

# RACK Springfield/Chicopee 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 Springfield/Chicopee work?

The Springfield/Chicopee 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=53) and in-depth interviews (n=19) were conducted between February and May of 2019 by a team of 10 researchers. Participants were recruited through community organizations, treatment programs, street outreach, and chain referral.

## Who participated in RACK and what did we learn about drug-related risks in Springfield/Chicopee?

- The sample was comprised of 53 adults primarily older than 35 (55%), a majority of whom were male (74%) and stably housed, either in their own or someone else's apartment (55%). Most (60%) reported recently using drugs in a public place and 21% had engaged in transactional sex.
- Over half of the sample identified as non-white (53%), and Hispanic (51%), most of Puerto Rican descent. Participants identified as 11% (n=6) Black, 17% (n=9) multi-racial, 25% (n=13) other race, and 47% (n=25) white.
- The drugs used by the majority of RACK participants were opioids by injection or inhalation, especially heroin (72%), fentanyl (53%) and pain pills (25%). 81% of participants also reported either crack (n=25, 47%) or cocaine (n=38, 72%) use.
- Awareness of and past year experience with fentanyl was lower than we have found in other RACK communities (58%, 31/53 vs 82%, 124/151 across Quincy, Cape Cod, Lowell). A minority, 6.5% (2/31) reported instances of unexpected fentanyl in the stimulants they used in the past year. Many struggled with distinguishing heroin from fentanyl locally and relied upon drug packaging (i.e., wax folds labelled with stamps) to distinguish one from the other.

Self-reported past month drug use by substance and route of administration (n=53)			
Drug	Participants using any n (%)	Route of Administration n (%)	
Heroin	38 (72)	Snort: 14 (37)	
		Inject: 30 (79)	
		Smoke: 1 (3)	
		Oral: 1 (3)	
Cocaine/Crack	Cocaine: 38 (72)	Cocaine: Snort: 17 (45)	Crack: ---
	Crack: 25 (47)	Inject: 21 (55)	4 (16)
		Smoke: 7 (18)	24 (96)
		Oral: 1 (3)	---
Fentanyl	28 (53)	Snort: 9 (32)	
		Inject: 23 (82)	
		Smoke: 1 (4)	
		Oral: 1 (4)	
Prescription pain medication	13 (25)	Snort: 4 (31)	
		Inject: 3 (23)	
		Oral: 9 (69)	
Buprenorphine	11 (21)	Inject: 1 (9)	
		Oral: 10 (91)	
Methamphetamine	2 (4)	Smoke: 2 (100)	
		Inject: 1 (50)	
Benzodiazepines	11 (21)	---	
Amphetamines	1 (2)	---	

\*\* Participants could select multiple

*And if it's a new stamp, like I won't do as much as I have in previous stamps, 'cause I don't know the quality yet. But if it's a stamp that I use frequently and I know, then I know about how many I'll be using.*



Example of stamped bag (source: [police photo](#))

*The... fentanyl epidemic has made me, like, much more proactive about making sure that I'm not using alone if I can possibly help it, you know? Like, I kind of have a standing appointment with people, you know?*

*You gotta test your stuff...It's really hard now because they can cut it with something that makes it darker, you know, but if you have something and you mix it up and it's really light-colored, you gotta bet that it's most likely fentanyl!*

## What was learned about overdose risks in Springfield/Chicopee 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.
- **Law enforcement responses** to fentanyl's emergence are perceived to further destabilize the local illicit drug market and increase the risk environment.
- Personal **overdose experience** was reported by 42% (22/53) of participants and nearly all had witnessed an overdose (48/53, 91%). When an overdose occurred, emergency responses were similar to reports from other RACK sites: 58% called 911 in the last witnessed overdose and, if available, 48% administered naloxone themselves to the victim.
- **Naloxone access** was limited: 26% (14/53) indicated that naloxone was not easy to get or they didn't know how to access it; 11% (6/53) did not know what naloxone was. Still, 62% of witnessed overdoses were responded to with naloxone and 60% (28/47) of participants kept naloxone with them or in a place where they used drugs.
- 53% (28/42 aware of law) of participants were familiar with the **Good Samaritan Law**. There was considerable confusion about the law, its limits, and its impact. Application of the Good Samaritan Law by police was perceived as inconsistent.

*What ends up happening by them arresting drug dealers in these massive sweeps, is that you get you know, like, the people I deal with, they'll let me know 'it's stronger' or 'it's weaker'. They'll let me know in advance like, you know, 'do a little less, just to see what it is'. And it's hard because once those people get all swept up, then you get people that are just out there and they don't give a fuck whether you die or not, because they know they can get more customers to buy off them...the people that actually know what they're talking about get busted. And then you get these people that don't know what they're talking about and don't care.*

*Actually I go to [SSP] and I get needles and I bring them to the bodega so the lady sells clean needles... like I'll go get the needles and I'll be like, 'hey, at least sell the good ones here', [LAUGH].*

- Current **syringe use**, reuse and hygiene practices were concerning, at a time when the Springfield SSP had recently opened and there was no SSP in Chicopee. Among those who injected their drugs (32/53, 60%), 81% (26/32) used daily or more often, and reused their syringe a median of 3 times before disposing of it. Less than half (13/32, 41%) considered the local syringe service program their main source of syringes, instead relying upon pharmacies, bodegas, friends, or the street for materials. Though SSP attendees tended to dispose of syringes there (12/32, 38%), most participants (14/32, 44%) disposed of syringes in home or public garbage. 59% (19/32) had ever had an injection-related abscess; 37% (7/19) within the past month.
- A majority of participants who tried to access **medications for opioid use disorder (MOUD)** were able to receive them (89%, 25/28 methadone; 90%, 28/31 buprenorphine; 88%, 7/8 naltrexone) but few currently took them (26%, 14/53 methadone; 9%, 5/53 buprenorphine; 0 naltrexone). 21% (11/53) reported using buprenorphine from the street in the past month, suggesting that buprenorphine is not frequently diverted or easily accessible for redistribution here.

## What are recommendations for state agencies and Springfield/Chicopee local partners, following the RACK findings?

- **Facilitate** access to more syringes, diversify sources of syringes, and increase volume of syringe distribution. Women-specific, Hispanic-specific and transactional sex-specific harm reduction services may help reach these populations.
- **Bolster** SSP presence and access in Springfield and Chicopee; **work with** local pharmacies to provide syringe disposal units and to ensure ease of syringe access, naloxone provision, and buprenorphine dispensing.
- **Incorporate** enhanced distribution approaches in overdose education and naloxone distribution programs.
- **Train** police and **disseminate** English/Spanish info to raise awareness of the Good Samaritan Law and its limitations.
- **Support and expand local** access to MOUD, and for the longer term, for all people with OUD, especially within Latinx and incarcerated populations. Community health centers, Baystate Medical Center are trusted hubs of MOUD and could expand their reach.
- **Inform** the community of people who use drugs about rising fentanyl presence, how to navigate risk, and the contamination of drugs by fentanyl. Develop and implement special outreach to Spanish-speaking communities.
- **Implement** drug checking services for public health surveillance and consider outreach to distributors for improved consumer safety of the drug supply.