

Findings from the 2025 Public Health – Seattle & King County Syringe Services Program Survey

Public Health – Seattle & King County, HIV/STI/HCV Program
March 2026

Key Findings

- The Public Health – Seattle & King County syringe services program (SSP) conducted a survey of 501 clients in September 2025.
- 69% of participants were homeless or had unstable housing.
- Methamphetamine use was reported by 82% of participants who used drugs, and fentanyl use was reported by 66%. Fentanyl was the most common “main” drug.
- 64% of participants who used drugs reported that they had only smoked drugs in the past seven days, while 29% reported any injection drug use.
- Under one-half (45%) of participants who used drugs reported any type of substance use treatment in the past year; among those who used opioids, 24% reported current methadone treatment, and 4% reported current buprenorphine treatment.
- 79% of participants who used drugs possessed naloxone.
- Most participants reported that they often (33%) or sometimes (36%) run out of food.

Background

King County, Washington, experienced a record high number of fatal overdoses following the introduction of fentanyl, a powerful synthetic opioid, into the local drug supply. The number of overdose deaths peaked in 2023 at 1,340 fatalities. In 2025, this number had declined to 914 deaths (32% decline from 2023) but still above pre-2022 levels.¹ Since 2023, roughly half of all overdoses in King County occurred among people who were unsheltered or lived at housing service sites. Local efforts to decrease overdose risk have included expanding access to the opioid overdose reversal medication naloxone, expanding low-barrier access to medications for opioid use disorder (i.e., buprenorphine and methadone), and engaging people who use drugs in harm reduction services.

The Public Health – Seattle & King County (PHSKC) syringe services program (SSP) opened in 1989 to provide harm reduction services to people who use drugs. SSPs were first established to provide sterile syringes and safe disposal options to people who inject drugs to reduce the risk of bloodborne infections like HIV and viral hepatitis. Many SSPs now serve as “one-stop shops” and provide additional services including HIV and hepatitis C virus (HCV) testing and treatment, wound care, drug checking, treatment for substance use disorders, and naloxone.² Some SSPs also provide safer smoking supplies to reduce the frequency of drug injection and consequently reduce infectious disease transmission and possibly overdose deaths. Providing safer smoking supplies also helps connect people who do not inject drugs with the many other prevention and treatment services provided at SSPs.

Since 2003, the PHSKC SSP has conducted a biennial cross-sectional survey of SSP clients. The aim of this survey is to provide a snapshot of SSP client demographics, behaviors, health outcomes, needs, and contextual factors. Data from this survey are used for program modifications, required reporting, requests for funding, needs assessments, evaluation, and research projects. Since 2015, PHSKC has collaborated with a team at the University of Washington’s Addictions, Drug, and Alcohol Institute (ADAI) to conduct a statewide survey of SSPs in Washington. The data from PHSKC and other SSPs across Washington state are combined across all sites and reported by ADAI. (See 2023 survey results [here](#).)

Aims

In this report, we present findings from the 2025 survey of PHSKC SSP clients. Many of the findings are presented with data from past surveys to highlight trends in substance use behaviors and engagement in prevention and treatment services. The goal of this report is to provide local stakeholders with data needed to provide more tailored and effective services to improve the health of people who use drugs.

Survey Methodology and Analysis

The 2025 PHSKC SSP survey was conducted in mid-September 2025. Historically, this survey has been an attempted census of SSP clients over a two-week period. However, once incentives were introduced in 2023, the data collection period has been more abbreviated (i.e., 3-4 days). People were eligible to complete the survey if they received any service at a PHSKC SSP site during the survey period, including at the Robert Clewis Center in Belltown, the Robert Clewis Center 2 in Capitol Hill, and via a mobile delivery service in south King County (known as SCORE). Clients could only complete the survey once during the survey period. After a client requested and received services (e.g., syringe exchange, safer smoking supplies, naloxone training), SSP staff asked if they were interested in a survey. Clients who were interested were matched with an interviewer, who was either an SSP staff member or a trained volunteer.

At the start of the survey, the interviewer asked the participant for their verbal consent to proceed with the survey. All survey questions were asked aloud by the interviewer and responses were entered directly into REDCap online survey software using a tablet device. To the extent possible, surveys were conducted in a part of the SSP where others could not overhear client responses. The survey included 42 questions (including multi-part questions) and the duration was approximately 10 minutes. The survey topics are listed in Figure 1. Participants could choose not to answer any question they did not want to. The survey did not collect participants’ names or contact information. After completing a survey, the participant received a \$10 gift card as a token of appreciation for their time. Gift cards were provided by the Washington State Department of Health.

Figure 1. SSP Survey Topics

- Demographics
- Use of harm reduction services
- Drug use patterns
- Injection behaviors
- Overdose experience
- Naloxone possession
- HIV/HCV testing and treatment
- Other health outcomes
- Health care utilization
- Substance use treatment
- Food insecurity
- Quality of life

After all surveys were completed (N=501), PHSKC data analysts reviewed the survey data. Some analyses were restricted to the 489 participants who reported using drugs in the past 3 months, while other analyses were restricted to the 139 participants who reported injecting drugs in the past seven days.

Survey Results

Demographics

The median age of participants in the 2025 PHSKC SSP survey was 42 years; half were between the ages of 35 and 54 years. Approximately one-third of participants (31%) were women, 65% were men, and 4% were transgender and/or non-binary (Figure 2). Participants could select more than one racial/ethnic identity. The majority of participants (56%) selected white as one of their identities, and 52% selected at least one identity that was Black, Indigenous, or another person of color (BIPOC, Figure 3). Since 2021, proportionately more SSP clients have reported a BIPOC identity.

Figure 2. Gender of all survey participants; 2021-2025 PHSKC SSP Surveys

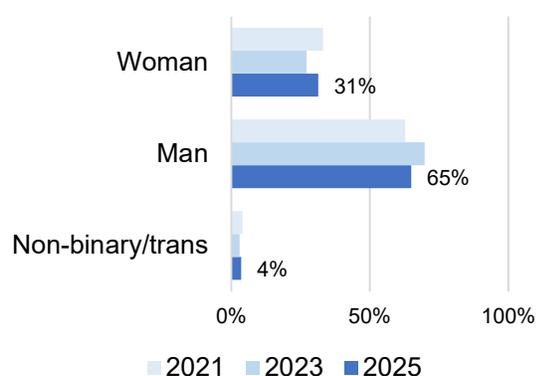
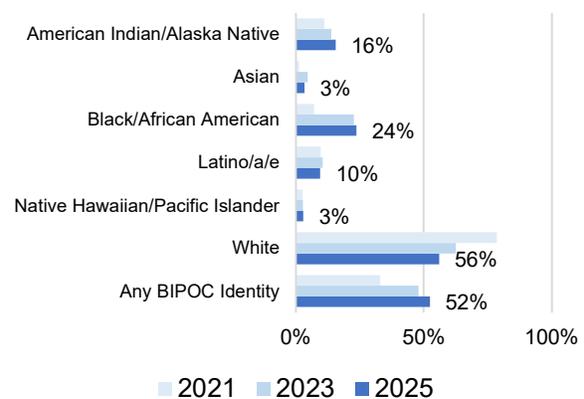


