

RACK Quincy, 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 Quincy 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=19) were conducted over the course of 4 months in 2018, and analysis occurred in the months thereafter. Recruitment sites in Quincy included homeless shelters, a recovery center, social service agencies, drug treatment programs, sober houses, public locations (i.e., Thomas Crane Library, MBTA T stations, and malls), Quincy court house, restaurants, and community corrections.

Who participated in RACK?

- The Quincy group was older than the Lowell sample; 52% were between the ages of 36 and 55. A majority were homeless or unstably housed (64%), and most survey participants were white (84%).
- The drugs used by the majority of the 50 people who participated in RACK were opioids (84%).
- Most participants injected their drugs (44%).
- Almost all participants had been exposed to fentanyl in the past year (78%), both knowingly and unknowingly.
- More than a quarter of participants (26%) had ever traded sex for drugs or money

Drug	Participants using any n (%)	Route of Administration n (%)		
Fentanyl	26 (52)	Snort: 7 (27)	Inject: 16 (62)	Oral: 2 (8)
		Other: 1 (4)		
Heroin	25 (50)	Snort: 12 (48)	Inject: 16 (64)	
Prescription pain medication	17 (34)	Snort: 5 (29)	Inject: 1 (6)	Oral: 10 (59)
Benzodiazepines	22 (44)	---		
Cocaine/Crack	Cocaine: 15 (30)**	Cocaine: Snort: 9 (60)	Inject: 5 (33)	Crack: 0 (0)
	Crack: 21 (42)**	Smoke: 1 (7)		21 (100)

For a couple of years, I was selling my body for drugs. I even was pregnant, six months pregnant and I had, I guess you call them tricks... I don't think they realized I was pregnant at first. When they realized I was pregnant I think it freaked them out. But even as I was pregnant I still was selling my body for drugs. You know, unfortunately my daughter did test positive for cocaine when she was born. But yeah, for a couple of years I did. It's, you know, it was, I don't know, other people were doing it and it seemed to be okay. And when you're using you don't care about yourself like that.

Due to my active addiction I cannot pay bills and keep an apartment or a room. So, I just, I've been staying at shelters or halfway houses when I'm sober, and I just never can seem to put clean time together for long periods of time.

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

- Heroin that did not contain fentanyl was uncommon in the Quincy drug market.
- Due to this, many study participants employed different harm reduction measures to avoid fentanyl, such as decreasing use, going on MAT, and being more careful about what drugs they use, how they use them and the amount they use.

You never know how much fentanyl is in there or how strong the fentanyl is that they put in there...So really it's like playing Russian roulette...I always start off very small, right? I could always, you know, snort a little bit more if I wanted...because you can never snort less. If you do a line...then you're...all jammed out, you know. I don't like that.

- Witnessing an overdose (median overdoses witness n=5) as well as experiencing an overdose (n=35) were common among participants in the study.
- The majority (65%) of participants believed that naloxone was easy or extremely easy to access in Quincy. However, some participants articulated a desire for increased access, especially in public spaces such as bathrooms and in more private settings such as shelters and sober homes.
- The proximity of Quincy to Boston had an influence on study participants, both in access to drugs, sterile syringes, and access to treatment.
- Syringes were scarce in Quincy, causing participants to reuse or share syringes with others (median number of times reusing a syringe n=5).
- Uptake and access to MAT for people who use drugs in Quincy appeared to be good, especially for buprenorphine, but care was not always obtained in Quincy. The only access to methadone was via a mobile van that was parked behind the Quincy police station.

*It's a process [getting on methadone], it's a headache. It's a real headache. You've got to do urine testing so you can get on and have to do counseling and-I mean you got to have counseling with Suboxone too but I's just more of a headache with methadone, especially in the Quincy area. **There's like one methadone van and that's it.** And then you got to go to Brockton to get set up with it.*

What are recommendations for Quincy, following the RACK findings?

- **Establish** safe spaces for people who use drugs. An emergent theme was the need for sanctuary, or a safe, judgement-free space. While the city has a vibrant recovery center with many welcoming resources, there were no harm reduction oriented spaces providing similar safe respite and tolerating- if not actively providing-people in active drug use.
- **Establish** access to harm reduction services. Many participants describe limited access to harm reduction services and difficulty obtaining harm reduction resources such as naloxone, clean injection equipment, and safe sex materials. Based on the risks posed by the confluence of fentanyl, sex work, and injection drug use, the establishment of stationary and more extensive harm reduction services is recommended.
- **Expand** access to MAT. The mobile methadone van in Quincy brought MAT options to many but not enough in the community, and fell short of meeting the needs for medication treatment. More comprehensive care and services that a “brick and mortar” opioid treatment program could offer are needed for maintenance patients and to treat chronic medical and behavioral health problems.
- **Develop** a nonfatal overdose prevention strategy for on-site overdoses, which could be created in partnership with businesses and real estate partners to find a public health-focused plan to reduce drug use and overdoses downtown.
- **Develop** additional campaigns targeted at improving understanding of the Good Samaritan Law. Given the low levels of knowledge expressed by participants around the protections provided by the Good Samaritan law, among the young, female, less educated, and minority participants, it is recommended that low literacy awareness campaigns be developed and implemented in the Quincy community.