



**BARNSTABLE COUNTY  
DEPARTMENT OF HUMAN SERVICES**

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## Regional Substance Use Council

**June 6, 2019**

**Harborview Conference Room**

Barnstable County Complex, 3195 Main St., Barnstable

Conference Call-In Line **(Pre-arrange with Vaira): 605-313-5104; Access Code: 709227#**

### AGENDA

1. Welcome and Introductions
2. Business: Review and approve minutes of the May 2<sup>nd</sup>, 2019 meeting.
3. Workgroup Updates:
  - a. Prevention    Harm Reduction    Treatment    Recovery
4. **Presentation of Results by RACK Study Team (Rapid Assessment of Consumers' Knowledge)** led by the Boston Medical Center Injury Prevention Center (see attached project information). Study to be conducted in Quincy, Lowell, and **Barnstable County** in the summary of 2018 for DPH/BSAS.
  - a. Principal Investigator: Dr. Traci Green, BMC Injury Prevention Center.
  - b. Project Team: Dr. Trish Case, Dr. Wilson Palacios, Abigail Tapper, Brianna Baloy.
  - c. July 1 – August 31, 2018

Next Meeting: **September 5, 3:30 pm**, Barnstable County Campus, Harborview Conference Room.

If you are deaf or hard of hearing or a person with a disability who requires an accommodation, contact the Department of Human Services at 508-375-6628.

Requests for sign language interpreter must be made at least 2 weeks prior to the meeting date.



RACK Study Project Design  
Boston Medical Center Injury Prevention Center

**Assessing Emerging Opioid Patterns and Impact of Policy Responses:  
Rapid Assessment of Key Community Perspectives in Quincy, Lowell, and Barnstable County  
Summer 2018**

In the midst of a national epidemic of opioid overdose, Massachusetts has experienced exceptionally high increases in overdoses, primarily driven by the drug fentanyl, but trends are evolving rapidly. An ongoing, rapid assessment of the crisis among active drug users—the population with the greatest burden of overdose—would add greatly to the understanding of the fentanyl crisis and opportunities for prevention and response. At the same time, it is clear that some public health responses have been effective in addressing opioid overdose in the past. In particular, previous research has shown that increased public access to naloxone can dramatically reduce rates of opioid overdose, and policies such as Good Samaritan laws, that support greater access to naloxone and medical intervention, can be hugely impactful. Other policies aimed at preventing prescription opioid misuse and diversion are also underway by the state and may influence the availability and accessibility of diverted prescription opioids.

Examining swiftly, but in-depth how these emerging trends in opioid use and public health responses are being experienced by those most affected gives a critical view that is not currently captured by surveillance of administrative, clinical, or law enforcement data sources.

The purpose of this evaluation is to conduct a pilot rapid assessment project in three geographic locations to provide on-going, rapid assessment data collection from people who use drugs. Rapid assessment methods typically involve mixed methods with qualitative and quantitative methods (i.e., interview and survey).

Data collection will focus on measuring emerging trends in opioid use and how state policy interventions are affecting access to naloxone, 911 help-seeking, perceptions of law enforcement, and perceived access and availability of prescription pain medications.

Project aims are:

**Project Aim 1:** To describe emerging opioid patterns among people who use drugs in three geographic locations in Massachusetts (Lowell, Quincy, Barnstable Count).

**Project Aim 2:** To assess the impact of policy responses being evaluated by the CDC-funded Prevention for States (PFS) MA grant, namely the Good Samaritan Act and opioid prescribing restrictions, from the perspective of the active drug user on their: a) access to naloxone, b) 911 help-seeking, c) perceptions of law enforcement, d) perceived access and availability of prescription pain medications and e) attitudes toward and perceptions of healthcare providers.

To meet these aims, this project seeks to recruit adults who used any illicit drug (i.e., not marijuana only) in the previous 30 days. Recruitment will take place with the assistance of community partners who provide health care and other essential services to active users in the identified geographic location. Using targeted canvassing and health professional referral in each of the target locations, approximately 50 individuals who consent to participate will be administered a brief

structured survey, a random sample of 20 of whom will be invited to also participate in guided interviews (total sample size: 150 surveys, 60 interviews).

This design and overall effort builds from the positive experience of BMC and MDPH during the 2016 CDC Epi-Aid examining the fentanyl surge in the state, and is a natural extension of these methods.

We will optimize existing expertise and infrastructure in the BMC evaluation team and will leverage new collaborations between the BMC evaluation team and the New England High Intensity Drug Trafficking Area (NEHIDTA). The Massachusetts NEHIDTA team employs a public health analyst (PHA), who will contribute their time as a volunteer member of the research team. The NEHIDTA's support in this endeavor will help augment community partnerships, expand data collection capacities, and will provide an opportunity for public health-public safety partnership enrichment, with possible replication in other states.

The methodology proposed is meant to rapidly generate data responding to targeted questions, and accomplishing the two project aims. The rapid assessment approach allows for a shorter timeline and can provide real-time data for targeted responses to the evolving opioid crisis.