



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



February 2026

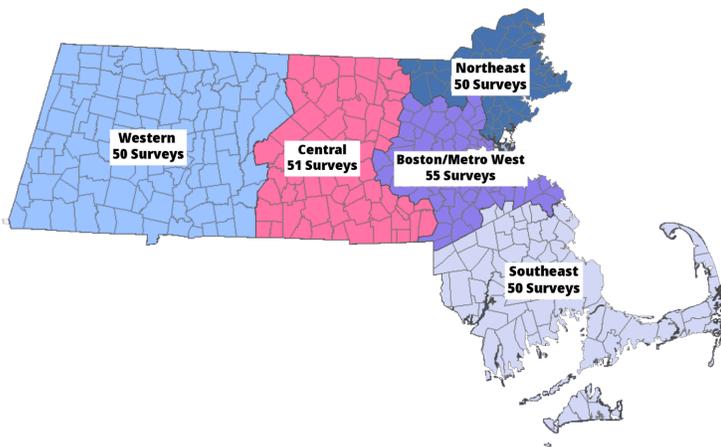
ECKS-O is an annual community-engaged statewide assessment that uses surveys and interviews to learn about people's experiences with drugs, overdose response, and access to treatment and harm-reduction resources. Results inform policy, guide services, and identify service needs and inequities across 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 March-June 2025 from five Massachusetts regions, including:

- **50** surveys **Western MA** (256 total)
- **10** interviews **Western 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)
- **Western MA** drug supply reported to be particularly volatile and adulterated
- **Western MA** gets a "trickle-down" version of supply—heavily cut and less potent than in larger cities
- In **Western MA**, people in smaller towns often rely on one consistent dealer for perceived safety but still express distrust of the supply
- At the time of this survey, **52%** of respondents reported injecting their drugs, **36%** reported snorting their drugs, and **76%** reported smoking their drugs in **Western MA**

Western MA Participant Demographics

- **62%** male
- **38%** identified their race as Native American, Black, Hispanic/Latine, or multi-racial
- **52%** > 40 years old
- **74%** had acquired a HS diploma/GED or higher
- About half of the participants (**48%**) were unstably housed, reporting living in shelters; on the street; and in tents, parks, abandoned buildings
- **24%** ever experienced a civil commitment (Section 35)
- **48%** had a history of incarceration, of which **21%** were released in the past year
- **Crack, heroin, and fentanyl** were the most commonly used substances reported by participants
- Heroin use among participants in **Western MA (68%)** was also notably higher than statewide (**44%**)

Gaps in Supplies/Services

Safer Use Materials

- In **Western MA** syringes and smoking/snorting materials were predominantly accessed for free through harm reduction programs

Syringe Access & Disposal

- Statewide, few found syringe access difficult or extremely difficult (**4%**), but almost twice as many found syringe disposal to be difficult or extremely difficult (**11%**)
- Reuse of syringes (injecting 2 or more times with the same syringe), a risky practice, was still very common (**77%**) in **Western MA**

Drug Checking Service

- Many unaware of these services (**19%**); some (**13%**) found access difficult; yet perceived that the need was high (**93%**)

Overdose Response in Western 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.
- Individuals in **Western MA** had varied levels of knowledge about intramuscular vs. intranasal naloxone. Some were unsure or had incorrect information about how to use them.
- Some respondents in **Western MA** reported resistance to overdose-prevention tools like Safe Spot
- Naloxone was primarily accessed in **Western MA** through harm reduction programs

Where got last naloxone kit?	MA	Western
Harm reduction program	54.4%	82.5%
Community center	11.4%	0.0%
MOUD clinic/ treatment program	7.8%	5.0%
Shelter/ housing program	6.2%	2.5%
Recovery center	5.2%	0.0%

(N=194 in MA and n=40 in Western MA with a naloxone kit)

Medications for Opioid Use Disorder (MOUD)

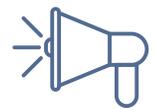
- Statewide, many people felt that **accessing MOUD** is easier now than it used to be. Still, many talked about ongoing problems like stigma, transportation, long wait times, and the inconvenience of daily methadone dosing
- 69% of all respondents had ever tried **MOUD**, and most of these individuals (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**

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

I ran into people who are smoking it [fentanyl], which I never seen that before and now there's quite a few people smoking it...from the looks of it... it hits them just as fast as [if] they were shooting. - Hispanic man, **Western MA**



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 was greater awareness of adulterants in the drug supply and willingness to share drug checking results with friends and suppliers in **Western MA**.
- 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 could strengthen the impact of harm reduction services.
- Regional differences show a need for more syringe access support in the **Western MA**, 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