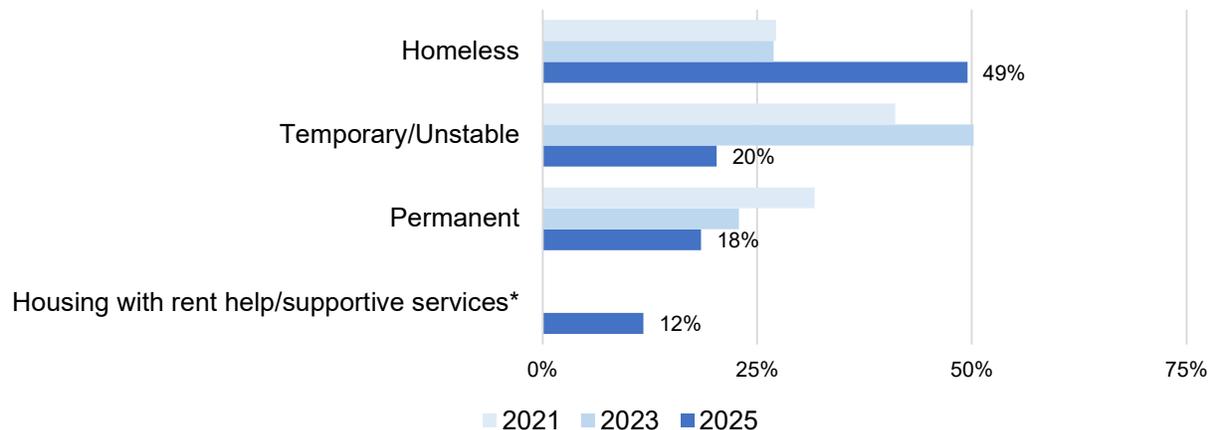
Figure 3. Race and ethnicity of all survey participants; 2021-2023 PHSKC SSP Surveys



Housing Status

More than two-thirds (69%) of 2025 survey participants reported that they were homeless or unstably housed, with 49% reporting they were homeless and 20% reporting they had temporary or unstable housing (Figure 4). For the first time, the survey asked participants if they had housing with rent support and/or supportive services; 12% reported this. The remaining 18% reported permanent housing.

Figure 4. Current housing status of all survey participants; 2021-2025 PHSKC SSP Surveys

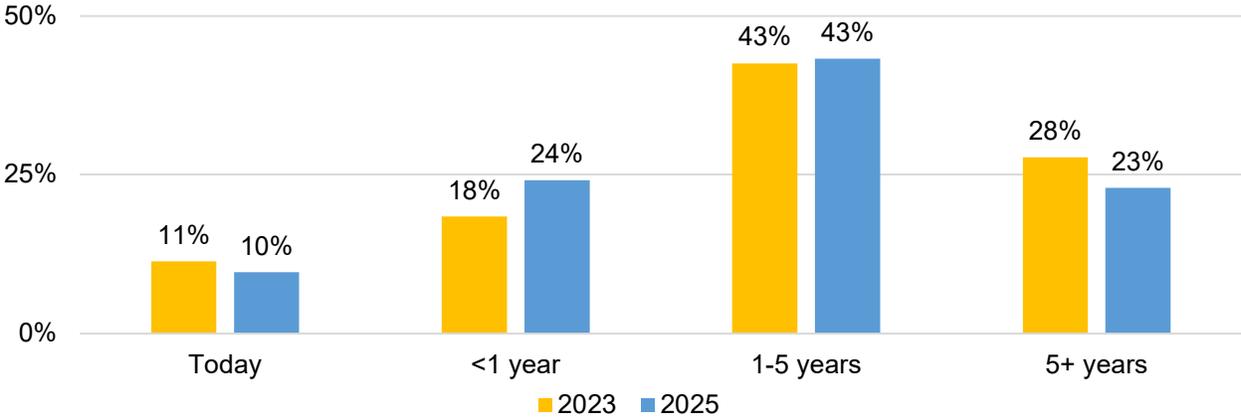


*Included as a separate category in 2025 only

SSP Utilization

The majority of SSP survey participants (77%) first used the program within the past five years: 43% within the past 1-5 years, 24% within the past year, and 10% first used the program on the day of the survey (Figure 5).

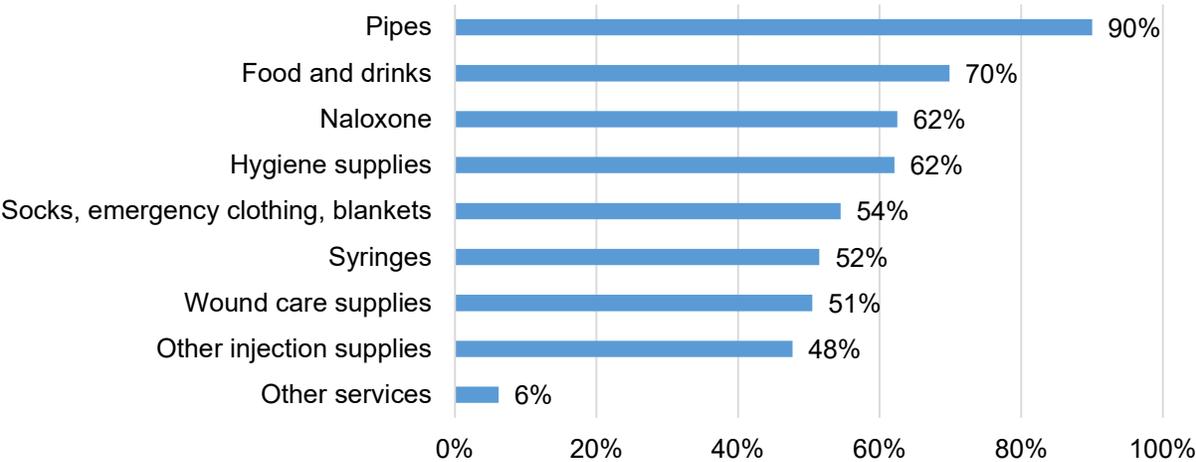
Figure 5. Time since a participant's first visit to the program; 2023-2025 PHSKC SSP Surveys



Use of Harm Reduction Services

Survey participants reported the services they had received from the SSP in the past month (Figure 6). The four most common services included pipes (90%), food and drinks (70%), naloxone (62%), and hygiene supplies (62%). Just over one-half (52%) received syringes. Among participants who received a pipe, 61% stated that smoking supplies were the reason that they first came to the program. This aligns with research suggesting that providing smoking supplies can be a tool for engaging with people who use drugs who may be at risk for overdose and other adverse health outcomes.³

Figure 6. Supplies participants received in the past month; 2025 PHSKC SSP Survey

