



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



January 2026

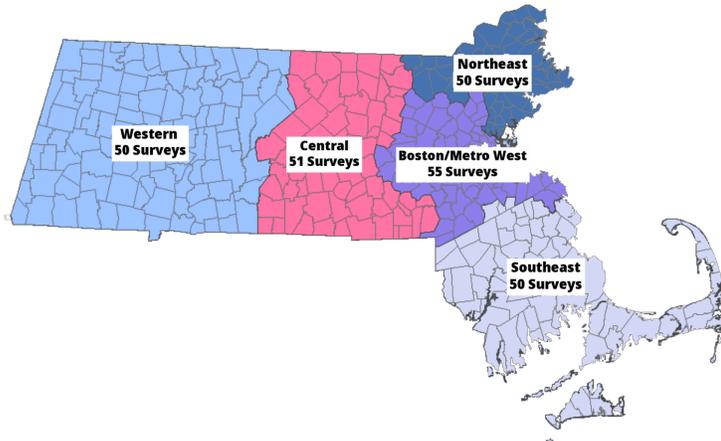
ECKS-O is an annual community-engaged statewide assessment that uses surveys and interviews to learn about people's experiences with drugs, overdose response, and access to treatment and harm-reduction resources. Results inform policy, guide services, and identify service needs and inequities across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

- 50 surveys **Southeastern MA** (256 surveys total)
- 12 interviews **Southeastern 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).
- Use of **methamphetamine** was notable in the **Southeast** in relation to other regions
- **Visible drug activity** in areas of South Shore, particularly noted in Brockton, Fall River and New Bedford
- At the time of this survey, **26%** of respondents reported injecting their drugs; **44%** reported snorting their drugs; and **78%** reported smoking their drugs in **Southeastern MA**.

Southeastern MA Participant Demographics

- **56%** male
- **34%** identified their race as Native American, Black, Hispanic/Latine, or multi-racial
- **52%** were \geq 40 years old
- **78%** graduated from high school/GED or beyond
- Most participants (**60%**) were unstably housed & reported living in shelters; on the street; and in tents, parks, abandoned buildings, etc.
- **36%** ever experienced a civil commitment (Section 35)
- **60%** had a history of incarceration (n=30) of whom **17%** were released in the last year
- **Crack, cocaine, and alcohol** were the most commonly used substances reported by participants

Gaps in Supplies/Services

Safer Use Materials

- Access to supplies for safer smoking, safer snorting, injection, fentanyl test strips, condoms, naloxone, and other supplies were good with no significant regional differences in the Southeast

Syringe Disposal

- 11% of **Southeast** respondents who inject drugs reported difficulty with finding adequate syringe disposal

Drug Checking Services

- Statewide many were unaware of drug checking services (**19%**); some (**13%**) found access difficult; yet perceived that the need was high (**93%**)
- In the **Southeast**, **20%** of participants identified experiencing difficulty in accessing drug checking services

Overdose Response in Southeast MA

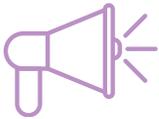
- New drugs in the supply, like xylazine, are changing how people respond to overdoses and how well naloxone is perceived to work
- Many are afraid to call 9-1-1 during an overdose
- There is **confusion** about what to do first during an overdose and how long to wait between naloxone doses. Additionally, about 50% of respondents statewide reported never having been trained on the Good Samaritan Law or how to use test strips to prevent overdose.
- **Southeastern MA** respondents reported **overdose response fatigue**, meaning people felt emotionally worn out and sometimes hesitant to step in during an overdose.
- Community centers and harm reduction programs were the places individuals primarily sourced their naloxone in the **Southeast**

Where got last naloxone kit?	MA	Southeast
Harm reduction program	54.4%	20.7%
Community center	11.4%	34.5%
MOUD clinic/ treatment program	7.8%	13.8%
Shelter/ housing program	6.2%	0.0%
Recovery center	5.2%	10.3%

(N=194 in MA and n=18 in Southeastern MA 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
- In **Southeast MA**, of those who reported receiving MOUD in the last year, 32% received Methadone and 20% received buprenorphine



“Safest way is just to not use them honestly, but the safer way now—I like that they have the test strips a lot. That really is huge. And I feel like that stuff should almost be like...like my situation right now, if I want one of these, I can’t get supplies. There’s no place around that has that. And so I wish there was a number or something you could call if I wanted to get stuff like that [test strips], because I don’t like to use it without testing it.” – **White and Brazilian woman, Southeast MA**

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

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.
- There is interest in expanding medication treatment in more clinics, jails, and civil commitment programs.
- Statewide, 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 **Southeast MA**, could strengthen the impact of harm reduction services.
- Regional differences show a need for more support in the **Southeastern MA area** for harm reduction services while statewide disparities call for greater attention to racial equity in access to services and supplies.

For further information or questions about ECKS-O, contact eckso@brandeis.edu