

Washington State Syringe Exchange Health Survey: 2017 Results

ADAI

ALCOHOL &
DRUG ABUSE
INSTITUTE

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Key Findings

- Methamphetamine use among people who inject drugs appears to be increasing. Eighty-two percent (82%) reported using methamphetamine in the last three months compared to 69% in 2015.
- About half of people who used methamphetamine as their main drug were interested in reducing or stopping their stimulant use (47%).
- Most people who used heroin as their main drug were interested in reducing or stopping their opioid use (78%).
- The proportion of people who used opioids who had a naloxone kit more than doubled from 24% in 2015 to 59% in 2017 among those outside of King County. The increase was from 47% to 66% in King County.
- Syringe exchange participants have a wide and complex range of health concerns beyond substance use and face multiple hurdles and stigma when accessing health care.

Background

Currently in Washington State there are at least 25 syringe exchange programs (SEPs) operating in 18 counties through local health departments, community-based organizations, or tribal entities. While syringe exchange is fully legal in WA State, some of these programs operate discreetly due to local political or cultural sensitivities. Syringe exchange programs vary widely in terms of operating hours, budget and staffing capacity, the number of syringes exchanged annually, and auxiliary services provided.¹ Operating at fixed sites and/or through mobile outreach, SEPs:

- Exchange new syringes for used ones to prevent the spread of infectious disease (e.g., HIV, hepatitis C) through syringe sharing.
- Distribute clean injection equipment (e.g., cookers, cottons², alcohol wipes) to prevent bacterial and viral infections from non-sterile injection practices.
- Provide overdose prevention education and naloxone, the opioid overdose antidote.
- Offer other health services such as HIV and hepatitis C testing, wound care, and health insurance enrollment.
- Provide referrals and linkage to drug treatment.

¹ *Overview of Syringe Exchange Operations in Washington State, 2015.* <http://adai.uw.edu/pubs>.

² These are materials typically needed to prepare drugs for injection, any of which can transmit HIV or hepatitis C when shared or cause bacterial infections when re-used or shared. Using new syringes and equipment for each injection can help avoid these infections.

A conservative estimate of the number of people who inject illicit drugs (PWID) in Washington State is 33,318.³ While the prevalence of HIV has generally remained low among PWID in WA State (approximately 2%-4%),⁴ the most recent National HIV Behavioral Surveillance study estimated the prevalence of hepatitis C within this population to be 66% in King County.⁵ Deaths from methamphetamine have also been steadily increasing since 2010; there were 364 methamphetamine-related deaths in 2016, a substantial increase from 2010 when there were 120. Forty-three percent (43%) of these deaths also involved an opioid in 2016.⁶

In 2015, the University of Washington's Alcohol & Drug Abuse Institute (ADAI) collaborated with 18 WA State SEPs to conduct the first ever statewide survey of syringe exchange participants to profile health behaviors and health care needs and preferences of PWID in WA State.⁷ The survey was updated and conducted again in the summer of 2017 among these same SEPs, minus one SEP that opted out and one SEP joining. Collectively, these participating SEPs account for approximately 80% of syringes exchanged annually in the state.

Methods

ADAI developed the survey in consultation with staff from several SEPs and from the Public Health-Seattle & King County (PHSKC) HIV/STD Program. PHSKC used a modified version of the survey at their syringe exchange sites to accommodate data needs particular to King County. Therefore, some data presented in this report do not include responses from King County. No direct, personal identifiers were collected, and the Washington State Institutional Review Board determined that the project was not human subjects research.

SEP staff and volunteers administered the voluntary, face-to-face questionnaire to individuals as they came in for syringe exchange services. Survey questions explored:

- Client demographics.
- Drug use and injection practices.
- Utilization of syringe exchange and other health care services.
- Prevalence of opioid overdose, overdose risks, and naloxone.
- Prevalence of stimulant overdose.
- Primary health concerns and health care access barriers.
- Interest in reducing or stopping drug use.
- Interest in specific services to help reduce or stop drug use.

PHSKC collected data electronically at its sites, while the other SEPs collected data using a paper survey that were then entered into a database by ADAI staff.

³ This estimate is based upon injection patterns and syringe usage reported by clients in the 2017 survey, which indicated an average of 567 syringes used per year per person and an estimate of 18,908,685 syringes distributed in WA State. The estimate is a substantial underestimate because 1) more syringes were distributed at SEPs than estimated here, and 2) many PWID also get some or all of their syringes at pharmacies or other SEPs not tallied here. Using a different method Public Health-Seattle & King County estimated 25,000 people who inject drugs in King County in 2017.

⁴ *WA State HIV Surveillance Semiannual Report, 2016*. WA State Department of Health.

⁵ *HIV/AIDS Epidemiology Report 2016, Volume 85*. HIV/AIDS Epidemiology Unit, Public Health – Seattle & King County and the Infectious Disease Assessment Unit, WA State Department of Health.

⁶ <http://adai.washington.edu/WAdata/methamphetamine.htm>.

⁷ *Results from the 2015 WA State Drug Injector Health Survey*. University of WA Alcohol & Drug Abuse Institute.

