

Qualitative Evaluation of Maryland's Rapid Analysis of Drugs (RAD) Program

Laura Nicole Sisson
Johns Hopkins Bloomberg School of Public Health

Methods

- ▶ RAD-WRAP study evaluating RAD program & SSP-delivered wound care
- ▶ Data collection occurred from February – May 2023
- ▶ Conducted in-depth qualitative interviews with SSP providers and participants of 4 SSP programs where RAD had been implemented
- ▶ Team of researchers with backgrounds in Public Health, Nursing, Social Work, and Anthropology
- ▶ Interviews were audio-recorded, transcribed, then coded and analyzed using MaxQDA

Key Problems and Recommendations across the Wound Care Continuum:

Preliminary Results from Two Qualitative Evaluations

Kristin E. Schneider, Patricia Triece, Laura N. Sisson, Emily M. Martin,
Iyabo Awogboro, Suzanne J. Block, Samantha Alarcon Basurto,
Jill Owczarzak, Susan G. Sherman



Methods

Interviews with SSP Participants

- ▶ Participants recruited from 4 SSP programs operating in 4 distinct regions
- ▶ In-person interviews conducted during program site visits
- ▶ Interviews with RAD program participants (n=16) and non-participants (n=22)

Interviews with SSP Staff

- ▶ SSP staff recruited via email
- ▶ Interviews conducted over Zoom
- ▶ Interviews with staff at SSP program who had (n=14) and had not (n=5) implemented the RAD program
 - ▶ Staff from 13 different organizations

