

**Table 1. Adaptations to post overdose programming to prevent illicit stimulant-involved overdose reported by 12 post- overdose outreach programs in Massachusetts prior to and following the launch of a stimulant-responsive toolkit**

|   |   | Baseline | Follow-up <sup>1</sup><br>(# unique programs reporting implementation at 9 and/or 18 months) | Absolute change (Follow-Baseline) |
|---|---|----------|--|-----------------------------------|
| Stimulant Specific Strategies Implemented (Q13, Figure 2)                     | <b>Risk reduction strategies</b>  |          |  |                                   |
|   | Offering fentanyl test strips   | 12       | 12   | 0                                 |
|   | Offering Naloxone   | 12       | 12   | 0                                 |
|   | Offering Naloxone for people whose family members or social network use cocaine or methamphetamine  | 12       | 12   | 0                                 |
|   | Offering safer smoking kits   | 11       | 12   | +1                                |
|   | Offering safer snorting kits  | 8        | 9  | +1                                |
|   | Offering generic brown bags of harm reduction supplies  | 7        | 9  | +2                                |
|   | Individual conversations with overdose survivors, separate from family/social network, during outreach  | 12       | 12   | 0                                 |
|   | <b>Referrals</b>  |          |  |                                   |
|   | Grief support referral or linkage   | 5        | 8  | +3                                |
|   | Family support referral or linkage  | 7        | 9  | +2                                |
|   | Online referral to POST for people who use stimulants   | 1        | 6  | +5                                |
|   | Referral to cocaine or methamphetamine specific treatment (e.g., BMC's Stimulant Treatment and Recovery Team (START))                                       | 3        | 5  | +2                                |
|   | <b>Outreach</b>   |          |  |                                   |
|   | Built relationship with harm reduction oriented MOUD provider who will prescribe Naltrexone to prevent overdose in people using cocaine or methamphetamines | 5        | 8  | +3                                |
| Proactive community outreach to suspected or known hotspots for stimulant use | 9   | 12       | +3   |                                   |
| Active use of social media (Twitter, Instagram, Facebook, etc)                | 0   | 3        | +3   |                                   |
| Toolkit Training Modules Implemented (Q26, Figure 3)                          | Stimulant Identification Training   | 3        | 4  | +1                                |
|   | Stimulant 101 Training  | 2        | 6  | +4                                |
|   | Vein/Wound Care Training  | 3        | 10   | +7                                |
|   | Other stimulant use related training  | 3        | 6  | +3                                |

|  |   |   |    |    |
|--|---|---|----|----|
|  | Identifying and Engaging Youth Training   | 1 | 4  | +3 |
|  | Culturally responsive training for working with Black, Latinx, and American Indian/ Alaskan Native, Indigenous people | 2 | 7  | +5 |
|  | Other   | 1 | 3  | +2 |
|  | None  | 4 | 3  | -1 |
| Adapted to have focused outreach and education about cocaine or methamphetamine use and overdose prevention to any of the following types of community partners in this municipality (Q19) | Middle schools  | 0 | 0  | 0  |
|  | High schools  | 2 | 4  | +2 |
|  | Colleges  | 5 | 5  | 0  |
|  | Social workers or other youth involved personnel  | 5 | 6  | +1 |
|  | Local town employees or agencies  | 6 | 10 | +4 |
|  | State government employees or agencies  | 3 | 5  | +2 |
|  | Clergy or religious institutions  | 2 | 4  | +2 |
|  | Bars, clubs, restaurants  | 5 | 8  | +3 |
|  | Hotels or motels  | 4 | 9  | +5 |
|  | Other community partnerships  | 3 | 3  | 0  |
|  | None  | 2 | 5  | +3 |

<sup>1</sup>Total number unique programs reporting implementation at 9 and/or 18 months