

**Findings from the 2023 Public Health – Seattle & King County  
Syringe Services Program Survey  
PHSKC HIV/STI/HCV Program  
March 2024**

**Key Findings**

- The Public Health – Seattle & King County syringe services program (SSP) conducted a survey of 496 clients in December 2023.
- Methamphetamine use was reported by 86% of participants who used drugs, and fentanyl use was reported by 76%. Fentanyl was the most common “main” drug.
- 59% of participants who used drugs reported that they had only smoked drugs in the past seven days, while 35% reported any injection drug use.
- 45% of participants who used drugs reported any type of substance use treatment in the past year; 21% reported current methadone treatment, and 7% reported current buprenorphine treatment.
- 77% of participants were homeless or had unstable housing, and 71% of these participants said they would use less or quit their drug use completely if they had stable housing.

**Background**

In 2023, King County, Washington, experienced its highest number of overdose deaths ever with over 1,300 fatalities (Public Health - Seattle and King County, n.d.). This was over a 30% increase from the number of overdose deaths in 2022, which itself was a record. The relatively recent introduction of fentanyl, a powerful synthetic opioid, into the local drug supply has been the driving factor behind the surge in overdose deaths. The risks attributable to fentanyl have been exacerbated by high levels of homelessness and housing instability, as well as impacts of the COVID-19 pandemic. 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 (namely buprenorphine and methadone), and engaging people who use drugs in harm reduction services.

The Public Health – Seattle & King County (PHSKC) syringe services program (SSP) (or needle exchange) was established 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, treatment for substance use disorders, and naloxone (Glick et al., 2023). Some SSPs also provide safer smoking supplies (e.g., pipes and foil) to reduce the frequency of drug injection and consequently reduce infectious disease transmission and possibly overdose deaths.

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 2021 survey results [here](#).)

## **Aims**

In this report, we present findings from the survey of PHSKC SSP clients that was completed in December 2023. 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 and health and lives of people who use drugs.

## **Survey Methodology and Analysis**

The 2023 PHSKC SSP survey was conducted in mid-December 2023. This survey was an attempted census of SSP clients over a two-week period. 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, pipe distribution, naloxone training), SSP staff asked if they were interested in completing a survey. Clients who were interested were matched with an interviewer, who was either an SSP staff 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 40 questions (including multi-part questions) and the duration was approximately 10 minutes. The survey topics are included in Figure 1. Participants could choose to not answer any question they did not want to. The survey did not collect the participant’s name 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
- Interest in services

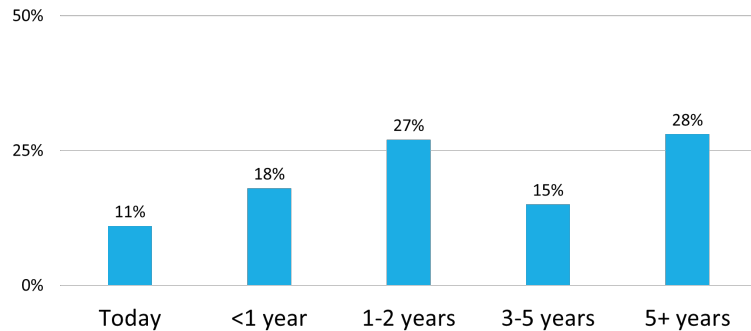
During the survey period, SSP staff approached 548 SSP clients to participate in the survey. Of these, 501 (91%) agreed to participate. After all surveys were completed, PHSKC data analysts reviewed the survey data. The survey asked participants for their birthdate which was used along with other responses to identify potential duplicates (i.e., people who took the survey more than once). There were five survey entries had strong similarities to other entries, thus these surveys were dropped resulting in data from 496 participants for analysis. Some analyses were restricted to the 479 participants who reported using drugs in the past 3 months, while other analyses were restricted to the 170 participants who reported injecting drugs in the past 3 months.

## Survey Results

### SSP Utilization

The majority of SSP survey participants (56%) first used the program within the past two years: 27% within the past one to two years, 18% within the past year, and 11% first used the program on the day of the survey. We anticipated that an incentivized survey would invite new clients to the SSP and compared demographic and other characteristics of new clients to all other clients. The only notable differences were that new clients were more likely to be age <30 and not have naloxone compared to clients who first used the program prior to the survey.

