

# POINTS: Greater Providence, Rhode Island

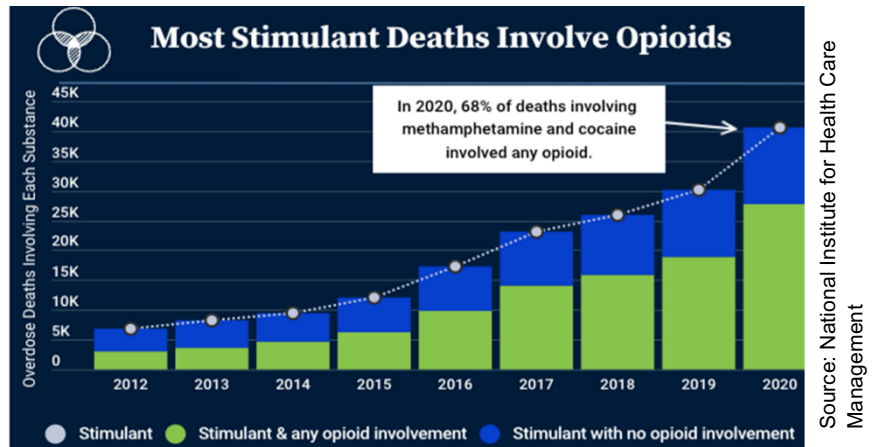
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## What is the POINTS study?

**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 with people who use cocaine in MA found that people without a history of regular opioid use were at the highest risk for unintentional opioid overdose when exposed to fentanyl in stimulants. 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. Thus, we 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 Providence?

We analyzed 2020 State Unintentional Drug Overdose Reporting System (SUDORS) data to identify demographic trends in stimulant and opioid-involved overdose deaths in RI. We then recruited participants whose demographics aligned with the CDC data, ensuring we reached those at greatest risk of fatal overdose in RI. From March to April 2022, 56 people who lived in or spent time in greater Providence, RI, used an illicit stimulant in the past 30 days, and who were at least 18 years old completed a survey. A subset of participants (n=23) also completed an interview. Seventy-two “drug trash” (e.g., baggie with residue) samples were provided by participants for drug checking. Participants received up to \$70.00 cash for participation.

**Table 1. Comparative demographics between SUDORS data and Greater Providence sample**

|                             | SUDORS 2020 Data (n=90) | Greater Providence Sample (n=56) |
|-----------------------------|-------------------------|----------------------------------|
| <b>Mean Age</b>             | 43 years old            | 46 years old                     |
| <b>Sex, Male</b>            | 77%                     | 64%                              |
| <b>Race &amp; Ethnicity</b> |                         |                                  |
| White, non-Hispanic         | 56%                     | 39%                              |
| Black, non-Hispanic         | 19%                     | 24%                              |
| Hispanic                    | 26%                     | 25%                              |
| <b>Education</b>            |                         |                                  |
| Some high school or less    | 28%                     | 38%                              |
| High school degree or GED   | 19%                     | 39%                              |
| Some college or more        | 26%                     | 23%                              |

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Overall, 27% of participants were unsheltered, and 38% lived alone, with 46% of those who only use stimulants living alone versus 31% of those who use both stimulants and opioids. Also, 14% of participants did not have health insurance.

| Substance Use History  |
|--|
| 13 (23%) only used stimulants                                    |
| 11 (20%) used stimulants but had a history of regular opioid use |
| 32 (57%) used both stimulants and opioids                        |

## What do people know about fentanyl in the drug supply?

Overall, participants had heard of people selling stimulants with fentanyl, and 63% had unintentionally purchased or used fentanyl-contaminated stimulants. People learned about fentanyl in the stimulant supply through a combination of indicators, including but not limited to:

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.

- Personal experiences with unexpected/adverse effects, including sedation and overdose when using a stimulant that was not expected to contain fentanyl
  - ***[Fentanyl] hits you different than the crack or when you snort it...it got that fentanyl and that'll put you right on your ass. I'm telling you – you can't move. Sometimes you pass out.***  
– 58-year-old Black Female, Uses Stimulant & Opioids
- 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

## What do people believe about how fentanyl enters the stimulant supply?

Participants speculated that people who distribute drugs intentionally add fentanyl to stimulants to 1) increase quantity weight to sell more product, 2) amplify user experience, and 3) gradually induce opioid dependence and purchasing frequency among PWUS, thereby increasing revenue.

