

RACK New Bedford Massachusetts

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 New Bedford work?

The New Bedford RACK focused on identifying local trends within the opioid crisis. 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 in-depth interviews (n=20) were conducted September-November 2019 by a team of 9 researchers. Participants were recruited through respondent-driven sampling (RDS), where community partners identified initial participants who then referred others from their network. Additionally, the RACK team piloted two novel data collection methods: oral fluid toxicology testing to validate self-reported drug use and toxicological testing of drug packaging to explore the prospect of coupling self-report and geospatial analysis with drug supply-based surveillance.

Who participated in RACK and what did we learn about drug-related risks in New Bedford?

- The sample was comprised of 50 adults primarily between the ages of 31-35 (24%) or 46-55 (30%), the majority of whom was female (52%).
- Over two thirds of the cohort identified as white (68%). 20% identified as Hispanic or Latinx.
- Over half (58%) of participants were stably housed and 34% were employed either full or part time.
- Diverging from previous RACK sites, cocaine and crack had the highest number of participants reporting use (82%). Participants reported either crack (74%) or cocaine (50%) use, most commonly by smoking or snorting. 66% of participants reported heroin use, and 62% report fentanyl use. Over half (53%) of those who use opioids report that heroin and fentanyl are sold as the same substance.
- 40% of participants reported prescription pain medication use, higher than other RACK sites. Over half (54%) had seen a counterfeit pain pill, most in the last year (81%).
- Over half (52%) of participants had ever participated in transactional sex.
- Participants knew a median of 50 other people in New Bedford who use drugs other than marijuana.

Self-reported past month drug use by substance and route of administration (n=50)			
Drug	Participants Using Any n (%)	Route of Administration n (%)	
Heroin	33 (66)	Snort: 13 (39) Inject: 22 (67) Smoke: 0 Oral: 0	
Cocaine/Crack	Cocaine: 25 (50)	Cocaine: Snort: 14 (56) Inject: 5 (20)	Crack: 0 (0) 1 (3)
	Crack: 37 (74)	Smoke: 7 (28) Booty bump: 0	35 (95) 2 (5)
Fentanyl	31 (62)	Snort: 12 (39) Inject: 18 (58) Smoke: 1 (3) Oral: 0	
Prescription pain medication	20 (40)	Snort: 5 (25) Inject: 2 (10) Oral: 14 (70)	
Buprenorphine	13 (28)	Inject: 1 (8) Oral: 12 (92)	
Methamphetamine	0 (0)	Smoke: 0 Inject: 0	
Benzodiazepines	12 (24)	---	
Amphetamines	1 (2)	---	

**Participants could select multiple

What was learned about overdose risks in New Bedford and policies to address them?

- Overdose experiences in the community are shifting dramatically, linked to the proliferation of heroin, the recent shift to greater fentanyl presence.

I was desperate and there was nothing else I could do. And I'm like 'fuck it' and I did [fentanyl]. But I made sure that, you know, that I had somebody with me who didn't get high and here's Narcan and this is how you use it.

- Law enforcement responses to fentanyl’s emergence are perceived to further destabilize the local illicit drug market and increase the risk environment.
- Overall, 80% had heard of the Good Samaritan Law, lower than state average. Of those who had heard of it, 68% could correctly explain what it does. Additionally, 72% of participants called 911 for the last witnessed overdose, but still reported high rates of fleeing the scene of an overdose.
- People reported long-standing, close relationships with their primary dealer, and trust in the quality and content of their product.
- Syringes were primarily sourced from the pharmacy (92%), and few had accessed a syringe service program (8%), yet participants reported a median of 3 injections from a single syringe before discarding. Cost was the largest barrier to obtaining new syringes from pharmacies. About half of participants (48%) injected drugs monthly or more, of which 13% reported an injection-related abscess in the past 30 days and 71% in their lifetime.
- New Bedford is approaching naloxone saturation; 96% know what naloxone is, and 71% were formally trained. Though participants witnessed a median of 5 overdoses, naloxone was given to 92% of the most recently witnessed overdose. Almost half of the time (48%), naloxone was administered by the participant. Most participants (88%) said naloxone is “extremely easy/easy” to access.
- The cohort reported positive views of medications for opioid use disorder (MOUD) overall. Only 16% of participants were on buprenorphine, 28% on methadone, and no one was taking naltrexone. Fourteen percent of participants reported using buprenorphine from the street within the past month. Diverted buprenorphine use was viewed as a useful means to kick heroin in the absence of insurance or ID, and it led several people into treatment.

I think it’s really good, I just wish there was... there needs to be more awareness of it (the Good Samaritan Law) ‘cause I don’t think a lot of people know that it exists, and a lot of people don’t know that they can’t get in trouble for reporting an overdose. Like, I think a lot more lives would be saved if there was a lot more awareness about it.

Oh yeah [cost of syringes], yeah... I mean you figure, shit \$5 bucks, another \$5 dollars you can get a fentanyl bag.

It works. I’m just mad at - in Boston, Methadone Mile, like I think that’s sad that people call it that because they don’t think about the success stories. They’re always talking so negative.

What was learned from piloted methods of RDS, oral toxicology testing, and drug checking?

- RDS proved to be an effective sampling and recruitment method for rapid assessment, helping to efficiently attain a valid and diverse sample of people who use drugs within the rapid assessment timeframe.
- The oral toxicology testing indicated that the participant’s self-reported use of drugs was valid, and in most cases, self report was more valid than the testing results. Oral toxicological testing is not recommended in future field work due to cost, time, comfort, and incomplete/invalid results.
- Use of spectrometers in the field for drug checking was feasible and gave important insights into the local drug supply. Several sampling procedures were successful and provided complementary findings. Samples tested came from participant-donated samples, public detritus discards, and police department remnants otherwise set for destruction.

What are recommendations for state agencies and New Bedford local partners, following the RACK findings?

- **Provide** syringe service program access points in New Bedford.
- **Expand** harm reduction services for mobile and outreach, especially for non-injectors (RDS/network-based approaches could work well). **Consider** a strategy working with dealers/gangs for harm reducing information, supply safety.
- **Protect** accessible naloxone and maintain saturation of community naloxone.
- **Create** harm reduction and recovery spaces for engagement and prosocial behavior to reduce social isolation.
- **Continue to expand** faith-based harm reduction and peer recovery supports to engender a culture of stigma reduction, help-seeking, and harm reduction.
- **Broaden** access to low-barrier buprenorphine in more community healthcare and other primary care settings.
- **Communicate** protections and limitations of the Good Samaritan Law in English, Spanish, and Portuguese.
- **Hold** refresher trainings on the Good Samaritan Law for law enforcement to better align with overdose prevention goals. **Consider** a public statement affirming this law.
- **Implement** drug checking services for public health surveillance and improved consumer safety of the drug supply.