

RACK: Trends in Hispanic and Latinx Communities

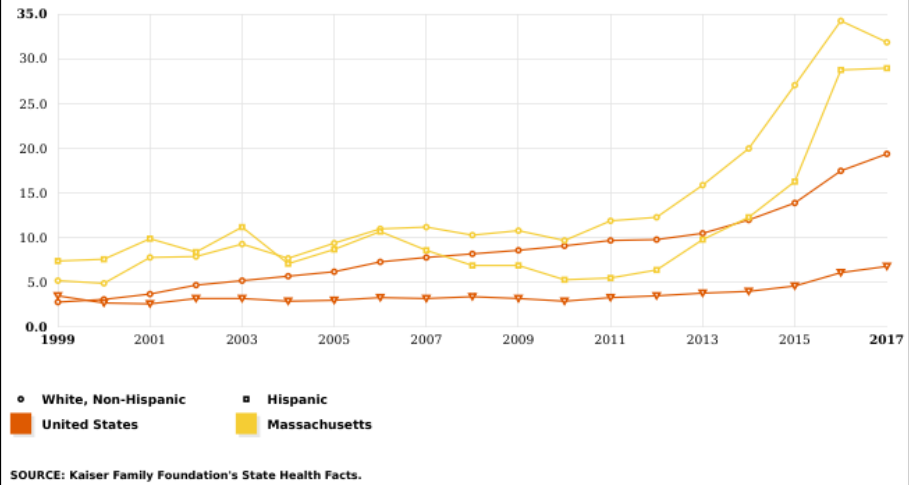
What is RACK?

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.

Opioid Overdose Deaths by Race/Ethnicity: White, Non-Hispanic & Hispanic, 1999 - 2017



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 outreach prior to data collection, identifying and meeting with a range of cultural and community stakeholders and tailoring survey items. Surveys (n=52) and in-depth interviews (n=19) were conducted from May to November 2019 by a team of 10 staff. Participants were recruited through community organizations, treatment programs, street outreach, and chain referral.

Who participated in RACK and what did we learn about drug-related risks facing Hispanic/Latinx populations in MA?

The sample was comprised 52 of adults primarily aged 26-35 (40%, 21/52); a majority of whom were male (65%, 34/52); and whose highest level of education was some high school, high school graduate, or GED (64%, 33/52). Over half of the sample, (58%, 30/52) reported being unstably housed and living in a car, shelter, or on the street. 60% (31/52) reported recently using drugs in a public place and 29% (15/52) had engaged in transactional sex. 46% (24/52) were employed full or part-time.

Drug	Reported Use n (%)	Route of Administration n (%)
Heroin	34 (65)	Snort: 9 (26) Inject: 27 (79) Smoke: 2 (6)
Cocaine/Crack	Cocaine: 36 (69) Crack: 33 (63)	Cocaine: 2 (6) Crack: 2 (6) Snort: 13 (36) Inject: 22 (61) Smoke: 6 (17) Oral: 1 (3) Booty Bump: 0 29 (88) 1 (3)
Fentanyl	26 (50)	Snort: 7 (27) Inject: 23 (88) Smoke: 1 (4)
Prescription Pain Medication	6 (12)	Snort: 2 (33) Oral: 6 (100)
Buprenorphine	9 (17)	Oral: 9 (100)
Methamphetamine	4 (8)	---
Benzodiazepines	9 (17)	---
Amphetamines	1 (2)	---

** Participants could select multiple

Almost half of RACK participants reported being born in Puerto Rico (n=25, 48%), and 83% (n=43) identified as Puerto Rican. The remainder identified as Dominican (n=3), Brazilian (n=2), Mexican (n=1), Colombian (n=1), Cuban (n=1), and Honduran (n=1). Most selected "other" race (n=31, 60%), followed by multi-racial (n=9, 17%), Black, African, or Cape Verdean (n=7, 14%), and white (n=4, 8%).

So do you think people come to the US from Puerto Rico trying to get away from drugs?

FEMALE: They're just trying to get away to make a better life and get their detox and keep it moving and get better, do programs, because they do get programs, they still do that. Not every Puerto Rican...But, yes, they come to get help. Yes, they want to work, yes, they want a better life but if they don't help us what can we do?

