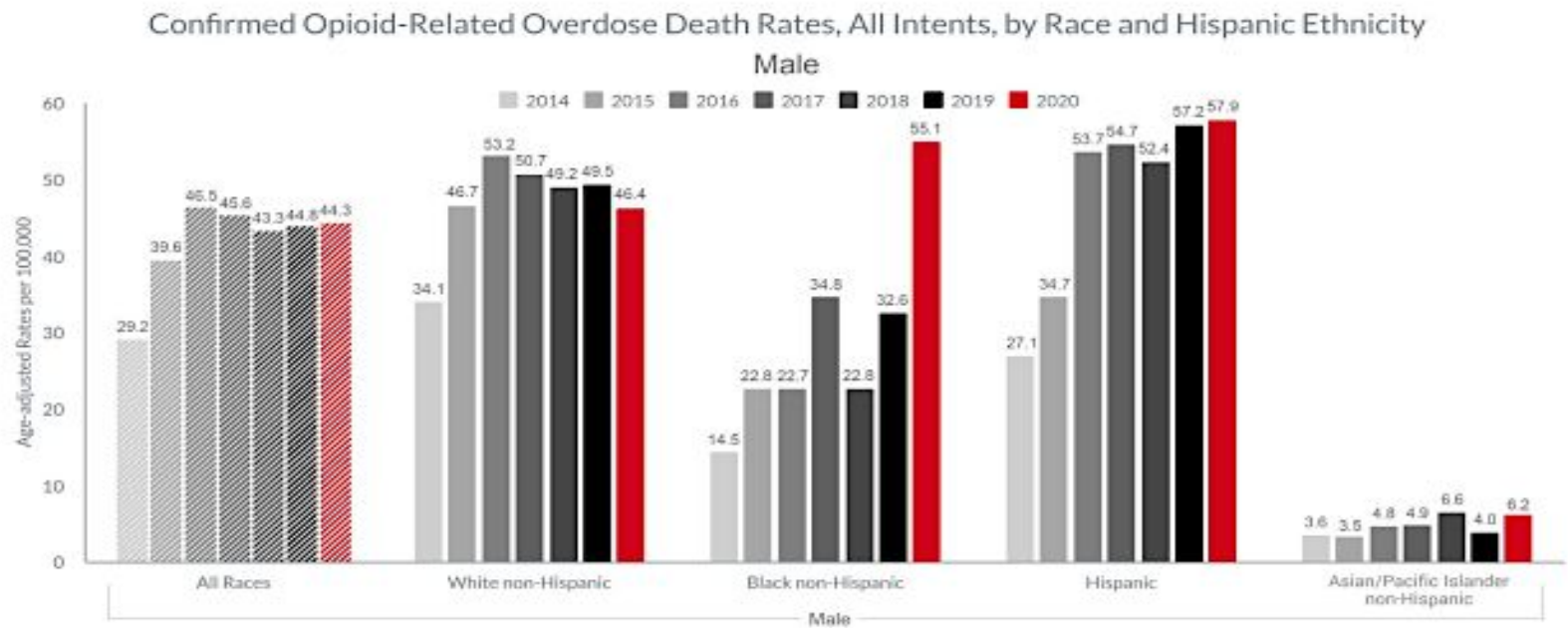

Confirmed Opioid-Related Overdose Death Rates, All Intents, by Race and Hispanic Ethnicity
2014 2015 2016 2017 2018 2019 2020
Age-adjusted Rates per 100,000
0 10 20 30 40 50 60
20.1 26.1 31.2 29.4 29.4 29.3 30.0
23.9 31 36.4 33.5 34.2 33.3 32.3
11.2 15.6 16.4 21.3 15.7 22.1 34.8
15.7 20.5 31.8 31.3 31.0 32.2 35.4
2.2 1.9 2.9 2.5 3.4 2.6 3.3
All Races
White non-Hispanic
Black non-Hispanic
Hispanic
Asian/Pacific Islander non-Hispanic


Confirmed Opioid-Related Overdose Death Rates, All Intents, by Race and Hispanic Ethnicity
Male
2014 2015 2016 2017 2018 2019 2020
Age-adjusted Rates per 100,000
0 10 20 30 40 50 60
29.2 39.6 46.5 45.6 43.3 44.8 44.3
34.1 46.7 53.2 50.7 49.2 49.5 46.4
14.5 22.8 22.7 34.8 22.8 32.6 55.1
27.1 34.7 53.7 54.7 52.4 57.2 57.9
3.6 3.5 4.8 4.9 6.6 4.0 6.2
All Races
White non-Hispanic
Black non-Hispanic
Hispanic
Asian/Pacific Islander non-Hispanic
Male

Source: MDPH

Why are fatal overdose trends rising?

"There has been a major change in the drug supply that is going to Black people."

FENTANYL

- Because fentanyl is strong and people aren't putting enough cut in it or they don't have a high tolerance
- They [Black and African American people who use drugs] are getting turned onto fentanyl; People starting to use fentanyl that never used before
- People selling and get caught up In using themselves.

UNPREPARED

- People are cutting up heroin with fentanyl to get more money and don't realize they are killing people
- Black people don't know about fentanyl; People are not aware of certain dangers, people are not taught these things.
- Not practicing safe use/ People are not using narcan. Don't care to get it

DEPRESSION and HOPELESSNESS

- Depression. Don't want to feel. The depression is real and the drugs are too strong
- People are depressed. Over the past 4 years, when Trump was in office, there was a lot of hatred. A lot more hatred than love across the board
- So many people are so miserable and sad; they are using to forget and to not think about what's going on. More people are using drugs because more is wrong with the world

RACISM, CONSPIRACY

- People upset about racism and not having a lot, use drugs to cope
- Because these neighborhoods are where they flood the drugs in
- You (White people) gave us the drugs.

What makes these 2 RACK projects different

Overarching Lens

- Intergenerational trauma
- Racism, everyday discrimination

Result

- Deep mistrust: 911/help seeking, MOUD, harm reduction, Section 35 (civil commitment), governmental actions
- Stigma & stigma management
- Limited visibility in tx settings: “I just don’t see them”
- Illicit parallel markets: alcohol, tobacco, marijuana, pills, heroin
- Isolation and using alone
- Abstinence, self-reliance
- Use as coping and provision of drugs as a form of care
- Community, peers, family, faith, culture

Hispanic/Latinx RACK	Black and African American RACK	Cross-cutting Implication
Risk of overdose among Hispanic/Latinx community is heavily tied to cocaine and fentanyl supply. Contamination, inexperienced exposure are main risk mechanisms.	High prevalence of cocaine, crack use and patterns of opioid use perpetuate fentanyl exposure. Misconceptions fuel risk.	**Supply-related factors are core to surge and persistent disparities; newer and more public health-oriented supply approaches needed.**
	Delayed fentanyl exposure, heroin persistence in communities with high proportion Black/AA residents led to surge in and continued high fatal overdose rates.	*Drug checking programming in communities with higher burden* *Fentanyl test strip distribution, safer consumption materials (sniffing, smoking)*
	Entrance of counterfeit prescription pills with strong fentanyl analogs contributed to fatal overdose in initial surge; risk persists with counterfeit pills.	*Supplier-based interventions/outreach* *Comprehensive chronic pain care*
1	Drug market reorganization, changes in drug distribution pathways led to intensified market competition, contamination of powders/pills, more frequent distribution errors, and this continues to intensify in different municipalities.	

Hispanic/Latinx RACK	Black and African American RACK	Cross-cutting Implication
Improving access to harm reduction services and knowledge of laws around help seeking may be insufficient to address hidden risk. Tailored approaches are indicated.	Underutilization of harm reduction materials and services, poor access to evidence-based treatments, and limited opportunities in recovery	**Current approaches are good but leave many people of color out and fail to consider the risk calculus of seeking help or existing protective strategies.**
	Self/protective isolation shields PWUD from violence but increases risk of unwitnessed use and undermines intervention prospects	**Responses need to evolve to reach those a) not using by injection, b) not using drugs regularly, c) not using opioids but at risk of opioid overdose, d) avoiding behavioral health treatment and harm reduction services**
		Improve medication treatment uptake and access in jails/prisons, urgent care, community health centers, pharmacies *Stimulant care, supports, materials in affected communities*

Hispanic/Latinx RACK	Black and African American RACK	Cross-cutting Implication
Cultural, community, and current political factors create increased harm, poor treatment engagement, and this is borne heavily by people who use drugs and the Hispanic/Latinx community.	Structural barriers are overwhelming and worsened by racial injustices, mistrust in health and public safety systems	**Structural interventions are crucial to advance the health of racial and ethnic minority people who use drugs**
		Nurture supports for Hispanic/Latinx families affected by drug use *Decarceration, medication treatment in criminal justice settings* *Support, encourage, incentivize diverse leadership, training, employment; contracting with diverse organizations*

Hispanic/Latinx RACK	Black and African American RACK	Cross-cutting Implication
Focus on role of healthcare provider, family as source of trusted info and help on physical and mental health concerns; and friends, supplier, community programs and family for drug use knowledge and safety may help.	Strength, trust, and resilience in community, peers, suppliers, faith, culture, as sources of pride, respect, needed future investment and collaboration.	**Evolution required: Traditional and non-traditional partners, touchpoints, and intervention points needed** **Move to a more comprehensive approach partnering with and addressing underlying social determinants, poverty.**
		Expand basic overdose prevention, fentanyl awareness and harm reduction materials/service provision relevant to communities of color such as through secondary distribution, ambassador models, mutual aid groups, and to non-traditional community-based settings (barbershops, bodegas, churches, food pantries, soup kitchens, parks)

How did we get here?

High prevalence of cocaine, crack use and patterns of opioid use perpetuate fentanyl exposure. Misconceptions fuel risk.

		Route of Admin.	Powder Cocaine	Crack
Any Cocaine/crack use 85/98 (86.7%)	*Powder Cocaine:* 50/98 (51.0%) *Crack*: 73/98 (74.5%)		n=50 (%)	n=73 (%)
		Snort	29 (58.0)	3 (4.1)
		Inject	15 (30.0)	7 (9.6)
		Smoke	15 (30.0)	71 (97.3)
Cocaine/crack use ONLY, no F/H 51/98 (52.0%)	*Powder Cocaine:* 30/51 (58.8) *Crack:* 40/51 (78.4)		n=29 (%)	n=40 (%)
		Snort	19 (66.5)	1 (2.5)
		Inject	3 (10.3)	0 (0.0)
		Smoke	9 (31.0)	39 (97.5)
Sequential use: cocaine then opioid, 15/98 (15.3%)	*Powder Cocaine*: 8/15 (53.3) *Crack*: 14/15 (93.3)		n=8 (%):	n=14 (%):
		Snort	2 (25.0)	0 (0.0)
		Inject	6 (75.0)	3 (21.4)
		Smoke	1 (12.5)	14 (100.0)

Note: n values for routes of administration may exceed the sample size due to participants denoting multiple routes.

6009: *Usually by the time that I'm trying heroin, or attempting to do heroin, it's after I've already like consumed five to six drinks, heavy drinks, smoking a lot of weed and done crack. It's not like my best thinking when I do heroin. [It's like] let's come down after being so high off crack, you know, trying to like self-medicate.*

Cocaine and Crack Use Patterns-Lower Risk

		Route of Administration	Powder Cocaine	Crack
Use only with MAT medications (N=3)	*Powder Cocaine*: 2/3 (66.7) *Crack*: 3/3 (100)		(n=2):	(n=3):
		Snort	1 (50.0)	0 (0.0)
		Inject	0 (0)	0 (0.0)
		Smoke	1 (50.0)	3 (100.0)
Speedball (use of cocaine + heroin/ fentanyl): (N=6)	*Powder Cocaine*: 4/6 (66.7) *Crack*: 6/6 (100)		(n=4):	(n=6):
		Snort	2 (50.0)	0 (0.0)
		Inject	4 (100.0)	4 (66.7)
		Smoke	1 (25.0)	6 (100.0)
Sequential use: opioid then cocaine (N=2)	*Powder Cocaine*: 1/2 (50.0) *Crack*: 2/2 (100)		(n=1):	(n=2):
		Snort	1 (100)	0 (0.0)
		Inject	0 (0)	0 (0.0)
		Smoke	0 (0)	2 (100.0)

Note: n values for routes of administration may exceed the sample size due to participants denoting multiple routes.

6016: *Yeah, [depends on] what my plans are….Like if I wanna be up, I'll do a little dope first, and then I'll get it back with a little bit of coke, so I'll be up….If I wanna get laid back and chill and relaxed, I just do a little bit of dope. You know what I'm saying? Save the coke for in the morning or whatever.*

Primary drug of choice/primary route: cocaine, crack

- Many Black/AA people use crack or cocaine and are not aware of fentanyl contamination and the need to use with other people so that someone else can intervene if one overdoses

- Others may use crack or cocaine and then heroin/fentanyl (primary sniff) and/or alcohol or benzo to come down – with fentanyl in the drug supply, sequential use presents greater risk

7024: My last overdose was, somebody had told me it was cocaine. So I went down by Speedway down there and as soon as I started walking this way, I was feeling all right, until, like, ended up at the store and fell over….It was the fentanyl. That's what it is. The thing is, I thought it was cocaine.