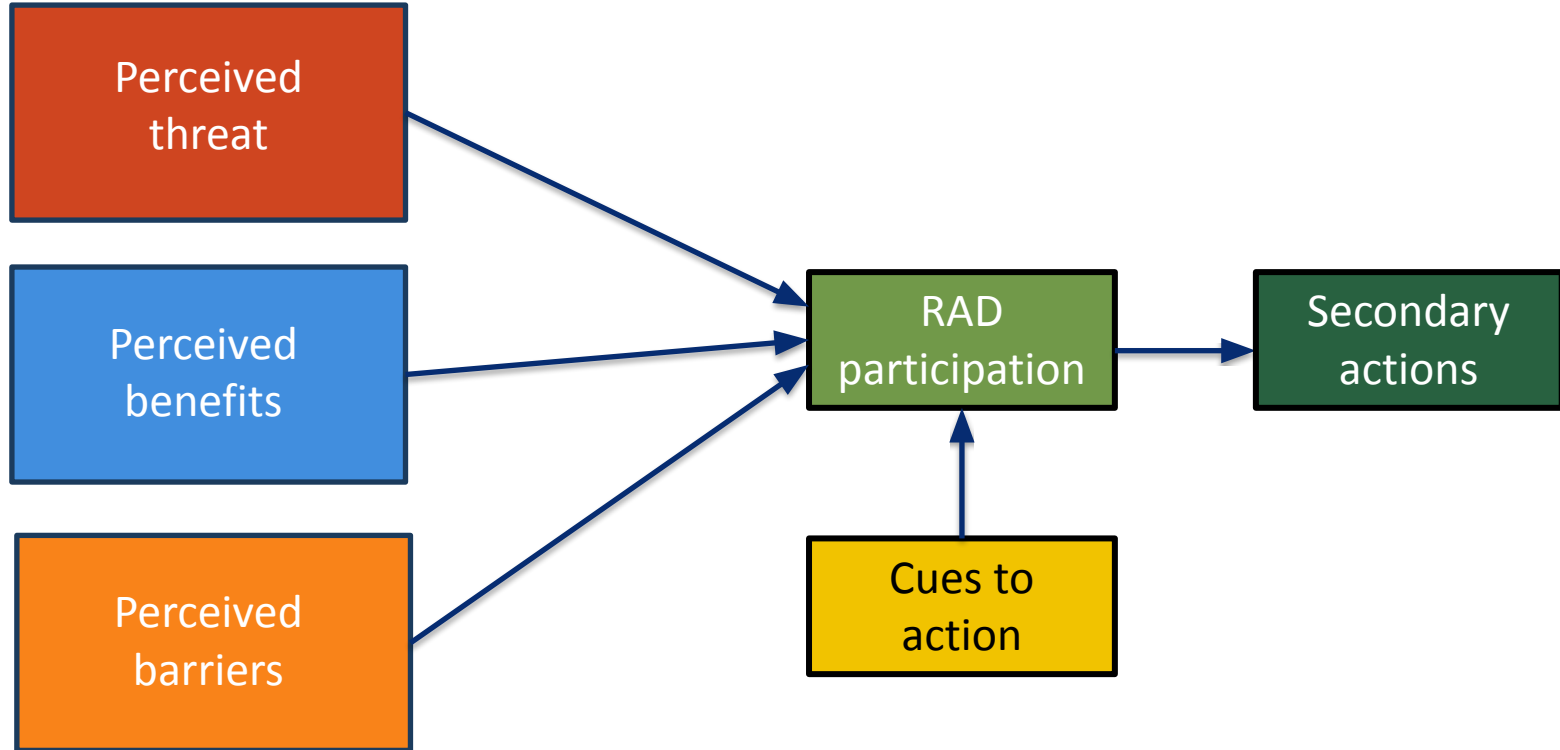


Research Question 1:

What are barriers & facilitators of RAD participation?
How does RAD participation influence behavior?



Health Belief Model



Facilitators

Threat of Overdose

- ▶ Overdoses that require multiple doses of naloxone
- ▶ Heightened rate of overdose in the community
- ▶ “Unusual” symptoms of overdose with tranq (e.g., blacking out)

Cecil County last year they said there was 80-some deaths here. That's a lot in a county because if you times that by how many counties in the state times how many states a lot of people dying. – RAD participant

Threat of Wounds

- ▶ Awareness of xylazine in local drug supply
- ▶ Awareness of necrotic, non-bacterial wounds
- ▶ Witnessing severe medical complications, e.g. amputation

You can use one time and the vein's gone, like it's so hard on the tissue. It just destroys your tissue instantly... you worry about losing a limb or something. – RAD participant

Perceived Benefits

- ▶ Results more comprehensive than other forms of drug checking
- ▶ Greater awareness of what being put into body
- ▶ Validation of unexpected reactions to drugs

They just didn't feel the same, and then when I finally got them tested, it was like “Oh, well, that's what it is.” – RAD participant

Perceived Barriers

Mindset

- ▶ Participation competes with priority of getting high
- ▶ Sense that already aware of risks and strategies to use safely
- ▶ Sense of futility about the drug market

I mean, I'm not a creator of the stuff. I can't tell someone 'Make sure that...' It doesn't work that way. It works like going to the grocery store and getting food. – RAD non-participant

Programmatic

- ▶ Lack of clarity re receiving of results and turnaround time
- ▶ Non-mobility of services
- ▶ Lack of consistency in HR program at-large, e.g. staff turnover, hours of availability

I would if it was more readily available and easier to do, yeah. I don't even know if there is still one now. It's like that's not here no more.
– RAD participant

Social

- ▶ Law enforcement concerns generate hesitation to initial submission and ongoing participation
- ▶ Social stigma about utilization of HR services
- ▶ Concerns that participation viewed as “snitching”

Taboo is going to keep individuals from necessarily coming out for that...a lot of people have trouble even bringing back the sharps containers. You know what I mean?
- RAD non-participant

Cues to Action

I came in and talked to them about methadone and then I seen the board on the wall, and it was showing the name of it and I'm like, "That is really fascinating that they're doing that" – RAD participant

No, just whenever I get something that is-- somebody's like, "Oh, sleepy dope," or ketamine or something. That feels like-- and I just take one and tell them where I got it, like I try to put them aside and get them to him.
– RAD participant

- ▶ **Initial participation:**
 - ▶ Proactive outreach by staff members, encouraging participation
 - ▶ Seeing community-level RAD results
- ▶ **Continued/repeat participation:**
 - ▶ Unexpected, undesirable reaction to drugs (e.g., blacking out, burning reaction)
 - ▶ Using a new stamp or drugs from a new source