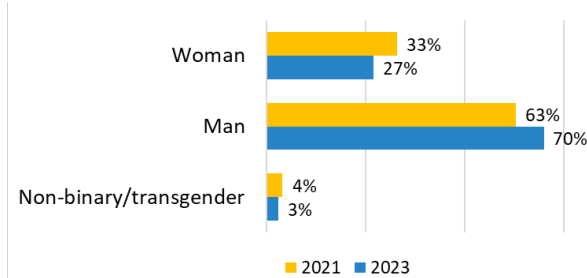
**Figure 2.** Time since a participant’s first visit to the program; 2023 PHSKC SSP Survey



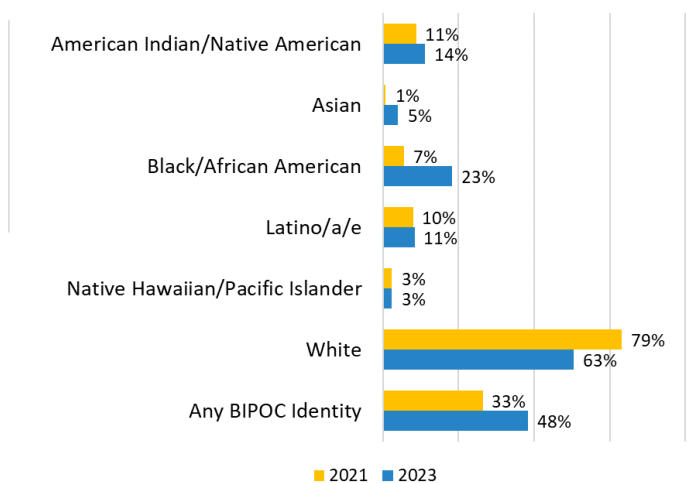
### Demographics

The average age of participants in the 2023 PHSKC SSP survey was 40.8 years. Participants could select one or more gender identities. Approximately one-quarter of participants (27%) were women, 70% were men, and 3% were transgender and/or non-binary. Participants could select more than one racial/ethnic identity. The majority of participants (63%) selected white as one of their identities, and 48% selected at least one identity that was Black, Indigenous, or another person of color. Just under half of participants (44%) reported a Zip code in downtown Seattle. Figures 3-4 compare the demographics of survey participants in the 2021 and 2023 surveys. Compared to 2021, 2023 SSP survey participants had a higher proportion of men and had a higher proportion of BIPOC participants, particularly Black participants.

**Figure 3.** Gender of all survey participants; 2023 PHSKC SSP Survey



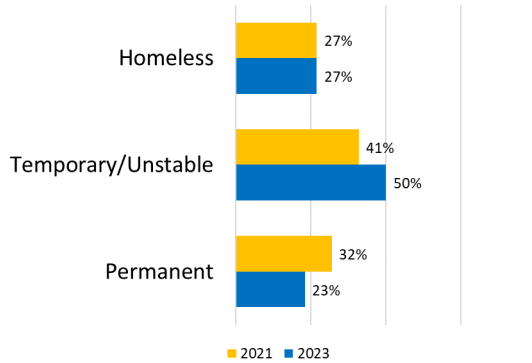
**Figure 4.** Race and ethnicity of all survey participants; 2023 PHSKC SSP Survey



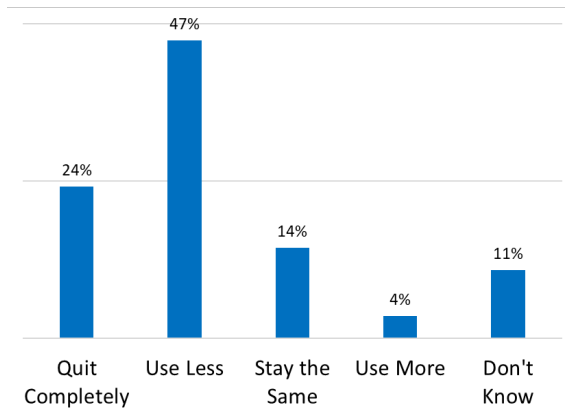
### Housing and Impact on Drug Use

One-half (50%) of 2023 survey participants reported that they currently have temporary or unstable housing, while 27% reported being homeless and 23% had permanent housing. The proportion of participants reporting permanent housing in 2023 was lower than in 2021 (Figure 5). The survey asked participants who did not have permanent housing how their main drug use might change if they had stable housing; 24% reported they would quit completely and 47% would use less (Figure 6).

**Figure 5.** Current housing status of all survey participants; 2023 PHSKC SSP Survey



**Figure 6.** How main drug use would change with stable housing among participants without permanent housing; 2023 PHSKC SSP Survey