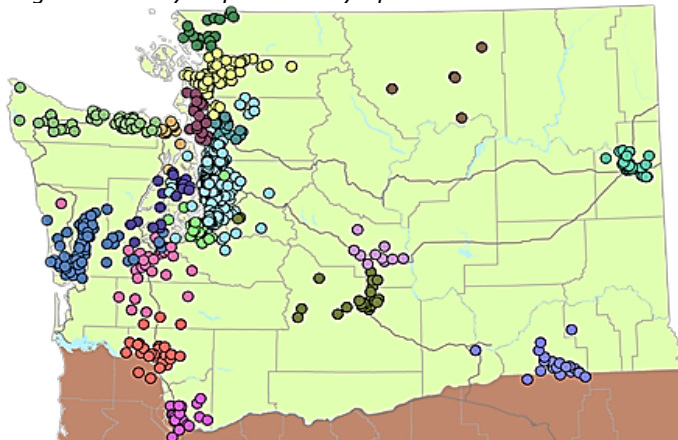
Results

Eighteen SEPs in 18 counties agreed to participate and together collected 1,079 valid surveys (Table 1). Figure 1 shows the zip codes where participants lived (or had slept the previous night), color coded by the SEP at which they were surveyed. A more detailed map can be seen in Appendix 1.

Table 1. Number of surveys by county n=1,079

Clallam	64	Okanogan	5
Clark	40	Pierce	65
Cowlitz	25	Skagit	67
Grays Harbor	77	Snohomish	71
Island	22	Spokane	48
Jefferson	17	Thurston	41
King	427	Walla Walla	22
Kitsap	20	Whatcom	26
Kittitas	10	Yakima	32

Figure 1. Survey respondents by zip code and SEP location



Demographics

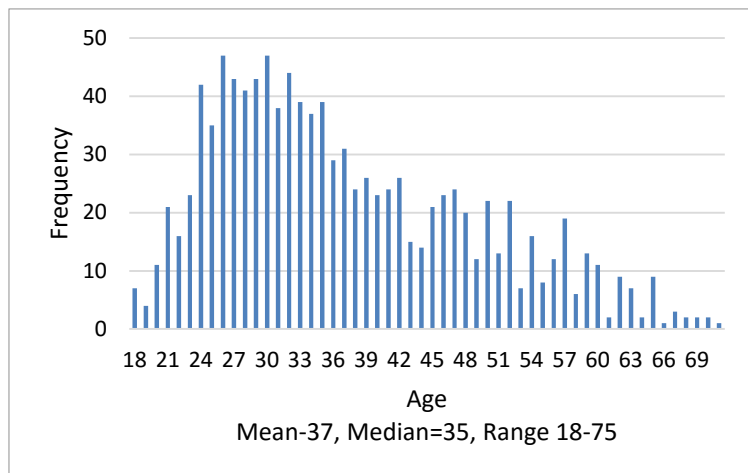
Among the 1,079 respondents, 59% were male and 41% were female, with less than 1% identifying as transgender or “other” (Table 2). Most respondents identified as white (83%) while 9% identified as American Indian/Alaska Native. Respondents ranged in age from 18 to 75 with about one-third (31%) under the age of 30 (Figure 2).

Table 2. Demographic characteristics of respondents n=1,079

Gender			Race (multiple responses allowed)		
Male	638	59%	White	899	83%
Female	436	41%	American Indian/Alaska Native	96	9%
Transgender	1	<1%	Latino/Hispanic	56	5%
Other	2	<1%	Black	42	4%
Age			Asian/South Asian	27	3%
18-21	43	4%	Native Hawaiian/Pacific Islander	19	2%
22-25	116	11%	Other	27	3%
26-29	174	16%	Housing Status		
30-39	354	33%	Homeless	419	39%
40-49	202	19%	Temporary/Unstable	326	30%
50-59	138	13%	Permanent	334	31%
60+	51	5%	In jail or prison, last 12 months	395	39%
no King County data			Legal monthly income	Mean = \$466	

The majority of respondents did not have secure housing. Only about a third (31%) reported they had permanent housing, while 39% overall (and up to 50% in some counties) described themselves as homeless (Table 2). Over a third of respondents (39%) reported they had been in jail or prison in the last 12 months; interruptions in opioid tolerance caused by incarceration are a known risk factor for overdose. Mean monthly income among non-King County respondents was \$466, with over half (56%) reporting they had no legal income at all.

Figure 2. Age distribution of respondents n=1,079



Drug Use

Heroin and methamphetamine were by far the drugs most commonly used by respondents (Table 3). Eighty percent (80%) reported using heroin by itself (i.e., not in combination with other drugs) in the last three months; nearly all had injected it (98%) and almost half (45%) had smoked it. Slightly more (82%) reported using methamphetamine by itself, primarily by injection (81%) or smoking (67%). Almost one-half (46%) reported they had used methamphetamine and heroin mixed together (i.e., “goofball”) at least once in the same time period, though only 6% reported this is as their main drug.

