

RACK Cape Cod MA

What is RACK?

Rapid Assessment of Consumer Knowledge (RACK) is a brief, mixed methods research approach to gain insight into local challenges and responses to the opioid crisis as shared by the people who use drugs there. RACK reaches beyond clinical and administrative data to learn about fentanyl and other drug use, treatment experiences and access, and the lived effects of recent policies, like prescribing limits and the Good Samaritan Law.

How did RACK Cape Cod work?

The research team conducted extensive community outreach prior to data collection, identifying and meeting with community stakeholders and tailoring survey items. Surveys (n=50) and interviews (n=21) were conducted over the course of between August and October of 2018 and analysis occurred in the months thereafter. Recruitment sites on the Cape included, AIDS Support Group of Cape Cod, Duffy Health Center, Gosnold, Miller House, Transportation Center, Hyannis Green, and The Red Store in Hyannis.

Who participated in RACK?

- This group was the youngest to date, with more than half (52%) of the sample being under 35. Two thirds of the sample were homeless or unstably housed (66%), and most survey participants were white (84%), similar to the Quincy sample.
 - Unique to the Cape, 10% of participants identified as being Native American.
- The drugs used by the majority of the 50 people who participated in RACK were opioids (n=45/50, 90%), specifically buprenorphine.
- Most participants injected their drugs (n=37, 74%).
 - Almost half of participants who used buprenorphine injected it.

Drug	Participants using any n (%)	Route of Administration n (%)	
Buprenorphine	32 (64)	Snort: 3 (9)	Inject: 14 (44) Oral: 20 (63)
Heroin	30 (60)	Snort: 10 (33)	Inject: 24 (80) Smoke: 1 (3)
Fentanyl	28 (26)	Snort: 8 (29)	Inject: 21 (75) Smoke: 1 (4) Oral: 1 (4)
Prescription pain medication	11 (22)	Snort: 6 (55)	Inject: 2 (18) Oral: 5 (45)
Methamphetamine	3 (6)	Smoke: 1 (33)	Inject: 2 (66)
Benzodiazepines	14 (28)	---	
Amphetamines	12 (24)	---	
Cocaine/Crack	Cocaine: 22 (44)**	Cocaine: 6 (27)	Crack: 0 (0)
	Crack: 26 (52)**	Snort: 16 (73)	Inject: 4 (15) Smoke: 3 (14)

** Participants could select both

INTERVIEWER: Does it hurt shooting the Suboxone? Is it different than shooting heroin, or?

MALE: Not really, I mean, you feel your Suboxone more, quicker. It's just quick. It's just straight into the blood stream, so instead of waiting for it to, like, kick in, like if you eat it or sniff it, it takes longer. But once it's right in the blood stream, you feel it in like 10 seconds.

- Almost all participants had been exposed to fentanyl in the past year (82%), both knowingly and unknowingly.
- Much like Quincy, more than a quarter of participants (28%) had ever traded sex for drugs or money

Female: Well, it's your basic. You know, most guys will get you high for free, but then there's usually, you know, they want either oral sex or all sex, so it's the same...There's even guys that'll try... I mean literally I spoke to a woman today in the shelter. She explained to me her car had been totaled in an accident, and to pay for the storage was very expensive but the guy said "Well, we can work out a trade." So I mean, yeah, it does go on a lot.

What was learned about overdose risks and policies to address them on Cape Cod?

- Participants did not feel that actual heroin was available on the Cape. They felt that everything was fentanyl.
- Despite the majority (97%) of participants who perceived syringe access as either easy or extremely easy, 81% of participants used syringes more than one time before discontinuing use.
- The majority (96%) of participants who received Suboxone prescriptions did not have any difficulty finding a prescriber
- While 92% of participants had heard of the Good Samaritan Law, only 67% could correctly explain its meaning
- Many participants spoke about multiple generations of harm, e.g. others in their families who also lived with substance use. Some participants also spoke of overdose death in their families and social networks.
- Many participants lived outside (34%) and spoke about the positive aspects of doing so, but also spoke about the hardships of living outside during winter.
- Almost a third (30%) of participants had been put on a Section 35, and participants had both negative and positive experiences that they shared about it.

Male: ...it's very hard around the Cape to find actual dope so pretty much it's mostly Fentanyl. I go to let's just say off Cape to get actual doped. But most everything around here is cut with Fentanyl it's not straight Fentanyl.

It was horrific, absolutely horrific. I wouldn't want that on my worst enemy, what I went through. It was the worst thing I've ever experienced in my life. I would have killed myself in a second if I could have. I knew for a fact if I had a gun I would've blown my head off in a second.

I don't know. I didn't really... I didn't agree with it at first. I didn't think it was right, but after... I mean I think it's a good thing. Like if... like to a certain extent if someone, if someone actually needs the help, then I think it's a good thing, but parents actually take you for like smoking weed, shit like that.

What are recommendations for Cape Cod, following the RACK findings?

- **Maintain** easy access to MAT
- **Bolster** services for the homeless, especially during colder months
- **Encourage** buprenorphine prescribers to talk to their participants about the dangers of injecting their Suboxone.
- **Expand** access to harm reduction supplies. While syringes and naloxone were considered easily accessible in Hyannis, that is the only free syringe access point on the Cape (other than one in Provincetown). Additional locations should be opened to ensure the single use of syringes.