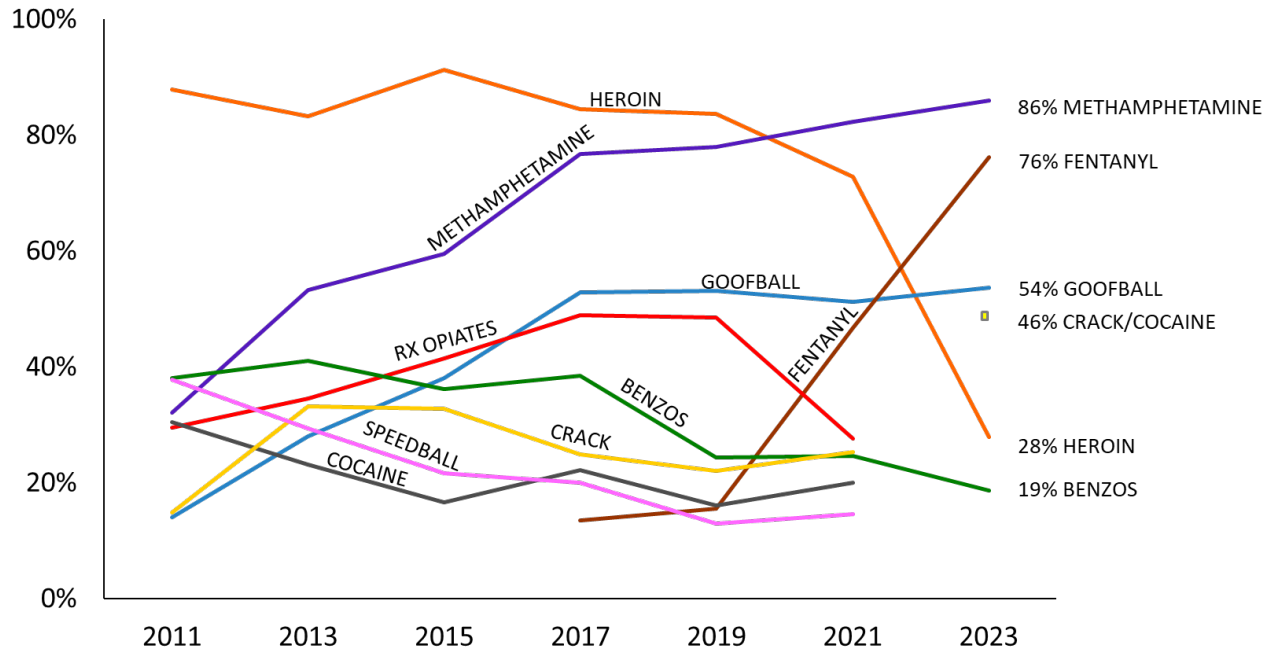
### Trends in Drug Use

The survey asked participants to report all drugs they used in the past three months. In 2023, methamphetamine use was reported by 86% of participants who used drugs, and fentanyl use was reported by 76%. Goofball use (mixing methamphetamine and heroin/fentanyl together) was reported by 54% and crack or cocaine use by 46%. Heroin use was reported by 28% and benzodiazepines by 19%.

Figure 7 shows trends in drug use since 2011. The most marked change in the past few years was the steep increase in fentanyl use and simultaneous decrease in heroin use, which reflects observed changes in the local opioid drug market and findings from investigations of fatal overdoses. Methamphetamine use increased steadily since the early 2010s. Goofball use also increased in the early 2010s, but plateaued when fentanyl was introduced in the late 2010s.

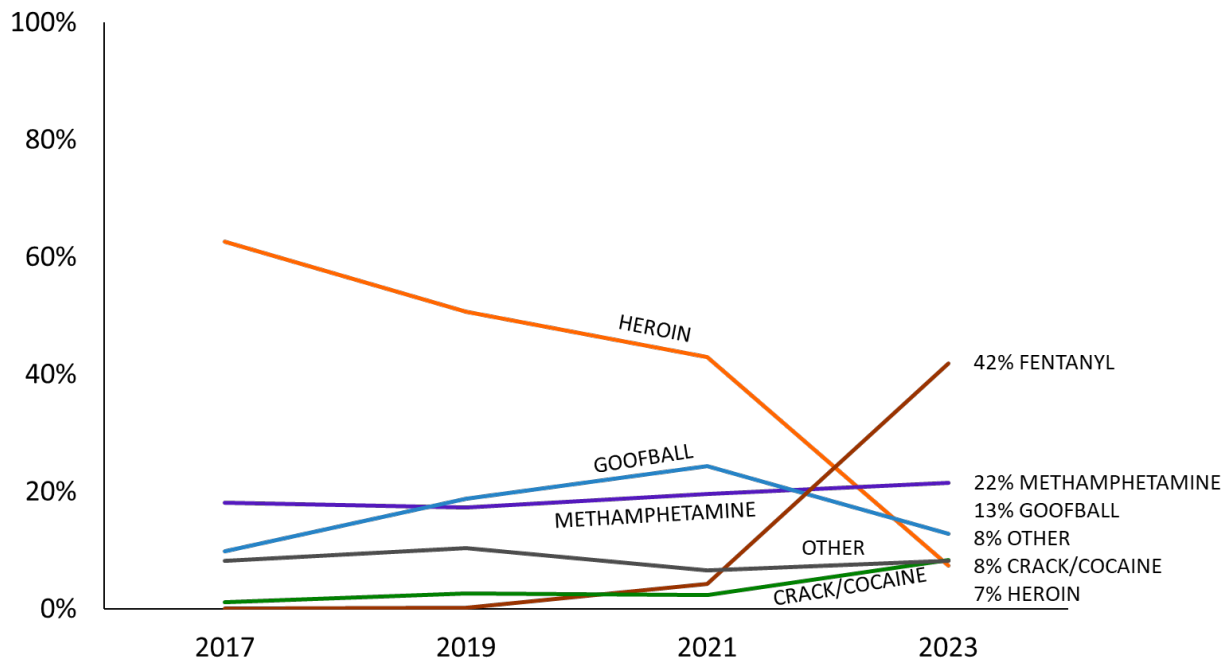
The survey also asked participants to select a single “main” drug. The most common response was fentanyl (42%), followed by methamphetamine (22%), goofball (13%), crack or cocaine (8%), and heroin (7%). Eight percent of participants named another drug. As shown in Figure 8, there was a significant change in reported main drug since 2021 when 4% of participants reported fentanyl and 43% reported heroin.