Table 3. Drug use⁸ in the last 3 months, routes of administration⁹ and “main” drug n=1,079

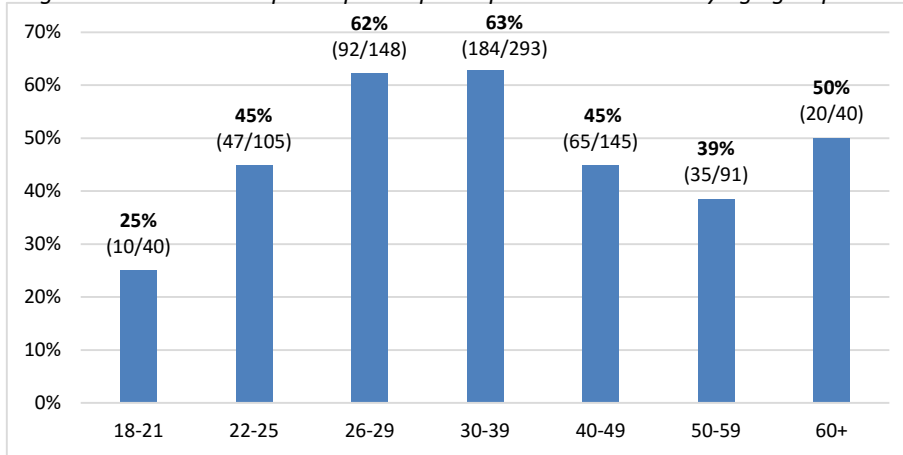
	Used in last 3 months	Injected	Smoked	Identified as “main drug”
Heroin by itself	860 80%	98%	45%	62%
Methamphetamine by itself	885 82%	81%	67%	27%
Heroin and methamphetamine mixed together/ “goofball”	495 46%	98%	20%	6%
Opiate medications like OxyContin	385 36%	21%	8%	2%
Benzos/downers like Valium, Xanax, Klonopin, Soma	337 31%	6%	n/a	<1%
Powder cocaine by itself	177 17%	n/a	18%	<1%
Crack cocaine by itself	153 14%	23%	88%	<1%
Cocaine and heroin mixed together/ “speedball”	128 12%	98%	10%	<1%
Fentanyl	123 11%	78%	24%	0%

Among people who used heroin the last three months, 53% reported that they had been “hooked on” prescription-type opioids before starting heroin, a slight decline from 57% in 2015. This trajectory of opioid use was most common among those ages 26-39 (Figure 3).

⁸ The survey did not ask about use of alcohol, marijuana or other substances or frequency of drug use in the last three months.

⁹ While these patterns may not reflect trends among the broader population of people who use drugs, how people choose to ingest a drug is often influenced by social networks, availability of specific drug using equipment, and the form and quality of the drug itself. Smoking and injecting carry different health risks and harms which has implications for health promotion interventions and messages.

Figure 3. “Hooked on” prescription opioids prior to heroin use by age group n=862



Ranking well below the use of methamphetamine or heroin in the last three months was any use of prescription-type opioids (36%) and any use of benzodiazepines or sedatives (31%). Statewide, the use of powder cocaine or crack cocaine was less common but with notable variance across counties (Table 4). Compared to 2015 survey results, prevalence of use remained relatively unchanged for all drugs except for methamphetamine use which appeared to increase from 69% in 2015 to 82% in 2017.

Eleven percent (11%, n=123) reported they had used fentanyl in the last three months, either intentionally using a known fentanyl product (e.g., fentanyl transdermal patch) or a substance they were told was fentanyl or by unintentionally ingesting suspected fentanyl sold as or mixed in with another drug. About half of these individuals described what the suspected fentanyl looked like, categorized as the following:

- mixed into or looked like black tar heroin, 51%
- fentanyl patch (applied on the skin, injected, chewed or smoked), 36%
- white powder, 7%
- other, 7%

Table 4. Powder and crack cocaine use, last 3 months

County	Powder cocaine	Crack cocaine
Jefferson	29%	12%
Kitsap	25%	20%
Clark	23%	10%
King	22%	24%
Skagit	21%	10%
Statewide	16%	14%
Yakima	6%	3%
Spokane	6%	2%
Island	5%	0%
Cowlitz	4%	4%
Clallam	3%	6%

While known or suspected fentanyl use appears to be minimal within this particular population, continued surveillance is warranted given fentanyl’s high overdose potential.

Over three-quarters (78%) of respondents reported using more than one drug in the last three months (marijuana and alcohol use were not documented). Most respondents identified either heroin (62%) or methamphetamine (27%) as their “main drug,” even though similar proportions of respondents had *used* either or both drugs in the last three months (Table 3). Overall, people whose main drug was heroin were also more likely to use other drugs than people whose main drug was methamphetamine, 89% and 48% respectively (Table 5). In particular, over three-quarters (78%) of people whose main drug was heroin reported they had used methamphetamine by itself in the last three months and over half (52%) had used it in combination with heroin. Comments made by several respondents whose main drug was heroin offer a glimpse into the context of their methamphetamine use:

“Using heroin...meth just comes along with it these days.”

"I rarely buy meth to use it exclusively. It just comes with the heroin sometimes."

"I used meth to come off heroin."

"Quitting heroin would probably take care of my meth use too...get me out of the social network."

