

POINTS: Lynn, Massachusetts

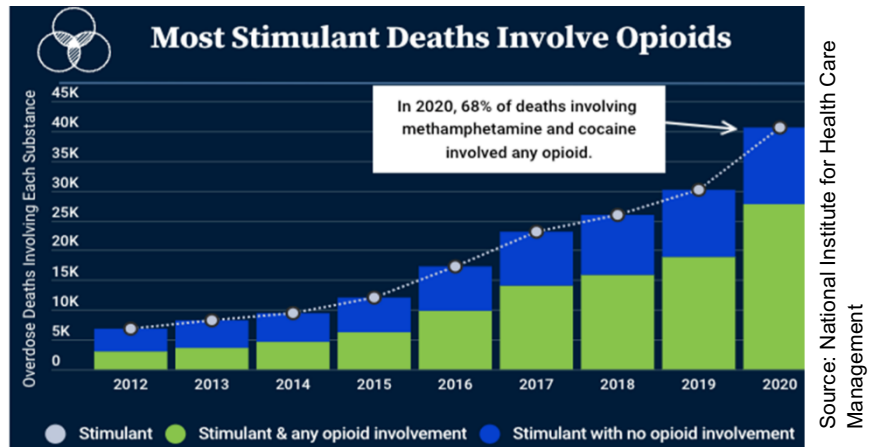
Principal Investigators: Jaclyn White Hughto, PhD, MPH, Traci Green, PhD, MSc, & Jody Rich, MD, MPH

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) 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 Lynn?

We analyzed 2020 [State Unintentional Drug Overdose Reporting System \(SUDORS\) data](#) from Lynn, 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 Lynn. From September to October 2022, we recruited 61 people who used stimulants in the past 30 days, were 18 years of age or older, and lived in or spent time in Lynn, MA; 20 participants also completed an interview; and 56 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, 34% of participants were unsheltered. Overall, 66% were sheltered, with 38% living in a house or apartment and 25% living in a house or apartment they owned or rented. Also, 33% of participants who only use stimulants were sheltered compared to 21% of those who use both stimulants and opioids.

Substance Use History
6 (10%) only used stimulants
13 (21%) used stimulants but had a history of regular opioid use
42 (69%) used both stimulants and opioids

POINTS: Lynn, Massachusetts

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

	SUDORS 2020 Data (n=32)	Lynn MA Sample (n=56)
Mean Age, in years (Standard Deviation)	43 (12.4)	41 (10.5)
Sex, Male	63%	69%
Race & Ethnicity		
White, non-Hispanic	60%	62%
Black, non-Hispanic	9%	10%
Hispanic	19%	23%
Multiracial	3%	5%
Education		
Some high school or less	19%	28%
High school degree or GED	69%	43%
Some college or more	13%	30%

What is known about fentanyl in the drug supply?

Overall, participants had heard of people selling stimulants with fentanyl, and 56% 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
- Verified drug content with fentanyl test strip
- Word of mouth from people who distribute drugs or friends who use drugs

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.

“The crack [is] annoying. Like...if I want to smoke fentanyl, I’ll smoke fentanyl. I don’t want it in my crack.”
– 53-year-old, White non-Hispanic nonbinary person, Uses Stimulants, History of Opioid

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.

“You can put in anything that will alter your mind. So it’s like anything that cheap. So Fentanyl is so cheap, now the meth is a lot cheaper. So you can just... stretch it, it’s a way to make money. You see people put it in everything.”
– 31-year-old, White Male, Uses Stimulants & Opioids

Is Fentanyl in the Lynn stimulant supply?

56 samples tested; 48 samples reported to be stimulants:

8 of 48 (17%) stimulant samples contained fentanyl

- **1 of 38 (2.6%)** crack cocaine samples contained fentanyl
- **3 of 5 (60%)** powdered cocaine samples contained fentanyl
- **4 of 5 (80%)** dope/cocaine 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

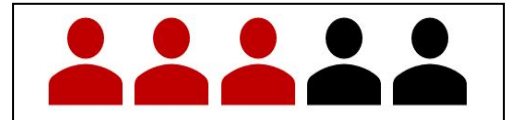
up of products. It was also *theorized* that fentanyl is intentionally added to stimulants to increase the profitability of selling stimulants, though this pathway was less commonly endorsed than the contamination pathway.

POINTS: Lynn, Massachusetts

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, 66% experienced an opioid overdose in their lifetime.

- Lifetime history of experiencing opioid overdose was highest among those with a current (54%) or past (54%) history of regular opioid use. Zero people who only use stimulants had experienced an opioid overdose in their lifetime.

Participants witnessed an average of 17 overdoses in their lifetime, with those only using stimulants having witnessed the fewest number of overdoses.

“I’ve even actually saved... saved 16 people in one apartment all...yes, and that’s not including everywhere else. I’ve saved a lot of people’s lives.”

– 41-year-old, White non-Hispanic Woman, Uses Stimulants, History of Opioid Use

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

Good Samaritan Law: 87% (n=53/61) of participants had heard of this law, and 83% (n=44/53) described the law accurately.

- 60% of participants who only used stimulants could accurately explain what the law does relative to other groups.

Naloxone: Approximately 4 in 5 carried naloxone, and nearly all (98%) felt that naloxone was easy to get.

- People who only used stimulants knew of fewer places to get naloxone, and 1 person who only used stimulants did not know where to get naloxone.

Fentanyl Test Strips: A minority (39%) of participants had used a fentanyl test strip, and 8% had never heard of fentanyl test strips. Participants offered multiple reasons for using fentanyl test strips, including:

- Experiencing an effect of a drug that felt different from what was expected
- To check if a distributor is contaminating their supply
- To make sure that a product sold as fentanyl is actually fentanyl (only endorsed by people who use stimulants & opioids)

“It [fentanyl test strip] came from Healthy Streets and I-me and my friend did it, like, three times to make sure it was done right. Followed it step-by-step carefully. It came out positive.”

– 56-year-old, White non-Hispanic Man, Uses Stimulants Only

POINTS: Lynn, Massachusetts

What are we doing with this information?

In March 2024, we held 4 workshops with Lynn, 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 health communication	Create multimedia stimulant-specific overdose messaging
	Door-to-door canvassing with prevention education materials in areas with elevated stimulant-involved opioid overdoses deaths
Targeted harm reduction outreach efforts	Create a harm reduction school-based program for youth
	Leverage and expand existing incarceration and re-entry programs to improve access to harm reduction and substance use treatment services
	Expand access to harm reduction supplies and messaging in construction and service industry
	Engage local businesses in harm reduction efforts
	Integrate overdose prevention into gun violence prevention efforts
Harm reduction and substance use treatment services	Create an alternative/holistic wellness center for people who use stim
	Expand treatment for stimulant use disorder
Policy-level interventions	Open an overdose prevention site in Lynn
	Expand access to housing and related services
	Update Good Samaritan Law
	Expand access to harm reduction supplies and messaging to broader community

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

Jaclyn White Hughto, PhD, MPH, Brown University School of Public Health (Jaclyn_Hughto@brown.edu); Traci Green, PhD, MSc, Brandeis University (TraciGreen@Brandeis.edu) & Jody Rich, MD, MPH, Warren Alpert School of Medicine, Brown University (Jrich@LifeSpan.org)

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



Patrick Kelly, MPH (Patrick_Kelly@Brown.edu), developed this summary with support from the POINTS team.