POINTS: Rhode Island Department of Corrections (RIDOC)

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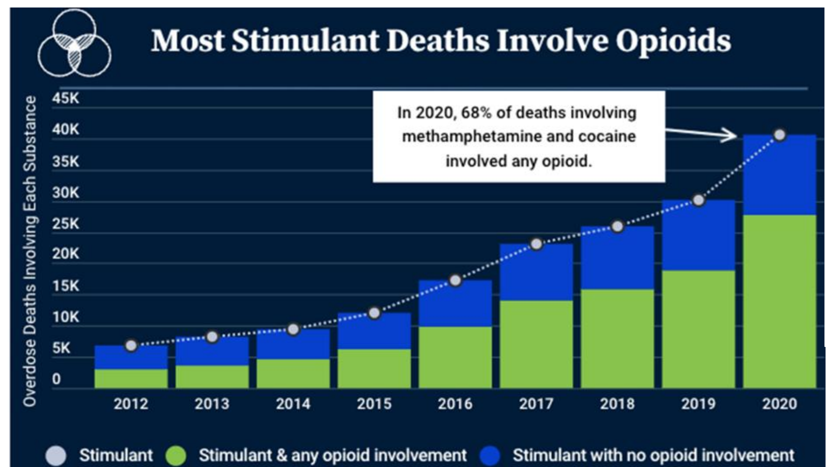
What is the POINTS study?

Preventing **O**verdoses **In**volving **St**imulants is a CDC-funded grant that involved surveys and interviews with people who use stimulants (e.g., cocaine) in greater Providence, RI and three Massachusetts (MA) cities (Brockton, Lawrence, and Lynn) – areas that have been disproportionately impacted by fatal stimulant and opioid involved overdoses. In addition, our research enrolled people who distribute/manufacture drugs who were incarcerated in the Rhode Island Department of Corrections (RIDOC). POINTS also involved testing the drug supply in MA and RI 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 inter-connected risk factors to inform interventions to reduce stimulant and opioid overdose deaths.



Source: National Institute for Health Care Management

Why did we speak with people who distribute drugs (PWDD)?

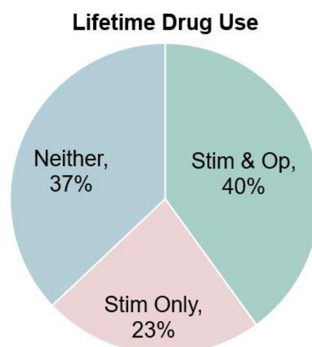
Our formative research with people who use cocaine in MA found that people who use stimulants with no history of regular opioid use are at the highest risk for unintentional opioid overdose when exposed to fentanyl in the stimulant supply. Speaking with PWDD to understand perceptions about how fentanyl enters the stimulant supply can inform recommendations to prevent stimulant and opioid involved overdose. Researchers rarely have the opportunity to engage PWDD for these perspectives while people are incarcerated. Our team worked collaboratively with RIDOC to recruit and engage PWDD who were currently incarcerated in this research. Surveys and interviews were conducted by trained qualitative researchers in the visiting room of RIDOC. Participants received $40.00 in commissary funds for participation.

RIDOC Recruitment Numbers
61 incarcerated people who met inclusion criteria received a flyer about the study
13 (21%) were released and/or could not be contacted
14 (23%) declined to participate
4 (7%) did not speak English
30 (49%) were enrolled

Who did we speak with at RIDOC?

Thirty people at least 18 years old who were currently incarcerated (beginning within the past 3 years) who were sentenced on drug distribution or manufacturing charges completed a survey and interview in RIDOC May – July 2023**.**

Mean age of 35 years old (SD = 8) | 87% male | 56% White, non-Hispanic, 26% Hispanic, 19% Black, non-Hispanic | 27% some high school or less, 47% high school/GED, 27% some or more college | average of 18 years incarcerated across lifetime | mean weekly income $6,730



Often PWDD and PWUD are considered two distinct groups. **Yet we found that most PWDD also use drugs.** 97% of PWDD reported lifetime history of using drugs. 50% used stimulants and 50% used opioids in the 30-days before incarceration.

