EXPLORING COMMUNITY KNOWLEDGE STUDY– ONGOING (ECKS–O)
CENTRAL MA FINDINGS

February 2026

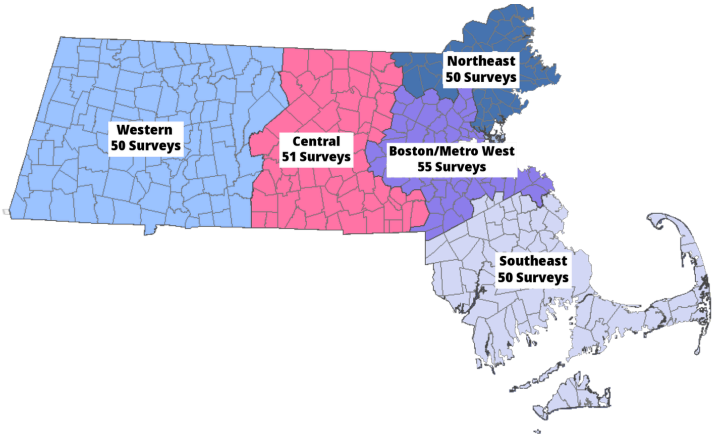
ECKS-O is an annual community-engaged statewide assessment that uses surveys and interviews to learn about people's experiences with drugs, overdose response, and access to treatment and harm-reduction resources. Results inform policy, guide services, and identify service needs and inequities across Massachusetts.

The ECKS-O team partners with local community-based organizations that work with people who use drugs. This partnered and localized approach ensures that research reflects local community perspectives on drugs, overdose, addiction treatment, and related health needs. Study participants must be aged 18 or older, and have reported using drugs other than alcohol and marijuana in the last 30 days. All data reported in this handout come from the surveys and interviews.

Data collected March-June 2025 from five Massachusetts regions, including:

- **51** surveys **Central MA** (256 total)
- **9** interviews **Central MA** (46 total)

Surveys Collected by Region



Drug Supply and Drug Use

- **Fentanyl** dominates statewide, with xylazine and **medetomidine** as increasingly common (cocaine/crack remain prevalent).
- In smaller **Central MA** towns, people **mainly use stimulants and cannabis**, and some avoid street drugs by buying from dispensaries.
- Local **Central MA drug markets are unstable** and mostly **run by small "middleman" dealers** who are quickly replaced after arrests, with the supply changing every few months.
- At the time of this survey, **35%** of respondents reported injecting their drugs; **47%** reported snorting their drugs; and **82%** reported smoking their drugs in **Central MA.**

Central MA Participant Demographics

- **55%** male
- **27%** identified their race as Native American, Black, Hispanic/Latine, or multi-racial
- **39%** were <= 40 years old
- **37%** had some college or were college graduates
- Most participants **(65%)** were unstably housed & reported living in shelters; on the street; and in tents, parks, abandoned buildings, etc.
- **49%** ever experienced a civil commitment (Section 35)
- **86%** had a history of incarceration (n=44) of whom **30%** were released in the last year
- **Crack cocaine**, **powder cocaine**, and **fentanyl** were the most commonly used substances reported by participants

Gaps in Supplies/Services

Safer Use Materials

- Unlike other regions in MA, people who use drugs in **Central MA most commonly got their syringes from pharmacies**, and **their smoking/snorting materials from pharmacies, bodegas, or smoke shops.** This means to access materials, people must purchase them rather than access them for free. Reuse of syringes (a risky practice) was common. There is only one state funded syringe service program (SSP) in this region.

Syringe Disposal - (n=18 respondents injecting)

- While most regions accessed disposal through SSPs, **13%** of **Central MA** respondents reported difficulty with disposal, and 39% name garbage/sewer as where they dispose of syringes

Drug Checking Services

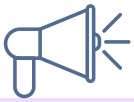
- Statewide, **19%** unaware of these services; **13%** found access difficult; yet perceived that the need was high (**93%**)
- Lack of knowledge about drug checking services notable in **Central MA** (**41%** unaware)

Overdose Response in Central MA

- New drugs in the supply, like xylazine, are **changing how people respond to overdoses** and how well naloxone is perceived to work
- Many are afraid to call 9-1-1 during an overdose
- There is **confusion** about what to do first during an overdose and how long to wait between naloxone doses. Additionally, about 50% of respondents statewide reported never having been trained on the Good Samaritan Law or how to use test strips to prevent overdose.
- **Central MA** respondents reported **overdose response fatigue**, meaning people felt emotionally worn out and sometimes hesitant to step in during an overdose.
- People named a range of community locations where they got their last naloxone kit, **with recovery centers notable as a source for kits in Central MA**. Some people were unsure where to get naloxone, had trouble accessing it locally, and could not afford the high costs of pharmacy naloxone in **Central MA.**

Where got last naloxone kit?	MA	Central
Harm reduction program	54.4%	25.0%
Community center	11.4%	17.5%
MOUD clinic/ treatment program	7.8%	5.0%
Shelter/ housing program	6.2%	7.5%
Recovery center	5.2%	15.0%

(n=194 in MA and n=40 in Central MA with a naloxone kit)



"So, I used to carry it [Naloxone], but around here…no idea where to get it. I can't afford $50 for Narcan." – White & Puerto Rican man, **Central MA**

Medications for Opioid Use Disorder (MOUD)

- **Methadone treatment is sparse** in **Central MA**
- Statewide, many people felt that **accessing MOUD** is easier now than it used to be. Still, many talked about ongoing problems like **stigma**, transportation, long wait times, and the inconvenience of daily methadone dosing
- 69% of all respondents had ever tried MOUD, and most of these individuals (n=119 of 177, 67%) were on **methadone in the past** year; fewer (30%, n=53) were taking **buprenorphine** and even fewer (<5% each) had used **naltrexone** or **injectable buprenorphine**. Few got medication treatment in criminal justice or Section 35 settings.
- People were very supportive of take home methadone, though some reported concerns about the lack of touch point with a provider and preferred the structure of daily visits to a clinic
- People had mixed feelings about long acting injectable buprenorphine treatments (Sublocade, Brixadi)
- In all five regions, people reported buying or receiving **non-prescribed buprenorphine**, primarily to manage withdrawal, and a common challenge with starting buprenorphine treatment was **intense precipitated withdrawal**

"[My brother's] never gone to detox or anything, and he's been suffering for years, but that's his reason is he doesn't want it in his medical record that he's an addict."– White female, **Central MA**

Disparities in Health Services

Statewide, respondents who identified as Black, Indigenous, or a Person of Color, compared to respondents who did not identify as Black, Indigenous or a Person of Color consistently rated **greater difficulty in accessing** safer use supplies (syringes, smoking, snorting materials), test strips, and wound kits, but not condoms, naloxone, or drug checking services

Key Findings

- Changes in the drug supply affect how people use drugs, their treatment experiences, and how they respond to overdoses. These shifts also create new needs, such as more wound care and updated naloxone/overdose response training.
- Statewide, there is interest in expanding medication treatment in more clinics, jails, and civil commitment programs.
- Harm reduction services are active and widely used, and supplies shift to meet people's needs. Improving syringe disposal and expanding community drug checking statewide, as well as in **Central MA**, could strengthen the impact of harm reduction services.
- Regional differences show a need for more support in the **Central MA area** for syringe access and disposal, medication treatment, and harm reduction services while statewide disparities call for greater attention to racial equity in access to services and supplies.

For further information or questions about ECKS-O, contact eckso@brandeis.edu