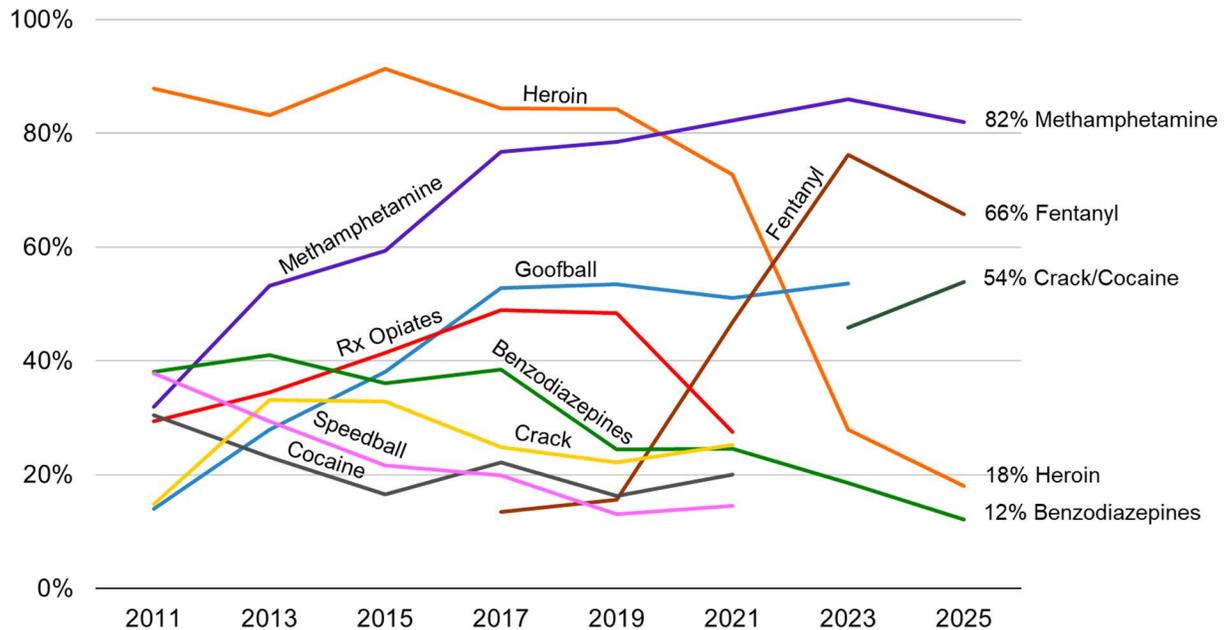


Trends in Drug Use

The survey asked participants to report all drugs they used in the past three months. In 2025, methamphetamine use was reported by 82% of participants who used drugs, and fentanyl use was reported by 66%. Crack or cocaine use was reported by 54%. Heroin use was reported by 18% and benzodiazepines by 12%.

Figure 7 shows trends in drug use since 2011 among SSP participants. Methamphetamine use remained consistently high after a steady increase in the 2010s. Fentanyl use has increased precipitously since 2019, although it decreased somewhat from 2023 to 2025. Crack/cocaine use increased slightly from 2023. Over one-half of participants reported goofball use (combination of heroin and methamphetamine) from 2017 to 2023, but this was no longer asked about in 2025 due to changes in the drug supply and declining community use of the term.

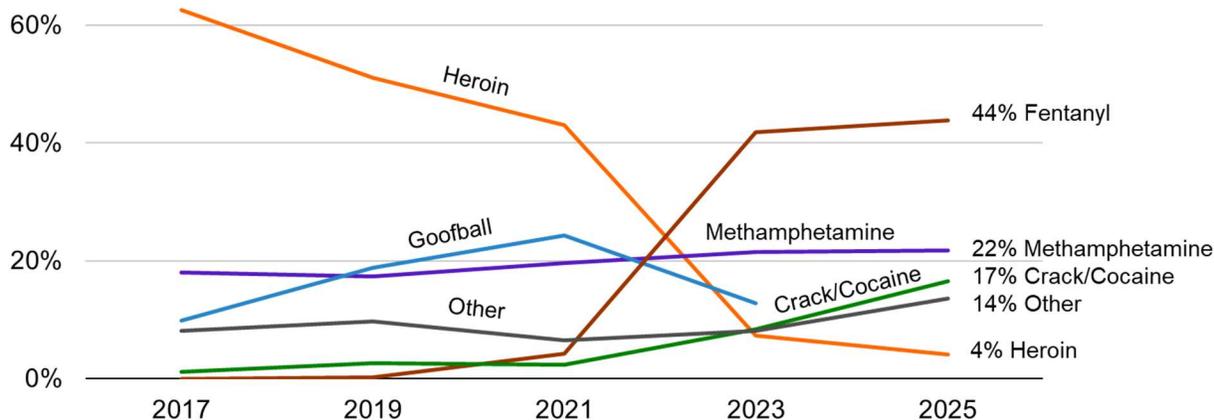
Figure 7. Trends in any drug use among participants who used drugs in the past three months; 2011-2025 PHSKC SSP Surveys



Note: Incomplete lines reflect changes in the survey questions. For example, in 2023, the survey did not ask about prescription opiates or speedball, and crack and cocaine were combined into a single option.

The survey also asked participants to select a single “main” drug. The most common response was fentanyl (44%), followed by methamphetamine (22%), crack/cocaine (17%), and heroin (4%). Fourteen percent of participants named another drug (e.g., cannabis). As shown in Figure 8, there was a little change in reported main drug between 2023 and 2025, with the exception of an increase in the proportion of participants reporting crack/cocaine.

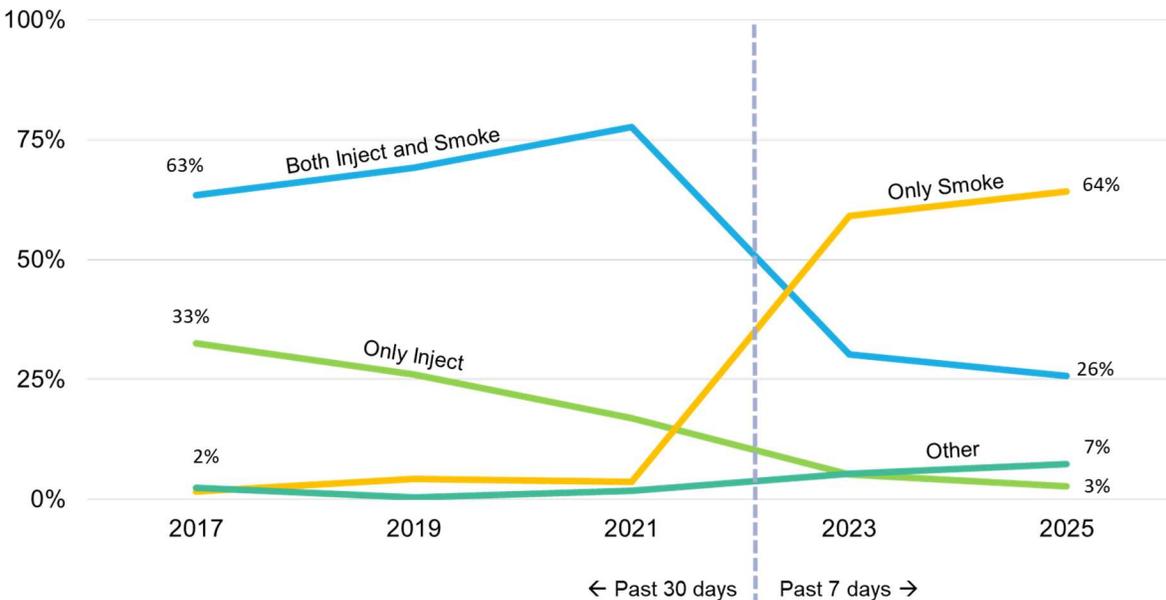
Figure 8. Trends in main drug use among participants who used drugs in the past three months; 2017-2025 PHSKC SSP Surveys