Primary drug of choice/primary route: opioids

- Many Black/AA people do not use opioids by injection, and many do not perceive they need services/materials/care
- “Black people sniff” and this is seen as protective against stigma, addiction, and overdose

6007: A lot of Black people like sniff heroin. You know, or, they just don’t be in public like that with just shooting drugs in anywhere…..You don’t really see Black people too much walking down the street shooting up in their neck or, you know, period, just intravenous drug use, period.

6073: I used to think, because I was sniffing, I was better than the person who was injecting it. I used to refer to them as, they're a fucking junkie.

7034: I sniff so I can, I got more leverage on being safe.

Drug market reorganization, changes in drug distribution pathways led to intensified market competition, contamination of powders/pills, more frequent distribution errors, and this continues to intensify in different municipalities.

Perceived Availability of Drugs on the Street n (%)						
	< 15 mins	Less than an hour	A few hours	A day	A few days	Don't know
Buprenorphine/ Suboxone (n=12)	**3 (25)**	**3 (25)**	**1 (8)**	**1 (8)**	**1 (8)**	**1 (8)**
Heroin (n=38)	**30 (79)**	**6 (16)**	2 (5)	---	---	---
Fentanyl (n=22)	**15 (68)**	**5 (23)**	1 (5)	---	---	--
Benzodiazepines (n=14)	**4 (29)**	**5 (36)**	---	1 (7)	1 (7)	3 (21)
Rx Opioids (n=11)	**5 (46)**	**3 (27)**	---	---	1 (9)	2 (18)
Cocaine (powder) (n=43)	**30 (70)**	**6 (14)**	2 (4.5)		3 (7)	2 (4.5)
Crack (n=68)	**52 (77)**	**9 (13)**	4 (6)	1 (2)	1 (2)	---
Methamphetamine (n=8)	**2 (25)**	**2 (25)**	1 (12.5)	---	2 (25)	1 (12.5)
Marijuana (n=50)	**37 (74)**	**10 (20)**	2 (4)	---	---	---

20/98 (20.4%) reported getting drugs for free

Type of Substance	Estimated Street Price (Average)
Buprenorphine/ Suboxone	$7.80/strip
Heroin	**$184.94/gram**
Fentanyl	**$160.80/gram**
Benzodiazepines	$10.54/per mg
Rx opioids	**$18.73/per pill**
Cocaine	**$60.56/gram**
Crack	**$88.15/gram**
Methamphetamine	$68.58/gram
Marijuana	$13.30/gram

A majority stated fentanyl and heroin are sold separately: 23/43 (53.5%)

Forms of Cocaine-Fentanyl Contamination

Powder — **Sold as: Not Specified**

ID:	9672
Name:	Powder
Other Names:	
UniqueCode:	AC2020B325
Marquis:	Unknown
Mecke:	Unknown
Mandelin:	Unknown
GC/MS:	

- Fentanyl : 10
- 4-ANPP : 5
- Phenethyl 4-ANPP : 1

Test Date:	Jan 21
Pub. Date:	Jan 21
Src Location:	Lawre
Submitter Loc:	Lawre United
Color:	Unkno
Size:	-
Data Source:	Drugs (Ecsta
Tested by:	DDL
Lab's ID:	21010

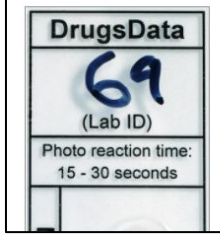
Sold as: Not Specified
Expected to be: Not Specified

Lab comments:
big GC/MS response for fentanyl

Description
Sample submitted along with dollar bill presumably used to insuf powder, but no details were provided.

Experience Note: Sample associated with adverse health event.

Cocaine — **Sold as: Cocaine**



ID:	8781
Name:	Cocaine
Other Names:	
UniqueCode:	AC2020B075
Marquis:	No Reaction
Mecke:	No Reaction
Mandelin:	No Reaction
GC/MS:	

- Fentanyl : 4
- Cocaine : 1

Test Date:	Jul 28,
Pub. Date:	Jul 28,
Src Location:	Lowell
Submitter Loc:	Boston United
Color:	Tan
Size:	10 mg
Data Source:	DrugsD (Ecsta
Tested by:	DDL
Lab's ID:	20070

Sold as: Cocaine
Expected to be: Not Specified

Lab comments:
Small GCMS response for both drugs; limited sample size.

Description
Trace tan powder and cooker.

BTNX Fentanyl Test Strip (prior to sending in sample): Positive

Tan Residue — **Sold as: Not Specified**

ID:	10331
Name:	Tan Residue
Other Names:	
UniqueCode:	AC2021B645
Marquis:	Unknown
Mecke:	Unknown
Mandelin:	Unknown
GC/MS:	

- Fentanyl : 46.67
- Cocaine : 26.67
- 4-Fluorofentanyl : 13.33
- Phenethyl 4-ANPP : 3.33
- 4-ANPP : 1.00
- THC : 1.00

Test Date:	May
Pub. Date:	May
Src Location:	New
Submitter Loc:	New Unite
Color:	Tan
Size:	1 mg
Data Source:	Drug (Ecs
Tested by:	DDL
Lab's ID:	2104

Sold as: Not Specified
Expected to be: Not Specified

Description
Small amount of tan powder in baggie.

Sample associated with adverse health event.

White Powder — **Sold as: Not Specified** — **ID: 8764**

ID:	8764
Name:	White Powder
Other Names:	
UniqueCode:	AC2020B046
Marquis:	Unknown
Mecke:	Unknown
Mandelin:	Unknown
GC/MS:	

- Fentanyl : 5
- Cocaine : 3
- Caffeine : 1

Test Date:	Jul 21, 2020
Pub. Date:	Jul 21, 2020
Src Location:	Lynn, MA
Submitter Loc:	Lynn, MA United States
Color:	Off White
Size:	5 mg
Data Source:	DrugsData (EcstasyData)
Tested by:	DDL
Lab's ID:	20070048

Sold as: Not Specified
Expected to be: Not Specified

Description
Trace powder powder in baggie.

Tan Residue — **Sold as: Not Specified** — **ID: 10944**

ID:	10944
Name:	Tan Residue
Other Names:	
UniqueCode:	AC2021B835
Marquis:	Unknown
Mecke:	Unknown
Mandelin:	Unknown
GC/MS:	

- Cocaine : 10
- Fentanyl : 6
- Xylazine : 1

Test Date:	Aug 09, 2021
Pub. Date:	Aug 10, 2021
Src Location:	Quincy, MA
Submitter Loc:	Boston, MA United States
Color:	Tan
Size:	1 mg
Data Source:	DrugsData (EcstasyData)
Tested by:	DDL
Lab's ID:	21070150

White Powder — **Sold as: Not Specified** — **ID: 10489**

ID:	10489
Name:	White Powder
Other Names:	
UniqueCode:	AC2021B727
Marquis:	Unknown
Mecke:	Unknown
Mandelin:	Unknown
GC/MS:	

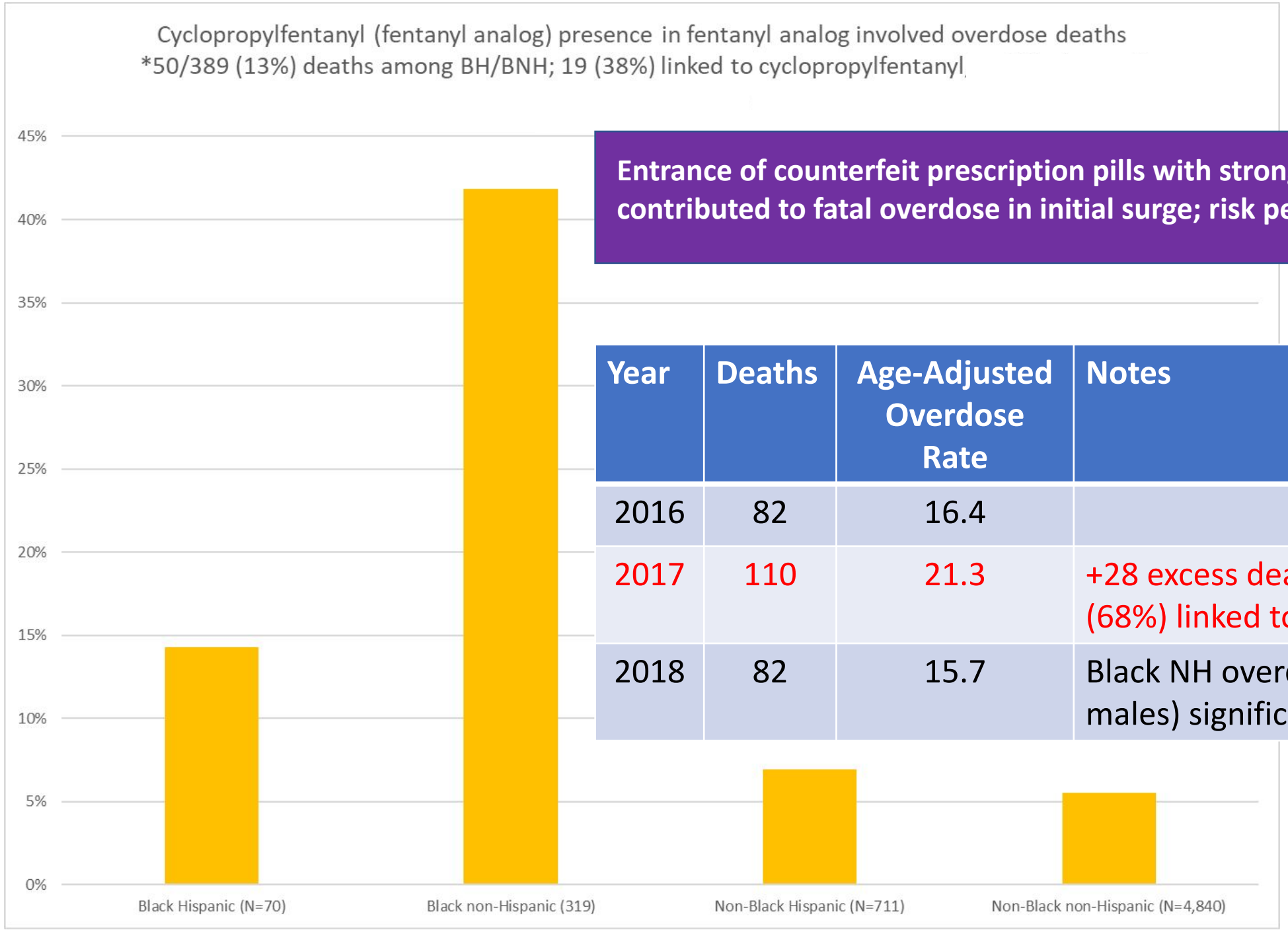
- Cocaine : 30.00
- Fentanyl : 5.00
- Methylecgonidine : 2.50
- 4-ANPP : 1.00

Test Date:	Jun 04, 2021
Pub. Date:	Jun 04, 2021
Src Location:	Lawrence, MA
Submitter Loc:	Lawrence, MA United States
Color:	White
Size:	1 mg
Data Source:	DrugsData (EcstasyData)
Tested by:	DDL
Lab's ID:	21050126

Sold as: Not Specified
Expected to be: Not Specified

Description
White powder residue in baggie.

BTNX Fentanyl Test Strip (prior to sending in sample): Positive



Entrance of counterfeit prescription pills with strong fentanyl analogs contributed to fatal overdose in initial surge; risk persists with counterfeit pills

Year	Deaths	Age-Adjusted Overdose Rate	Notes
2016	82	16.4	
2017	110	21.3	+28 excess deaths in one year: 19 (68%) linked to cyclopropyl fentanyl
2018	82	15.7	Black NH overdose rate (overall, males) significantly declined

Source: SUDORS, MDPH

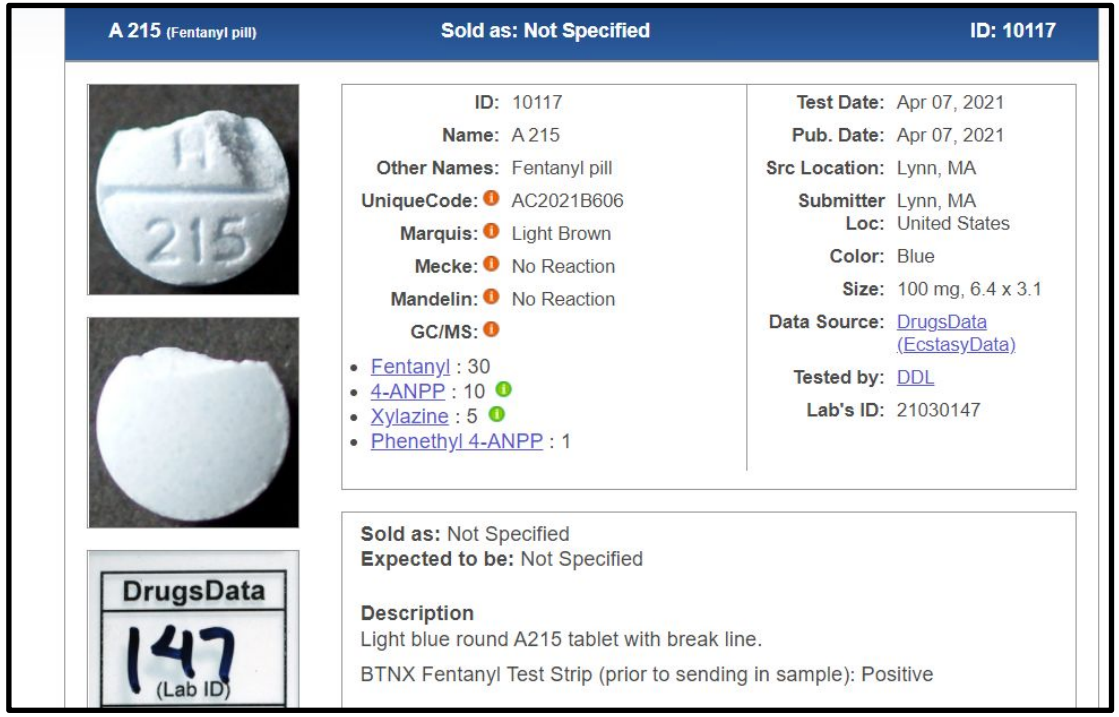
5 ENTRIES TOTAL | ENTRIES PER PAGE: 100 | PAGE: 1 / 1 | ANY RESULT WITH CYCLOPROPYL FENTANYL

