

## Stimulant Use, Race, and Naloxone Awareness

Naloxone (e.g., Narcan®) is a medication that can reverse the effects of an overdose caused by opioids, such as fentanyl and its analogs, heroin, and prescription opioids. From 2021 to 2022, unintentional overdose deaths involving cocaine and methamphetamine had the highest increases among all drug categories, with most also involving opioids. The Black non-Hispanic population continued to have the highest rate of unintentional fatal overdoses in 2022, often due to fentanyl or cocaine and fentanyl combinations (2022 Ohio Unintentional Drug Overdose Report).

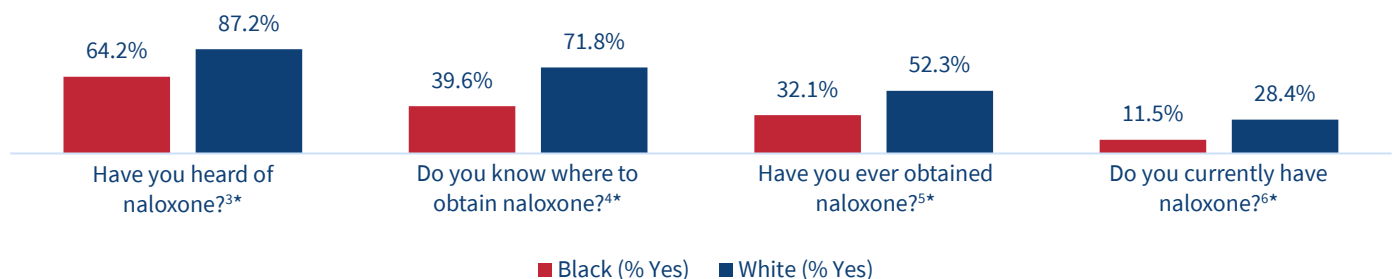
### Fentanyl-Adulterated Stimulants

Coroner and medical examiner offices in Athens, Cincinnati, Cleveland, and Dayton regions reported to OSAM that 59.9% of the 2,032 drug-related deaths they recorded from July 2022 to June 2023 involved stimulants, and of those, 79.1% also involved fentanyl. Crime lab reports to OSAM between July 2022 to June 2023 noted fentanyl as an adulterant for cocaine and methamphetamine. In 2023, while polysubstance use was commonly reported, participants in all OSAM regions also reported fentanyl as a cutting agent for cocaine and methamphetamine. Comments included: *"I thought it was 'coke' (powdered cocaine) ... and [fentanyl was] what took me out (overdosed me) 'til they brought me back with [naloxone]; My best friend's dad just overdosed ... because he did 'meth' (methamphetamine) 'laced' (adulterated) with fentanyl."* Some OSAM participants reported increased overdoses among Black residents. A law enforcement professional in the Dayton region stated, *"We've seen an increase in African Americans overdosing and dying ... from cocaine that was tainted with fentanyl.... What we tried to do [was] some messaging that ... what you're buying may not be what [you think] you're buying."*

### Naloxone Awareness and Experiences

Ohioans who use stimulants (cocaine and/or methamphetamine), particularly Black residents, are at increased risk of opioid overdose. In 2023, OSAM participants reporting a history of fentanyl/heroin use ( $N=208$ ) were 19.0% more likely to have heard of naloxone than those reporting a history of stimulant use and no fentanyl/heroin use ( $N=248$ ). And among participants reporting a history of stimulant use and no fentanyl/heroin use, Black participants were significantly less likely than White participants to have heard of naloxone, know where to obtain naloxone, ever have obtained naloxone, and currently have naloxone (Figure 1).

**Figure 1. Naloxone Experiences Among OSAM Participants Who Reported History of Stimulant Use<sup>1</sup> and No Fentanyl/Heroin Use by Race<sup>2</sup>**



<sup>1</sup>Cocaine and/or methamphetamine. <sup>2</sup>Black  $N=53$ ; White  $N=195$ . <sup>3</sup> $N=248$ ;  $\chi^2=15.14$ ;  $df=1$ ;  $p<0.001$ . <sup>4</sup> $N=248$ ;  $\chi^2=18.94$ ;  $df=1$ ;  $p<0.001$ . <sup>5</sup> $N=248$ ;  $\chi^2=6.84$ ;  $df=1$ ;  $p<0.01$ . <sup>6</sup> $N=246$ ;  $\chi^2=6.22$ ;  $df=1$ ;  $p<0.05$ . \*Significant difference at  $p<0.05$ .

**Free naloxone and overdose prevention resources:**  
[www.naloxone.ohio.gov](http://www.naloxone.ohio.gov); [www.ohagainstd.ohio.gov](http://www.ohagainstd.ohio.gov)

Download OSAM Drug Trend Reports:  
<https://mha.ohio.gov/research-and-data/data-and-reports/osam>



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