Route of Drug Use

The survey asked participants about whether they smoked and/or injected each drug in the past seven days. In 2025, 64% of SSP survey participants who used drugs reported that they had only smoked drugs in the past seven days (Figure 9). Twenty-nine percent of participants reported any injection drug use: 26% of all participants reporting both injecting and smoking drugs in the past seven days and 3% reported only injecting drugs.

Figure 9. Trends in route of drug use among participants who used drugs in the past three months; 2017-2025 PHSKC SSP Surveys

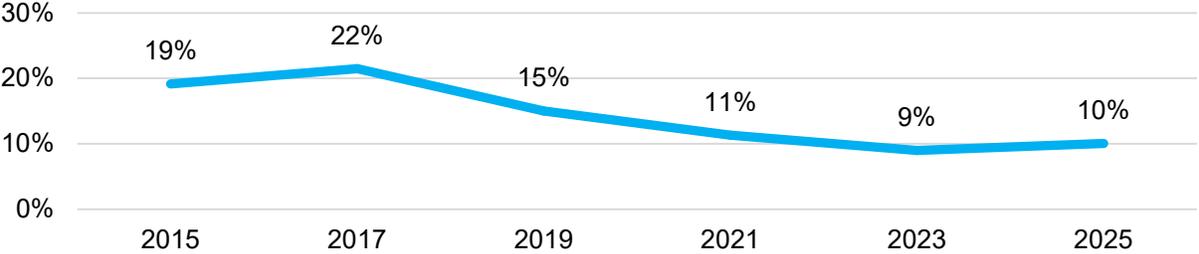


Between 2023 and 2025, there was relatively little change in route of drug use among SSP participants with a slight trend toward more smoking and less injection. It is difficult to make direct comparisons to data from before 2023 since previous surveys asked about routes of drug use in the past three months (versus seven days). However, the overall data trends are consistent with national data and strongly suggest substantial changes in routes of drug use over the past few years with a decrease in injecting drugs and an increase in smoking drugs.⁴

Syringe Sharing

Injection drug use is associated with an increased risk of multiple health outcomes including HIV and HCV. HIV and HCV can be transmitted through syringe sharing between people who do and do not have these viruses present in their blood. Among the subset of participants who reported any injection drug use in the past week, 10% reported syringe sharing in the past three months (Figure 10). Since 2015, there has been a gradual decline in syringe sharing among people who inject drugs in the PHSKC SSP surveys.

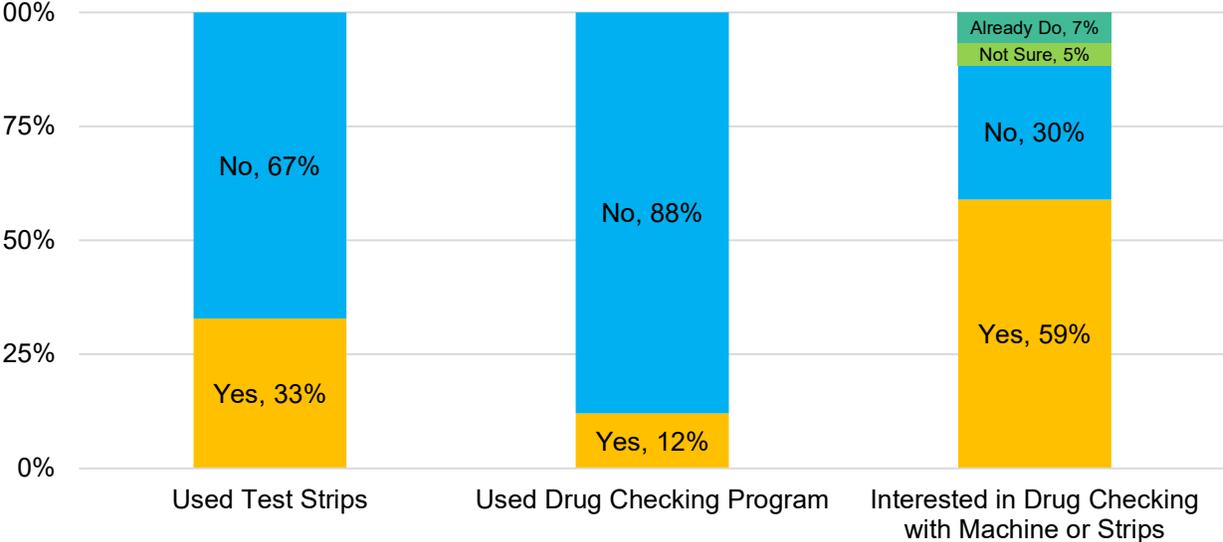
Figure 10. Trends in syringe sharing among people who injected drugs in the past seven days; 2015-2025 PHSKC SSP Surveys



Use of and Interest in Drug Checking Services

Through funding from the Washington State Department of Health and a collaboration with ADAI, several local SSPs (including the PHSKC SSP) have machines located onsite that staff can use to test small amounts of drugs for their specific contents (e.g., fentanyl, methamphetamine, xylazine). Local SSPs also provide test strips that clients can use to test their own drugs, typically for fentanyl. The goal is to provide clients with information to reduce their risk of overdose. In the 2025 SSP survey, 33% of participants had used test strips in the past three months and 12% had used a local drug checking machine program (Figure 11). When asked about interest in these drug checking options, 59% of participants reported that they were interested in using one and 7% reported that they already do.

Figure 11. Use of drug checking programs among people who used drugs in the past three months; 2025 PHSKC SSP Survey



Substance Use Treatment

Treatment for substance use and substance use disorders includes a range of options. The most effective, evidence-based treatments are medications for opioid use disorder, including methadone and buprenorphine. There are fewer evidence-based and accessible options to treat stimulant use disorder, including contingency management and medications (e.g., mirtazapine and naltrexone/bupropion). In 2025, under one-half (45%) of all participants who reported any drug use reported accessing any type of treatment in the past year (Figure 14). Among those reporting opioid use, one-third (33%) reported methadone treatment, and 13% reported buprenorphine treatment. Compared to 2023 survey data, there was some evidence of increased reporting of methadone treatment and no change in reporting of buprenorphine treatment. At the time of the survey, 24% of participants who used opioids reported current methadone treatment and just over 4% reported current buprenorphine treatment, with 2.6% reporting oral buprenorphine, 1.5% reporting injectable buprenorphine, and 0.3% reporting both formulations of buprenorphine (Figure 15).

