

Summary of Safer Supply Workgroup Community Webinar

On April 7, 2025 after the last SURSAC meeting, the Health Care Authority and Health Management Associates hosted a webinar on the Safer Supply Workgroup's findings and recommendations. The presentation focused on the ongoing issue of drug overdose deaths, the potential implementation of a safer supply program in Washington, and the work of a 12-member workgroup that met 11 times to discuss the program last year. HMA provided a presentation that included Dr. Addie Palayew, Workgroup member and expert on safer supply programs. Dr. Palayew addressed recent criticism of safer supply policies, emphasizing that small-scale pilot projects should not be judged based on their impact at a state level. After the presentation there was time for discussion.

Discussion covered the potential for a clinical trial in a rural community and the level of support for the workgroup's recommendations from the broader community.

Questions/ Comments from the audience

1. Beneficial for people who use drugs
 - a. Attendees with lived experience were vocal about their support of safer supply. *"You just don't know what's in it, and I see it every day where you know, a bad batch comes through. And we have really sick people, and unfortunately, our systems cannot handle the pressure of what that puts on them"* said one attendee who is a peer navigator.
2. Comparing two models of implementation and identifying the ideal location for a clinical trial
 - a. One attendee asked about the potential for a clinical trial in a rural community, while expressing concerns about the need for external support and the feasibility of the trial. HMA provided context on the two models of the program, one being a formal treatment setting and the other a community-based harm reduction-oriented safer supply program.
 - b. Dr. Palayew suggested that a clinical trial could be conducted within an opioid treatment program (OTP) framework, with the first phase involving supplementing patients with Dilaudid and hydromorphone during the initial weeks of Methadone treatment. A trial would likely take place in an OTP setting, with the possibility of expanding to a more community-based model in the future.
 - c. One concern about OTPs was raised about the impact of missed appointments on clients' dosing, to which HMA responded that in a safer supply model, doses wouldn't be lowered automatically but would be discussed with the patient. This is reflective of a harm reduction and patient-centered approach.
3. Anticipating community pushback
 - a. One attendee inquired about the level of support for the workgroup's recommendations from the broader community. HMA responded that the workgroup's recommendations were shared in a report with the legislature and that they plan to hold three webinars to discuss the findings and recommendations. HMA also mentioned that they hope to reach a wider audience and encourage community support with the webinars.

Link to the Zoom recording:

https://healthmanagement.zoom.us/rec/share/P4CE_Xo0W44n5JSrRz9sKjUIWVBp5TdYP1uEilXaMZ9lA6K07TKKL7TvZLTKGb2W.X3WpGWbxZWhxwLOX?startTime=1744049415000