

POINTS: Brockton, Massachusetts

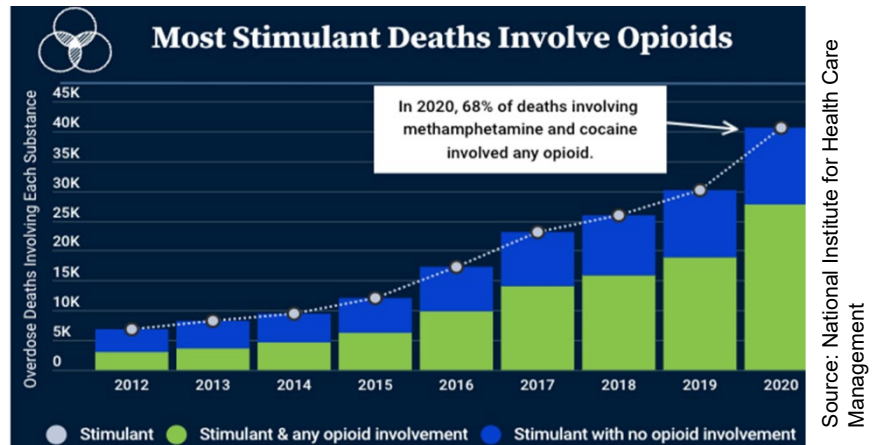
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What is the POINTS study?

Preventing Overdoses Involving Stimulants (POINTS) is a CDC-funded grant that involved surveys and interviews with people who use stimulants (e.g., cocaine, methamphetamine) in greater Providence, Rhode Island (RI) and three Massachusetts (MA) cities (Brockton, Lawrence, and Lynn) - areas that have been disproportionately impacted by fatal stimulant and opioid-involved overdoses. POINTS also involved testing the MA and RI drug supply and assembled local stakeholders from the overdose prevention and response continuum to identify strategies to address the rise in stimulant and opioid-involved overdoses.

Why focus on stimulant and opioid-involved overdoses?

Stimulant and opioid-involved overdoses have **increased nationally** and **especially in RI and MA**. In RI and MA, these overdoses are largely driven by the co-use of stimulants with illicitly manufactured fentanyl. POINTS sought to understand the inter-connected risk factors to inform interventions to reduce stimulant and opioid-involved overdose deaths.



Understanding stimulant and opioid-involved overdose risk by substances used:

Our [formative research](#) conducted with people who use drugs in MA between 2017 and 2019 found that those without a history of regular opioid use were at the highest risk for an unintentional opioid overdose when exposed to fentanyl in their cocaine. People who only used cocaine did not expect fentanyl to be in the cocaine supply, did not know the symptoms of an opioid overdose, were less likely to carry naloxone, were more likely to use drugs alone with no one to intervene in case of an overdose, and were less likely to call police due to mistrusting law enforcement, relative to other people who use drugs. Since the MA study was conducted, overdose deaths involving stimulants and opioids have continued to surge. The POINTS study sought to understand what at-risk populations know about fentanyl in the stimulant supply, how they navigate it, and determine whether fentanyl is in the stimulant supply via drug checking. We also explored how overdose risk may differ between people who only use stimulants, people who use stimulants with a history of regular opioid use, and people who use both stimulants and opioids concurrently.

Who did we speak with in Brockton?

We analyzed 2020 [State Unintentional Drug Overdose Reporting System \(SUDORS\) data](#) from Brockton, MA, to identify demographic trends among those who died of a stimulant and opioid-involved overdose. We then recruited participants whose demographics aligned with the SUDORS data to ensure we reached those at greatest risk of fatal overdose in Brockton. From April to May 2023, we recruited 59 people who used stimulants in the past 30 days, were 18 years of age or older, and lived in or spent time in Brockton, MA; 21 participants also completed an interview; and 47 drug samples (e.g., baggies with drug residue) were collected from participants and tested via drug checking. Participants received up to \$70.00 cash for participation.