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What did we learn about how fentanyl enters the stimulant supply?

80% of PWDD had heard of people selling stimulants with fentanyl and learned of this through:

- Word of mouth from supplier or distributor networks and from feedback from customers
- Personal experience or customer experienced unexpected/adverse effects of substance use consistent with fentanyl (e.g., overdose) when using a substance that was not expected to contain fentanyl
- Testing their drugs (few reported this)
- Having their drugs tested at the time of arrest (few reported this)

	Pathway	Why?	Quant Data	Quote
Unintentional	Substance cross-contamination on materials and tools and/or incorrectly labeled drugs during preparation and manufacturing process	➢ Carelessness while preparing drugs and dealing ➢ Preparing and delivering drugs while high	➢ 97% of PWDD had lifetime history of substance use, which may increase risk of carelessness and mix-ups.	***Some of these people are using it the same time as dealing. So, they're mixing up their products, or they're not labeling with what substances is in the bag. Or they're using the same instruments to weigh and measure. It's cross-contaminating everything.*** – Sold stimulants & opioids, mid-level, age 31
	Mixing up bags of products that look alike	➢ Products that are visually similar may accidentally be mixed up because of human error	➢ 69% agreed that PWDD unintentionally sell or distribute the wrong drug	***If you have someone who is selling both and you're trying to bag up this and that at the same time – you're too close in vicinity […] it could get on your coke if you're using the same scale. And be mixed all in one or could be, in fact, that you just threw a bag somewhere and now it's mixed in with this one and it's accidentally distributed as the wrong thing.*** – Sold stimulants, mid-level, age 34
Intentional	*Theorized* that fentanyl is added to stimulant supply to make the product more addictive	➢ *Theorized* that this encourages returning customers and boosts profits	➢ 87% said PWDD intentionally put fentanyl in the drug supply (not specific to stimulant drug supply)	***Fentanyl has a physical addiction. […] Now if you're using a drug that has fentanyl or heroin mixed into it, now you have a physical dependency on it. You know it's just one more way to bring somebody back to your business.*** – Sold stimulants & opioids, mid-level, age 50

Fentanyl enters the stimulant supply unintentionally because of careless practices, including cross-contamination and the mixing up of products. **No PWDD reported direct experience with intentional contamination of the stimulant supply with fentanyl**; it was *theorized* that fentanyl is intentionally added to stimulants to increase the profitability of stimulants. PWDD had varying perceptions regarding where along the distribution pathway contamination is occurring. **This suggests that fentanyl is added to stimulants along several points of the distribution pathway by suppliers, PWDD, and by PWUD**:

- ***You don't even know how many times before it gets to – especially down over here, down to Rhode Island – they probably got passed by fucking so many states – so many dealers that it could get cut 100 times. Everybody knows that a lot of shit comes from different countries. […] By the time it comes over here it could have anything in it.*** – Sold stimulants, mid-level, age 26

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What did we learn about dynamics between drug suppliers, PWDD, and customers?

TRUST: PWDD rely on trust in drug suppliers as a quality control measure (i.e., PWDD take supplies for their word that the purchased product is not adulterated). Few PWDD discussed precautions (e.g. using fentanyl test strip) to test the product in the absence of established trust. 20%, or 6 PWDD, had never heard of test strips.

- ***I can tell you it's definitely not like the movies. How you got these tests or so I don't think that even – I don't even think that is – I think it's just trust. Or you, you go to someone for X amount of time and you just trust them. […] You gotta build the relationship.*** – Sold stimulants, low-level, age 31

RETURNING PRODUCT: Some PWDD reported suppliers are willing to refund or exchange adulterated product, whereas other said this would not be possible, especially because suppliers have made their money after PWDD make a purchase. However, suppliers are invested in maintaining a customer base of satisfied PWDD, so some suppliers may be open to returns or exchanges. This dynamic depends on the relationship between the supplier and dealer, relative levels of power in the drug distribution trade, and the quantity of product under consideration.