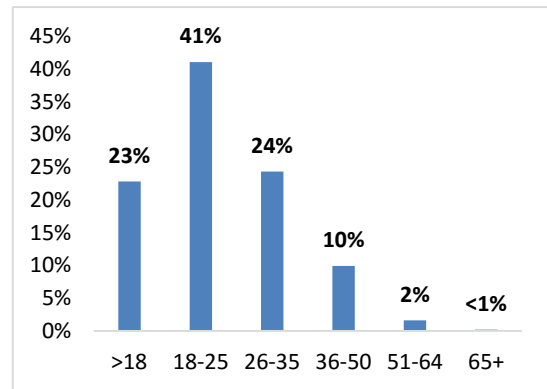
Table 5. Other drugs used by heroin or meth as main drug

	Main HEROIN n=664	Main METH n=291
Used another drug in last 3 months	89%	48%
Other drugs used		
Heroin by itself	100%	36%
Methamphetamine by itself	78%	100%
Heroin mixed with meth (goofball)	52%	24%
Powder cocaine by itself	16%	12%
Crack cocaine by itself	16%	8%
Cocaine mixed with heroin (speedball)	13%	5%
Prescription opioids	37%	20%
Benzodiazepines/downers	34%	16%
Fentanyl	13%	4%

Drug Injection and Related Health Issues

The average age at first injection was 24 (range 10-72), with 64% of respondents having injected before the age of 26 (Figure 4). Seventy percent (70%) of respondents reported they had injected every day in the last seven days, and respondents overall injected an average of three to four times a day.¹⁰ At this rate, a person who injects daily would need, on average, 21-28 syringes per week to avoid re-using or sharing a syringe. While the majority of respondents (65%) reported single-use of syringes generally, the remaining one-third (35%) reported they typically use a syringe two or more times before discarding it.

Figure 4. Age at first injection n=1,079



Less than half (40%) reported sharing any drug injection equipment in the last three months and even fewer (19%) reported sharing a syringe in the same time period. Among these individuals, most shared with only one other person (70% of syringe sharers and 53% of equipment sharers).

Most respondents had been tested at least once for HIV (91%) and for hepatitis C (91%), and about half had done so within the past year (Figure 5). Among those who reported testing for HIV and/or hepatitis C (HCV) over a year ago, it remains unclear how long ago those last tests were, how many are overdue for repeat testing or how many stopped testing because they received a confirmed positive result. Outside of King County, those who had ever been tested for hepatitis C (n=569) reported receiving their last hepatitis C test in the following places:

- Clinic or own health care provider, 45%
- Hospital or emergency room, 18%

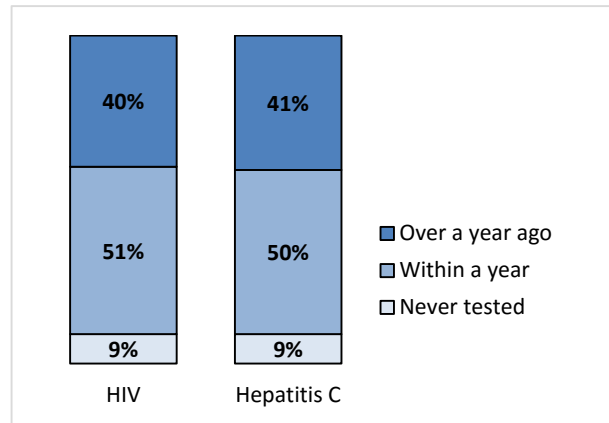
¹⁰ Frequency of injection is influenced by type of drug, length of the drug's affect, tolerance, and social networks among other factors.

- Syringe exchange program, 14%
- Jail or prison, 11%
- Drug treatment, 6%
- Other, 6%

Respondents also reported other health issues they had experienced as a consequence of injecting drugs. In the past 12 months:

- 41% had an abscess.
- 26% had a soft tissue infection (e.g., MRSA, cellulitis).
- 3% had endocarditis (i.e. a serious infection of the inner lining of the heart).

Figure 5. Time period of last HIV/HCV test n=1,075



Syringe Exchange Utilization and Secondary Exchange

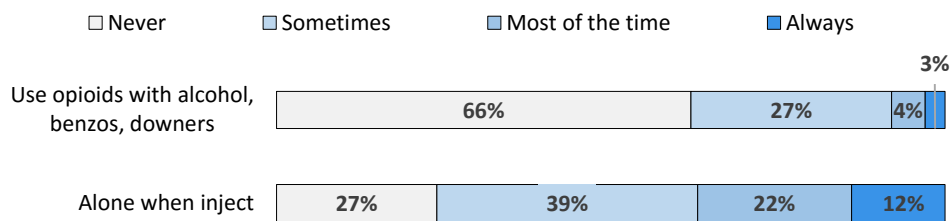
Well over half (63%) of respondents reported that they were also exchanging syringes on behalf of someone else (i.e., secondary exchanging), for an average of two additional people. Secondary exchange can extend harm reduction materials and information to individuals who may not use syringe exchange services directly. Respondents used a syringe exchange on average two times in the last 30 days (range = 1-21 times) (data only available for outside of King County).

Overdose

Among people who had used any opioids (PWUO) in the last 3 months (n=899), 19% had overdosed from opioids at least once in the last year and two-thirds (64%) had witnessed an opioid overdose. In addition:

- 34% reported that they sometimes, most times, or always used alcohol, benzodiazepines or downers around the same time they use opioids, a risk factor for overdose (Figure 6).
- 34% reported they are always or most times alone when they inject, which increases the likelihood an overdose will be fatal.

