



# EXPLORING COMMUNITY KNOWLEDGE STUDY- ONGOING (ECKS-O) NORTHEASTERN MA FINDINGS



February 2026

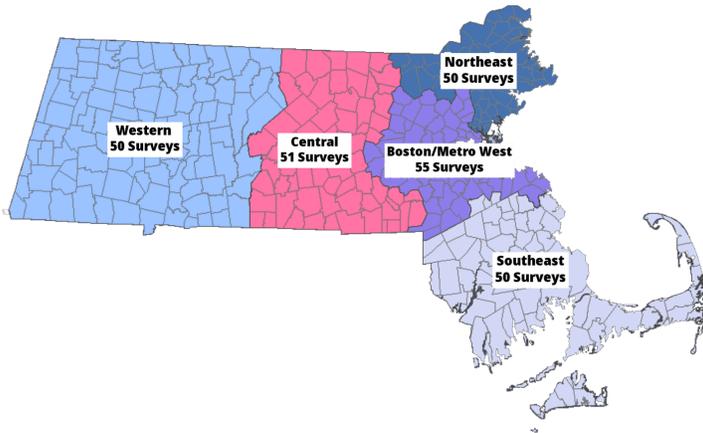
**ECKS-O is an annual community-engaged statewide assessment that uses surveys and interviews to learn about people's experiences with drugs, overdose response, and access to treatment and harm-reduction resources. Results inform policy, guide services, and identify service needs and inequities across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

- **50** surveys in **Northeastern MA** (256 total)
- **8** interviews in **Northeastern 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).
- The **Northeast's** supply is characterized as highly unstable and adulterated
- In the **Northeast**, people who use drugs (PWUD) reported unpleasant and ineffective highs, often describing their current use experiences as "unpleasant," "uncomfortable," and "not numbing anymore."
- At the time of this survey, **44%** of respondents reported typical drug use by injection, **84%** by smoking, and **64%** by snorting in **Northeastern MA**

## Northeastern MA Participant Demographics

- **76%** men
- **20%** identified their race as Native American, Black, Hispanic/Latine, or multi-racial
- **70%** were > 40 years old
- **76%** had acquired a HS diploma/GED or higher
- Most participants (**68%**) were unstably housed, reporting living in shelters; on the street; and in tents, parks, or abandoned buildings
- **1/3** had ever experienced a civil commitment (Section 35)
- **78%** had a history of incarceration (n=26) of whom **28%** were release in the past year
- Crack cocaine, powder cocaine, and fentanyl were the most commonly used substances reported by participants
- **Fentanyl** use among participants in the **Northeast** (70%) was also **notably higher** than statewide (54%)

## Gaps in Supplies/Services

### Safer Use Materials

- **90%** of participants in the **Northeast** who reported injecting their drugs also reported acquiring their syringes from **harm reduction organizations**

### Syringe Disposal - (n=20 respondents injecting)

- **Statewide**, few found syringe access difficult or extremely difficult (4%), but almost twice as many found syringe disposal to be difficult or extremely difficult (11%)
- In the **Northeast**, safe syringe disposal was a highly common practice (**95% reported disposing of their syringes through a safe source**)

### Drug Checking Service

- Statewide, **19%** were unaware of these services; **13%** found access difficult; yet the perceived need was high (**93%**)
- **24%** of participants in the **Northeast** reported currently using community drug checking services

## Overdose Response in Northeast 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.
- In the **Northeast** and other regions, some people **reported resistance to overdose prevention tools** like Safe Spot
- In the **Northeast**, the top three reported **locations to secure naloxone** were harm reduction programs, opioid treatment programs, and shelters/housing programs.

Where got last naloxone kit?	MA	Northeast
Harm reduction program	54.4%	73.2%
Community center	11.4%	2.4%
MOUD clinic/ treatment program	7.8%	12.2%
Shelter/ housing program	6.2%	12.2%
Recovery center	5.2%	0.0%

(N=194 in MA and n=41 in Northeastern MA with a naloxone kit)

## Medications for Opioid Use Disorder (MOUD)

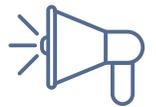
- In the **Northeast**, of respondents who reported using MOUD in the last year, **52% received methadone** and **18% received buprenorphine**--both below that of the statewide sample (67%, 30%, respectively).
- Statewide, many people felt that **accessing** MOUD is easier now than it used to be. Still, many talked about ongoing problems like **stigma**, transportation, long wait times, and the inconvenience of daily methadone dosing
- Statewide, 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 civil commitment 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.
- Respondents 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



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

"Like xylazine and the stuff that's getting mixed in. Pretty much what's come after fentanyl, you know what I mean? All this other new sh\*t that they start cutting in there. It's like Narcan doesn't help with those. So, it depends because Narcan is for fentanyl and opioids, and so that's all I really mean. It's just getting worse and worse about what the hell is in your drugs." White woman, **Northeastern 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.
- Statewide, there is interest in expanding medication treatment in more clinics, jails, and civil commitment programs.
- **Naloxoboxes** were more commonly seen by participants in the **Northeast** relative to other regions in MA.
- Some respondents in the **Northeast** reported switching routes of administration (e.g., from injecting to smoking) due to vein damage and xylazine-related wounds.
- Statewide, harm reduction services are active and widely used, and supplies shift to meet people's needs.
- Regional differences show a need for **more support**, especially related to **discrimination** and **racial equity**.
- Harm reduction organizations in the **Northeast** serve as primary hubs for safe syringe access and disposal.
- Expanding community drug checking and other innovations could strengthen the impact of harm reduction services.