Overall, 49% of participants were unsheltered. Overall, 51% were sheltered, with 22% living in a house or apartment and 7% living in a house or apartment they owned or rented. Also, 68% of participants who only use stimulants were sheltered compared to 30% of those who use both stimulants and opioids.

Substance Use History

19 (32%) only used stimulants

7 (12%) used stimulants but had a history of regular opioid use

33 (56%) used both stimulants and opioids

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Table 1. SUDORS Data Compared to Demographics of POINTS Brockton MA sample

	SUDORS 2020 Data (n=29)	Brockton Sample (n=59)
Mean Age, in years (Standard Deviation)	43 (11.5)	45 (11)
Sex, Male	72%	68%
Race & Ethnicity		
White, non-Hispanic	38%	49%
Black, non-Hispanic	45%	24%
Native American, non-Hispanic	--	3%
Hispanic	10%	20%
Education		
Some high school or less	14%	27%
High school degree or GED	76%	41%
Some college or more	10%	32%

What is known about fentanyl in the drug supply?

Overall, 72% of participants had heard of people selling drugs that contained fentanyl, and 53% had unintentionally purchased or used fentanyl-contaminated stimulants. People learned about fentanyl in the stimulant supply through a combination of indicators, including:

- Personal experiences with unexpected/adverse effects, including sedation and overdose when using a stimulant that was not expected to contain fentanyl
- Having a fentanyl-positive toxicology test
- Unusual color, taste, or smell
- A positive fentanyl test strip

People who only used stimulants were learning about fentanyl in the drug supply AFTER experiencing its effects, and fentanyl test strips were more commonly used by people who had an opioid tolerance.

It [fentanyl] just has a different taste. But you can feel it too, it makes you a little tired, sluggish, slow.

– 54-year-old, White non-Hispanic Male, Stim

What do people believe about how fentanyl enters the stimulant supply?

Participants who use stimulants *speculated* that people who distribute drugs intentionally add fentanyl to stimulants to 1) “stretch” their product and to sell more, 2) amplify the user experience/induce some type of high, and 3) gradually induce opioid dependence and purchasing frequency among people who use stimulants, thereby increasing revenue.

“It’s not that they want to kill people. It’s that they want you to like and need it.”

– 33 years old, White Non-Hispanic Woman, Stim & Ops

Is Fentanyl in the Brockton stimulant supply?

47 samples tested; 35 samples reported to be stimulants:

- 2 of 35 (5.7%)** of stimulant samples contained fentanyl
- **2 of 27 (7.4%)** crack cocaine samples contained fentanyl
- **0 of 6 (0%)** powdered cocaine samples contained fentanyl
- **0 of 2 (0%)** methamphetamine samples contained fentanyl

We also completed surveys and interviews in 2023 with 30 people who distribute drugs and were incarcerated in the Rhode Island Department of Corrections. Participants reported fentanyl predominantly enters the stimulant supply unintentionally due to careless practices, including cross-contamination on surfaces and the mixing

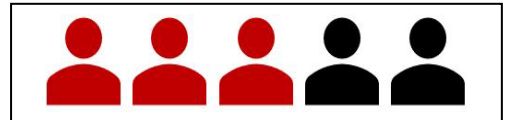
up of products. It was also *theorized* that fentanyl is intentionally added to stimulants to increase the profitability of selling stimulants, though this pathway was less commonly endorsed than the contamination pathway.

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What are some of the key risk factors for unintentional stimulant and opioid-involved overdoses?

- People who only use stimulants tend to perceive themselves as lower risk for an opioid overdose because they do not use opioids or use them infrequently.
- People are uncertain about how much fentanyl is “safe.”
- Many people are using alone, so other people are not around to respond to an overdose.
- People who only use stimulants may not find existing overdose prevention messaging relevant to their patterns of substance use because existing overdose prevention messaging targets people who primarily use opioids. People who use stimulants may also be disconnected from harm-reduction organizations and, therefore, receive fewer harm-reduction messages.
- There is high trust placed in one’s primary distributor to provide a safe, quality product that is free of fentanyl, but this trust does not ensure a fentanyl-free stimulant supply. Some distributors do not know their product contains fentanyl.