Figure 14. Substance use treatment in the past year among participants who used drugs in the past three months; 2019-2025 PHSKC SSP Surveys

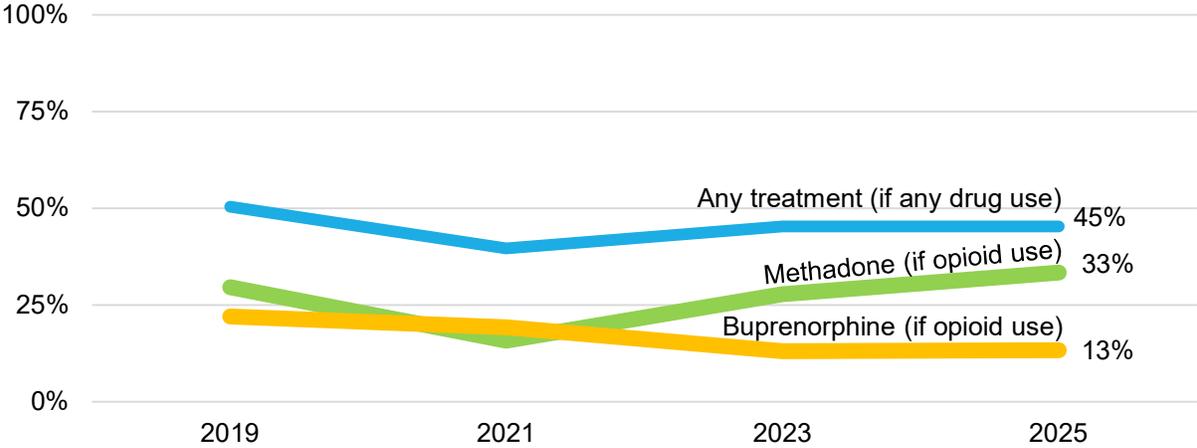
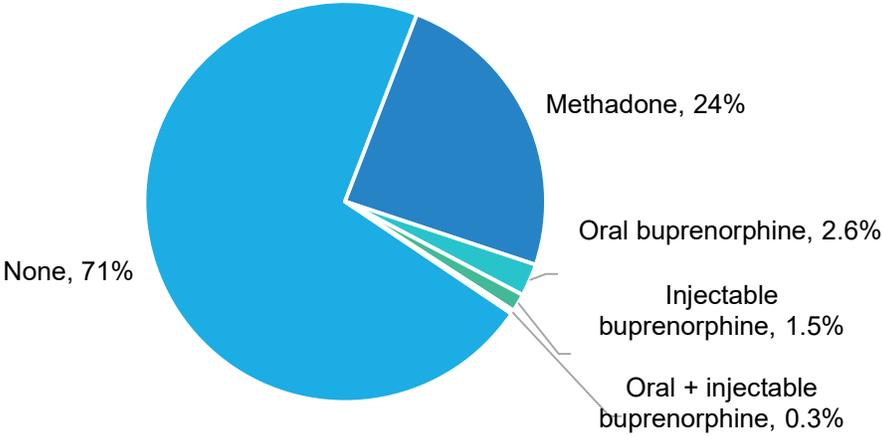


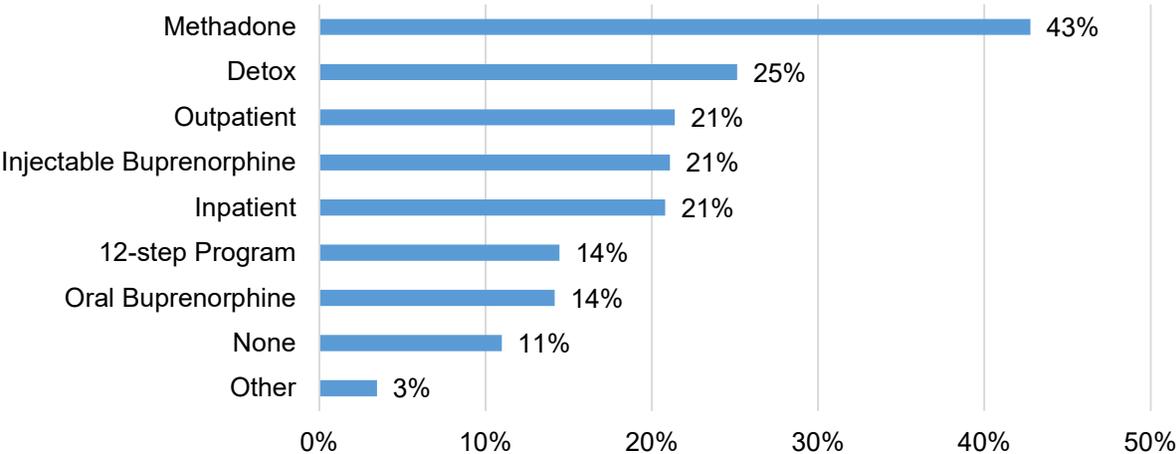
Figure 15. Current use of medications for opioid use disorder among participants who used opioids in the past three months; 2025 PHSKC SSP Survey



Substance Use Treatment Preferences

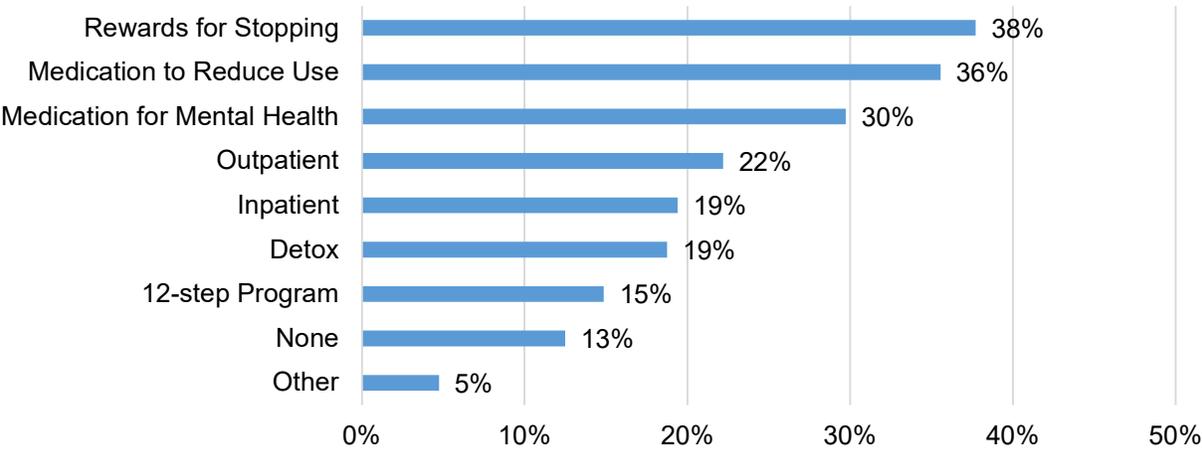
For the first time, the survey asked participants about what treatment help they would want “if it was free and easy to get.” Participants could select more than one option. There were separate questions for opioid and stimulant use. Among people who used opioids, methadone (43%) was the most common response, followed by detox (25%), outpatient treatment (21%), injectable buprenorphine (21%), inpatient treatment (21%), 12-step program (14%), and oral buprenorphine (14%). Eleven percent indicated they did not want any of these options (Figure 16).