- Reported cocaine use was particularly high in this RACK cohort; 44 (85%) reported using cocaine (n=36, 82%) or crack (n=33, 75%), typically by injection or snorting, and 25% (n=13) only used these stimulants. Nearly 3 in 4 (73%) also reported using opioids such as heroin (n=34, 65%) or fentanyl (n=28, 54%), mostly by injection.
- Awareness of (n=45, 87%) and past year experience with (n=33, 63%) fentanyl was lower than in other RACK sites. A growing number of participants (n=15, 42%) stated that heroin

and fentanyl are considered to be the same thing in their community. Almost half (16/33) felt that fentanyl provided a better high than heroin or pain medications.

- This cohort is less regularly engaged in healthcare than other RACK cohorts. Less than two-thirds (n=32, 62%) have a primary care doctor that they see regularly.
- A majority (n=42, 81%) of the cohort had experience with arrest, though fewer were convicted (n=29, 56%) or incarcerated (n=28, 54%). The cohort had experience with the criminal justice system, but much less engagement with social services, EMS, housing, and mental health supports. Negative interactions with system services may have negated the cohort from seeking systems-level help for health, housing, clean syringes, naloxone, and emergency overdose assistance.

MALE. I went in (to prison) when I was 25, I came out when I was 29. To be honest, I didn't work on my recovery in there at all. I was involved with gangs, I was always into trouble. Every time I could get high, I'd get high.

What was learned about overdose risk particular to people using drugs who are Hispanic/Latinx?

- Risk of overdose among the Hispanic/Latinx community is heavily tied to cocaine and fentanyl supply. Contamination of cocaine with fentanyl is rare but when it occurs, it affects those using primarily cocaine more profoundly.
- Personally experiencing an overdose (n=32, 61%) was less common than in prior RACKs, though nearly all had witnessed an overdose (n=45, 86%). Naloxone access was good: 33 (73%) of the last witnessed overdoses were responded to with naloxone, 65% (n=31) of participants kept naloxone with them or in a place where they used drugs, and 80% (n=37) indicated that naloxone was easy to get. A third of participants (n=18, 33%) was unfamiliar with the Good Samaritan Law, and there was considerable confusion about the law, its limits, and its impact. Low awareness of the law is consistent with findings across RACK location-based studies.
- When an overdose occurred, emergency responses were similar to reports from other RACK sites: 67% (n=32) called 911 in the last witnessed overdose and, if available, 36% (n=12) administered naloxone themselves to the victim.

MALE1. Is there any stigma in our culture about getting [drug] treatment? I mean, no. The stigma's more the using. When you're showing that you're doing things. I don't know, 'cause it's also not acceptable to ask for help too, so I don't know. That's a tough question....You're supposed to be the man of the house. You know, and, you know, you're not supposed to need help.

MALE2: It's like a Latino thing, like, whatever happens in the house stays in the house

- The tendency to “take care of things yourself” resonated with roles and expectations within the Hispanic/Latinx culture, as well as with fear of the shame and stigma of drug use, and reported negative experiences with law enforcement. These likely contribute to differential help-seeking and engagement with other system services, such as mental health and housing.
- A majority of participants who tried to access medication for opioid use disorder (MOUD) were able to receive it but few initiated it. No participants were currently taking MOUD.
- Current syringe use, reuse, and hygiene practices were concerning, with notable health consequences for participants and the community. Most injected their drugs (n=30, 58%), used daily or more often (n=22, 42%), and reused their syringe a median of 3 times before disposing of it. A minority of

participants (n=9, 31%) considered the local syringe service program their main source of syringes, instead relying upon pharmacies (n=14, 48%) but also bodegas, friends, or dealers for materials. Though SSP attendees tended to dispose of syringes there (n= 9, 17%), the majority (n=12, 23%) disposed of syringes in home or public garbage. Nearly one-third (31%) had ever experienced an injection-related abscess, and 27% had one last month or currently.

- 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.

What are possible approaches to reduce overdose risk among Hispanic and Latinx people who use drugs, following the RACK findings?

- ✓ **Develop and expand** alternative access points for naloxone (bodegas, dealers, community programs, family support programs)
- ✓ **Create and implement** pharmacy naloxone communications for Spanish speakers/readers
- ✓ **Provide** clarity on the Good Samaritan Law and its limitations for law enforcement and community
- ✓ **Nurture** supports for Hispanic/Latinx families affected by drug use
- ✓ **Expand** medication treatment uptake and access in jails/prisons, urgent care, community health centers, pharmacies
- ✓ **Implement** drug checking in communities with higher burden
- ✓ **Implement** fentanyl testing, safe supply/use interventions with family, healthcare providers (prescribers, pharmacists), dealers
- ✓ **Improve** cultural competency among providers, including mental health and addiction treatment providers, post overdose outreach teams, and death scene investigators