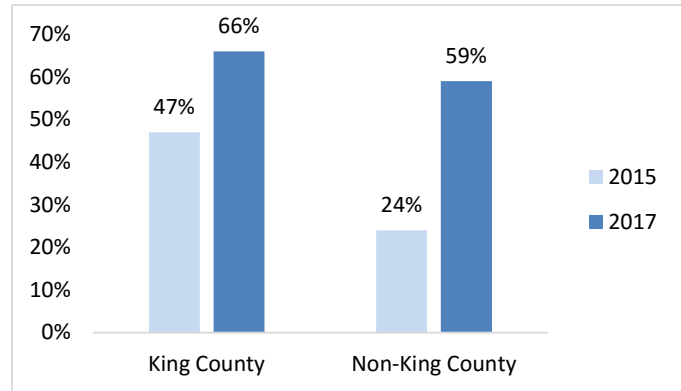
Figure 6. Overdose risks among people who use opioids n=899



While the prevalence of these overdose risk behaviors remained relatively unchanged from the 2015 survey, naloxone ownership among PWUO increased substantially outside of King County (24% in 2015 to 59% in 2017) and more modestly in King County (47% in 2015 to 66% in 2017) where naloxone distribution had started several years ahead of most other counties (Figure 7). Of those who had a naloxone kit, the vast majority (83%) had

obtained it from a syringe exchange program, with another 12% getting their naloxone kit from a friend, family member or drug-use partner.¹¹

Figure 7. Increase in naloxone ownership among people who use opioids



In the context of an upward trend in drug overdose fatalities involving methamphetamine in WA State,¹² respondents were also asked about their experience with stimulant-related overdose, prefaced with the following definition: “The next questions are about ‘overdose’ or ‘overamping’ on meth or cocaine which usually looks like a heart attack, stroke, seizure, intense overheating or really extreme sudden psychosis.” Of those who reported any use of methamphetamine or cocaine in the last three months (n=953), 17% said they had experienced overamping or overdosing on stimulants in the last 12 months, with twice as many (36%) reporting they had seen someone else experience a stimulant-related overdose.

Other Health Care Issues

Respondents reported a significant number and variety of primary health concerns which were recorded in their own words and then grouped into three broad categories (data do not include King County):

1. **No health concerns.** 21% reported they had no current concerns about their health.
2. **Drug use concerns.** Another 21% reported a main health concern related to drug use, either drug use/addiction in general (15%) or a specific complication from injecting drugs (6%) such as abscesses, vein damage, or soft tissue infections. Less than one percent said overdose was their primary health concern.
3. **Other health issues.** The remaining 58% reported a main health concern not necessarily related to drug use. Table 6 shows the most common health concerns reported in this category.

While mental health was a *primary* health concern for only a minority of respondents (8%), over half (61%) of non-King County respondents reported that they were “very” or “somewhat” concerned about “depression, anxiety or another mental health issue.”

Table 6. “Single biggest health concern” n=649*

No concerns	136	21%
Drug use concerns	137	21%
Drug use in general/addiction	97	15%
Complications from injecting	38	6%
Overdosing	2	<1%
Other health issues	384	58%
Miscellaneous	75	12%
Mental health	49	8%
Respiratory issue	41	6%
Dental	36	6%
Hepatitis C	31	5%
Cardiac/circulatory	31	5%
Pain	30	5%
Nutrition/weight	23	4%
Cancer/tumors	18	3%
Sexual/reproductive health	13	2%
Other chronic condition	12	2%
Health system issue	12	2%
Aging	6	1%
Homelessness	5	1%
HIV	2	<1%

*no King County data

¹¹ For more information about the implementation of naloxone distribution through syringe exchanges in WA State, view the report at http://adai.uw.edu/pubs/pdf/2017WAPDO_Yr1.pdf.

¹² <http://adai.washington.edu/WAdata/methamphetamine.htm>

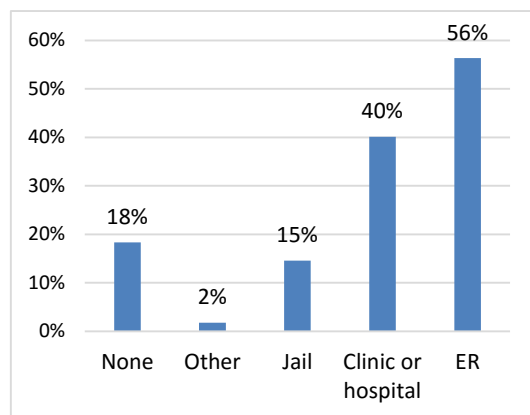
Seven percent (7%, n=28) of female respondents under age 50 had been pregnant in the last 12 months. Six percent (6%) of non-King County respondents had a sexually transmitted disease in the last 12 months.

Health Care Utilization

Most respondents (89%) had health insurance, primarily Medicaid (89% of those with insurance coverage), with the remaining covered by Medicare, private health plans, Veteran's Affairs, tribal health and/or other sources.

In the last 12 months, just over half (56%) of respondents reported receiving medical care in an emergency room or urgent care (Figure 8). Respondents also received medical care in a clinic or hospital (40%), in jail or prison (15%) or in another type of facility (2%). Eighteen percent (18%) of respondents said they did not get or need medical care in the last 12 months.