Photo	Sample Name	Active Contents: Substance	Active Contents: Ratio / Amounts	Date Published	Date Tested	Location	Data Source
	MAF Methoxyacetylfentanyl Code: LA002 Sold as: Methoxyacetylfentanyl	• Chloroethcathinone • Cyclopropyl Fentanyl	• 1 • 1	Nov 01, 2018	Oct 25, 2018	Online, Poland	DrugsData (EcstasyData
	Counterfeit Xanax Sold as: Not Specified	• Cyclopentyl Fentanyl • Cyclopropyl Fentanyl	• •	Mar 23, 2018	Feb 06, 2018	Stockholm, Sweden	Media Repo [Direct Link
	Counterfeit Oxycodone A 215 Code: XA2015Z Sold as: Oxycodone	• Cyclopropyl Fentanyl	• 1	Nov 06, 2017	Nov 05, 2017	Huntington Beach, CA	DrugsData (EcstasyData
	Counterfeit Oxycodone Percocet Sold as: Oxycodone, Percocet	• Cyclopropyl Fentanyl • U-47700	• •	Jun 13, 2017	Jun 13, 2017	GA	Media Repo [Direct Link
	Alprazolam Xanax Code: X1955 Sold as: Alprazolam	• Cyclopropyl Fentanyl • 4-ANPP	• 7 • 1	May 18, 2017	May 18, 2017	Miami, FL	DrugsData (EcstasyData

“We just didn’t see them”

S

Prescription Opioid Use & Counterfeits



A 215 (Fentanyl pill) **Sold as: Not Specified** **ID: 10117**

ID: 10117
Name: A 215
Other Names: Fentanyl pill
UniqueCode: AC2021B606
Marquis: Light Brown
Mecke: No Reaction
Mandelin: No Reaction
GC/MS:

- Fentanyl : 30
- 4-ANPP : 10
- Xylazine : 5
- Phenethyl 4-ANPP : 1

Test Date: Apr 07, 2021
Pub. Date: Apr 07, 2021
Src Location: Lynn, MA
Submitter Loc: Lynn, MA United States
Color: Blue
Size: 100 mg, 6.4 x 3.1
Data Source: DrugsData (EcstasyData)
Tested by: DDL
Lab's ID: 21030147

Sold as: Not Specified
Expected to be: Not Specified

Description
Light blue round A215 tablet with break line.

BTNX Fentanyl Test Strip (prior to sending in sample): Positive

- 70.1% (53/75) report that pain pills are difficult to get from hospitals/doctors in their area
- 30.5% (29/95) report that pain pills are **easier to get now** than one year ago
- 48% of those with past month pain pill use (11/23) report counterfeit pill use in the past 1-2 years, 11.2% overall sample
- Most common pills counterfeited are oxycodone, benzodiazepine

Before we dive into the next part

A BRIEF PAUSE—CHECK IN

Current approaches are good but leave many people of color out and fail to consider the risk calculus of seeking help or existing protective strategies

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Naloxone Access

92% Know what naloxone is

86% Know where to get naloxone

90% easy to access locally

42% Currently have naloxone & been trained to use it

Trained at CBO, SSP, jail, pharmacy, rarely by a friend

Naloxone administered at last witnessed overdose
62% Yes, 13% No, 12% Don't know/didn't stay
GOAL: 80%+ Yes

6061: [Narcan] helps sometimes. Like, they say from what I've heard like, I honestly don't know. [I don't carry it]. Not on me. No, [I don't know where to get it].

6027: *No, ma'am [I don't have Narcan with me]. The fire people came and did a thing on it in my building. Did I take any? [No,]* ***I don't have a reason to take any…I don't need it.***

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Awareness of Fentanyl, Managing Risk

- Variable awareness of fentanyl
- Only 57% reported past year use of fentanyl (55/97): 10% fentanyl-seeking, 46% suspected contamination, mostly heroin but also cocaine, crack, marijuana

Participants who only used crack/cocaine or only snorted heroin were at high risk:

- Limited awareness of fentanyl in the crack/cocaine supply (caveat –some had/knew of overdose on fentanyl contaminated crack or they tested positive for fentanyl but only intentionally consumed crack)
- Limited concern about fentanyl overdose risk
- Limited awareness about fentanyl in cocaine/crack supply
- Using alone was commonly reported
- Few carried naloxone

Although less so than prior RACKs, many participants who intentionally used heroin/fentanyl engaged in harm reduction techniques:

- Using less
- Intentionally used heroin/fentanyl with others
- Buy from a trusted supplier
- Some carried naloxone (more common in Boston and/or if overdosed before)

Participant Quotes

***6016**: So even if I'm sniffing, I **don't get high alone because there could be fentanyl in it**. You know what I'm saying? And it don't take much of that to put you out. You know, so whenever I'm using heroin, that's something that I don't do alone. But anything else, you know, I pretty much do it when I want to.*

Undermining Preventive Approaches

- Don’t carry Naloxone b/c don’t perceive personal or network risk
- Don’t see need to carry naloxone
  - Overdoses perceived to be rare by some so why carry around, particularly if it is accessible
- Don’t want to carry because inconsistent with self-identity
  - Perceive as casual user, dabbler not someone with addiction (cognitive distancing)
  - If you have naloxone on you, it means you use drugs so equipping yourself with something means you are a drug user

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Neighborhood considerations in 911 help-seeking

INTERVIEWEE: A lot of people know what they doing out here. We really don't like the police to come around here. Because once you call 911 it just leads to a lot of other shit. Police coming, clear and they…and now the drug dealers gotta go that way. And **now people who get money, the customers are going that way. So, someone OD and the police, the fire department and the ambulance, it breaks everything up. And that's like everything. Especially to a person who's making money.**

INTERVIEWER: Yeah, that **affects your business.** Everybody's business.

INTERVIEWEE: You got customers who come, they wanna get they drugs, they can't get it because they dealer's way over there. So we try to help each other and help ourselves before we need help from the officials. 7034

Responses need to evolve to reach those a) not using by injection, b) not using drugs regularly, c) not using opioids but at risk of opioid overdose, d) avoiding behavioral health treatment and harm reduction services

Safety Measures Used By PWUDs

- **Some believed it was not possible to effectively prevent an overdose.**

- Safety measures named by some are of questionable effectiveness:
  - Sniffing instead of injecting
  - Asking supplier about quality, identification
  - Not using regularly
  - Rerocking/purifying crack/ Making one's own crack

- Other strategies do work though are not commonly reported and/or always utilized:
  - Keeping naloxone on hand
  - Not using alone
  - Drug checking

- Hopeless: Believe it or not nobody can keep themselves safe from overdosing , right? 7032
- Asking: You gotta ask the questions of the seller, to see if he really giving you the right stuff, you know what I mean? 7024
- Sniffing: …because I sniff so I can, I got more leverage on being safe. Like the people who shoot, they really rolling dice because they don't know how much really to put in. 7034
- Slow down: It's just simple as that. Put the needle down or they gonna put me in the ground. 6022
- Rerocking: I take all the ingredients and all that shit out and I just burn [Fentanyl] out of it. I try to avoid it. Only reason is because, the way that, I got no tolerance for it, you know what I mean? 7024
- Not using alone: I don't use alone. I make sure the Narcan is close. 7037
- Testing: They'll bring them the product and get tested and basically AHOPE doesn't necessarily tell them this is good, this is bad. They get the print out of it and you make the decision, if it's good or bad or if you agree with the mix that's in the drug. 7034

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Perceptions of Harm Reduction and MAT (N = 96)

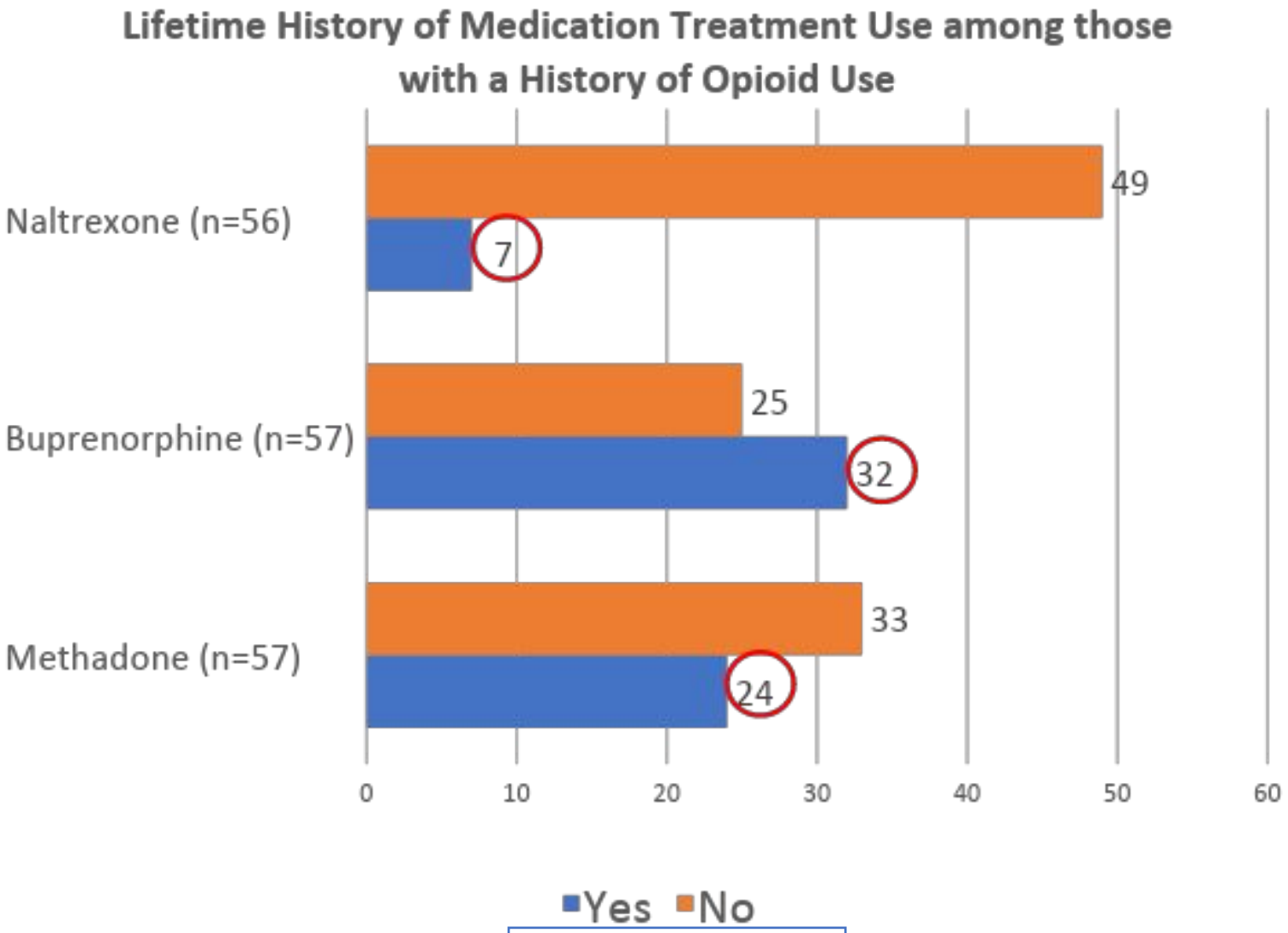
How much do you personally agree or disagree with these statements?	Strongly agree n (%)	Agree n (%)	Neutral n (%)	Disagree n (%)	Strongly Disagree n (%)
I don't want to be seen going to a syringe exchange program.	11 (11)	22 (23)	16 (17)	29 (30)	18 (19)
Syringe exchange programs aren't for people like me.	8 (8)	17 (18)	14 (15)	36 (37)	21 (22)
Keeping naloxone (Narcan) around promotes more drug use.	7 (7)	14 (15)	8 (8)	43 (45)	24 (25)
Methadone is just trading one drug for another.	15 (16)	41 (43)	10 (10)	21 (22)	9 (10)
Methadone ruins your bones and teeth.	19 (20)	34 (36)	28 (29)	10 (10)	5 (5)
I don't want to be seen going to a clinic for my addiction.	9 (9)	23 (24)	5 (5)	42 (44)	18 (18)
Methadone works as well as buprenorphine/Suboxone to treat addiction.	11 (12)	36 (38)	33 (34)	9 (9)	7 (7)
People should be on buprenorphine/Suboxone for as long as they need to treat their addiction.	21 (22)	42 (44)	9 (9)	16 (17)	8 (8)
Buprenorphine/Suboxone is treatment that works for white people.	10 (10)	0 (0)	17 (18)	39 (41)	30 (31)

Use of Medication Treatment

- For many, medication treatment was not sought out (n=52) or not needed (n=35)
- 58% (57/98) reported prior opioid use

Average Number of Times on Medication

- 1.5 Methadone
  - 11% currently on (6/57)
- 1.1 Naltrexone
  - 2% currently on (1/57)
- 1.7 Suboxone/Buprenorphine
  - 18% currently on (10/57)
  - 44% had ever taken without a prescription (25/57), 24% of whom had done so in the past month (6/25)



* Count is reported

Structural interventions are crucial to advance the health of racial and ethnic minority people who use drugs

Structural Racism: Barriers to harm reduction, treatment, healthcare

Representation & Cultural Humility

- ***KI002:*** *When we're talking about accessibility and wanting to go to a place where people are like you, understand you, support you, you know,* ***instead of having to fit into a dominant of what's norm or what your goals should be or what your recovery should look like****… I think there's a lot of that*

  They're expanding… like the OBAT program where, you know, you won't have to do inpatient. They can do induction in ERs or as outpatient or whatever. But once again, you know, how culturally competent or … How much cultural humility do they have, you know? How open are they to that?