How are people experiencing and responding to opioid overdose?



Overall, 64% experienced an opioid overdose in their lifetime.

- Lifetime history of experiencing opioid overdose was highest among those with a current (82%) or past (71%) history of regular opioid use. Among people who only use stimulants, 32% had experienced an opioid overdose in their lifetime.

Participants witnessed an average of 31 overdoses in their lifetime, with those only using stimulants having witnessed the fewest number of overdoses.

“I walked around the corner and the girl was laying on the ground. She was blue so I instantly checked to see if she was breathing, if she wasn’t. So, I started giving her CPH and yelled for help so people could bring Narcan. They started Narcan in her and I was breathing for her. They called 911. She came back.”

– 34-year-old, Multiracial Non-Hispanic Man, Stim with history of Op

What harm reduction strategies are being used to reduce the risk of stimulant-involved overdose?

Good Samaritan Law: 73% (n=43/59) of participants had heard of this law, and 81% (n=35/43) described the law accurately.

- 68% of participants who only used stimulants could accurately explain what the law does relative to other groups.

Naloxone: Approximately 3 in 4 carried naloxone, and most (97%) felt that naloxone was easy to get.

- Fewer people who only used stimulants carried Naloxone relative to other groups.

Fentanyl Test Strips: Just under half (47%) of participants had used a fentanyl test strip, and only 3% had never heard of fentanyl test strips.

“I wouldn’t test everything I get. Like, if I’m getting it off a reliable person. But if I happen to try something, like one of the samples I get, if I try something and it’s irregular, yeah. But I’d like to test it and figure out what the f-hell it is.”

-30 years old, White Non-Hispanic Man, Stim & Ops

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Drug Checking: About half (46%) of participants believed people who use drugs would be willing to test their drugs at a community organization.

- Just 37% of participants believed people who sell drugs would be willing to test their product, and less (8%) believed people who sell drugs would be willing to test their product at a community organization.

What are we doing with this information?

In Spring 2024, we held 4 workshops with Brockton, MA stakeholders working across the overdose prevention and response continuum. The stakeholders reviewed our data, and we collaboratively worked to identify strategies to address the rise in stimulant and opioid-involved overdoses. Thirteen strategies were identified and evaluated to prioritize the strategies that are the most needed, realistic, feasible, and anticipated to have the highest impact when implemented. The 13 strategies span 4 primary domains:

<u>Intervention Type</u>	<u>Interventions to Reduce Risk of Stimulant and Opioid Involved Overdose</u>
Education and targeted health communication efforts	Campaign to increase awareness of fentanyl in stimulant supply through prevention messaging
	Collaborate with faith-based communities on overdose prevention messaging & outreach
	Expand overdose prevention training content to include stimulant-and-opioid involved overdose risk and preparedness for first responders, people in substance use treatment, and youth
	Engage local business community in harm reduction messaging and overdose preparedness
Revise existing overdose response efforts	Expand post-overdose emergency response among first responders
	Expand post-overdose response in hospital settings
	Increase effectiveness of overdose response among healthcare professionals to improve quality of care
Improve existing harm reduction efforts and policies	Invest in coordinating existing & develop new peer-based / community ambassador networks to disseminate overdose prevention messages to at risk communities
	Centralize services in accessible locations
	Reform the Good Samaritan law to remove caveats about arresting for non-violent warrants and improve community awareness about the law and any revisions
	Promote and expand utilization of existing harm reduction & treatment resources (e.g., contingency management program, Safe Spot Hotline)
Develop structural interventions	Open an engagement center/drop in space
	Open an overdose prevention site

Interested in learning more or have ideas about how to extend this work into action?

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Learn more about POINTS and our dedicated team of researchers at: www.fresh-research.com/POINTS