Figure 8. Medical care received in last 12 months n=1,079



Even with high rates of insurance coverage and access to multiple health care venues, over half of non-King County respondents (59%) reported that “there was a time in the last 12 months when they felt they should have gone for medical care but they did not.” Table 7 lists the most common reasons for not seeking care which included distrust of medical providers (33%), concern about being judged for using drugs (26%), or simply drug use itself (22%). Many others (20%) cited practical obstacles such as homelessness or the inability to leave work or find childcare. Only 12% cited lack of insurance or money as a barrier to getting health care.

Table 7. Reasons for not getting needed medical care n=383*

Don't trust/like doctors	127	33%
Don't want to be lectured/judged about drug use	100	26%
Drug use gets in the way	86	22%
Other bigger issues (e.g. homeless, job, childcare)	76	20%
Other	50	13%
No money or health insurance	45	12%
No transportation	27	7%
Don't know where to go	22	6%
Symptoms went away or weren't bad enough	14	4%
Too long to get seen	13	3%
Fear of results	10	3%

*no King County data

Drug Treatment

There were 171 respondents (16%) currently in drug treatment and they were primarily enrolled in methadone (53%), buprenorphine (26%) and/or outpatient programs (23%). Among those not currently in treatment, one-third (33%) reported they had used at least one treatment/recovery program in the last 12 months, including the following (multiple responses allowed):

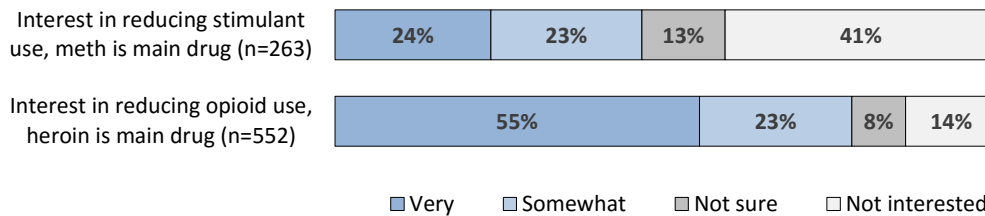
- 12-step support groups, 11%
- Detox, 11%
- Inpatient treatment, 9%

- Buprenorphine, 9%
- Methadone, 8%
- Outpatient treatment, 7%
- Other, 1%
- Naltrexone, <1%

Interest in Reducing or Stopping Drug Use

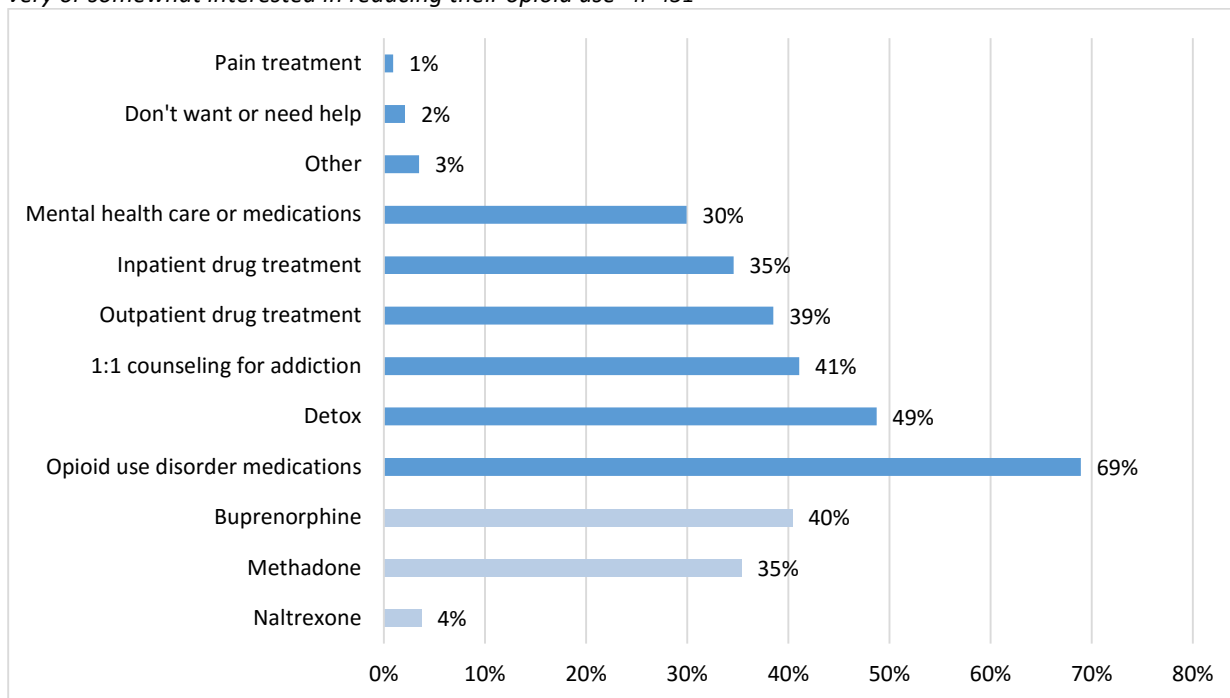
Although most people whose main drug was heroin were not currently in substance use treatment, the majority of those not in treatment said they were either “very” (55%) or “somewhat” (23%) interested in reducing or stopping their opioid use (Figure 9).