**Figure 7.** Trends in any drug use among participants who used drugs in the past three months; 2023 PHSKC SSP Survey



Note: Participants could select more than one response. Prior to 2023, use of crack and cocaine were asked about separately. In 2023, use of these drugs was combined into a single question. Use of prescription (Rx) opiates and speedball were not asked about in 2023.

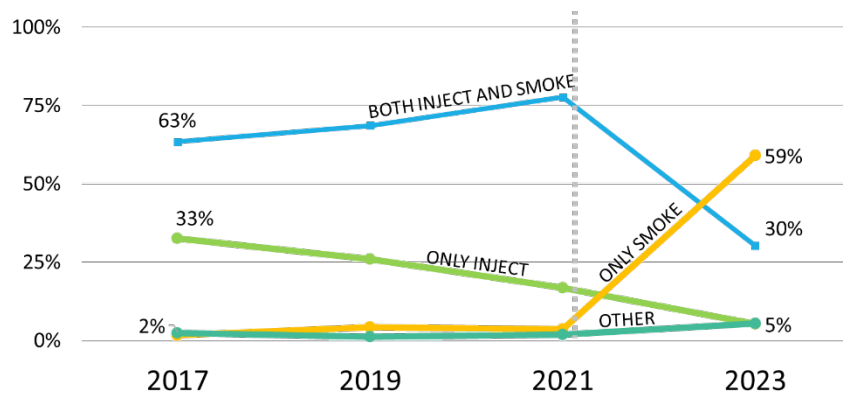
**Figure 8.** Trends in main drug use among participants who used drugs in the past three months; 2023 PHSKC SSP Survey



### Route of Drug Use

The survey asked participants about whether they smoked and/or injected each drug in the past seven days. In 2023, 59% of SSP survey participants who used drugs reported that they had only smoked drugs in the past seven days (Figure 9). Thirty-five percent of participants reported any injection drug use, with most participants (30%) reporting both injecting and smoking drugs in the past seven days. Five percent of participants reported only injecting drugs, and 5% reported using drugs in other ways.

**Figure 9.** Trends in route of drug use among participants who used drugs in the past three months; 2023 PHSKC SSP Survey



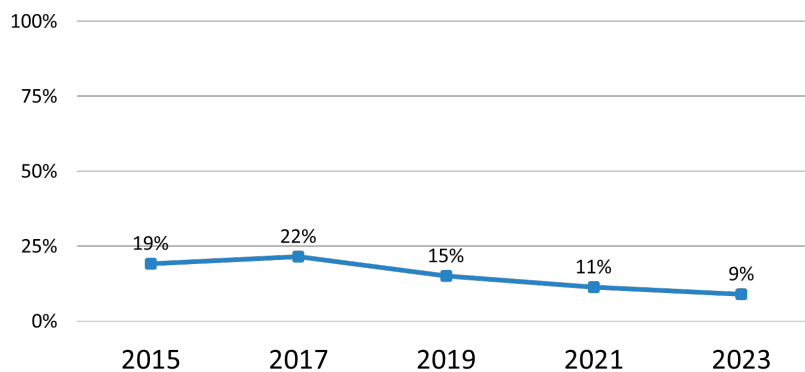
Note: The dotted line represents a change in the survey. In 2023, the survey asked route of drug use in the past 7 days; in 2017-2021, the survey asked about route of drug use in the past 3 months.

It is difficult to make direct comparisons to data from prior years since previous surveys asked about routes of drug use in the past three months (vs. 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 (Tanz et al., 2024).