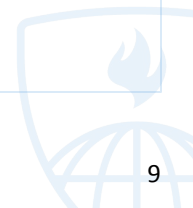


Action

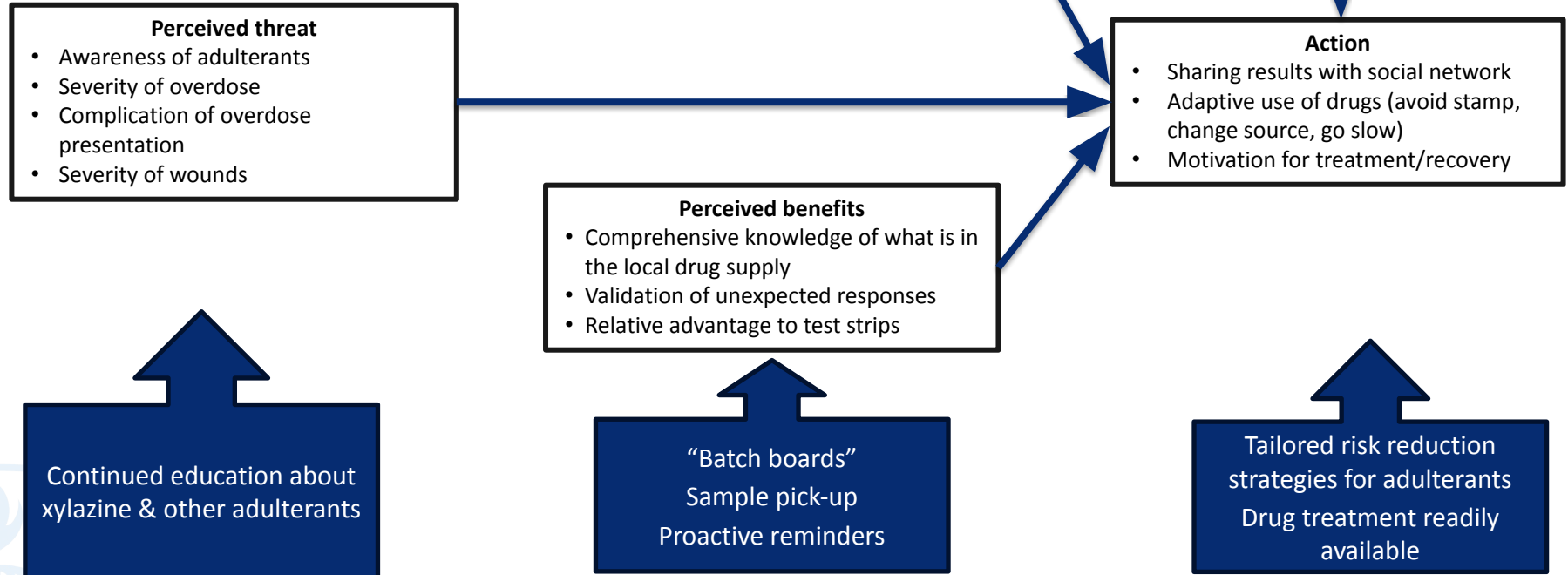
I just kind of wanted to-- I felt like it should be-- like sharing that information with other people might help them not want to do it too. I mean, sharing it with other people who are vulnerable or at risk.
– RAD participant

it gives me information that I didn't have. Keeps me safe. Keeps me thinking about more about recovery, I guess. – RAD participant

- ▶ Sharing results among social network
 - ▶ Romantic partners, friends, dealers
 - ▶ Sense of a “duty to warn”
- ▶ Adapting drug use to address risks of specific adulterants
 - ▶ Shifting from injection to sniffing drugs with xylazine
- ▶ Preparing to enter drug treatment
 - ▶ Several participants had enrolled in methadone recently



RAD Program Participation and Health Belief Model



Research Question 2:
How does RAD program overcome skepticism towards
government surveillance?



Trust

Staff/client relationships

- ▶ Trust in SSP program/staff foundational to participation
- ▶ Roll out among clients with highest level of rapport
- ▶ Flexibility in how much information about sample is shared by client

“This is the most non-judgmental place you can come to. And it’s been like that since day one...it’s a safe place.” – *RAD participant*

Privacy & anonymity

- ▶ Priority that standards of anonymity maintained
- ▶ Proactivity in limiting program’s intrusiveness
- ▶ Providing multiple mechanisms for sample submission (e.g., drop box)

All they need to do is supply it and kind of answer a few questions about what they intended to buy, and all that. – *RAD staff*

Assumption of mutual risk

- ▶ Clients assume criminal-legal risk in transporting samples
- ▶ Staff recognize that burden of program rests on clients
- ▶ Staff assume some of this burden in mobile services

We’re mobile, so you don’t want to ride around with it, we can come to where you’re at. You don’t have nothing to put it in, here’s a little sharps container for you. – *RAD staff*

Legitimacy

Among clients

- ▶ Involvement of government lab, detail of reports promotes confidence in validity
- ▶ Transparency regarding process of submission facilitates trust

And it's like people can say, "Oh, this doesn't have this in there or this is in there," but if you send it and get it lab-tested, you can really say like, "Yeah, this is in there."