Figure 9. Interest in reducing/stopping use of main drug, among those not in treatment



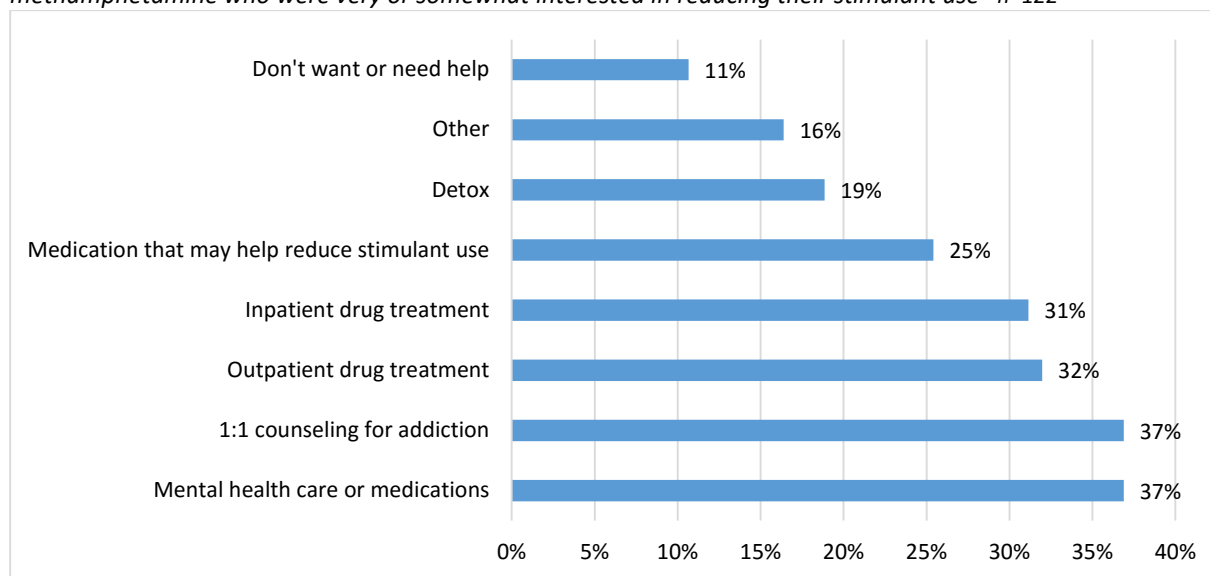
People whose main drug was heroin who were interested in reducing or stopping their opioid use expressed interest in a number of supports to help them do so (Figure 10), ranging from opioid use disorder treatment medications (69%), detox (49%), addiction counseling (41%), outpatient treatment (39%), inpatient treatment (35%), and mental health care/medications (30%). Forty percent (40%) specifically mentioned buprenorphine and 35% mentioned methadone.

Figure 10. “What types of help would you want if they were easy to get?” among people whose main drug was heroin who were very or somewhat interested in reducing their opioid use n=431



Among those whose main drug was methamphetamine and who were not currently in treatment (n=263), a smaller although still sizeable proportion (47%) were “very” or “somewhat” interested in reducing their stimulant use (Figure 9). Similar to those whose main drug was heroin, respondents who were very or somewhat interested in reducing or stopping their stimulant use were also interested in a range of services, primarily mental health care or medications (37%), addiction counseling (37%), outpatient drug treatment (32%), and inpatient drug treatment (31%) among other supports (Figure 11). Although there are no medications approved to treat stimulant use disorder as there are for opioid use disorder, a quarter (25%) of these respondents said they would be interested in medication to reduce their stimulant use.

Figure 11. “What types of help would you want if they were easy to get?” among people whose main drug was methamphetamine who were very or somewhat interested in reducing their stimulant use n=122



For many respondents, being “not sure” or “not interested” in reducing their drug use did not necessarily mean they were satisfied with their drug use. On the contrary, when asked to further explain their response, participants often expressed discouragement, fear, hopelessness or resignation that life’s hardships would undermine long-term success in recovery:

“...afraid I will fail again.”

“I’ll just f#@# up again.”*

“I’ve given up trying.”

“I did it before and it didn’t work.”

“I’m terrified of the depression that will come back.”

“If my partner can’t get into treatment the same time I do...what’s the point?”

In fact, about half of PWUO from outside King County who said they were “not interested” in reducing or stopping their opioid use said they still were interested in some type of help to reduce their opioid use, including opioid use disorder treatment medications (21%), mental health care or medications (8%), detox (8%), and outpatient drug treatment (7%) among other supports. This dissonance may reflect the degree of ambivalence many people feel about their drug use and suggests that there may be benefit to discussing treatment options with individuals even if they initially indicate they do not want to reduce or stop their drug use.

Discussion

Across all SEPs, respondents shared a significant level of socioeconomic disadvantage and instability, with high rates of homelessness and incarceration, illustrating the complexity of needs many clients bring into syringe exchange programs. Lack of housing emerged as an underlying theme in several questions, cited by many respondents as either their primary health concern, a driving force behind their drug use, or an obstacle to getting needed medical care or sustaining recovery.

“Being homeless, meth[amphetamine] means I can walk around all night and not need to sleep.”

“I’m most concerned about all of the health problems I have caused by being homeless.”

“What am I going to do with all of my stuff while I’m in the hospital?”

“I’m not sure I could [quit drugs]. I’m homeless and any place I go people are using.”