### 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

**Figure 10.** Trends in syringe sharing among people who injected drugs in the past seven days; 2023 PHSKC SSP Survey



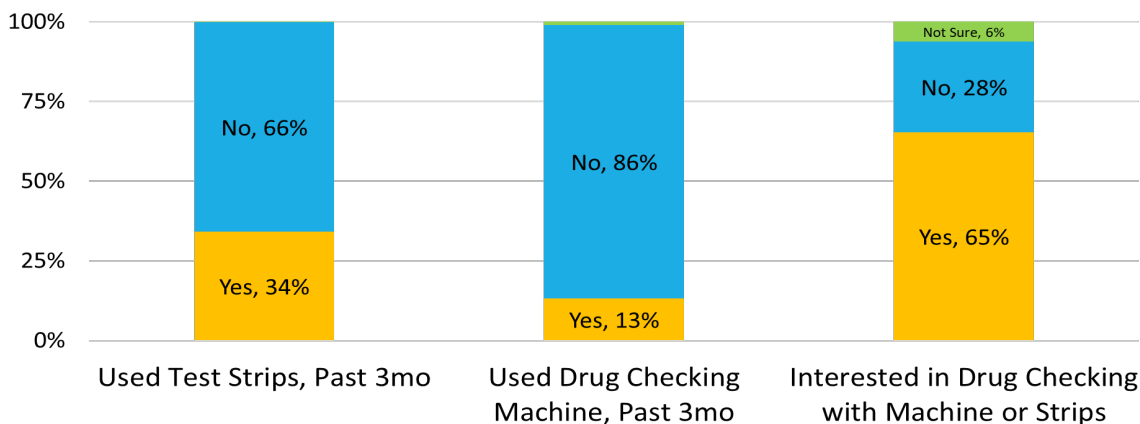
of participants who reported any injection drug use in the past week, nine percent reported syringe sharing with at least one person in the past three months (Figure 10). Since 2015, there has been a gradual decline in syringe sharing among people who inject drugs in the PHSKC SSP surveys.

### 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 2023 SSP survey, 13% of participants had used a local drug checking machine program, and 34% had used test strips in the past three months (Figure 11). When asked about interest in either of these drug checking options, 65% of participants reported that they were interested in using one.

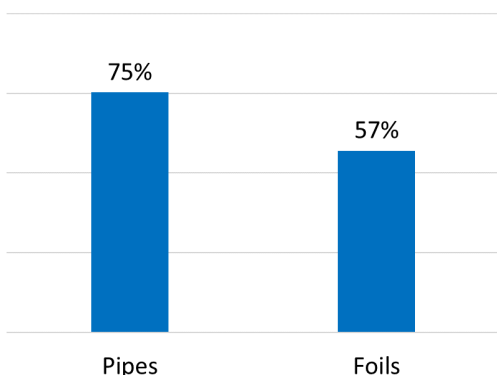
**Figure 11.** Use of drug checking programs among people who used drugs in the past three months; 2023 PHSKC SSP Survey



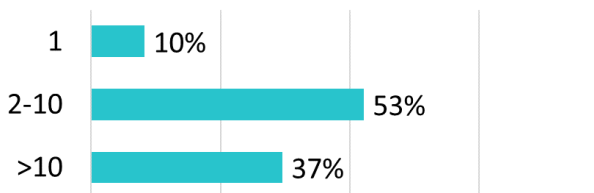
### Use of Safe Smoking Supplies

In late 2022, the PHSKC SSP began a pilot program to distribute safer smoking supplies, including pipes and foils, to clients at the Robert Clewis Center location in Belltown. This subsequently expanded to the fixed site location on Capitol Hill. The long-term goals of the pipe distribution program are to reduce drug injection and associated risks (e.g., overdose, HIV/HCV transmission, skin and soft tissue infections), and to provide linkages to other services (e.g., naloxone, substance use disorder treatment) to further reduce harms related to drug use. The 2023 SSP survey asked participants who reported smoking drugs in the past seven days if they had received any safer smoking supplies from the SSP in the past year; 75% said they had received pipes and 57% had received foils (Figure 12). Among participants who received pipes, 10% had received one, 53% had received 2-10, and 37% had received more than 10 (Figure 13).

**Figure 12.** Percent of participants who accessed safer smoking supplies in the last year among people who smoked drugs in the past seven days; 2023 PHSKC SSP Survey



**Figure 13.** Number of pipes received from the PHSKC SSP in the past year among participants who smoked drugs and received a pipe; 2023 PHSKC SSP Survey



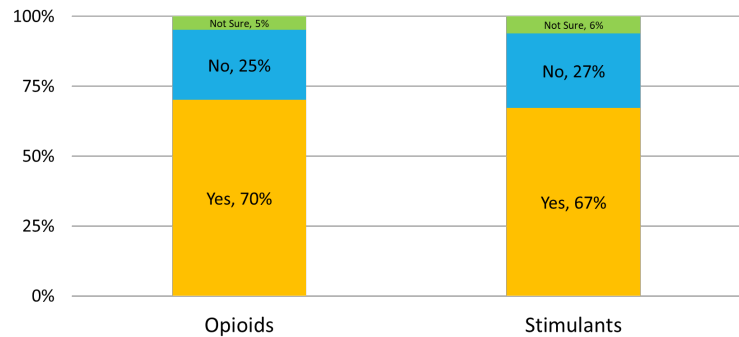
### Interest in Reducing or Stopping Drug Use

The 2023 SSP survey asked participants if they were interested in stopping or reducing their drug use (Figure 14). Among participants who reported any opioid use in the past three months, 70% reported that they were interested. Among participants who reported any stimulant use in the past three months, 67% reported that they were interested.