Differential Access

- ***6022:*** *Black folks down there are not getting take-homes [from OTP] but the White people are.*
- *Let's say for instance, one of my White friends that's on the clinic with me…He'll be like, "I'll take you to this doctor. You got, 200 dollars? You'll get everything you want….you name it. He's writing it." I was like, "Can you take me? I got the 200 dollars." [The doctor], he ain't gonna give it to you. He gonna tell you he got enough people.*

- ***6007:*** *You know, but some people got treated differently. I don't know, it seemed like [the clinic staff] were willing to help certain people more than others [due to race]. [White people] could screw up a lot of times before they would actually get kicked off the program.*

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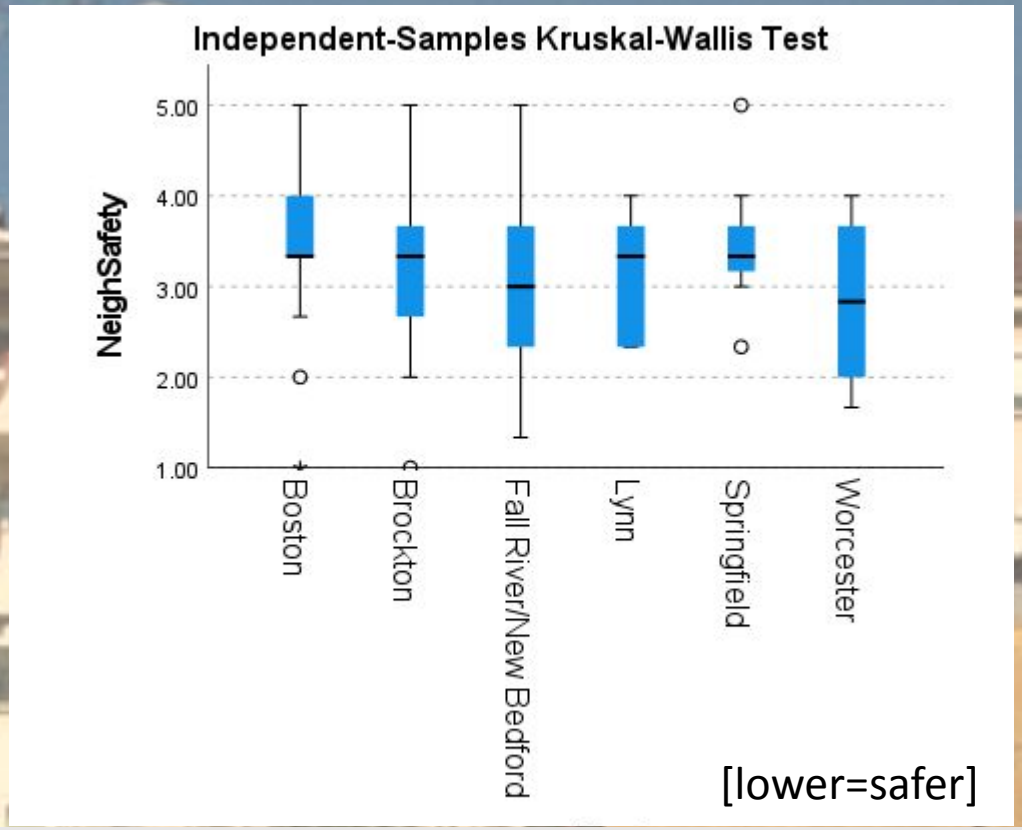
Histories of Personal Violence & Neighborhood Safety Scale (N = 98)



Example item: My neighborhood is safe from crime.

Ever attacked/stabbed with a knife (38.5%)

- 1x: 17 participants
- 2x: 11 participants
- ≥ 3x: 19 participants

17 stabbed/attacked *in past 2 years*

Ever been shot with a gun (29%)

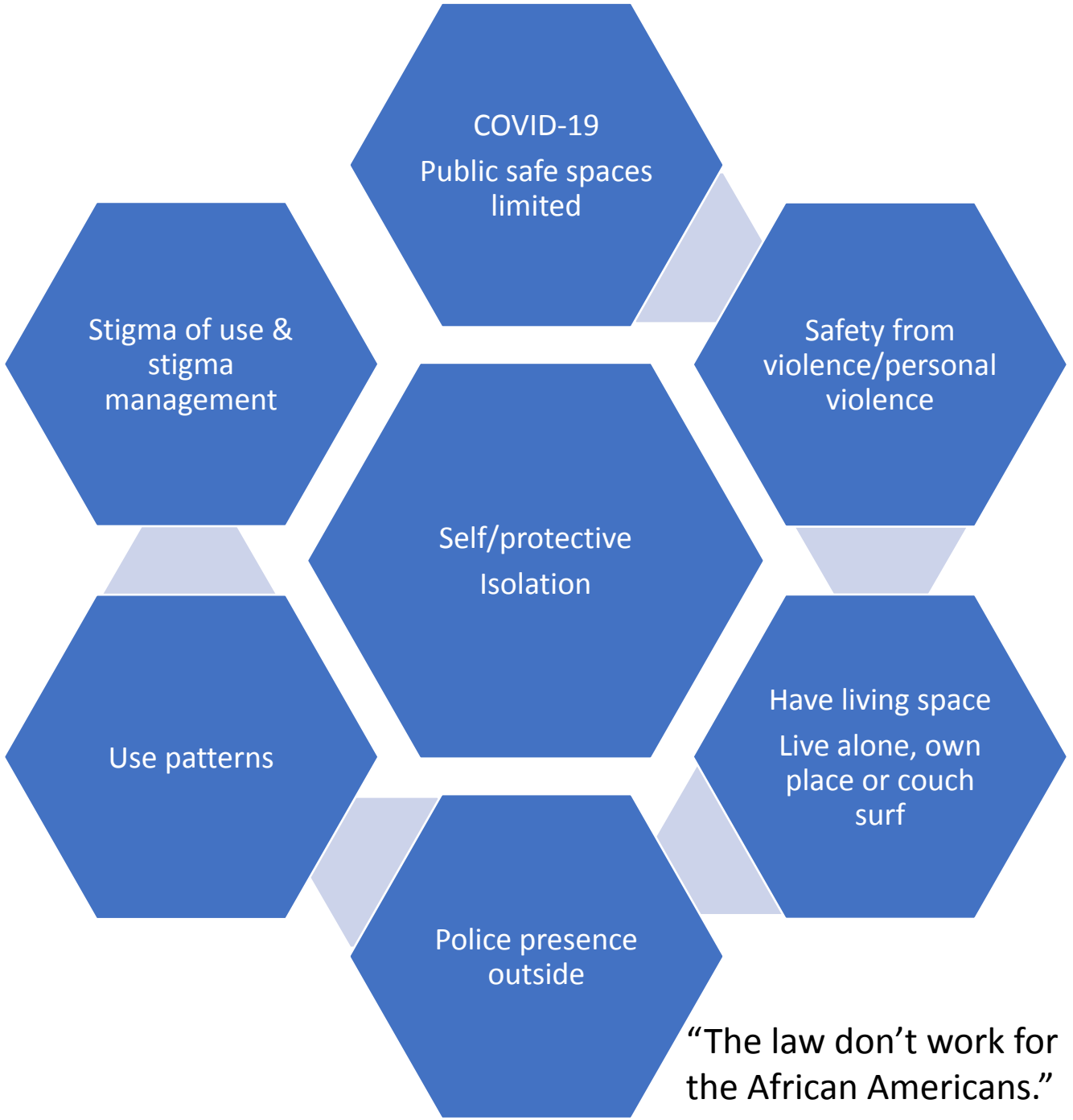
- 1x: 19 participants
- 2x: 5 participants
- ≥ 3x: 4 participants

4 shot *in past 2 years*

“Black people have a lot of pride. They would never do that in public. You don't see many Black people out there doing that. They’re sellin’ it, but they're not out there in the middle of 12 o'clock noon shooting it and smoking crack.”

“Don’t like to put business out there. People are doing things on the low and that's when you OD the most”

“Cause dope’s not like a fucking drug that you’re gonna go out and party on, or nothing. …So yeah, you’re most likely gonna be by yourself”



“You don’t know if somebody be tryin’ to hurt you while you’re under the influence or whatever. So, it’s just me, I feel safe in my home.”

"I'd rather not use in public, and the people I use with, they, you know, got their own fucking homes and shit. Like I won't go to the center and sit outside and get high on coke and dope.”

“The law don’t work for the African Americans.”

<u>Evolution required:</u> Traditional and non-traditional partners, touchpoints, and intervention points needed

Move to a more comprehensive approach partnering with and addressing underlying social determinants, poverty.

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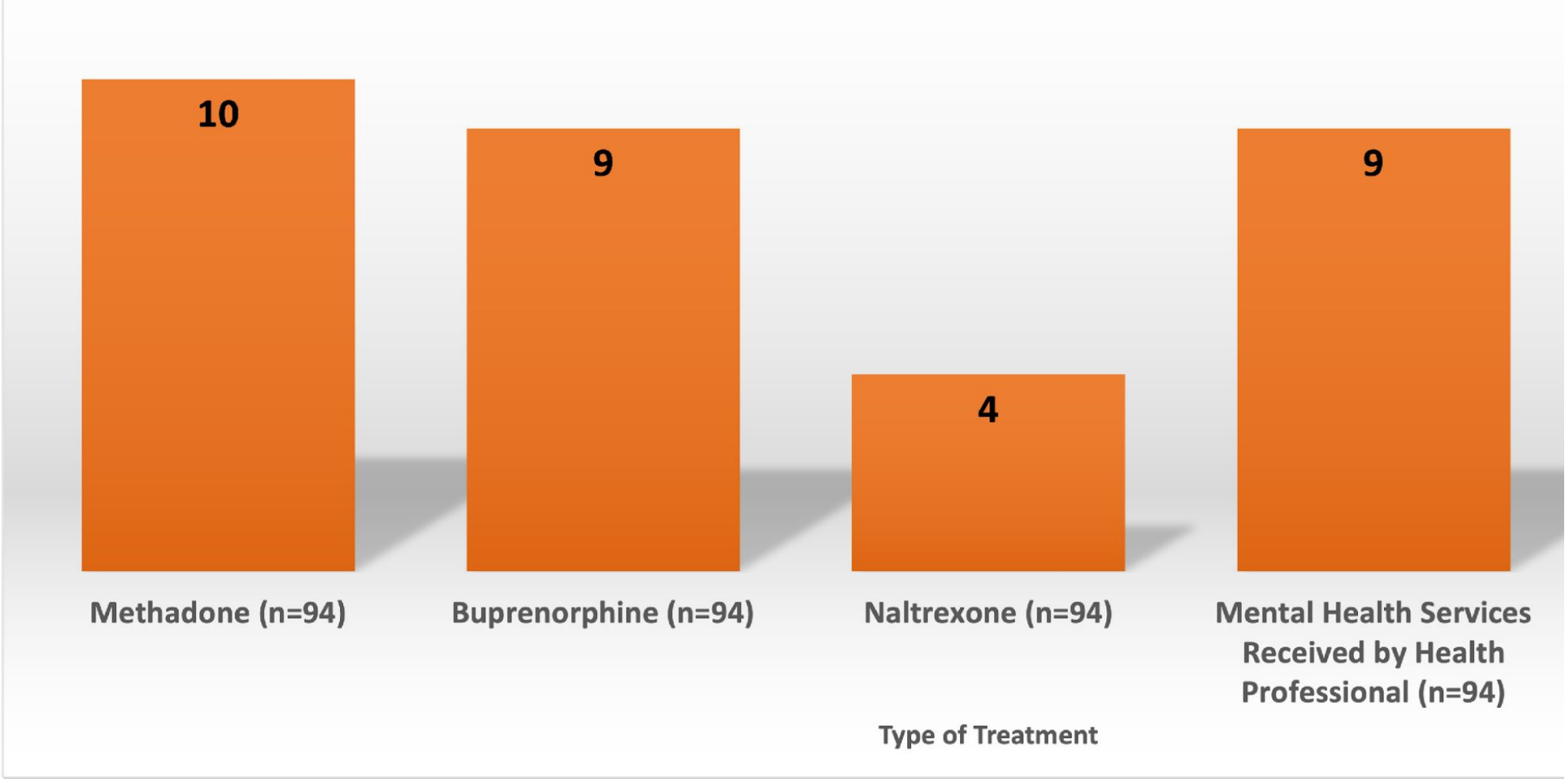
MAT and Peer Networks

