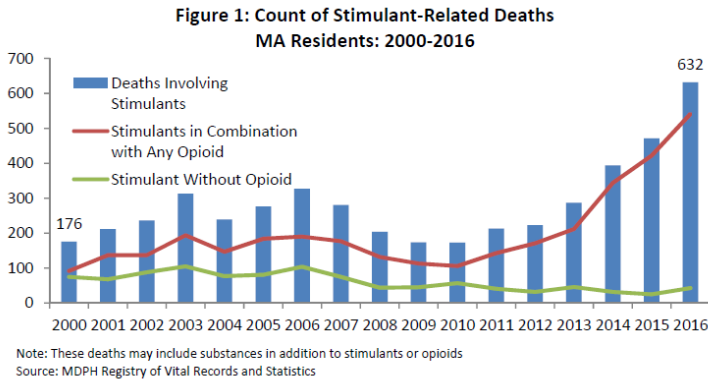


# RACK Special Populations, Cocaine

## 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.

## Why focus on overdose trends among people who use stimulants?



- The rate of opioid overdose deaths involving stimulants has increased dramatically in Massachusetts (MA) compared with national rates.
- The burden of stimulant-related overdose deaths is greatest among people who are Hispanic/Latinx.
- This RACK study sought to understand factors contributing to these differences and possible intervention points.

## How did the Cocaine RACK work?

- A sampling plan was created proportional to places with the highest burden of cocaine-related overdose deaths in MA. The research team conducted extensive community outreach prior to data collection, identifying and meeting with a range of stakeholders and tailoring survey items based on community feedback. Between March and November 2019, 56 surveys and 21 in-depth interviews were conducted by a team of 12 researchers. Participants were recruited through community organizations, treatment programs, street outreach, and chain referral. In addition, we tested samples of donated drug packaging, to learn more about variability in the cocaine and crack supply in MA.
- From analysis of past RACKs, we learned that participants who use cocaine tend to be of Hispanic ethnicity, are less engaged in harm reduction services, and are less knowledgeable about overdose prevention tools. Risk practices and characteristics of people who use crack differ from those who use cocaine. These nuances are missed if we rely on death certificate data alone to understand overdose trends.
- Several hypotheses for what is driving overdose risk were tested, using data from surveys, interviews, and drug checking of donated samples.

## Who participated in RACK and what did we learn about drug-related risks facing people who use cocaine in MA?

- The survey sample was comprised primarily of adults aged 36 and older (61%, n=34); a majority of whom were male (59%, n=33); and whose highest level of education was high school graduate/GED for 77% (n=43). Overall, 42% reported being stably housed in their own or someone else's home (n=23). Almost half (48%, n=27) reported recently using drugs in a public place and 32% (n=18) had engaged in sex work.
- More than two-thirds (n=33, 69%) of participants reported snorting cocaine, usually in lines (n=27, 82%) rather than bumps (n=12, 36%).

Drug	Past mo. Use n (%)	Route of Administration* n (%)	Drug	Past mo. Use n (%)	Route of Administration* n (%)
Heroin	41 (73)	Snort: 11 (27) Inject: 24 (59) Smoke: 1 (2)	Buprenorphine	17 (30)	Inject: 1 (6) Oral: 16 (94)
Cocaine/ Crack	Cocaine: 48 (86) Crack: 44 (80)	Cocaine: 33 (69) Inject: 31 (65) Smoke: 13 (27) Oral: 4 (9) Boof: 1 (2)	Crack: 2 (5) 8 (18) 41 (93) 1 (2)	Methamphetamine	15 (27) Smoke: 5 (33) Inject: 7 (47) Oral: 2 (13) Snort: 4 (27) Boof: 1 (7)
Fentanyl	28 (50)	Snort: 10 (36) Inject: 20 (71) Smoke: 1 (4)	Benzodiazepines	10 (18)	---
Prescription pain medication	16 (29)	Snort: 5 (31) Inject: 2 (13) Oral: 12 (75) Smoke: 2 (13)	Amphetamines	6 (11)	---

\*Participants could select more than one response.

- Nearly 1 in 5 (n=10, 19%) had ever tried putting fentanyl in powdered cocaine themselves. Twice as many (n=20, 38%) knew someone who had put fentanyl in powdered cocaine. Two in 5 (40%) had ever *suspected* that there was fentanyl in their powdered cocaine.
- Speedballing (using cocaine and heroin/fentanyl at the same time) was a common practice (58%), most often used by injection. Many people who do speedballs are aware of and have access to naloxone through SSPs.
- Over one-third (n=20; 36%) had experience cutting drugs, mostly cocaine (n=14, 70%), and heroin (n=13, 65%). People did not report substantial cleaning or preparing of surfaces prior to cutting.
- Participants often used alone, especially when snorting or injecting powder cocaine (crack, n=15, 35%; speedball, n=10, 32%; cocaine-snort, n=18, 56%; cocaine-inject, n=11, 38%).
- Most primary cocaine/crack users indicated that they would avoid fentanyl laced drugs if they could. Only 1 in 5 (22%) felt that fentanyl provides a better high than heroin/Rx opioids, suggesting little interest in the drug as an additive.

**INTERVIEWER:** Have you seen or like have you suspected that there might be Fentanyl in the cocaine that you've bought or used?

**FEMALE:** *Not in cocaine, no. In heroin, yes. But not in cocaine. I've never, I honestly didn't even know they put Fentanyl in cocaine until we talked.*

**FEMALE:** *I had only bought coke and it was from one specific person but that guy bags up on the same thing as he does dope. So it's not like he's purposely putting it in there.*

**MALE:** *Sometimes dealers mix up cocaine and fentanyl and sell people the wrong bag, because they are both white, not on purpose, they don't want to kill their customers, so I know some dealers that are putting stickers to differentiate the product.*

### What was learned about overdose risks in this population and how can they be addressed?

- Cocaine and crack consumers may be getting exposed to fentanyl accidentally, but prevention is possible.
- Many consumers are unaware of their possible overdose risk. They may be aware of the fentanyl epidemic, but do not believe that it will impact them given that they do not use heroin.
- Some consumers may be prepared but are also at risk for overdose due to high levels of use, instability of the drug supply, and return to use following periods of abstinence.

Hypothesis	Data Supports	Risk estimate	Extent of problem (prevalence)
Demand is up, therefore use is up (natural ebb and flow)	Survey, interview, drug checking	Moderate, function of prevalence of injection vs. insufflation, SSP/naloxone access	Very common
Contamination of cocaine supply with fentanyl—Accidental	Survey, interview, drug checking	High	Low prevalence (<20%)
Contamination of Cocaine Supply with Fentanyl—Purposeful	Qualitative	High	Extremely rare event (<1%)
Polysubstance use: Speedballing	Survey, interview	Low-moderate, function of SSP/naloxone access	Moderately common
Polysubstance use: order of use	Survey, interview	Low-moderate, function of SSP/naloxone access and whether on MAT	Very common

### What are recommendations for the department of public health, following the RACK findings?

- **Distribute syringe Service Program/Provider** communications focused on cocaine risks
  - Include fentanyl test strips and education in **safe crack use kits**
- **Increase outreach and education** about the Good Samaritan Law protections and limitations, in both Spanish and Portuguese
- **Dealer/street distribution level** outreach/intervention
  - Drug checking, education on safe supply techniques
  - Packaging protections, prevention plan, naloxone distribution
- **Engage cut distribution points**, dealers, and other source points such as bodegas in outreach and intervention
  - Couple with safe syringe sale, distribution
- **Expand drug checking in communities with high cocaine and fentanyl use:** People want to know what's in their drugs