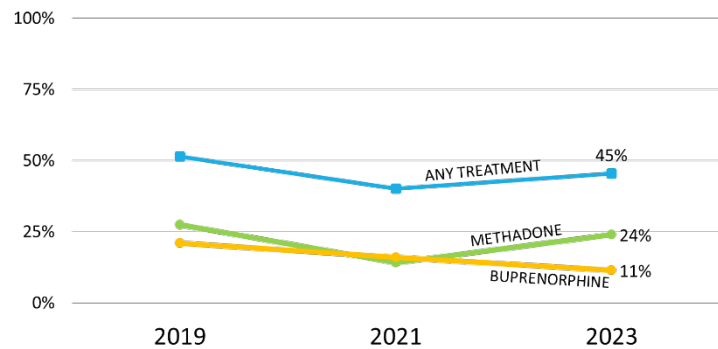
### Substance Use Treatment

Treatment for substance use and substance use disorders can include a range of options. The most effective, evidence-based treatments are medications for opioid use disorder, including methadone, buprenorphine, and naltrexone. Other treatment options for substance use include inpatient treatment, outpatient treatment, detox, and 12-step or other recovery support groups. In addition, there are several medications used to treat methamphetamine use, including mirtazapine and naltrexone/bupropion. In 2023, 45% of all participants who reported any drug use reported accessing any type of treatment in the past year (Figure 15). Approximately one-quarter (24%) reported methadone treatment, and 11% reported buprenorphine treatment. Comparing the 2021 and 2023 survey data, there was some evidence of increased reporting of methadone treatment and decreased reporting of buprenorphine treatment. At the time of the survey, 21% of participants reported current methadone treatment, 7% reported current buprenorphine treatment, and 1% reported current naltrexone treatment (Figure 16). (Note: a methadone treatment van was located near the entrance of the SSP throughout the survey period, so the methadone estimates should be interpreted with extreme caution.)

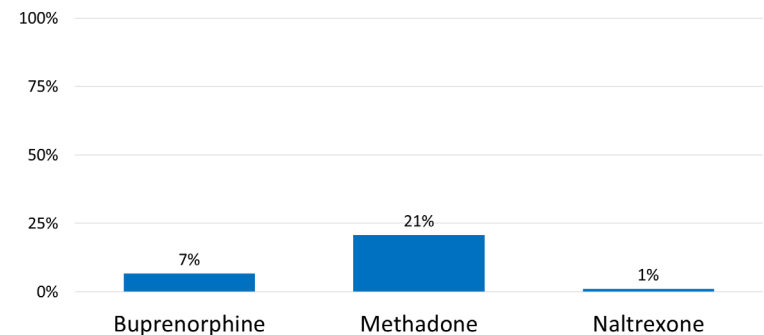
**Figure 14.** Interest in reducing or stopping drug use among participants who used opioids or stimulants; 2023 PHSKC SSP Survey



**Figure 15.** Substance use treatment in the past year among participants who used drugs in the past three months; 2023 PHSKC SSP Survey



**Figure 16.** Current use of medications for opioid use disorder among participants who used opioids in the past three months; 2023 PHSKC SSP Survey





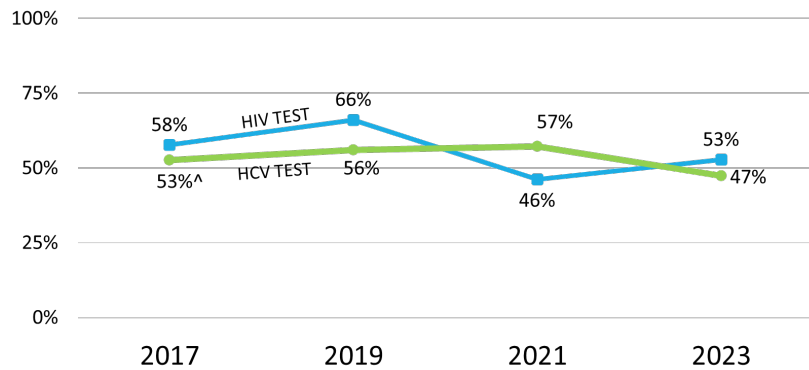
### HIV and Hepatitis C Virus (HCV) Testing and Prevalence

Among all 2023 SSP survey participants who used drugs, 4% reported that they were living with HIV, and 32% had ever been told they have HCV.

The CDC [recommends](#) that people who inject drugs receive annual HIV testing and routine HCV testing. Regular testing for HIV and HCV 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.