How many people do you personally know who are taking/use…



Median #:
2 [0,12]

SSP or community program that gives naloxone for free (n=40)

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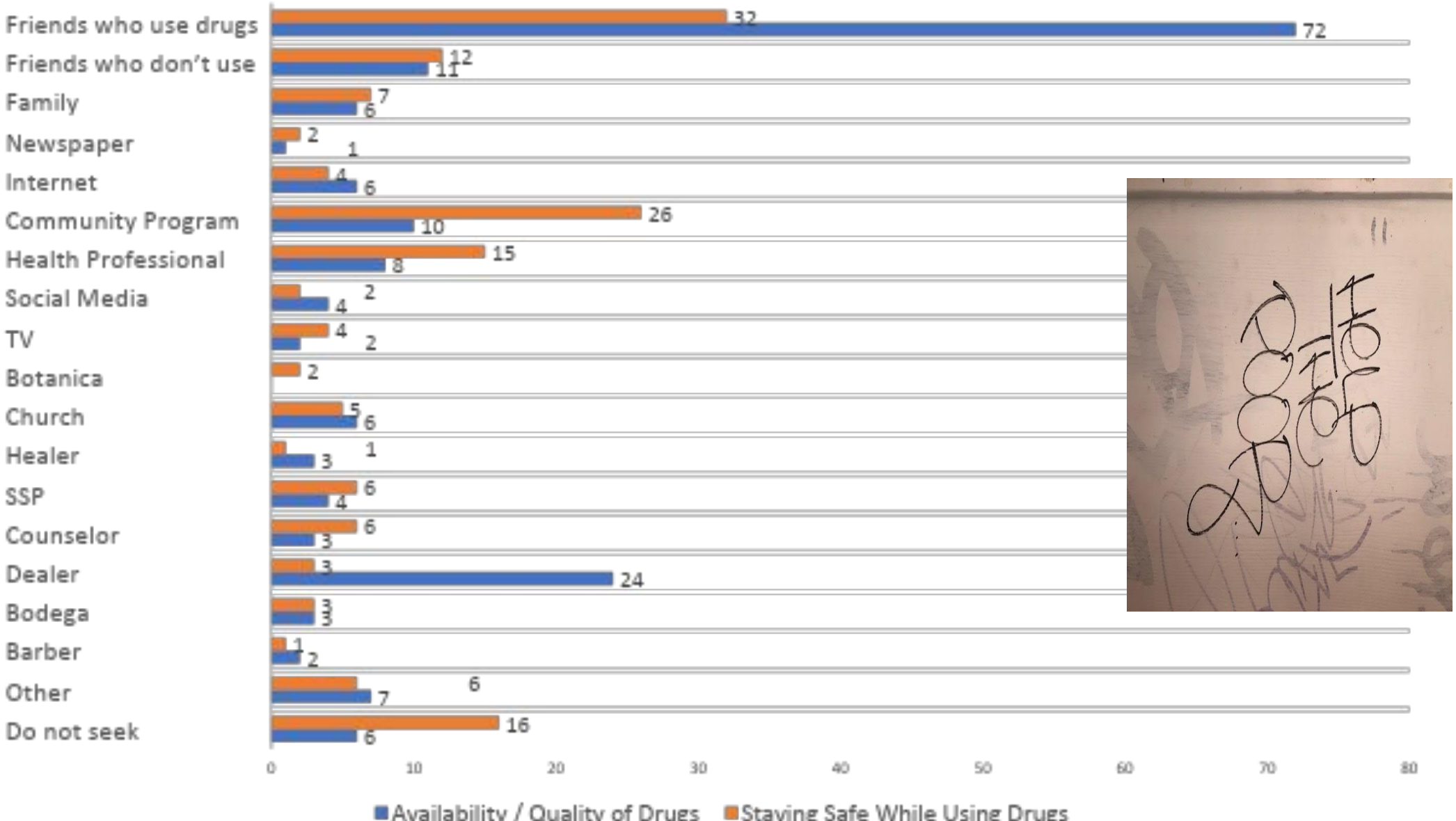
Trusted Sources of Information – Staying Safe While Using & Drug Availability/Quality (N = 98)



**Participants could denote more than one.*

Intergenerational and Deeply Personal Supply: Supply Caretaking?

INTERVIEWEE: The thing is, it's like go back to a generationals, you know. People I associate with on the regular, and, you know, you know, are my acquaintances and associates. They know me, we know each other, you know, ***20 years or better****….. I know who I'm dealing with personally, and we know each other on a personal level. Opposed to some guys who come around and they kinda like want to be one-hit wonders. And you don't know what quality they get. And they say, oh, they got fire, meaning it's great. And they don't even do the substance.* ***Guys who I deal with do it. So they gonna tell me, you know, be careful.***

Whereas these other kids don't do it the way I do it. And allegedly they don't do it. But they'll say, "Oh, it's fine."

What are your reactions to these findings?

- Are the findings consistent with what you see, hear, experience in your life/work/the communities in which you work?
- In what ways are they different?
- Did anything surprise you?

What are implications and next steps from these findings?

What recommendations and next-step actions do you see?

What cross-discipline/cross-institional activities could help address some of these issues?

What concrete steps can we take today? What future commitments can we make?

What can we do about trends in overdoses in the Hispanic/Latinx community?

Implications and Possible Interventions

Alternative access points for naloxone (bodegas, dealers, community programs, family support programs), improve pharmacy naloxone communications for Spanish speakers/readers.

Increase knowledge of Good Samaritan Law and its elements for law enforcement and community.

Nurture supports for Hispanic/Latinx families affected by drug use (Learn2Cope, Harm Reduction Works support group).

Improve medication treatment uptake and access in jails/prisons, urgent care, community health centers, pharmacies.

Drug checking programming in communities with higher burden.

Fentanyl testing, safe supply/use interventions with family, healthcare providers (prescribers, pharmacists), and dealers.

Implications and Actions to Address the Surge

1. Improve fentanyl awareness and supply safety through drug checking
   - Expand drug checking in communities with higher burden
   - Broadscale fentanyl test strip distribution & training: faith-based community, healthcare providers, dealers, alcohol outlets, vape shops, bodegas
   - Messaging/PSAs on fentanyl awareness, multiple languages

2. Expand basic overdose prevention, fentanyl awareness and harm reduction materials/service provision relevant to communities of color
   - Secondary distribution strategy, especially safer smoking/sniffing kits
   - Ambassador models with peers from local communities
   - Nontraditional community based settings (barbershops, bodegas, churches, food pantries, soup kitchens, parks)

3. Cultivate resilience: peer-to-peer, multicomponent interventions, activate mutual aid, outreach in local communities for basic needs, housing supports
   - Overdose education, naloxone, other harm reduction messaging secondarily

Implications and Actions to Address the Surge

4. For people on the streets, expand housing supports. Include on-site overdose prevention & response tools (Naloxbox, Never Use Alone, harm reduction vending machines); educational outreach, harm reduction materials for housed, especially outside of Boston

5. Cross pollinate at existing touchpoints: Put harm reduction in healthcare services and healthcare in harm reduction sites, all trauma-informed (anonymity)

- **Mobile health services**, Community Health Centers, urgent care clinics, pharmacies

6. Shift perceptions of MAT, help-seeking among communities of color

- Campaigns that highlight access, empowerment, recovery, reconnecting with family/faith/community

7. Law and policy changes

- Remove police/punitive actions/warrants/Section 35 from post overdose outreach programming
- Expand MA Good Samaritan Law; promote knowledge and application
- Decarceration

8. Immediate actions to dismantle institutional and structural racism

- Review with critical and open eyes: policies, practices, representations, norms (audit, review, transparency)
- Employ tools like secret shopping for quality of care of BSAS-licensed sites and to create better data
- Create actionable feedback loops (e.g., Patient Satisfaction Survey, RACK)
- Leadership development, community/consumer advisory board (voices that can articulate needs)
- Hold up access/equity when it is achieved, study it when we achieve it (case-based approaches)

9. Improve Collective Efficacy & Neighborhood Safety: Broaden Harm Reduction

Alternative policing models
(unarmed crisis response teams, violence interrupters)

Community development and investment to address *Gentrification*

Prevention programming and supports (e.g., mental health supports in schools, removing police in schools)

Localization of services and resources

Celebrate culture and diversity

Community development (community gardens, memorialization, public art, events)

Recommendations-Long term

10. (Re)build trust in healthcare, harm reduction

- Center Black leadership in harm reduction—fund organizations, invest in training and capacity, education
- Importance of representation in treatment centers and social service agencies (language, race, ethnicity)
- DPH/state contract structural changes
  - Established/approved institutions to hold to a diversity, equity goals
  - Encourage new and more diverse vendors/partnerships (especially minority led organizations)
  - Re-examine outcomes/metrics for success (SAMHSA and more expansive goals meaningful to diverse groups)

Recommendations-Long term

11. Culturally competent and aware, comprehensive chronic pain care, Complementary and Alternative Medicine access in more and diverse communities, Employee health treatment and recovery support expansion into more fields/jobs

12. Collect data in ways that allow us to learn about racial/ethnic disparities, data structures to convey progress and measure for changes

- Adopt data structures that can better convey when people/programs are doing well, strengths-based approach, person-centered data

What are your thoughts and reactions to these suggested actions/recommendations?

- What is missing?
- What more can be done to address overdose risk in the Black and African American Community?

Questions?

Thank you!

For questions or more information, contact
Traci.c.green@gmail.com

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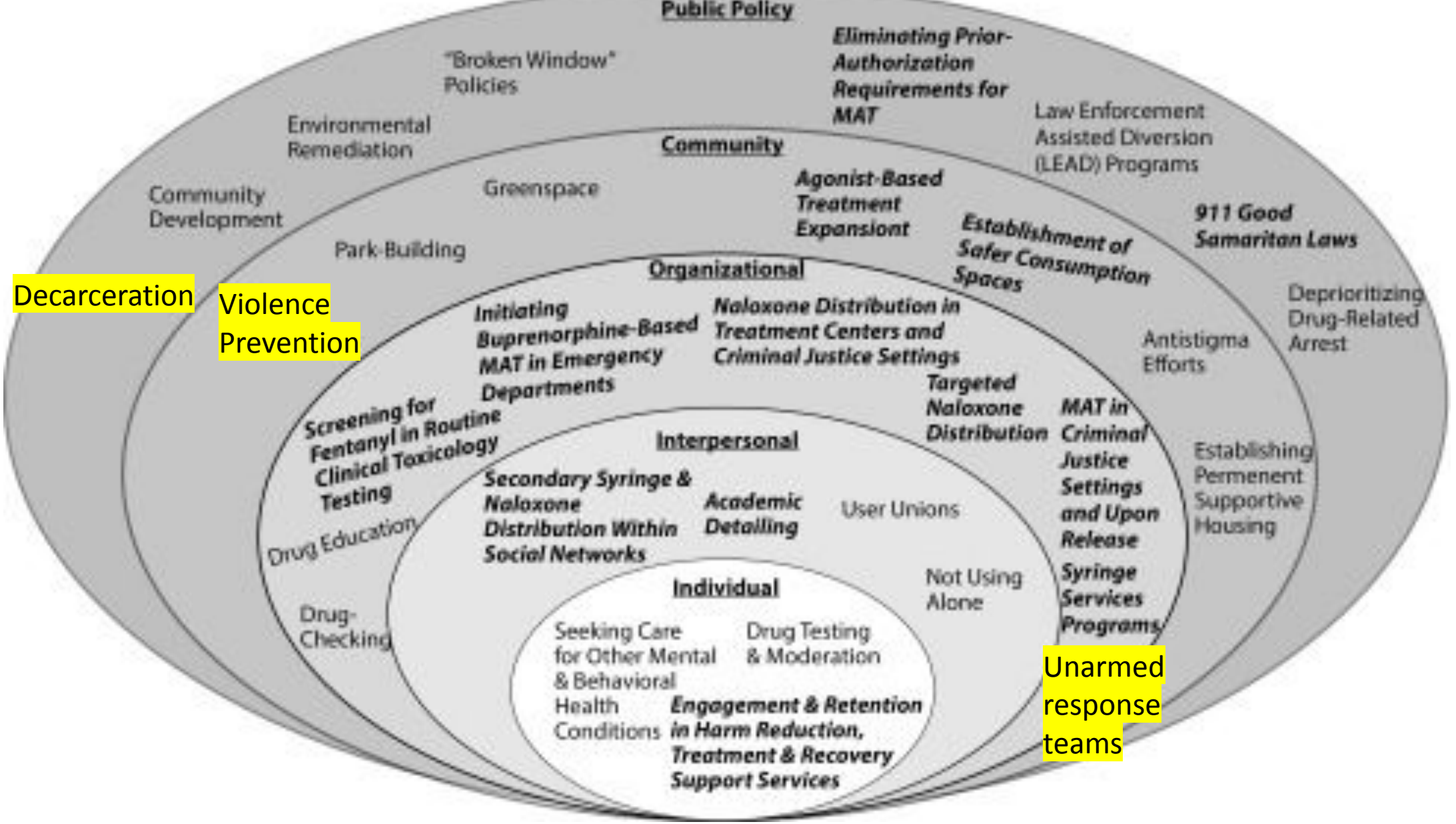
Experiencing & Witnessing Overdose

Overdose Experience	n (%)	Frequency	Median IQR [25, 75 percentile]
Experienced overdose in lifetime (N = 96)	42 (42.9)	Frequency of experienced overdose(s) in lifetime (N = 42)	1.8 2 [0, 2]
Witnessed overdose in lifetime (N = 95)	85 (86.7)	Frequency of witnessed overdose(s) in lifetime (N = 85)	15.0 26 [9, 35]

- Among study participants, it was nearly twice as common **to *witness*** an overdose than **to experience** an overdose in one's lifetime
- The frequency of witnessing overdose was considerably high



Social Ecological Model Diagram of Selected Interventions Designed to Reduce Opioid Overdoses

Note. MAT = medication-assisted treatment. Boldface, italicized interventions have an established evidence base.

