

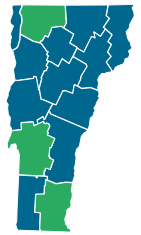
AUGUST 2020

DATA BRIEF

# A Closer Look at Stimulant Use

## Findings from the Vermont Opioid Use Harm Reduction Evaluation

Pacific Institute for Research and Evaluation (PIRE) conducted the *Vermont Opioid Use Harm Reduction Evaluation* between June 2018 and November 2019 in Franklin, Rutland and Windham Counties, Vermont. Participant interviews and a questionnaire were completed with 80 adults who currently used opioids or had formerly used opioids.

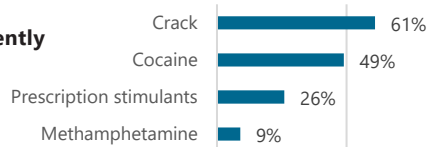


### INTRODUCTION

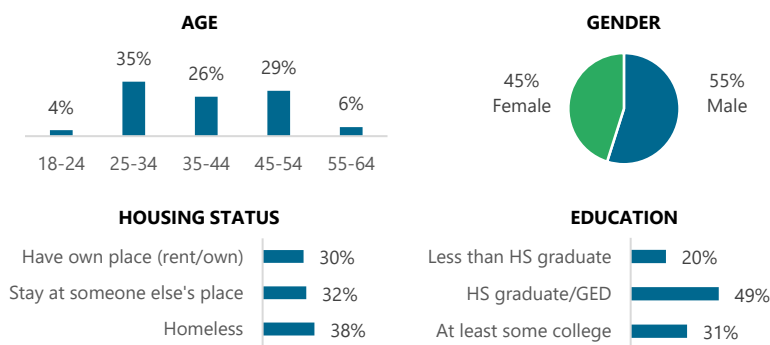
The Opioid Use Harm Reduction evaluation set out to assess current harm reduction services and behavioral strategies that were being used by individuals to lower the risk of opioid overdose and infectious disease transmission, as well as assess the gaps in their knowledge and use of services and behavioral strategies. Findings indicated that in addition to opioid use, participants reported high use rates of other substances, particularly stimulants, with 71% of participants using any stimulant (crack, cocaine, prescription stimulants, or methamphetamine) within the past 30 days.

### QUANTITATIVE FINDINGS

#### Stimulant use among participants who currently used opioids (N=69)



#### Demographics of those who used any stimulants in the past 30 days (N=57)



#### Stimulant use is common among participants who are receiving Medication Assisted Treatment (MAT) for Opioid Use Disorder (N=44)

- Among those receiving MAT, 66% had used crack or cocaine within the past 30 days.
- Among those receiving MAT, 75% had used any stimulant within the past 30 days.
- Among those using any stimulants in the past 30 days (N=57), 65% were receiving MAT through a provider.

#### Stimulant use is common among people misusing opioids and accessing syringe service programs (SSP)

- Among those who utilized an SSP in the past 90 days (N=29), 90% had used any stimulant in the past 30 days, 66% had used cocaine, and 46% had used crack cocaine.
- Among those who used any stimulant in the past 30 days (N=57), 51% had utilized an SSP in their county within the past 90 days.

### QUALITATIVE FINDINGS

Use of stimulants was high among participants. The quantitative data show that crack cocaine use was more prevalent than powder cocaine use in the past 30 days among participants. In the interviews, some participants described having a preference between the two types, while others reported that they would use whichever they could get.

"They're both the same price. They're both easy to get, but it seems like over the... last couple of years now, it seems like now everybody has moved away from doing the coke snorting to now everybody and their brother now is smoking crack."

"...it's kind of like whichever one I can get."

There was some awareness that crack and powder cocaine could be laced with fentanyl.

"There has been more talk now that it's been advertised on TV and stuff where people are still getting to be a little bit more worried about getting the fentanyl overdoses...all the fentanyl overdoses, well, now they're lacing it where it could be in your coke or it could be in your crack or now it could be in your marijuana."

## QUALITATIVE FINDINGS (continued)

Simultaneous use differed among participants, with some preferring to do opioids and stimulants at the same time ("speedballing"), while others preferred to do them sequentially, or others not to combine them at all.

"Usually I'll use crack and then the opioids to kind of calm everything down."

"I kind of went back to like heroin. So, you need heroin to function and then, like, when you smoke crack, it sucks the opiates right out of your body, coke or crack or whatever. So, by the time, say, you smoke a lot or whatever you're fucking dope sick, you're in withdrawals. It totally—it's so dumb. And then...you use the dope to come down off the crack or because your body is feeling it because the coke has sucked it all out of your body."

"I'm not going to say that I haven't used both at the same time, but less frequently, you know what I mean, because of the fact I feel like if I'm upping myself so high and then all of a sudden, I go down like I'm looking at either a heart attack or you know what I mean? When you start mixing combinations of drugs, it's as deadly as it is being heroin alone... you know what I mean? So that's always stuck in my head, like, you know there could be fentanyl in this, but what's in the cocaine? I don't know. So, I started mixing things. I might make a concoction that's going to make my heart go boom and that's not something I wanted to do."

Some participants felt that stimulant use was a way to prevent or reverse an overdose.

"The old way of dealing with a heroin overdose was a shot of cocaine because it just speeds back up the heart rate and breathing rate and I will tell you it does work. And another thing people do is they'll blow crack smoke in someone's mouth when they're starting to go down to try to speed them back up again."

A few participants explained that stimulants helped their ADD/ADHD.

"I had been diagnosed with ADD for so long and I was on meds and I hated taking meds, like late teens, early 20s, and so I would stop taking them and when I would do a line of cocaine, I would notice how calm I would get, like pot for people. I'd be, like, not so active hyper. I would, like, be mellow and I loved that feeling, so that's why I got into coke because I just felt calm."

Some participants reported an increase in their stimulant use once they started on a methadone program.

"I was on a lot of methadone. They were like overdosing me with methadone when I first went there. I was passing out at the wheel. I couldn't even drive home. It's crazy. I was on 90 milligrams, so I was just so sedated. So, to keep yourself awake on methadone, a lot of people go back to using coke and that's what I did, just smoking crack like crazy."

"Then it was crack because, hey I can actually focus, holy shit. And they're not going to give me Adderall now, because even though I need it, because I fucked that up."

"I feel like my ADHD gets in the way of what opiates does to most people, where I feel like if I smoke crack...I go to sleep."

"It [crack use] actually came into play when I started my methadone, which was weird. I stopped using heroin and I just really, really badly craved uppers. I don't know why, but I did and then when I stopped doing methadone, the crack urge sort of went away."

"I've noticed that being on methadone I use crack a lot more, though.... I think that methadone kind of makes you sleepy and sluggish. It [crack] also makes you want to eat everything... makes you more alert and..."

## SUMMARY

This brief highlights the intersection of stimulant use, opioid use, overdose, and harm reduction practices. The percentage of opioid-related fatalities involving cocaine in Vermont increased from 36% in 2018 to 43% in 2019 and the number of opioid-related deaths involving cocaine was higher than the number involving heroin for the first time since 2010 (Vermont Department of Health Stimulant Misuse in Vermont Data Brief - [https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP\\_Data\\_Brief\\_StimulantMisuse.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Data_Brief_StimulantMisuse.pdf)). As can be seen from these findings, there is fairly high overlap among stimulant use and enrollment in a MAT program, and stimulant use and SSP engagement. These service providers are uniquely set up to engage with those using stimulants about prevention, treatment, and overdose risk.

### FOR MORE INFORMATION:

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