As shown in Figure 17, in 2023, 53% of participants who used drugs tested for HIV in the past year and 47% tested for HCV. 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 17.** HIV and HCV testing in the past year among participants who used drugs in the past three months; 2023 PHSKC SSP Survey

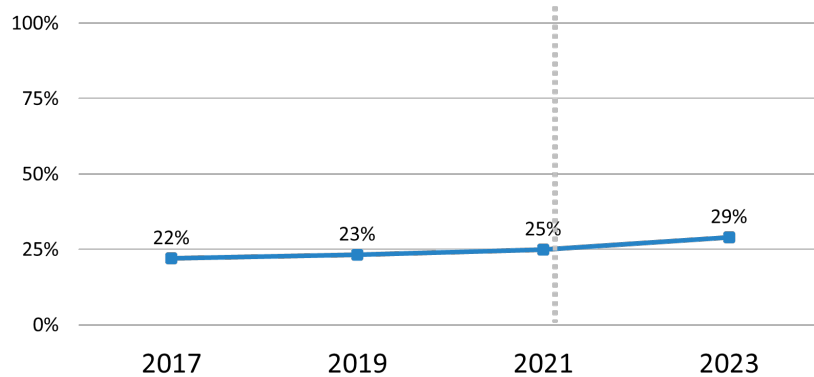


Note: HIV testing estimates exclude people living with HIV; HCV testing estimates exclude people ever told they had HCV. <sup>^</sup>The 2017 survey did not ask about HCV status; HCV testing estimate includes all participants.

### Opioid Overdose and Prevention

In 2023, 29% of SSP survey participants who used opioids reporting experiencing at least one opioid overdose in the past three months (Figure 18). In prior surveys, participants were asked about opioid overdoses in the past year, and between 22-25% of participants reported experiencing this in the 2017-2021 surveys. The higher proportion of participants reporting an opioid overdose in 2023 over a shorter period of time than in previous years (three months vs. 12 months)

**Figure 18.** Report of experiencing an opioid overdose in the past 3-12 months\* among participants who used opioid in the past three months; 2023 PHSKC SSP Survey

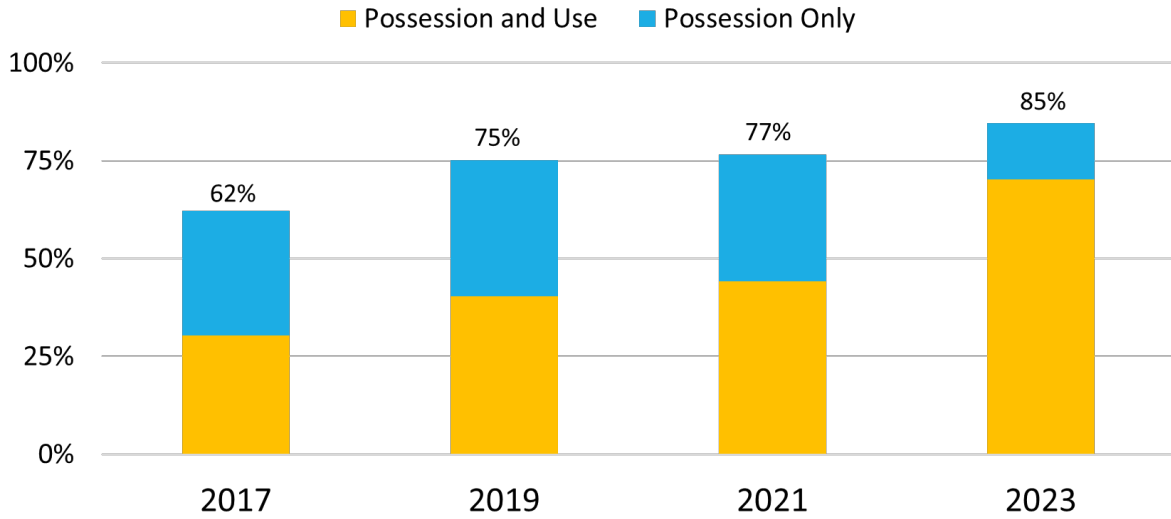


Note: The dotted line represents a change in the survey. In 2023, the survey asked opioid overdose in the past 3 months; in 2017-2021, the survey asked about opioid overdose in the past 12 months.

aligns with the steep increases in fatal overdoses in King County during the same time frame.

The PHSKC SSP provides naloxone, a medication used to reverse the effects of an opioid overdose. In 2023, 85% of survey participants who used drugs reporting possessing naloxone in the past three months, which is higher than any previous year (Figure 19). The majority of participants (70%) also reported using naloxone on another person in the past three months.