Alexandridis AA, Doe-Simkins M, Scott G. A Case for Experiential Expertise in Opioid Overdose Surveillance. *Am J Public Health*. 2020;110(4):505-507. doi:10.2105/AJPH.2019.305502

White Powder — Sold as: Cocaine — ID: 11026

ID: 11026
Name: White Powder
Other Names:
UniqueCode: AC2021B891
Marquis: Unknown
Mecke: Unknown
Mandelin: Unknown
GC/MS:

- Fentanyl : 30
- Tramadol : 10
- 4-ANPP : 5
- 4-Fluorofentanyl : 5
- Phenethyl 4-ANPP : 5
- 4F-Phenethyl-4-ANPP : 2
- Despropionyl-4-fluorofentanyl : 1

Test Date: Aug 19, 2021
Pub. Date: Aug 19, 2021
Src Location: Brockton, MA
Submitter Loc: Brockton, MA United States
Color: White
Size: 1 mg
Data Source: DrugsData (EcstasyData)
Tested by: DDL
Lab's ID: 21080045

Sold as: Cocaine
Expected to be: Cocaine

Note
This sample was reportedly sold as cocaine, but the analysis shows no cocaine or any related substance and the material is, instead, identical in chemical contents to the dope/heroin/fentanyl sample we received at the

Dope — Sold as: Dope — ID: 11025

ID: 11025
Name: Dope
Other Names:
UniqueCode: AC2021B890
Marquis: Unknown
Mecke: Unknown
Mandelin: Unknown
GC/MS:

- Fentanyl : 300
- Tramadol : 100
- 4-ANPP : 50
- 4-Fluorofentanyl : 50
- Phenethyl 4-ANPP : 50
- 4F-Phenethyl-4-ANPP : 20
- Despropionyl-4-fluorofentanyl : 1

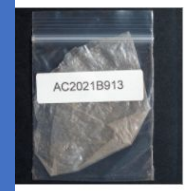
Test Date: Aug 19, 2021
Pub. Date: Aug 19, 2021
Src Location: Brockton, MA
Submitter Loc: Brockton, MA United States
Color: White
Size: 1 mg
Data Source: DrugsData (EcstasyData)
Tested by: DDL
Lab's ID: 21080044

Sold as: Dope
Expected to be: Fentanyl
Has Been Tried: Yes

Description
White powder in baggie.

Experience Notes
'Good high'

Brown Powder — Sold as: Marijuana — ID: 11023



ID: 11023
Name: Brown Powder
Other Names:
UniqueCode: AC2021B913
Marquis: Unknown
Mecke: Unknown
Mandelin: Unknown
GC/MS:

- Cocaine : 3
- Fentanyl : 1

Test Date: Aug 19, 2021
Pub. Date: Aug 19, 2021
Src Location: Brockton, MA
Submitter Loc: Brockton, MA United States
Color: Brown
Size: 1 mg
Data Source: DrugsData (EcstasyData)
Tested by: DDL
Lab's ID: 21080042

Sold as: Marijuana
Expected to be: Marijuana

Lab comments:
Baggie rinsed for analysis, no cannabinoids detected in the residue.

Note
Reported to be sold as 'weed' or 'marijuana'. Contents not consistent with

Crack — Sold as: Crack — ID: 11024

ID: 11024
Name: Crack
Other Names:
UniqueCode: AC2021B912
Marquis: Unknown
Mecke: Unknown
Mandelin: Unknown
GC/MS:

- Cocaine : 20
- Methylecgonidine : 1

Test Date: Aug 19, 2021
Pub. Date: Aug 19, 2021
Src Location: Brockton, MA
Submitter Loc: Brockton, MA United States
Color: White
Size: 1 mg
Data Source: DrugsData (EcstasyData)
Tested by: DDL
Lab's ID: 21080043

Sold as: Crack
Expected to be: Crack

Brown Powder — Sold as: Not Specified — ID:

ID: 11160
Name: Brown Powder
Other Names:
UniqueCode: AC2021B850
OtherID: BN_105
Marquis: Unknown
Mecke: Unknown
Mandelin: Unknown
Fentanyl Test Strip (FTS): Not Conducted
GC/MS:

- Cocaine : 20
- Methylecgonidine : 1

Test Date: Aug 31,
Pub. Date: Aug 31,
Src Location: Brockton
Submitter Loc: Brockton United S
Color: Brown
Size: 1 mg
Data Source: DrugsDa (Ecstasy
Tested by: DDL
Lab's ID: 210801

Sold as: Not Specified
Expected to be: Crack

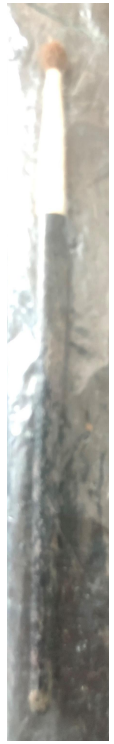
Description
Scant powder in baggie. Sample size was too small to conduct rea

Black Resin — Sold as: Not Specified — ID: 11159

ID: 11159
Name: Black Powder
Other Names:
UniqueCode: AC2021B863
OtherID: BN_104
Marquis: Unknown
Mecke: Unknown
Mandelin: Unknown
Fentanyl Test Strip (FTS): Negative
GC/MS:

- Fentanyl : 400
- 4-Fluorofentanyl : 100
- Xylazine : 100
- 4-ANPP : 1
- Cocaine : 1

Test Date: Aug 31, 2021
Pub. Date: Aug 31, 2021
Src Location: Brockton, MA
Submitter Loc: Brockton, MA United States
Color: Black
Size: 1 mg
Data Source: DrugsData (EcstasyData)
Tested by: DDL
Lab's ID: 21080139



Younger Brockton male, uses fentanyl and smokes crack, uses cannabis infrequently, sells fentanyl, heroin, crack, cocaine
Provided drug he used, held/distributed and personal drug cleaning brush

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Relationships to Drug Supplier

6074: *Cause I don't just deal with anybody. 'Cause [the suppliers] know what's in there. So, if you know who you're dealing with, and you've got a good relationship, there you go.*

- 32/98 (53%) have 1 to 3 suppliers
- 62/96 (65%) have a *primary supplier*
- 47/62 (76%) **trust** them to be <u>honest</u> about <u>quality/contents</u> of what they're selling

Length of Relationship with Primary Supplier n(%)		Type of Relationship Before Getting Drugs from them n (%)		Race/ethnicity & Gender of Primary Supplier n (%)	
<u>N=62</u>		<u>N=50</u>		**Gender** (n=61)	
Less than 1 Year	11 (18)	**Close Friend**	**22 (44)**	**Male**	**52 (85)**
1-2 Years	10 (16)	**Acquaintance**	**7 (14)**	Female	8 (13)
2-5 Years	12 (19)	Relative	2 (4)	Other	1 (2)
More than 5 Years	**29 (47)**	Did not know each other	18 (36)	**Race / Ethnicity**	
		Other	1 (2)	**Black (n=58)**	**33 (57)**
				White (n = 48)	7 (15)
				Hispanic (n = 57)	22 (39)
				NH/PI (n = 57)	1 (2)
				Some other race (n = 57)	1 (2)

7030: [The suppliers will say], "Here, test this out, tell me… come back to me," and they'll give them a free bag.

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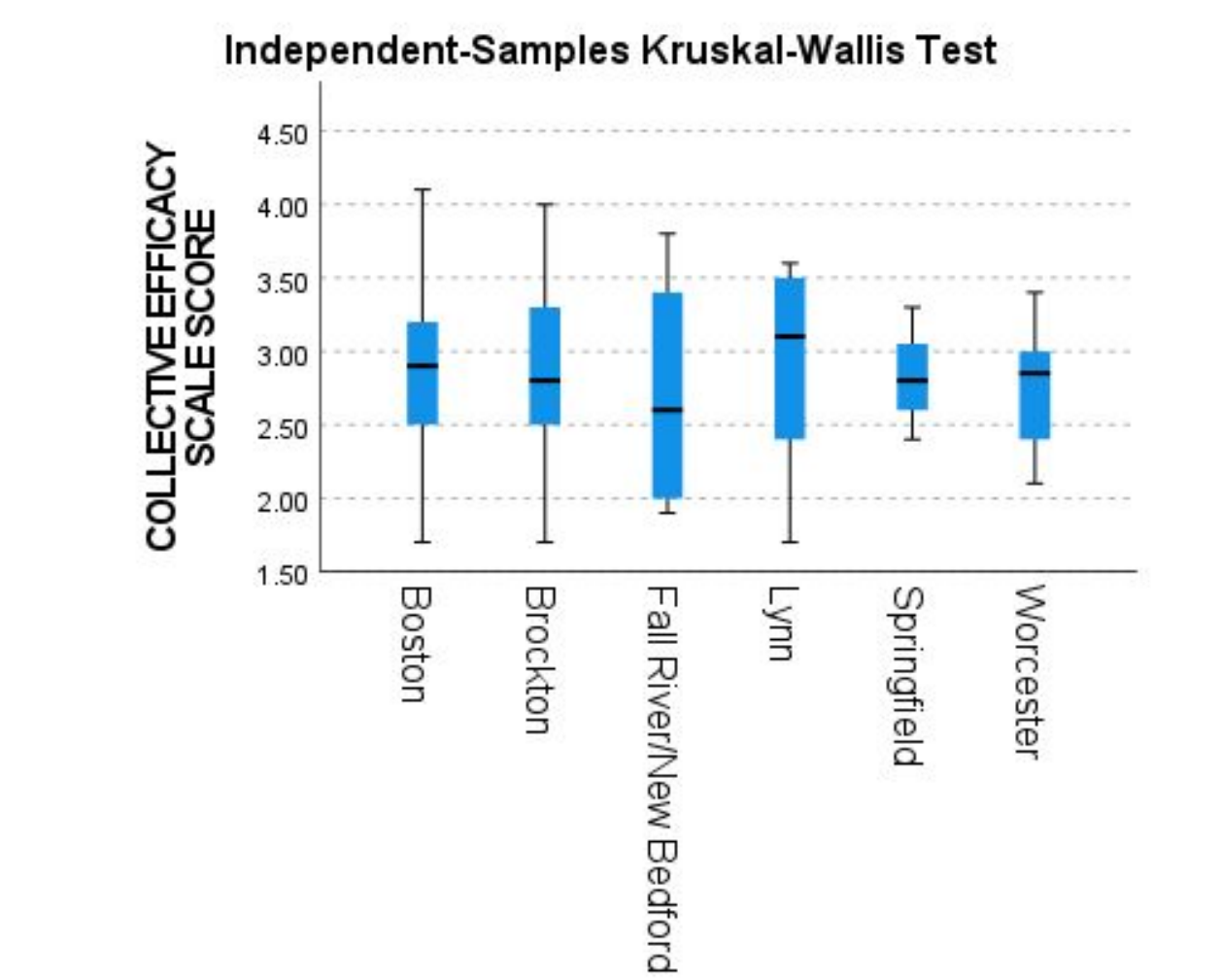
Collective Efficacy (n=98)



No differences by city: **all** could improve

Less collective efficacy (social cohesion) associated with *living alone*

Less collective efficacy (informal social control) associated with <u>more overdoses *witnessed*</u>

Influences overdose risk indirectly

- **Neighborhood safety and community cohesion act on self/protective isolation (living alone), witnessing overdose, using drugs in public**

BIG geographic differences

- Boston area
  - No need to go out and get syringes because harm reduction/outreach comes to you in central area.
  - Multiple points: Hospital/services have good harm reduction access
  - People buy drugs very locally but know where (Jamaica Plain, etc) they can go to get best and purest product
- Not Boston area
  - Only way to get syringes is pharmacy, social service, buy on street
  - No/fewer outreach workers, limited treatment options, hospitals less open to harm reduction/less consistent MOUD care options
  - Limited methadone options

- 58 year old pastor and owner of Missio Church and Victoria's Kitchen Food Trailer in Dorchester
- Charged in 2017, released on bail but charged again in 2019 for distribution, sentenced 12/20 for up to 5 years
- *"Helps everybody just like his mother"*