RAD participant

Among stakeholders

- ▶ HR programs primary source of drug market data in community
- ▶ Relative advantage of RAD to other surveillance mechanisms
- ▶ Effective channel to elicit law enforcement buy-in

Our results come back faster, and sometimes having that data when they're presenting to somebody has been important – *RAD staff*

Criminal-legal protections

- ▶ Involvement of state agency allays some concerns about criminal-legal consequences
- ▶ MOUs potentially protective, differential compliance by law enforcement agencies

They're protected through Maryland SSP program. But when they're bringing in an empty cap that has residue on it, ...it's been difficult to assure them that they're protected legally. – *RAD staff*

Solidarity

Community service

- ▶ Recognition of collective as well as individual benefits
- ▶ Motivation to submit samples as effort to keep community safe
- ▶ Value to broader monitoring of drug market trends

If it can help everyone, especially doctors, it needs to be done... That way, we know what we're doing, and they know what we're doing.
– RAD non-participant

Increasing transparency

- ▶ More informed consumption within drug market, raising critical consciousness
- ▶ Sense of “duty to warn”
- ▶ Sharing results with supplier promotes sense of agency

I was interested if they knew what it was and I wanted to know if what was their intention with using that...
– RAD participant

Reciprocity towards SSP

- ▶ Motivation for participating in RAD because wanted to help the SSP program out
- ▶ Non-participants willing to provide samples as an act of good faith to the program

You know, and the way these people help and serve the community, I wouldn't mind doing that for them....
– RAD non-participant

RAD as community service

- ▶ Recognition of RAD as both an individual and community service
- ▶ Desire to keep community at-large safe a potent motivator for participation
- ▶ Sharing aggregated results increases awareness about drug supply and generates interest in RAD participation
- ▶ CAVEAT: Important to consider what information is shared with who, and how
 - ▶ Anticipate potential unintended consequences of widespread community dissemination



Recommendations

- ▶ Clear preferences for how aggregated results were communicated
 - ▶ Balance clarity with comprehensiveness
- ▶ Suggested communication mechanisms:
 - ▶ Bulletin boards
 - ▶ Half-sheets with table of recent results
 - ▶ Handouts with pertinent information about novel adulterants
 - Regular uses
 - Side effects
 - Counter-indications
 - Tailored risk reduction strategies

Stamp	Substance	Heroin	Fentanyl	Xylazine	Other
	Tom Brady		X	X	4-Anpp
	Sonic		X	X	
	McDonalds		X	X	
	Cardi B		X	X	
	Hell Cat		X	X	4-Anpp
	Gas Monkey		X	X	Caffeine
	Dope Dick		X	X	4-Anpp
	Baby Food		X	X	4-Anpp, Levamisole
	Dope Sick		X	X	4-Anpp, Noscipine
	Cold Pack		X	X	
	Ice Box		X	X	4-Anpp
	World Star		X	X	4-Anpp
	DayQuil		X	X	4-Anpp, phenylphorine
	Baby Food		X	X	Levamisole
	McDonalds		X	X	

Photo courtesy of
Voices of Hope

Name	Cnt/Effects	From/Notes
Perc 30/MBx30	Fentpills/OD's	Ninety Laurel, also sells day
Marrell Runk Doped/che	Fent/Tram/Tramadol	Bmore
Carleton Ridge Dope	Fent/Tram/diphenhydramine (Nupur)	Bmore

Photo courtesy of Howard County
Health Department

Recommendation

DRUG ADDITIVE INFO SHEET

Drug name: Xylazine

Found in: Heroin/Fentanyl

What is it?

A non-opioid sedative, muscle relaxant, and pain reliever used by veterinarians.

What is it used for?

Not approved for use in humans, only approved for use in animals.

Known side effects:

WOUNDS, dry mouth, drowsiness, amnesia, low blood pressure, slow heart rate.

Counter-indications:

Unknown – not approved for use in humans

Safer use strategies:

- Use with someone else
- Use xylazine testing strips
- Practice rescue breathing in case of overdose
- Non-injection route of administration

RAD RESULTS JANUARY 2025

BOUGHT AS + IDENTIFIER (stamp, location, etc)	HEROIN	FENT	XYLAZINE	COCAINE	OTHER
DOPE – "BABY FOOD"		X	X		Nitazenes
CRACK – North Ave		X		X	Caffeine

NEW SUBSTANCES FOUND IN SAMPLES :

NITAZENES – found in heroin/fentanyl. Increases overdose risk.

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- ▶ **Research Team:**

- ▶ Kristin E. Schneider
- ▶ Iyabo Awogboro
- ▶ Patricia Tiece
- ▶ Emily M. Martin
- ▶ Suzanne J. Block
- ▶ Samantha Alarcon Basurto
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