Figure 16. Preferences for opioid treatment if it was free and easy to get among participants who used opioids in the past three months; 2025 PHSKC SSP Survey



Among people who used stimulants, rewards for stopping use (i.e., contingency management) was the most common response (38%). This was followed by medications to reduce use (36%), medications for mental health (30%), outpatient treatment (22%), inpatient treatment (19%), detox (19%), and 12-step program (15%). Thirteen percent indicated they did not want any of these options (Figure 17).

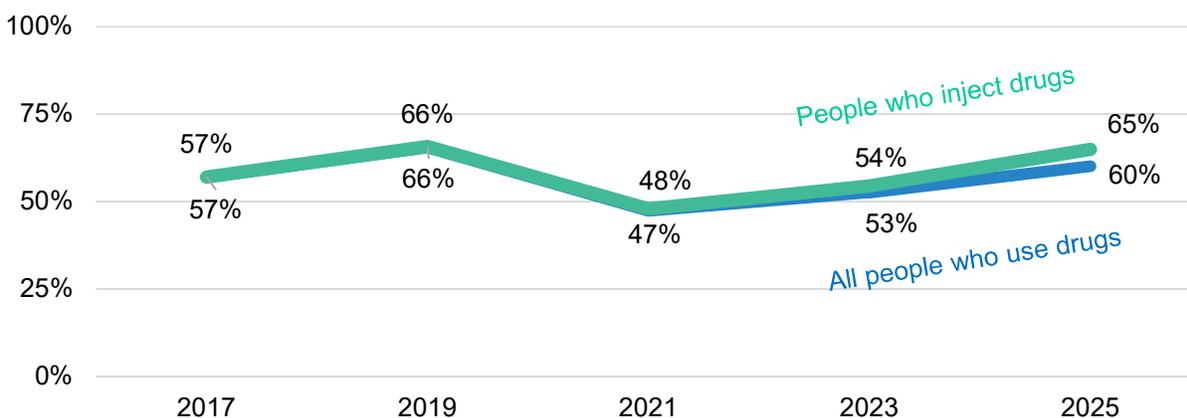
Figure 17. Preferences for stimulant treatment if it was free and easy to get among participants who used stimulants in the past three months; 2025 PHSKC SSP Survey



HIV and Hepatitis C Virus (HCV) Testing and Treatment

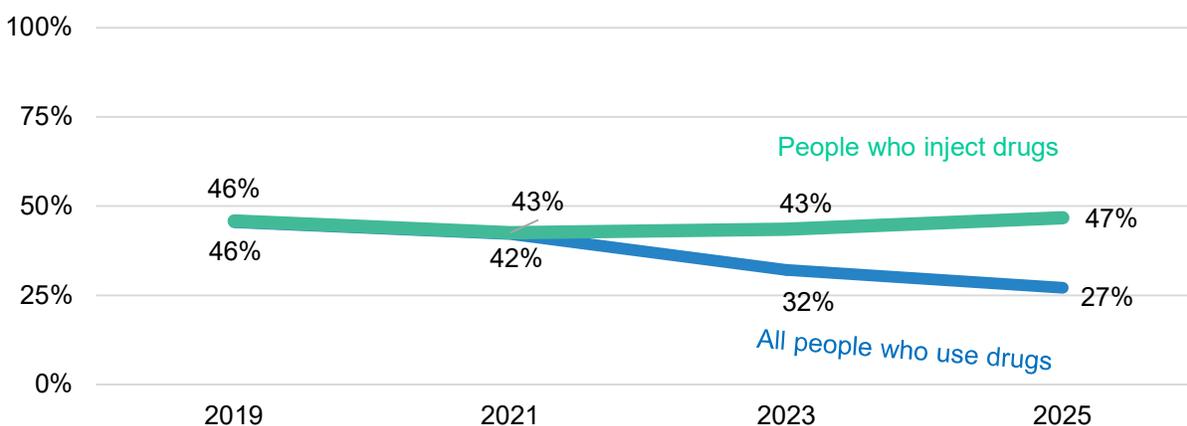
The CDC recommends that people who inject drugs receive annual HIV testing. Regular testing for HIV can help people seek appropriate health care and treatment as soon as possible to improve their own health and reduce risk of transmission to other people. In 2025, 65% of participants who injected drugs in the past seven days reported an HIV test in the past year compared with 60% of all participants who used drugs (Figure 18). The estimates for HIV testing peaked in 2019 following an outbreak of HIV among people who inject drugs in Seattle, and then declined in 2021 due to a general drop in testing access during the COVID-19 pandemic.

Figure 18. HIV testing in the past year among participants who used drugs in the past seven days; 2017-2025 PHSKC SSP Surveys



Among all 2025 SSP survey participants who used drugs, 27% reported that had ever been told they have HCV (Figure 19). This has declined over time as the SSP clientele has included fewer people who inject drugs. Among people who reported injecting drugs in the past seven days, 47% reported that they had ever been told they have HCV, which has remained consistent since 2019. Among the participants with a history of HCV, 60% reported receiving treatment. Among the 40% who had not been treated, 62% had ever been offered HCV treatment.

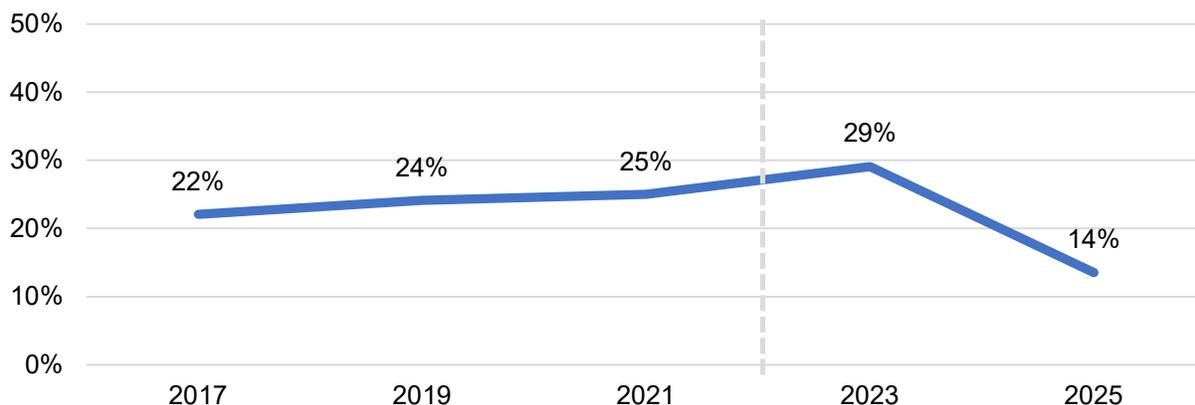
Figure 19. Participants who were ever told by a health care provider that they had hepatitis C among those who used drugs in the past three months or injected drugs in the past seven days; 2019-2025 PHSKC SSP Surveys



Opioid Overdose and Prevention

In 2025, 14% of SSP survey participants who used opioids reported experiencing at least one opioid overdose in the past three months (Figure 20). This is a decline from the 29% reported in 2023.