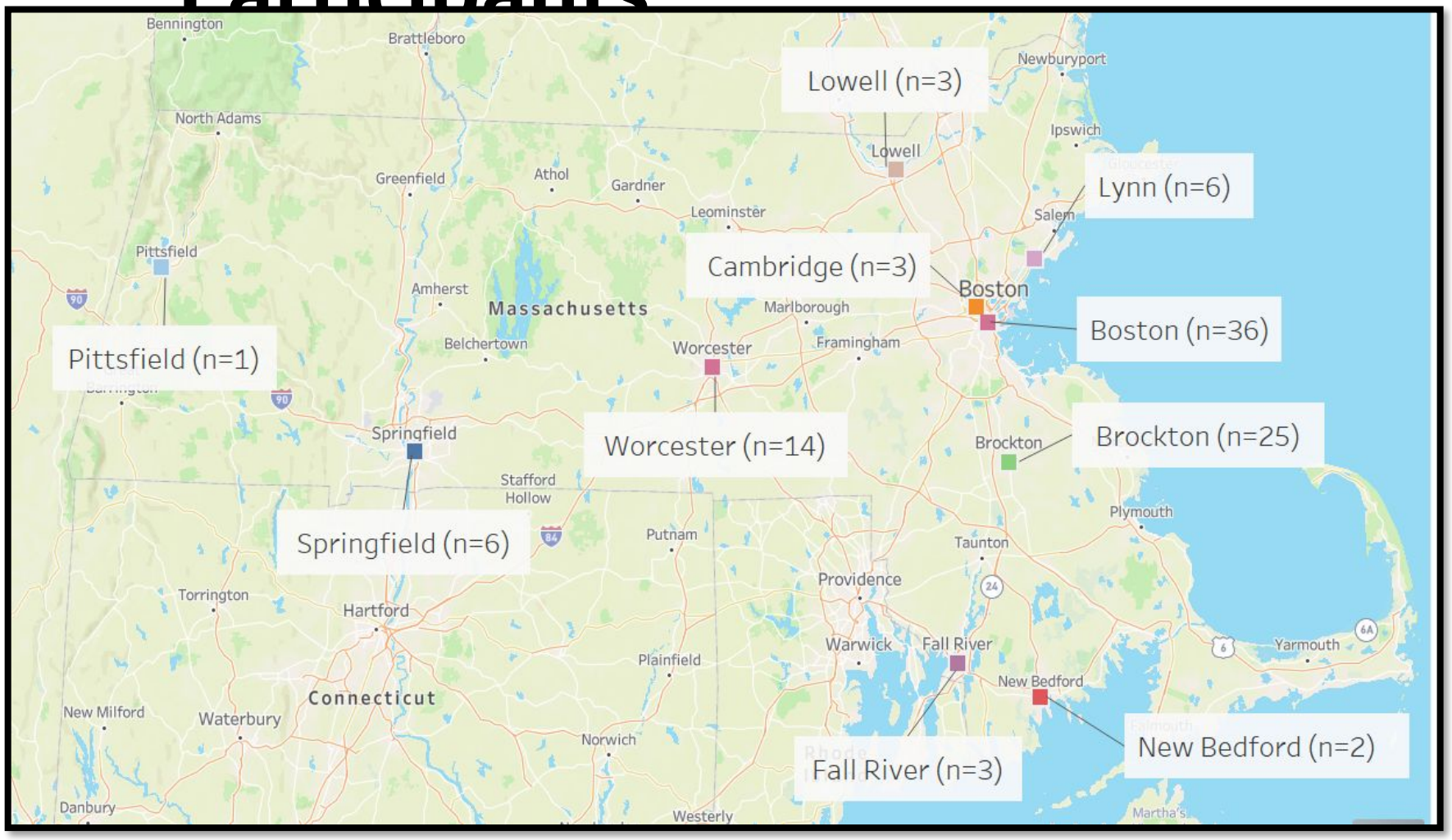
Keeping Boston Safe: Boston Police DCU Arrests Local Pastor on Drug Charges

May 03, 2017

Filling a void

Location of Residence for ARACK Participants

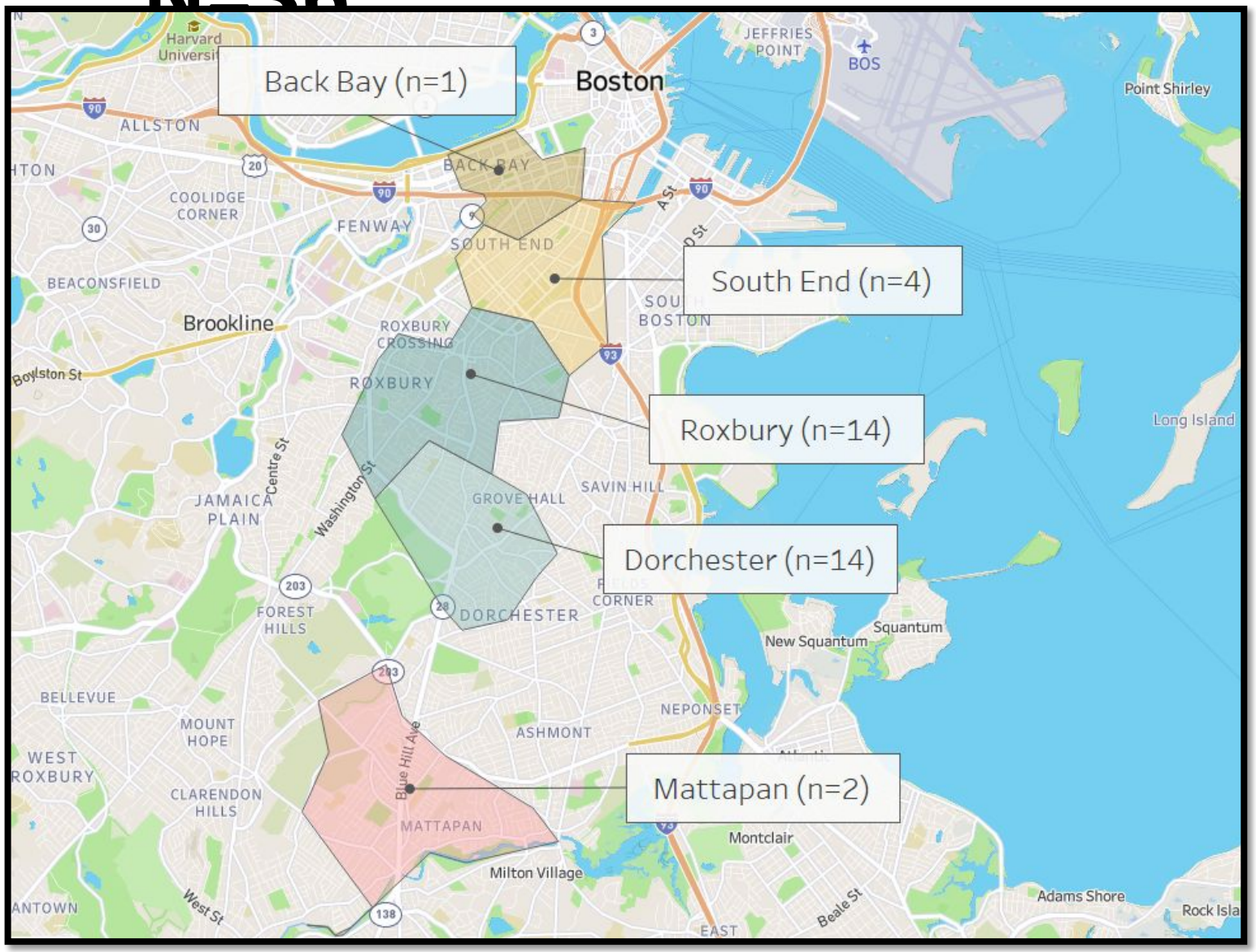
	Black & African American RACK
	Sampling target/completion
Boston	35
Brockton	25
Cambridge	3
Fall River	3
Lowell	3
Lynn	6
New Bedford	2
Pittsfield	1
Springfield	6
Worcester	14
Total Surveys	98
Total Interviews	38



**An additional 38 Key Informant interviews were conducted across the state

ARACK Participation by Boston Neighborhoods N=36

	Black and African American RACK
	Sampling target/completion
Back Bay	1
Dorchester	14
Mattapan	2
Roxbury	14
South End	4
Unknown	1
Total Surveys	36
Total Interviews	17



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Good Samaritan Law

6075: Oh, [the community's relationship] with the police? It's negative…..Instead of helping you, they wanna send you to jail.

- **77% (n=65/85) of participants called** 911 at the last witnessed overdose
- **67 (70%)** participants had heard of the MA Good Samaritan Law
- **Only 34% (n = 23/67)** of those who had heard of the law could correctly explain what it does
  - High degree of skepticism and misconceptions about the Good Samaritan Law

Experiences with First Responders at Scene of Last Witnessed Overdose (N = 62)		
	Law Enforcement n (%)	Emergency Medical Services n (%)
Positive	22 (35)	30 (48)
Negative	6 (10)	2 (3)
Neutral	11 (18)	12 (19)
Don't know/wasn't there	**20 (32)**	**17 (28)**
911 response didn't come	**3 (5)**	**1 (2)**

Risk Factor	Differences/High proportions reported at Municipality level
Dealer quality of drugs is “variable” but trust in dealer is very high	Worcester, Boston, Brockton, Springfield More stable quality: Lynn, Fall River/New Bedford
Primary dealer known to ppt prior to their using drugs	Deep, long-standing relationships in most cities; Boston greater % with no prior relationship, suggests high turnover
Negative interactions with police at last witnessed overdose	Boston, Brockton
Overdose **witness did not stay** for 911 arrival	Boston, Brockton, Fall River/New Bedford
Negative experience at hospital at last personal overdose	Brockton, Worcester, Fall River/New Bedford
>50% **Did not go to hospital** after last personal overdose	Boston, Fall River/New Bedford, Lynn
Syringe access rated as Difficult/Extremely difficult	Worcester
Naloxone access rated as Difficult/Extremely difficult	Worcester, Boston
Don’t know where to get naloxone	Boston, Springfield, Worcester
Haven’t been trained in OEND	Boston, Worcester, Springfield, Lynn, Brockton

Spotlight on Brockton

- Many long-time users of crack, less heroin use
- People who don't intentionally use heroin/fentanyl overdose occurring due to:
  - Contamination of the cocaine/crack supply
  - Dealers intentionally giving people fentanyl and saying it is cocaine or crack
- Changing patterns of drug use: more crack users starting to use fentanyl
  - As means to come down
  - Because it is available and being pushed on the streets
  - Some people personally deal it and just trying it out
- Those who intentionally use heroin/fentanyl often sniff or use rarely and they believe this is protective against overdose and it is not
- Underutilization of SSPs and MOUD
- Limited awareness of naloxone, few carry it
- Disorganized drug market. Somewhat of a free-for-all
- Dealers who are long time Brockton residents see Cape Verdean immigrants as outsiders, more likely to intentionally sell them wrong product or bad product

7025: The [Cape Verdeans] barely speak English, so they dealing with a English-speaking drug dealer. Thinkin' they buying cocaine, and they buying a hunk of heroin. And that's what happened one day, I've seen it happen. Dude thought he was buying cocaine, I'm trying to tell him, that dude's selling him fentanyl, and he's like, papa, no, like he's, you don't know me…He think he got some coke, for the fentanyl. …The dude sniffed it, and he went out.

Intergenerational and Deeply Personal Supply

INTERVIEWEE: The thing is, it's like go back to a generationals, you know. People I associate with on the regular, and, you know, you know, are my acquaintances and associates. They know me, we know each other, you know, 20 years or better….. I know who I'm dealing with personally, and we know each other on a personal level. Opposed to some guys who come around and they kinda like want to be one-hit wonders. And you don't know what quality they get. And they say, oh, they got fire, meaning it's great. And they don't even do the substance. Guys who I deal with do it. So they gonna tell me, you know, be careful.

Whereas these other kids don't do it the way I do it. And allegedly they don't do it. But they'll say, "Oh, it's fine."

(Under)utilization of SSPs

- SSPs supply a variety of services – syringes, naloxone, drug testing, hepatitis C treatment and help with paperwork but are underutilized by Black people
- Some communities do not have effective SSPs.
- Tensions about mode of service delivery (mobile vs fixed sites) in addition to agency infighting contribute to implementation challenges.

- I'd say five to ten percent [of Black people use the SSP], if that. It's a problem. KI008 – Brockton
- INTERVIEWER: So do you think that the mobile approach would allow for, basically, non-white people to access the services better?

  INTERVIEWEE: Yep. Yep. Absolutely. A hundred percent. And even we've been told that, even, by [local leaders]. "Come to the neighborhood." KI002
- We're very passionate, those that are in the field. You know, we're very passionate about, you know, trying to, you know, empower those that are suffering from the disease of addiction. And we become too passionate, and, you know, at times, you know, even agencies, you know, fight among each other. KI OO6

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Demographic Characteristics of RACK Participants (N = 98)

- Generally older, with a large majority of the sample > 40 years old

- Diversity in representation of Black identity ranging from Latin America, Caribbean, to the continent of Africa

Characteristic	Participants n (%)
Age	
18-25	2 (2.0)
26-30	4 (4.1)
31-35	12 (12.2)
36-40	15 (15.3)
41-45	15 (15.3)
46-55	30 (30.6)
56+	20 (20.4)
Gender	
Male	64 (65.3)
Female	29 (29.6)
Non-binary	1 (1.0)
Trans Female	3 (3.1)
Other	1 (1.0)
Black Origins / Ancestry	
African American	38 (38.8)
Barbadian	1 (1.0)
Black	36 (36.7)
Black and Cherokee Indian	3 (3.1)
Cape Verdean	10 (10.2)
Dominican	2 (2.0)
Gola Blood (GT)* and Caribbean	1 (1.0)
Jamaican	2 (2.0)
Liberian	1 (1.0)
Ugandan	1 (1.0)
West Indian	3 (3.1)

Note: 15 participants reported being multi-racial, identifying with at least one Black origin specified above.
*GT or Gola tribal people originate from Western Africa, typically Liberia or Sierra Leone.

