

Interest and perceived change in overdose risk for different models of safe supply among people who use drugs in Seattle

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INTRODUCTION

Overdoses have increased in the US due to the proliferation of potent opioids in the unregulated drug market. A regulated supply of opioids (safe supply) is a solution that has been proposed and utilized in other countries to reduce opioid-related mortality. We gauged interest in different models of safe supply in a US context among people who use opioids.

METHODS

We conducted two cross-sectional surveys in Seattle, Washington, between May-September 2023, among (1) persons who reported injecting opioids in the past year and (2) persons who reported smoking but not injecting opioids in the past year. Participants were asked about interest in different models of safe supply, and perceived change in overdose risk. We assessed four models: prescribed-supervised, prescribed-unsupervised, community-based compassion club, and dispensary-based.

CONCLUSIONS

There is interest in a safe supply of opioids in Seattle among people who use opioids. Additionally, most people believe it would reduce their overdose risk.

RESULTS

We surveyed 269 people who injected and 106 who smoked opioids. Overall, 82% reported interest in a safe supply model. People who injected were similarly interested in all models: prescribed-unsupervised (80%), prescribed-supervised (79%), community-based (78%), and dispensary-based (77%). Interest among people who smoked was more heterogenous: dispensary-based (87%), community-based (84%), prescribed-unsupervised (83%), and prescribed-supervised (71%). For people who injected all models had >70% anticipated reduction in overdose risk with prescribed-supervised highest (82%). All models had <10% anticipated increased risk, with prescribed-supervised and dispensary (8%) higher than the others (3%). For people who smoked, results were qualitatively similar, except more respondents proportionally said that their overdose risk would be similar instead of less risky compared to the injection group. For example, among people who smoked for prescribed-supervised 73% said less risky with 23% saying no change and for the dispensary-based model 58% said less and 33% no change.



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