

# Perspectives on prescribed safer supply

among people who inject drugs in Baltimore, MD, USA

German D<sup>1</sup>, Guta A<sup>2</sup>, Denney M<sup>1</sup>, Evans J<sup>1</sup>, McMahon M<sup>1</sup>, Ashburn K<sup>1</sup>, Reiss K<sup>1</sup>, Kosinski Z<sup>3</sup>, Genberg B<sup>1</sup>

<sup>1</sup>Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland, USA; <sup>2</sup> School of Social Work, University of Windsor, Windsor, ON, Canada; <sup>3</sup> Independent

## Background

There are increasing calls for the U.S. to consider prescribed safer supply programs (e.g., replacing street fentanyl with pharmaceutical grade opioids) as an evidence-based strategy to address the unrelenting overdose crisis and reduce a range of harms linked to toxicity in the unregulated drug market

It is critical to incorporate perspectives of people who use drugs in the U.S., who have lived experience of U.S. drug markets, drug policies, and health care and treatment systems, within considerations for translating prescribed safer supply programs to the U.S. context.

## Objective

To explore interest in, perspectives on, and implementation considerations for prescribed safer supply programs among people who inject drugs in a U.S. city highly affected by drug supply toxicity.

## Methods

**Design:** Rapid mixed methods assessment

**Sampling:** Respondent driven and criterion sampling

**Data collection:** May – June 2024

- Interviewer-administered surveys (n=300)
- In-depth interviews to explain quantitative (n=25)

**Analysis:** Descriptive quantitative analysis, thematic qualitative analysis, and mixed methods joint display

“

That would actually be really cool. Um— Well, there wouldn’t be xylazine in it, that’s for sure. [laughs]. Um, I don’t know. We both know it would change the drug market. I mean, completely. I don’t know what to say on that. It’s wishful thinking, really. I’d love for something like that to be available.3719\_W39W

Using estimated population-level data, we found overwhelming interest in prescribed safer supply and specific implementation preferences among people who inject drugs in the city with the highest overdose mortality rate in the U.S.

## Three main reasons:

- Safety from overdose and other health hazards of unpredictable street drugs**  
“I’d rather do that than go buy from somebody on the corner that put something that he don’t even know what the hell it is, you know? I’ll probably do that. I’d be for it. I would.” 3720\_M52B
- Reduced crime and violence in street drug markets**  
“I would be so much healthier. I would be so much less, uh, taking risk of getting hurt or killed or robbed or, you know, the chance of overdose because it would be monitored... It’d probably be a lot less overdoses because everyone wouldn’t go to the street corner in the city in a rampage. They wouldn’t wanna get shot or robbed when they could just go to their-their CVS to get some good old heroin.” 3757\_M32W
- Life stability due to managed use & regular services**  
“If I can get prescribed opiates and cocaine for instance, right? And that took away my need to go out and seek it on the street and the dangers that are involved with that, I feel like that’s a start in getting someone, getting things in order, if you will. Take away some of the, um, the variables and the dangers of it. I really think it would be, um, I think it might be the only way, really, to actually really make a difference to fixing the drug problem.” 3222\_M32NW

## Results

87% interested in participating in prescribed safer supply program if available and legal in Maryland.

### Correlates of interest in prescribed safer supply:

| VARIABLES                                                                        | OR (95% CI)        |
|----------------------------------------------------------------------------------|--------------------|
| Age 40+                                                                          | 2.73 (1.02, 7.30)  |
| Unhoused in past year                                                            | 2.02 (0.98, 4.15)  |
| Implementation                                                                   |                    |
| I can use where I am comfortable (e.g., home) and not have to come into a clinic | 3.80 (1.83, 7.87)  |
| I can use when I want throughout the day                                         | 4.95 (2.37, 10.32) |
| I can determine my dose                                                          | 3.51 (1.71, 7.22)  |
| I can change my dose                                                             | 4.36 (2.09, 9.11)  |
| I can use how I want (e.g., orally, inject, snort, smoke)                        | 3.63 (1.76, 7.47)  |
| I can get healthcare with my safer supply                                        | 4.01 (1.94, 8.32)  |
| If my partner can also be on it                                                  | 3.67 (1.65, 8.13)  |
| Willing to discuss safer supply with doctor                                      | 4.17 (1.33, 13.01) |
| Have safe place to keep safer supply drugs                                       | 2.05 (0.77, 5.43)  |
| Comfortable getting safer supply from pharmacy                                   | 6.16 (2.61, 14.55) |

### Implementation Considerations (Participant Agreement %):

|                                      |     |
|--------------------------------------|-----|
| Comfortable getting from.....        | 89% |
| Have somewhere safe to keep .....    | 89% |
| Willing to discuss drug use .....    | 93% |
| If my partner can also be on it..... | 52% |
| I can get healthcare with.....       | 68% |
| I can use how I want.....            | 73% |
| I can change my dose .....           | 67% |
| I can determine my dose .....        | 71% |
| I can use when I want .....          | 78% |
| I can use where I am... ..           | 76% |

## Conclusion

This study provides critical insight into the potential of prescribed safer supply programs to address the U.S. opioid crisis, highlighting the possibility of substantial reductions in overdose risk, violence, and associated health system burdens. We recommend further research and pilot projects within the U.S. to evaluate feasibility, cost-effectiveness, and community impacts of prescribed safer supply, which could significantly enhance U.S. overdose prevention and treatment strategies.