Demographic Characteristics of RACK Participants (N = 98)

Characteristic	Participants n (%)
Ethnicity	
Puerto Rican	9 (9.2)
Cuban	1 (1.0)
Another Hispanic, Latinx, or Spanish origin	5 (5.1)
Not of Hispanic, Latinx, or Spanish origin	82 (83.7)
Education Level	
8th grade	1 (1.0)
Some High school	17 (17.3)
High school diploma/GED	53 (54.1)
Some college	18 (18.4)
College Graduate	7 (2.0)
Other	2 (2.0)
Housing Situation	
I live alone	40 (40.8)
With someone else (family, significant other, friend)	40 (40.8)
Shelter/homeless	14 (14.3)
Treatment program/sober home	4 (4.1)
Employed (for taxable wages)	30 (30.6)

- Most participants did not identify with a Hispanic, Latinx or Spanish ethnicity, were educated through high school (or beyond), and were housed
- Taxable employment was less common, and 24/98 (24.5%) do not have a doctor they regularly see
- About a third of participants (n=18) reported having traded sex for drugs or money at some point in their lives

Who did we talk to for the Hispanic/Latinx RACK?

Demographic	Participants n (%)
Age	
18-25	3 (6)
26-30	11 (21)
31-35	10 (19)
36-40	7 (14)
41-45	9 (17)
46-55	10 (19)
56+	2 (4)
Female	16 (31)
Male	34 (65)
Other	1 (2)
Trans Male	1 (2)
Race*	
American Indian or Native American	--
Asian or Asian American	--
Black, African, Haitian, or Cape Verdean	7 (14)
Native Hawaiian or Pacific Islander	--
White	4 (8)
Multi-racial	9 (17)
Other (includes mixed race, self report, etc.)	31 (60)
Missing	1 (2)

Ethnicity

	Where Born?	US Citizen?
Puerto Rican (n=43)	Puerto Rico (n=24) On the mainland (n=17)	
Dominican Republic (n=3)	Born in US (n=2) Born in DR (n=1)	yes (n=1)
Colombia (n=1)	Born in US (n=1)	
Cuba (n=1)	Born in US (n=1)	
Brazil (n=2)	Born in US (n=1) Born in Brazil (n=1)	yes (n=1)
Mexico (n=1)	Born in US (n=1)	
Honduras (n=1)	Born in US (n=1)	

- Participants were primarily Puerto Rican or Dominican
- All participants were US citizens, most born in the US

****select all that apply question**

Key Findings

Risk of overdose among Hispanic/Latinx community is heavily tied to cocaine and fentanyl supply.

Improving access to harm reduction services and knowledge of laws around help seeking may be insufficient to address hidden risk. Tailored approaches are indicated.

Cultural, community, and current political factors create increased harm, poor treatment engagement, and this is borne heavily by people who use drugs and the Hispanic/Latinx community.

Focus on role of healthcare provider, family as source of trusted info and help on physical and mental health concerns; and friends, dealer, community programs and family for drug use knowledge and safety may help.

Key Findings-**Surge** in overdose deaths among Black and African American PWUD

- Delayed fentanyl exposure, heroin persistence in communities with high proportion Black/AA residents led to surge in and continued high fatal overdose rates.
- Entrance of counterfeit prescription pills with strong fentanyl analogs contributed to fatal overdose in initial surge; risk persists with counterfeit pills.
- High prevalence of cocaine, crack use and patterns of opioid use perpetuate fentanyl exposure. Misconceptions fuel risk.
- Drug market reorganization, changes in drug distribution pathways led to intensified market competition, contamination of powders/pills, more frequent distribution errors, and this continues to intensify in different municipalities.

Key Findings-**Continued** high overdose risk for Black and African American PWUD

- Structural barriers are overwhelming and worsened by racial injustices, mistrust in health and public safety systems

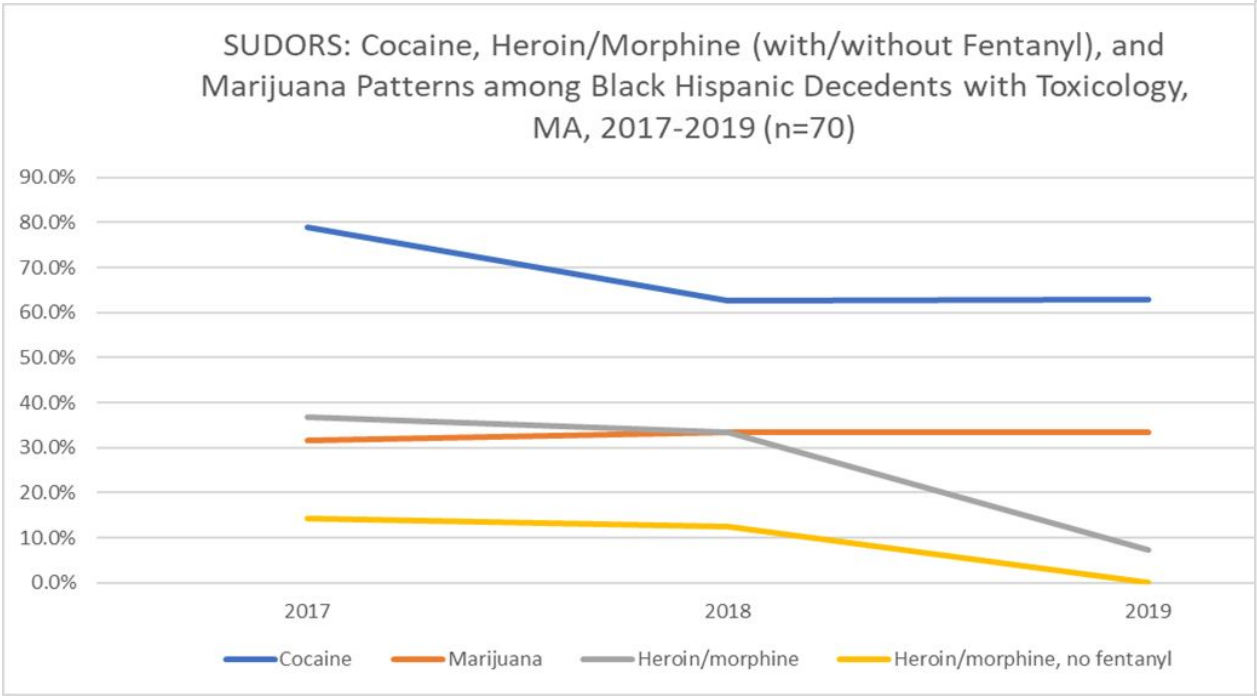
-911 help-seeking experiences, Police-involvement at overdose, Discrimination and racism, structural racism

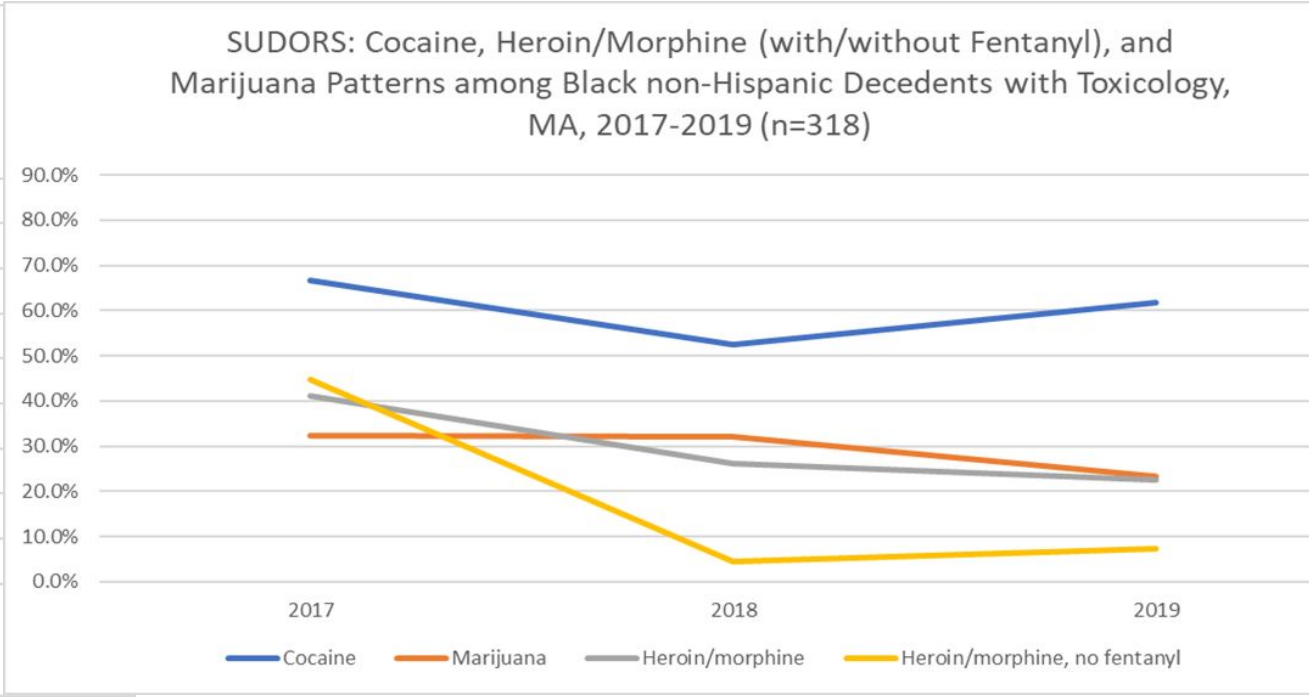
- Self/protective isolation shields PWUD from violence but increases risk of unwitnessed use and undermines intervention prospects

- Underutilization of harm reduction materials and services, poor access to evidence-based treatments, and limited opportunities in recovery

Heroin,fentanyl involvement differs by race, ethnicity of decedents

- Cocaine is frequently involved in overdoses
- Heroin without fentanyl persisted among Black non-Hispanic community for a longer time—and then disappeared





Source: SUDORS, MDPH

BPD drug control unit data analysis: delayed presence of fentanyl and ongoing heroin, but also a “pill” presence

110 cases reviewed

2017, 2018 cases involved heroin, rarely fentanyl; fentanyl more common in 2019 and 2020 seizures

- 8 involve pain or other pills: 2017 (n=6, March-Nov), 2018 (n=1), 2020 (n=1)
- Most involve oxycodone/”Percocet”
- Incidents involve older adults, individuals with contact with older adults

No pill presses, stamps, raw product—suggests primarily ***distribution*** not manufacturing

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Substance Use in the Past 30 Days (N = 98)

Type of Substance	Intentional Use in the Past 30 days n (%)	Route of Administration n (%)
Heroin	**42 (42.9)**	Snort: 28 (66.7) Inject: 26 (61.9) Smoke: 2 (4.8)
Fentanyl	32 (32.7)	Snort: 18 (56.3) Inject:17 (53.1)
Prescription pain medication	23 (23.5)	Snort: 1 (4.3) Inject: 1 (4.3) Oral: 13 (56.5)
Buprenorphine	19 (19.4)	Snort: 1 (5.3) Inject: 1 (5.3) Oral: 13 (68.4)
Cocaine	**50 (51.0)**	Snort: 28 (56.0) Inject: 15 (30.0) Smoke: 15 (30.0)
Crack	**73 (74.5)**	Snort: 3 (4.1) Inject: 7 (9.6) Smoke: 71 (97.3)
Methamphetamine	8 (8.2)	Snort: 1 (12.5) Inject: 8 (100) Smoke: 4 (50.0)
Benzodiazepines	14 (14.3)	_ _ _
Amphetamines	9 (9.2)	_ _ _

Note: Participants were able to select all substances and routes of administration that apply.

- Most commonly used in the past 30 days were <u>cocaine, crack, heroin, fentanyl, and prescription pain medication</u>
- Methamphetamine, benzo, buprenorphine use were <u>less common</u>
- While routes of administration varied by substance, insufflation and smoking were most common
- 54% (n = 32) reported using substances in public* in the past 30 days

*Public spaces include in cars, at a park, sidewalk, public restrooms, at the beach, in a stairwell, and more

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Injection Drug Use in Past 30 Days (N = 97)

Low prevalence but otherwise unremarkable injection behaviors

- 28% of participants (n = 27) reported injecting in the past 30 days, most (77%) daily or more often
- Among those who inject (n=27), the median number of injections from a single syringe before discarding was 2 [IQR (1,3)]
- The large majority of PWID (n = 21, 78%) sourced their syringes from syringe service programs but also the pharmacy (n=3), dealer (n=1) , friend (n=1), outreach worker (n=1)

"Right now with **them coming out passing needles around, you're making the world bad**. You're making the world worse because you're passing around these clean needles, and they're using these needles, but the person that's using the clean needles you don't even know if that person is already infested with HIV or AIDS….They **need to come up with more ways, more resources, other than walking the streets and giving out needles."** Key informant, Lowell.

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