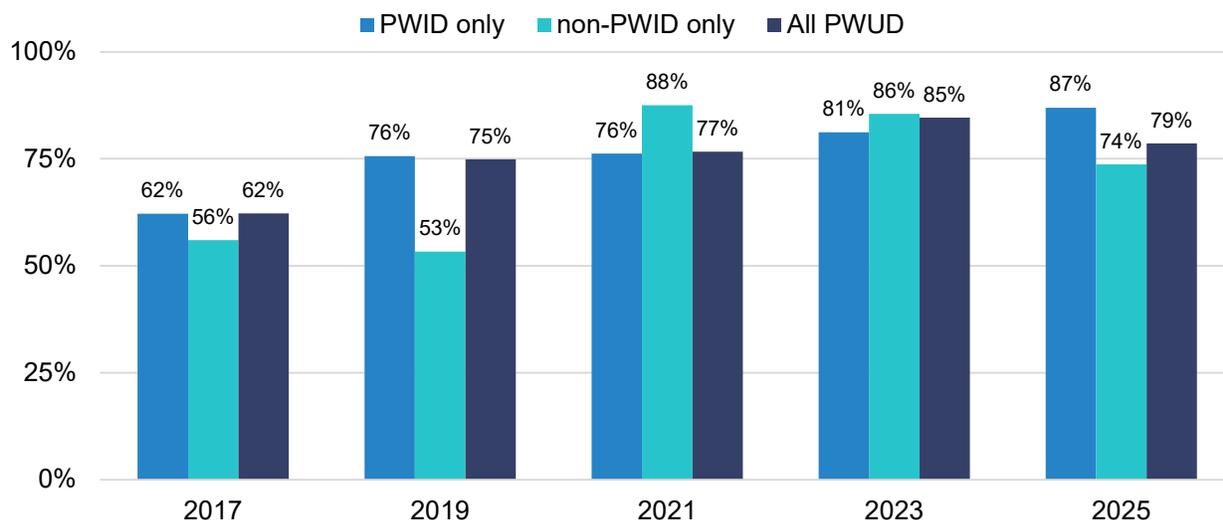
Figure 20. Report of experiencing an opioid overdose in the past 3-12 months* among participants who used opioids in the past three months; 2017-2025 PHSKC SSP Surveys



Note: The dotted line represents a change in the survey. In 2023-2025, the survey asked about opioid overdose in the past 3 months; in 2017-2021, the survey asked about opioid overdose in the past 12 months.

The PHSKC SSP provides naloxone, a medication used to reverse the effects of an opioid overdose. In 2025, 79% of participants who used drugs reported possessing naloxone in the past three months, somewhat lower than the 2023 estimate of 85% (Figure 21). When naloxone possession was assessed separately by the route of drug use, naloxone possession was higher among people who inject drugs (87%) compared to those use drugs in other ways (74%).

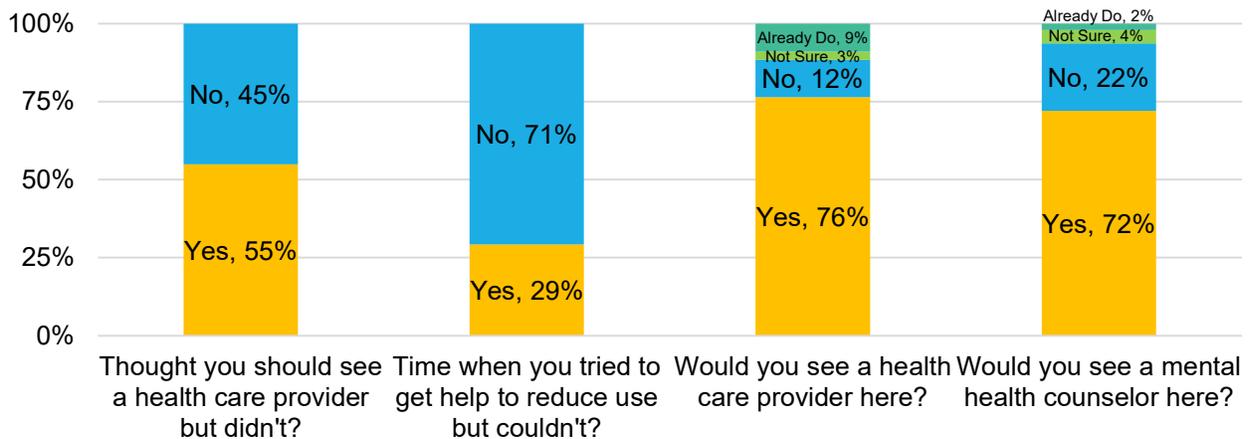
Figure 21. Naloxone possession and use in the past three months among participants who used drugs in the past three months; 2025 PHSKC SSP Survey



Unmet Needs

The survey asked participants about circumstances when they needed health care but did not receive it (Figure 22). Among participants who had used drugs in the past three months, 55% said that there was at least one time in the past 12 months when they thought they should see a health care provider but did not. In addition, 29% of participants who used drugs reported that there was a time in the past 12 months when they tried to get help to reduce their drug use but could not get help. Approximately three-quarters of participants who used drugs reported that they would be interested in seeing a health care provider (76%) and/or a mental health counselor (72%) onsite if one were available at the PHSKC SSP.

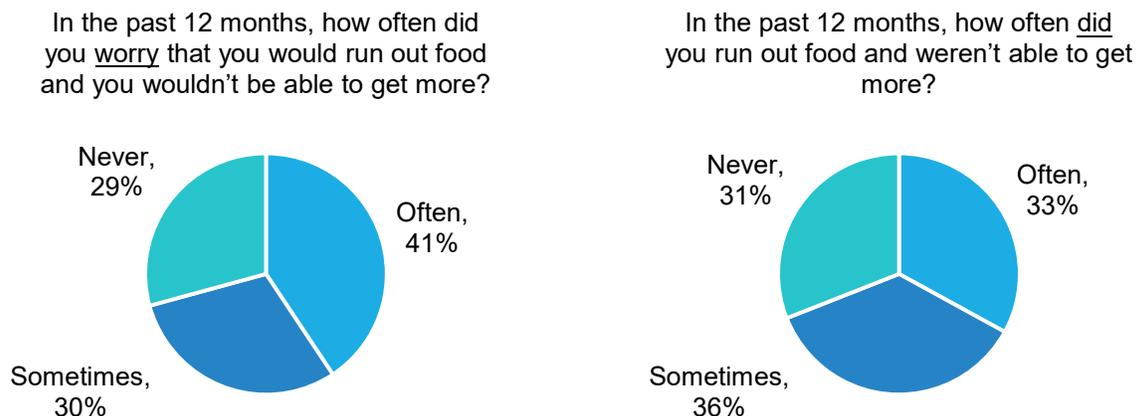
Figure 22. Unmet health needs among participants who used drugs in the past three months; 2025 PHSKC SSP Survey