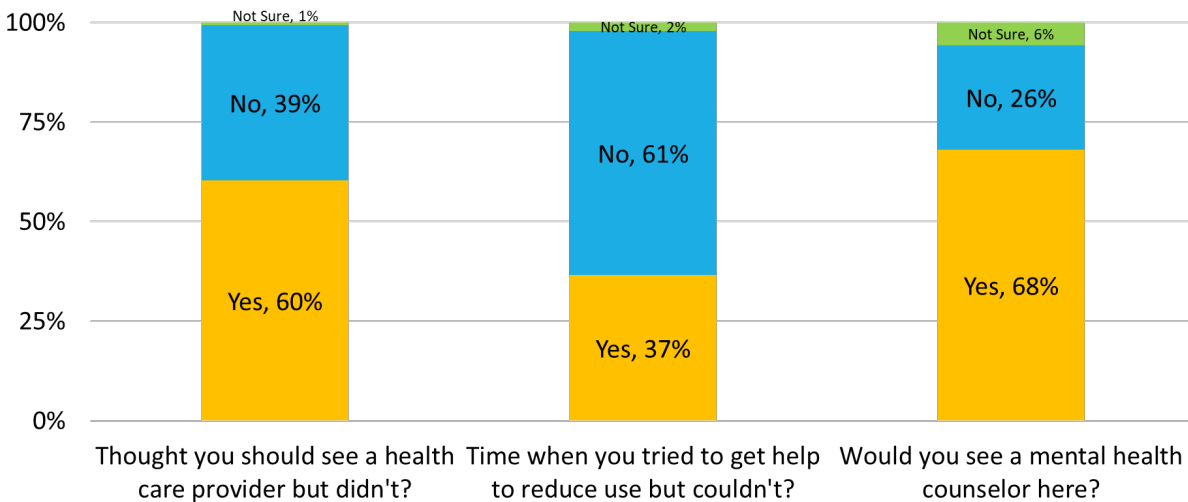
**Figure 19.** Naloxone possession and use in the past three months among participants who used drugs in the past three months; 2023 PHSKC SSP Survey



*Unmet Needs*

The survey asked participants about circumstances when they needed health care but did not receive it (Figure 20). Among participants who had used drugs in the past three months, 60% 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, 37% 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. Over two-thirds (68%) of participants who used drugs reported that they would be interested in seeing a mental health counselor onsite if one were available at the PHSKC SSP.

**Figure 20.** Unmet health needs among participants who used drugs in the past three months; 2023 PHSKC SSP Survey



## Comment

The PHSKC SSP survey highlighted and quantified the substantial changes in drug use that have occurred in King County, Washington, over the past few years. The relatively recent influx of fentanyl into the local drug market has resulted in record high fatal overdose rates. Because of its available form and high potency, many people who use fentanyl consume it by inhalation/smoking, which has led to a large decline in injection drug use locally. We observed 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 very high due to the high prevalence of fentanyl use. Both naloxone possession and use were reported by the vast majority of survey participants, suggesting that very high rates of naloxone saturation are needed to reduce population-level fatal overdose rates. Local efforts should continue to expand naloxone access and training to people who use drugs, their family and 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 people in the survey were interested in reducing or stopping both their opioid and stimulant use, and one-third 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. However, some people receiving treatment do continue to use drugs. In these data we observed that more SSP clients were engaged in methadone than buprenorphine treatment for opioid use, and that buprenorphine use in this sample appears to be declining over time. This aligns with emerging evidence that buprenorphine may not be effective for some people who use fentanyl (Varshneya et al., 2022). Methadone may be a more effective medication, but there are barriers to accessing the medication. Much more work is needed to identify the most effective and accessible treatment options for people who use fentanyl. Moreover, there remains a paucity of effective treatment options for stimulant use, which are urgently needed (Ronsley et al., 2020).

Similar to previous surveys, this survey found high rates of homelessness and housing instability among SSP clients. In an open-ended question at the end of the survey, participants were asked what their single most important need was, and the most common response, overwhelmingly, was “housing.” We also asked participants directly how their drug use would change if they had stable housing and the majority said they would quit or use less. These findings support the fundamental importance and profound need for affordable and supportive housing. Such housing should be coupled with supportive services including (but not limited to) mental health services and substance use treatment options.

Finally, this was the first PHSKC SSP conducted after launching a safer smoking supplies program. The high uptake in pipes and foils aligns with the shifting drug use trend toward more smoking. It is notable that only 35% 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. The provision of safer smoking supplies has allowed the SSP to continue to engage with clients who need access to overdose prevention (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. SSPs are uniquely situated to provide important, flexible, and compassionate services to people who use drugs, who often refrain from seeking more traditional health care services due to

stigma experienced in health care settings, the need for appointments, the long wait times for many walk-in sources of care (e.g., emergency departments), and cost. The success of this survey highlighted the trust that people who use drugs have in an SSP and their willingness to share information to benefit the program and their community. In return, it is critical to continue to support and improve SSP services.

**Questions? Contact:**

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