Sharing of syringes and other injection equipment was relatively low and testing rates for both HIV and hepatitis C were high. Respondents also appeared receptive to getting hepatitis C tests in a variety of venues. In this new era of shorter and highly effective treatment for hepatitis C, rigorous efforts to screen and link individuals to these treatments could also have preventative impact as well by reducing the prevalence of HCV in the community and reducing the risk of future infections.

Nearly two-thirds (64%) of people who used opioids had witnessed an overdose in the last year, indicating that naloxone distribution through SEPs directly reaches a population highly likely to witness and quickly intervene in an overdose. Increases in methamphetamine-related deaths that also involve an opioid and the significant percentage of syringe exchange participants reporting both heroin and methamphetamine use are concerning. Naloxone distribution programs may want to consider broadening overdose prevention outreach to include individuals who use methamphetamine and/or have connections within these drug use networks. In addition, as this survey targeted people who primarily inject drugs, it remains unclear just how many individuals in these communities primarily smoke heroin and thus do not utilize syringe exchange services and have access to naloxone. Given that almost half of respondents who injected heroin reported they had also smoked heroin, there may be opportunities to extend the reach of naloxone to those who primarily smoke opioids via those who primarily inject. To do so, it will be important to learn how and to what extent these social networks intersect.

Results showed that survey respondents, on the whole, have health care coverage, have multiple and diverse medical care needs and know where and how to get that needed care. Even so, 59% reported that there was a time they should have gone for health care but did not, largely due to perceptions of how poorly they would be treated or judged by healthcare providers. As a result, many may delay care until problems become more acute and costly to treat or avoid getting needed care altogether. More respondents reported getting medical care at an emergency room or urgent care in the last 12 months than from any other type of health care setting.

Overall, respondents showed high levels of interest in stopping or decreasing their opioid and/or stimulant use, and the 2017 survey included several new questions to explore this interest. Over three-quarters (78%) of people whose main drug was heroin were interested in stopping or reducing their opioid use and with substantial interest in using opioid use disorder treatment medications, counseling, and social supports to do so. These findings are important as Washington State scales up access to treatment medications along with new models of care that emphasize faster initiation of these medications and longer retention in treatment over immediate and complete abstinence as an expectation of treatment. Medical practices, in particular, will need to address the perception of stigma as they increase their own capacity to provide opioid use disorder medications. Newly implemented buprenorphine treatment programs aimed at engaging high needs individuals (e.g., high rates of homelessness, poly substance use and concurrent high-acuity medical and mental health conditions) report difficulty finding treatment providers who will accept these complex patients for ongoing maintenance. Primary

care buprenorphine maintenance prescribers urgently need clinical and technical support to retain patients in treatment, support their long-term recovery, and have a significant impact on opioid overdose and public health.

Underappreciated until recently is the scale of methamphetamine use and associated mortality. For the first time a question was asked about “overamping” as an analog to overdose on opioids; this terminology is newer and still in development. Seventeen percent (17%) of people who used methamphetamine reported overamping in the prior year and 36% witnessed such an event. Overamping is important to understand as the number of fatal methamphetamine-involved overdoses has increased dramatically over the past five years across Washington State with 364 deaths in 2016, more than double the number and rate in 2011.¹³ Nearly half (47%) of people whose main drug was methamphetamine reported they were very or somewhat interested in reducing or stopping their stimulant use and with the help of a variety of services and support. Over a third (37%) indicated they were specifically interested in mental health care and/or medications to help reduce methamphetamine use. There is evidence that opioid use disorder treatment medications may be associated with decreased methamphetamine use as well as decreased opioid use.¹⁴ Primary care, mental health, and drug treatment providers should, therefore, engage people who use methamphetamine in conversations about their drug use and available supportive services. Although specific and effective models of treatment for stimulant use disorder, including the use of medications, are still being researched, existing substance use treatment services can be beneficial.¹⁵ The findings of this survey will help guide forthcoming work to better understand how to connect and retain people who use methamphetamine in life-saving care.

Syringe exchanges have established trusting relationships with people who inject drugs and increasingly with diverse community stakeholders as well. SEPs are the experts on working with PWID and, via an array of federal and state funded projects, are increasingly providing valuable resources, including overdose education and naloxone to other services providers, first responders, and the broader community. SEPs are also becoming part of opioid treatment networks by directly providing treatment education, referrals and, in one instance, onsite treatment medications. Staff at SEPs are uniquely poised to provide onsite linkage for HIV, hepatitis C and substance use treatment; help clients navigate social service entry points; and facilitate the use of primary health care over more costly emergency department care. Public health and safety can be substantially improved by the services SEPs provide and by community agencies collaborating with SEPs and recognizing their vital role in community health.

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<http://adai.uw.edu/pubs/pdf/2017syringeexchangehealthsurvey.pdf>

¹³ <http://adai.washington.edu/WAdata/methamphetamine.htm>.

¹⁴ *The Effect of Buprenorphine on Methamphetamine Cravings.* Salehi M, Emadossadat A, Kheirabadi GR, et al. *Journal of Clinical Psychopharmacology.* 35(6):724–727, Dec 2015.

¹⁵ <https://www.drugabuse.gov/publications/research-reports/methamphetamine/what-treatments-are-effective-methamphetamine-abusers>.

Appendix 1. Survey respondents by zip code and SEP location

