

RACK North Shore 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 North Shore work?

The RACK team first conducted extensive community outreach prior to data collection, identifying and meeting with community stakeholders and tailoring survey items. Then, surveys (n=52) and in-depth interviews (n=20) were conducted between May and September of 2019 by an 11-person team. Participants were recruited through community organizations, treatment programs, street outreach, and chain referral in the North Shore communities of Lynn, Salem, Beverly, and Peabody.

Who participated in RACK and what did we learn about drug-related risks in the North Shore?

- Of the 52 people surveyed, a majority were male (60%) and 31% were adults aged 30 or younger. A quarter of participants (25%) identified as being non-white, and only 10% identified as being Hispanic/Latinx. Half of those surveyed were stably housed (50%) and many (25%) were employed in the service, landscaping, and construction industries. Many participants reported the limited availability of shelters and other social services in the region, outside of Lynn.
- Compared with other RACKs, people who use drugs were harder to reach, particularly in Peabody and Beverly, suggesting that many people may be using indoors or out-of-sight. For many participants surveyed and interviewed, their drug use remained hidden from their employer, family, and community. 60% reported recently using drugs in a public place, including in cars, parks, public bathrooms, parking lots, and in enclosed stairways and building basements. 33% of the sample had traded sex for drugs or money in their lifetime, 12% currently engaged in transactional sex, and, overall, 27% were employed for wages and 39% were currently engaged in the underground street economy.
- 83% of participants reported either crack (71%) or cocaine use (63%), most commonly by injection, snorting, or smoking. 71% reported heroin use and 63% reported fentanyl use. Among 40 people stating any crack or cocaine use, 9 (23%) reported instances of unexpected fentanyl in their drug.
- Awareness of (96%) and past year experience with (80%) fentanyl was very high among participants. 59% stated that heroin and fentanyl are considered to be the same thing in the North Shore. Only 18% felt fentanyl provided a better high than heroin or pain medications.

Self-reported past month drug use by substance and route of administration among 52 RACK participants, n (%)

Heroin	37 (71)	Snort: 11 (30) Inject: 29 (78)
Cocaine/Crack	Cocaine: 33 (63) Crack: 37 (71)	Cocaine: --- Crack: --- Snort: 9 (27) Inject: 22 (67) Smoke: 9 (27) Oral: 1 (3) Booty bump: 1 (3)
Fentanyl	33 (63)	Snort: 10 (30) Inject: 25 (76) Oral: 1 (3)
Benzodiazepines	16 (31)	---
Buprenorphine	14 (27)	Inject: 1 (7) Oral: 13 (93)
Methamphetamine	7 (13)	Smoke: 2 (29) Inject: 4 (50) Oral: 1 (14) Snort: 1 (14)
Prescription pain medication	5 (10)	Snort: 1 (20) Inject: 1 (20) Oral: 3 (60)
Amphetamines	2 (4)	---

** Participants could select multiple

Female 1: It doesn't have any legs like, and you know that it's fentanyl. And, it's only going like two hours or three hours, and then all of a sudden it's like a hard hit.

Female 2: Fentanyl lasts, like, 30 seconds. And then you're dead sick 10 minutes later. And coming off of it's like coming off of methadone. And that's horrible.

Male: It's not heroin, it's Fentanyl now. And that's the change. And it's changing the drug game, and it's changing the supply, and it's changing how you're getting treated in detoxes....

What was learned about overdose risks in the North Shore and policies to address them?

Despite the hidden nature and lower public drug use in the North Shore communities relative to other areas of MA, 71% had personally experienced an overdose (median: 3) and 92% had witnessed an overdose (median: 9.5).

Interviewer: So you were saying like you dragged him out on the porch. Why did you do that?

Female: Because I had a warrant, and I had to call 911, and then I shut the door, and he was out there, and I was still watching but I didn't answer the door because I had warrant. So there needs to be a change, like, if you have a warrant, you should be able to call 911 just to save someone, and that should be part of the Good Samaritan thing...

• North Shore communities appear to be approaching saturation for naloxone. Though 911 was called for only half

(n=23, 50%) of recently witnessed overdoses, 89% (41 of 46) of recently witnessed overdoses were responded to with naloxone, 51% (21 of 41) of which was administered by the participant and 27% (11 of 41) by a friend.

• Knowledge of naloxone and access amongst North Shore participants was the highest among all RACK communities. 98% of the study population knew what naloxone is, 80% had been trained in its administration, and 71% currently had naloxone. Nearly all (98%) participants reported that naloxone is “extremely easy” to access on the North Shore.

• Awareness of the Good Samaritan Law amongst people who use drugs was high (90% had heard of it), but only 67% (n=31) could correctly explain what it does. Many were critical of its application by local law enforcement, leading to

lower 911 call rates and fleeing an overdose scene. When present at the overdose scene, negative interactions with law enforcement (n=5, 22%) and EMS (n=5, 22%) were noted.

- Current syringe use, reuse, and hygiene practices varied among the 33 (63%) who reported past-month drug injection. Most injected daily or more often (76%, 25 of 33) and reused syringes a median of 2.5 times before disposing of them. The most common source of syringes (70%, 23 of 33) was a syringe service program or the pharmacy (30%, 10 of 33), with few people obtaining syringes from friends (9%, 3 of 33), family (3%, 1 of 33), or on the street (3%, 1 of 33). Disposal of used syringes mostly occurred through syringe service programs (67%) and personal disposal units (9%). When placed in the normal trash (18%, 6 of 33), all participants took the time and care to safely dispose of their syringes. 61% (20 of 33) had experienced an injection-related abscess in their lifetime, and 6 (18%) had one in the last month or currently.
- Views on medications for opioid use disorder (MOUD) were generally positive. Yet just 20% (10 of 51) were on buprenorphine, 16% (8 of 51) on methadone, and 4% (2 of 50) were taking naltrexone. Street-based use of buprenorphine (54%) was common, suggesting opportunities to improve availability and accessibility of medication-based treatment locally. Peer supports and informal treatments (e.g. NA, AA) were a highly utilized resource in these communities.

Female 1: Yeah. I always kept it on top of the fridge just in case, 'cause accidents happen and I've been through this bullshit so many years, like, I'm prepared, I'm always prepared...

Interviewer: Do you have Narcan?

Female 2: Yes. We have tons of it.

What are recommendations for state agencies and North Shore local partners, following the RACK findings?

- **Expand** syringe distribution points throughout North Shore communities. **Ensure** harm reduction services for mobile and outreach particularly geared to homeless and young adults.
- **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 and employer-based harm reduction and peer recovery supports to engender a culture of stigma reduction, help seeking, and harm reduction.
- **Support** low-barrier provision of buprenorphine in more community healthcare and other primary care settings. Consider mobile or pharmacy methadone delivery.
- **Enhance** supportive services in Salem, Beverly, and Peabody to alleviate Lynn service providers and respond to the needs that are resulting in the community.
- **Increase trainings and outreach** to law enforcement, EMS, and local healthcare systems to better align with overdose prevention goals and improving the health of people who use drugs.
- **Implement** drug checking services for public health surveillance and improved consumer safety of the drug supply.