



EXPLORING COMMUNITY KNOWLEDGE STUDY- ONGOING (ECKS-O) GREATER BOSTON/METRO WEST MA FINDINGS



February 2026

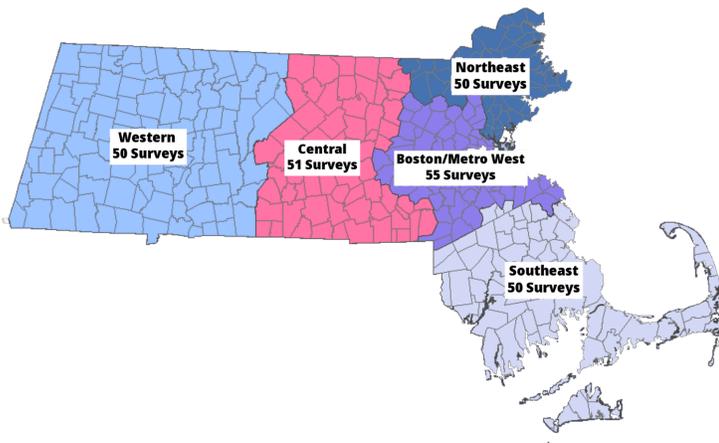
ECKS-O is an annual community-engaged statewide assessment that uses surveys and interviews to learn about people's experiences with drugs, overdose response, and access to treatment and harm-reduction resources. Results inform policy, guide services, and identify service needs and inequities across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

- **55** surveys **Greater Boston Metro West** (256 total)
- **11** interviews **Greater Boston Metro West** (46 total)

Surveys Collected by Region



Greater Boston/Metro West Participant Demographics

- **55%** men
- **56%** identified their race as Native American, Black, Hispanic/Latine, or multi-racial
- **60%** > 40 years old
- **80%** had acquired a HS diploma/GED or higher
- About half of the participants (**53%**) were unstably housed, reporting living in shelters; on the street; and in tents, parks, abandoned buildings
- **51%** ever experienced a civil commitment (Section 35)
- **76%** had a history of incarceration (n=42) of whom **27%** were released in the last year
- Crack, fentanyl, and heroin were the most commonly used substances reported by participants
- **Methamphetamine** use among participants in GB/MW (33%) was also **notably higher** than statewide (20%)

Drug Supply and Drug Use

- The drug supply is unstable and unpredictable statewide; fentanyl, crack cocaine, and powder cocaine remain common, while xylazine and medetomidine are increasing.
- Supply routes run from Western MA to **Greater Boston**; many believe the supply is heavily cut by the time it reaches Boston.
 - **Boston** participants report more sedation with use, often linked to medetomidine or nitazenes.
 - Even with fewer fatal overdoses, overdoses still feel "constant"—especially around Mass and Cass.
- Encampment sweeps and anti-camping enforcement are frequent and more punitive, limiting outreach and access to harm reduction services.
 - Quincy is noted for aggressive policing; many people travel to Boston instead to buy drugs.
- At the time of this survey, **60%** of respondents reported injecting their drugs; **42%** reported snorting their drugs; and **71%** reported smoking their drugs in **GB/MW**.

Gaps in Supplies/Services

Safer Use Materials

- In **GB/MW**, harm reduction organizations were reported as the primary source for accessing safer smoking supplies (**59%**) and syringes (**85%**)

Syringe Disposal

- Statewide, most found syringe **access** easy (**96%**) but, (**11%**) found syringe **disposal** to be difficult or extremely difficult
- Participants in **GB/MW** reported difficulties with syringe disposal (22%)

Drug Checking Services

- Statewide, many were unaware of drug checking services (19%); some (13%) found access difficult, yet the perceived need was high (93%)
- Some participants indicated difficulty in accessing drug checking services (18%)

Overdose Response in GB/MW

- 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.
- Statewide, 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.
- **Boston** area interviews indicated a **wider array of overdose response** approaches including the use of oxygen, intramuscular naloxone, titratable intranasal naloxone and rescue breathing
- In **GB/MW**, participants primarily sourced naloxone kits from harm reduction orgs and community centers. Unique to **GB/MW**, shelters and housing programs were cited as the third most common source for naloxone.

| Where got last naloxone kit? | MA | Greater Boston/Metro West |
|--------------------------------|-------|---------------------------|
| Harm reduction program | 54.4% | 60.5% |
| Community center | 11.4% | 9.3% |
| MOUD clinic/ treatment program | 7.8% | 4.7% |
| Shelter/ housing program | 6.2% | 7.0% |
| Recovery center | 5.2% | 2.3% |

(N=194 in MA and n=44 in GB/MW with a naloxone kit)

Medications for Opioid Use Disorder (MOUD)

- 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**.
- 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**

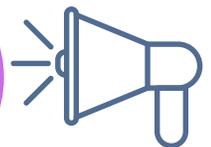
Disparities in Health Services



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

“It is like you got to go through hoops, hurdles, groups, and this and that, just to get one bottle [of methadone]...it's kind of pointless to get one day to stay home. You know what I mean? Especially if people want to work, you want to do certain things, you want to go back to school. It is such a barrier for success, having to go to that clinic every day.”

- Native American woman, **Greater Boston MA**



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.
- The **GB/MW MA** region reflected more complex and regionally-tailored overdose response strategies.
- 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 **GB/MW MA**, could strengthen the impact of harm reduction services.
- Regional differences show a need for more support in the **GB/MW MA area** for syringe disposal and harm reduction services while statewide disparities call for greater attention to racial equity in access to services and supplies.