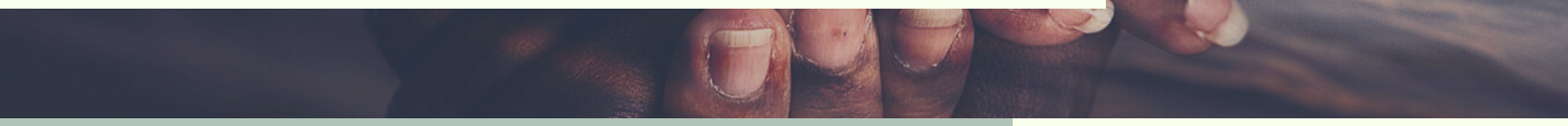
Brandeis UNIVERSITY

# 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 in the community. RACK reaches beyond clinical and administrative data to learn about fentanyl and other drug use, treatment experiences and access, and the lived effects of recent policies, like prescribing limits and the Good Samaritan Law.



## Why focus on overdose trends among Black and African American communities?

The goal of the Black/African American RACK was to understand what is driving the increase in opioid involved overdose deaths among people in Massachusetts who identify as Black or African American. More specifically, to (1) describe the exposure to, use of, and protective behaviors associated with fentanyl among people who use drugs (PWUD) and (2) assess the impact of policy responses such as naloxone access, and opioid prescribing restrictions.

## What did this RACK find?

- A delayed exposure of fentanyl in communities of Black and African American residents, coupled with the persistence of heroin within these communities, led to an initial surge in fatal overdose rates. The entrance of counterfeit prescription pills containing strong fentanyl analogues contributed to fatal overdoses in the initial surge and continue to put residents within these communities at risk.

70.1% of participants reported that pain pills are difficult to get from hospitals and doctors in their area. However, 30.5% reported pain pills are easier to get now than one year ago. Counterfeit pill use was reported by 11.2% of the overall sample. The most common pills counterfeited are oxyocodone and benzodiazepines.

- A high prevalence of cocaine and crack use, coupled with patterns of opioid use, increase the risk for fentanyl exposure in these populations. Misconceptions about what drugs contain fentanyl increases community vulnerability.

Many participants (52.0%) reported cocaine/crack use exclusively, with no fentanyl or heroin use. Snorting cocaine and smoking crack were the most frequent routes of administration. Many participants who used crack or cocaine were not aware of potential fentanyl contamination. A sequential use of cocaine then opioid was reported by 15 of the 98 participants. The majority of people who use cocaine and crack did not intend to also use heroin or fentanyl.

"MY LAST OVERDOSE WAS, SOMEBODY TOLD ME IT WAS COCAINE. SO I WENT 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 FENTANYL. THAT'S WHAT IT IS. THE THING IS, I THOUGHT IT WAS COCAINE."

- Changes in drug distribution pathways, and the reorganization of drug markets, intensified market competition leading to a contamination of powder/pills and significant distribution errors in specific municipalities. This intensification persists within Black and African American communities.

65% of the participants reported having a primary supplier and 76% of participants reported trusting this person to be honest about the quality and content of what they sell. Most participants reported their supplier as being a close friend (44%) or acquaintance (14%). 20.4% reported getting drugs for free.


- Structural barriers specific to the Black and African American communities, including but not limited to the mistrust in health and public health safety systems, persist and are compounded by continued racial injustices.

- Mistrust and inequity in health systems continue and can be seen through the underutilization of harm reduction materials and services for Black and African American residents, in addition to lower access to evidence-based treatments and limited opportunities across the recovery spectrum.

"YOU KNOW, BUT SOME PEOPLE GET TREATED DIFFERENTLY. I DON'T KNOW, IT SEEMED LIKE [THE CLINIC STAFF] WERE WILLING TO HELP CERTAIN PEOPLE MORE THAN OTHERS. WHITE PEOPLE COULD SCREW UP A LOT OF TIMES BEFORE THEY WOULD ACTUALLY GET KICKED OFF THE PROGRAM."

- Stigma avoidant behaviors, including isolation and using drugs alone, increase the risk of unwitnessed use inhibiting the success of more traditional harm reduction interventions such as never using alone.

"THE THING IS, IT'S LIKE GO BACK GENERATIONS, YOU KNOW. PEOPLE I ASSOCIATE WITH ON THE REGULAR... 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 DON'T EVEN DO THE SUBSTANCE. GUYS WHO I DEAL WITH DO IT. SO THEY GONNA TELL ME, YOU KNOW, BE CAREFUL."

70% of participants report familiarity of the MA Good Samaritan Law. However, only 34% of those who had heard of the law could correctly explain what it does. Participants reported a high degree of skepticism and misconceptions. A variety of considerations are considered before calling 911, including safety and business concerns.