- ***The dealers put it [fentanyl] in [the stimulants]. They're putting it in everything. They're putting it in the weed, they're putting it in the pills, they're putting it in everything.***  
– 57-year-old, Black Male, Only Uses Stimulants

Our team also completed surveys and interviews with 30 people who distribute drugs and were incarcerated in the Rhode Island Department of Corrections. Data from these participants indicate that fentanyl enters the stimulant supply unintentionally because of careless practices, including cross-contamination 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 theory was less commonly endorsed than the contamination pathway.

## 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 inside where 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, and some distributors do not know their product contains fentanyl.

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## How are people experiencing and responding to opioid overdose?



Overall, 44% experienced an opioid overdose in their lifetime.

- Lifetime history of experiencing opioid overdose was highest among those with a current (61%) or past (36%) history of regular opioid use, whereas 7% of people who only use stimulants had experienced an opioid overdose in their lifetime.

Participants witnessed an average of 7 overdoses in their lifetime, with those only using stimulants having witnessed the fewest number of overdoses.

*One of the kids actually OD'd in my house. So, I knew he was on it. Because we did it at the same time. We both did it. And he overdosed and I didn't... so I Narcan'd him. I did the needle. I didn't have the nose spray. So I stabbed him in his thigh with the needle.*

– 36-year-old White Male, Uses Stimulants & Opioids

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

**Good Samaritan Law:** 61% (n=33/54) of participants had heard of this law, but only 41% (n=22/54) described the law accurately.

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

**Naloxone:** Approximately 3 in 4 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 2 people who only used stimulants did not know where to get naloxone at all.

**Fentanyl test strips:** A minority (35%) of participants had used a fentanyl test strip, and 15% had never heard of fentanyl test strips. Participants offered multiple reasons for using fentanyl test strips, including:

- Testing powder and crack to avoid fentanyl or an overdose experience
- When buying from a new distributor or a distributor the participant did not trust
- To help a person who distributes drugs or a friend test a product
- To make sure that a product sold as fentanyl is actually fentanyl

*I try not to ask [where dealer gets crack from] 'cause most of the drug dealers be like why do you want to know? They'll start getting suspicious of you. Like oh what you an informant? So, I don't ask no questions. I'll ask like oh there's no fentanyl in this, right? But you don't even have to ask 'cause like I said use the test strips.*

– 48-year-old White Female, Only Uses Stimulants

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## 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 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 3 primary domains:

| Intervention Type                             | Interventions to Reduce Risk of Stimulant-Involved Overdose  |
|---|--|
| <b>Educational &amp; Health Communication</b> | Creation of safer supply and consumption educational materials for people who use stimulants                           |
|   | Education within the Rhode Island Department of Corrections about stimulant-involved opioid overdose risk              |
|   | Door-to-door canvassing with prevention education materials in areas with elevated stimulant-involved opioid overdoses |
|   | Near-real-time population-wide “bad batch” alerts in areas with elevated stimulant-involved opioid overdoses           |
| <b>Substance Use Treatment</b>                | Expand low-barrier outpatient treatment for overdose prevention  |
|   | Expand detox and inpatient treatment options   |
| <b>Harm Reduction Services Expansion</b>      | Expansion of overdose prevention sites   |
|   | Expansion of harm reduction vending machines throughout the city   |
|   | Expansion of harm reduction supplies in everyday settings  |
|   | Expansion of drug checking services to people who use stimulants   |
|   | Expansion of drug checking services to people who distribute drugs   |
|   | Creation of safe consumption sites   |
|   | Creation of a drug buy-back program by law enforcement*  |

\*This strategy, while creative, was considered to have the lowest feasibility, acceptability, and effectiveness.

## 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](http://www.fresh-research.com/POINTS)*



Patrick Kelly, MPH, developed this summary with support from the POINTS team.