Food Insecurity

For the first time, the 2025 SSP survey included the two-item Hunger Vital Sign screening tool for food insecurity.⁵ The majority of SSP participants who use drugs reported that they either sometimes (30%) or often (41%) worried about running out of food (Figure 23). Likewise, the majority said that they either sometimes (36%) or often (33%) did run out of food. This compares to the 2024 national estimate of 14% of households experiencing food insecurity.⁶

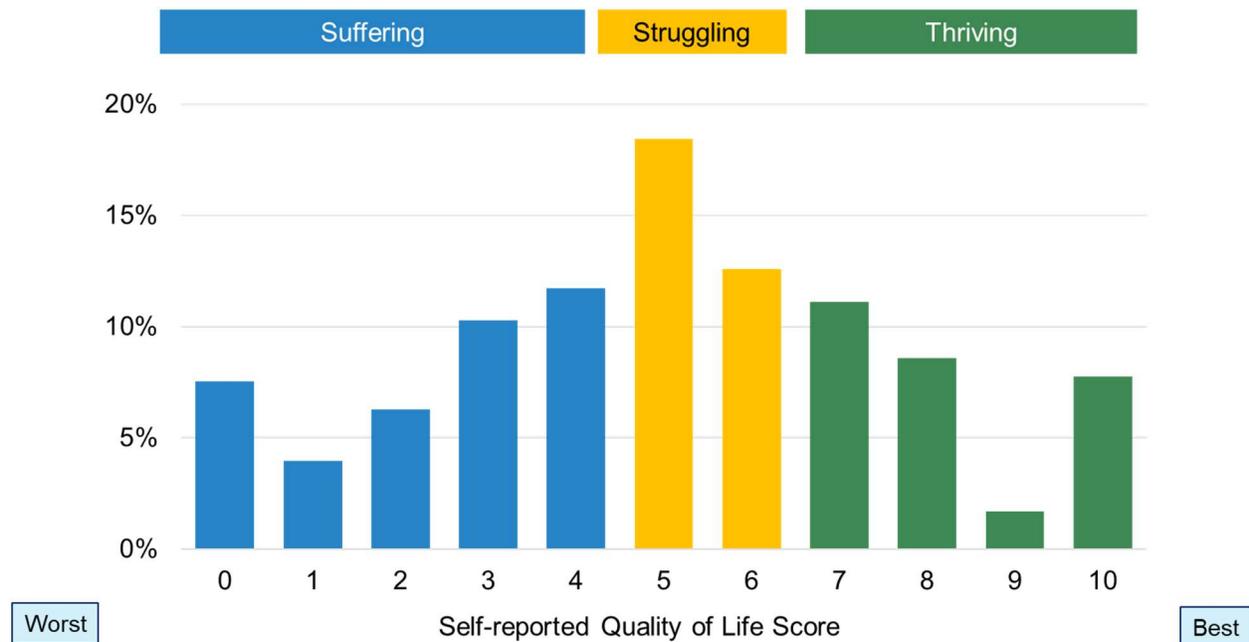
Figure 23. Food insecurity among participants who used drugs in the past three months, 2025 PHSKC SSP Survey



Quality of Life

Also for the first time, the 2025 SSP survey asked a question about a participant's overall quality of life. The question was adapted from the "Cantril Ladder" which asks participants to rate their life on a scale from 0 to 10, where 0 is the worst possible life and 10 is the best possible life. Using the same groupings used by Gallup, we classified participants as "thriving" (7-10), "struggling" (5-6), or "suffering" (0-4).⁷ The average score was 5 among participants who used drugs (Figure 24). Forty percent were classified as "suffering", 31% as "struggling", and 29% as "thriving".

Figure 24. Quality of life measure among participants who used drugs in the past three months, 2025 PHSKC SSP Survey



Comment

The 2025 PHSKC SSP survey highlighted current trends in drug use, health outcomes, and utilization of prevention strategies among people who use drugs and receive harm reduction services. The influx of fentanyl into the local drug market has resulted in record high fatal overdose rates, although rates are now trending downward. Because of its available form and high potency, many people who use fentanyl consume it by smoking, which has led to a large decline in injection drug use locally. We continue to see a concurrent decline in syringe sharing among people who inject drugs who get services at the SSP, which suggests lower risk for HIV and HCV. However, risk of overdose remains high. While the vast majority of participants reported having naloxone, local efforts should continue to expand naloxone access and training to people who use drugs, their acquaintances, and the general public.

These data show that there is a need for more substance use treatment access and options among people who use drugs and receive services at SSPs. The majority of participants were interested in reducing or stopping both their opioid and stimulant use, and over one-quarter of participants reported unsuccessfully being able to access substance use treatment in the past year. Data from SSP clients are not ideal for monitoring substance use treatment utilization, since people engaged in treatment may no longer need harm reduction services. We observed that more SSP clients were engaged in methadone than buprenorphine treatment for opioid use, and that current buprenorphine use was very low. The trend in increased methadone use among SSP clients largely aligns with the county-wide trend during this same period, while the county-wide trend in buprenorphine use showed more uptake than what was observed in this survey.⁸ A small number of participants reported the use of injectable buprenorphine and many participants indicated an interest. There are local efforts to increase access and uptake of this form of the medication. Despite high levels of methamphetamine use and interest in treatment, there remains a paucity of effective treatment options for stimulant use.⁹

Similar to previous surveys, this survey found high rates of homelessness and housing instability among SSP clients. For the first time, the survey included questions about food insecurity and quality of life to help quantify these phenomena. Food insecurity levels were very high and the majority of participant's quality-of-life scores were classified as "suffering" or "struggling." The majority of participants had unmet healthcare needs. These findings support the fundamental importance and profound need for basic resources including affordable and supportive housing, food, and health care. When they are available, services such as housing should be coupled with additional supportive services including (but not limited to) mental health services and substance use treatment options.

Finally, this was the second PHSKC SSP conducted after launching a safer smoking supplies program. The high uptake in pipes aligns with the shifting drug use trend toward more smoking. The availability of smoking supplies also likely explains, in part, the observed increase in crack-cocaine use among participants. It is notable that only 29% of people in this survey reported injection drug use in the past seven days. Historically, one of the primary activities of the SSP was syringe exchange, yet syringe distribution has declined precipitously since 2021.¹⁰ The provision of safer smoking supplies has allowed the SSP to continue to engage with clients who need access to overdose prevention (i.e., naloxone) and referrals to substance use treatment, as well as continue the important work of reducing the spread of bloodborne pathogens like HIV and HCV. This survey continues to demonstrate that SSPs are uniquely situated to provide important, flexible, and compassionate services to people who use drugs.

Questions?

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