PRODUCT DUMPING: While a few PWDD said that they would (or have in the past) discard adulterated product, most acknowledged that if their supplier would not exchange the product then they sell it to earn back the money spent purchasing from the supplier. Some noted that even if a supplier is willing to take adulterated product back, the supplier is likely to sell it to another PWDD rather than destroy it.

CHANGING SUPPLIERS: PWDD shared that many PWDD will find a new supplier if there are issues with adulterated product, and this is most likely to happen if the original supplier is unwilling to exchange the adulterated product or offer a refund.

ACCOUNTABILITY: Some PWDD place responsibility on PWUD for overdose risk but most acknowledged their role in producing risk by providing drugs for purchase. Some thought PWDD should be more responsible for taking steps to prevent overdose among PWUD, and emphasized their willingness to take actions that keep customers safe. Many were open to the use of fentanyl test strips to test their drug supply.

TRANSPARENCY & DECEPTION: PWDD believe it is important to transparently communicate the contents of your product to PWUD so they can make informed decisions (this also shifts responsibility for use onto PWUD). Yet, many acknowledged that PWDD may lie about the product contents in order to make a sale.

- ***I've never lied to the people that used to buy from me. I use to tell them 'look this is what's in it because my dealer will tell me what is in it. I think just letting them know and then they do their own choice.*** – Sold stimulants and opioids, mid-level, age 40

FEEDBACK: PWDD solicit feedback on cuts from PWUD, particularly high-paying customers and friends whose opinions are valued. Some discussed it is important to receive feedback PWUD who use different routes of administration, because this information can inform which cuts are best for different administration routes.

SES & SUBSTANCE USE STIGMA: Some PWDD reportedly sell off lower quality product to lower SES customers and reserve higher quality product for higher SES customers. Some PWDD utilized stigma toward PWUD and those who are low in SES to rationalize selling potentially harmful drugs. This stigma functioned to justify the selling of lower quality product to PWUD who may be dependent on the substance and are therefore more likely to tolerate lower quality (and therefore adulterated) product.

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What do PWDD think about strategies to reduce risk of stimulant-involved overdoses?

While some felt hopeless about the overdose crisis, the majority endorsed multiple strategies to reduce the risk of stimulant-involved overdoses that could be implemented among PWDD, PWUD, and at the societal level.

PWDD Level	PWUD Level	Policy and Society Level
•Use fentanyl test strips to test supply from supplier •Clean scale / materials used when packaging •Communicate transparently about what is in the supplyStop cutting drugs with fentanyl	•Use fentanyl test strips to test supply •Conveyed sense that PWUD are responsible for their wellbeing and could: •Not use drugs •Not use alone •Change mode of use to reduce risk •Carry Narcan	•Open an overdose prevention center •Expand Narcan availability •Invest in public education about stimulant-involved overdose •Decriminalize drugs •Expand access to substance use treatment •Invest in programs to promote social wellbeing

What are we doing with this information?

In Fall 2023, we held four workshops with Greater Providence, RI 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 collaboratively identified and evaluated to prioritize the strategies that are most needed, realistic, feasible, and anticipated to have the highest impact when implemented. Interventions specific to RIDOC include:

- Education within RIDOC that could be delivered via iPads to PWDD that would contain stimulant-specific messaging to convey overdose risk
- Work with the Rhode Island Department of Health and RIDOC to promote awareness of harm reduction vending machines at release points and expand the availability of these vending machines across RIDOC

Our team also facilitated a Lunch & Learn at RIDOC in January 2024. We discussed these findings and proposed intervention strategies and opportunity for further conversations about implementing these interventions

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

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