Histories of personal violence and neighborhood safety were noteworthy as 38.5% of participants indicating they had been attacked or stabbed with a knife over their lifetime. Seventeen participants reported they had been stabbed or attacked in the past 2 years and 29% of participants reported being shot with a gun.

For many participants, medication for opioid use disorder was not sought out (n=52) or viewed as needed (n=35). 43% agreed that methadone treatment is "trading one drug for another" while 36% agreed that "methadone ruins your bones and teeth."

23% reported they did not want to be seen going to a syringe exchange program with 18% reporting "syringe exchange programs aren't for people like me."

92% of participants (n=88) reported knowing what naloxone is but 42% (n=40) currently have naloxone.


# Immediate Recommendations

## To Address the Overdose Surge:

- Improve fentanyl awareness and harm reduction strategies related to the current drug supply, such as understanding what is in the illicit drug supply through community drug checking programs, and extending harm reduction practices such as disseminating Narcan to cocaine/crack users
- Expand and tailor overdose prevention services to meet the needs of Black and African American people who use drugs, such as secondary distribution strategies with safer smoking/sniffing kits
- Cultivate community resilience through peer-to-peer models focused on mutual aid
- Expand housing supports, including on-site overdose prevention and response tools, in addition to educational outreach and harm reduction materials for housed individuals, specifically outside of Boston
- Expand anonymous, trauma-informed harm reduction practices into healthcare services and expand healthcare services into harm reduction sites
- Shift perceptions of MOUD in communities of color, including campaigns that highlight access, empowerment, recovery and reconnecting with family, faith, and community
- Change laws and policies to remove punitive actions such as warrants and section 35s from post overdose outreach programming and center new goals such as decarceration

## To Dismantle Institutional & Structural Racism:

- Review policies, practices, representations, and norms to address deficits and to foster transparency in the addiction care continuum
- Employ secret shopping tool to investigate quality of care and data integrity at BSAS-licensed sites
- Invest in leadership development and community/consumer advisory boards that center Black voices
- Broadcast models of access/equity when they are achieved, then study these models to replicate them
- Broaden harm reduction & improve collective efficacy in Black and African American communities
- Implement actionable feedback loops (Patient Satisfaction Surveys, RACKs)


## To Implement in the Long Term:

- Center Black leadership and properly funding organizations in terms of training, capacity and education
- Ensure treatment centers and social service agencies reflect the language, race, and ethnicity of the people they are servicing
- Require diversity and equity goals throughout established and approved DPH/state contracts
- Encourage new and more diverse vendors and partnerships, specifically minority led organizations
- Re-examine the outcomes and metrics for success to ensure goals are meaningful to diverse groups
- Rethink data collection to ensure it elucidates racial/ethnic disparities and properly conveys meaningful progress as defined by the Black/African American communities

## Black/African American RACK: Up Close

- The sample was comprised of 98 adults primarily 41 years of age or older (n=65/98), identifying as male (n=64/98) and housed – either in their own residence or someone else's (n=80/98) . Most participants (n=32/98) reported using substances in public in the past 30 days. About one third of participants reported having traded sex for drugs or money in their lifetime (n=18/98). Most participants were educated through high school (n=53) and many did not have a doctor they see for primary care (n=24/98).
- The race and ethnicity of most participants was Black and non-Hispanic (n=82/98). Diversity in representation of Black identity ranged from Latin America, Caribbean, and to the continent of Africa.

| Self-reported substance use in the past 30 days (n=98) | | |
|---|---|---|
| Type of Substance | Participant Use n (%) | Route of Administration n (%) |
| | *Any Use* | |
| Heroin | 42 (42.9) | Snort: 28 (66.7)<br>Inject: 26 (61.9)<br>Smoke: 2 (4/8) |
| Fentanyl | 32 (32.7) | Snort: 18 (56.3)<br>Inject: 17 (53.1) |
| Prescription pain medication | 23 (23.5) | Snort: 1 (5.3)<br>Inject: 1 (4.3)<br>Oral: 13 (56.5) |
| Buprenorphine | 19 (19.4) | Snort 1 (5.3)<br>Inject: 1 (5.3)<br>Oral: 13 (68.4) |
| Cocaine | 50 (51.0) | Snort: 28 (56.0)<br>Inject: 15 (30.0)<br>Smoke: 15 (30.0) |
| Crack | 73 (74.5) | Snort: 1 (12.5)<br>Inject: 8 (100)<br>Smoke: 71 (97.3) |
| Methamphetamine | 8 (8.2) | Snort: 1 (12.5)<br>Inject: 8 (100)<br>Smoke: 4 (50.0) |
| Benzodiazepines | 14 (14.3) | ___ |
| Amphetamines | 9 (9.2) | ___ |