

FEDERAL FUNDING FOR SYRINGE SERVICES PROGRAMS

What Advocates Should Know

What are Syringe Services Programs (SSPs)?

SSPs, also referred to as syringe exchange programs (SEPs), syringe access programs (SAPs), needle exchange programs (NEPs), and needle-syringe programs (NSPs) are community-based programs that provide access to sterile needles and syringes free of cost and facilitate safe disposal of used needles and syringes. As described in the Center for Disease Control and Prevention (CDC) and U.S. Department of Health and Human Services (HHS) guidance, SSPs are an effective component of a comprehensive, integrated approach to HIV prevention among people who inject drugs. These programs have also been associated with reduced risk for infection with hepatitis C virus (HCV).

Federal funding has historically been barred from supporting SSPs. However, in December 2015, the Consolidated Appropriations Act of 2016 removed parts of that funding restriction. Following this, HHS released their Guidance to Support Certain Components of Syringe Services Programs in March 2016. The guidance outlines the application process through which state or local health departments, directly funded by HHS, might repurpose some of their pre-existing funding to either create or expand SSPs in the event of an ongoing or potential outbreak of HIV/HCV related to injection drug use. Since then, several federal agencies released additional guidance, highlights of which are presented below.

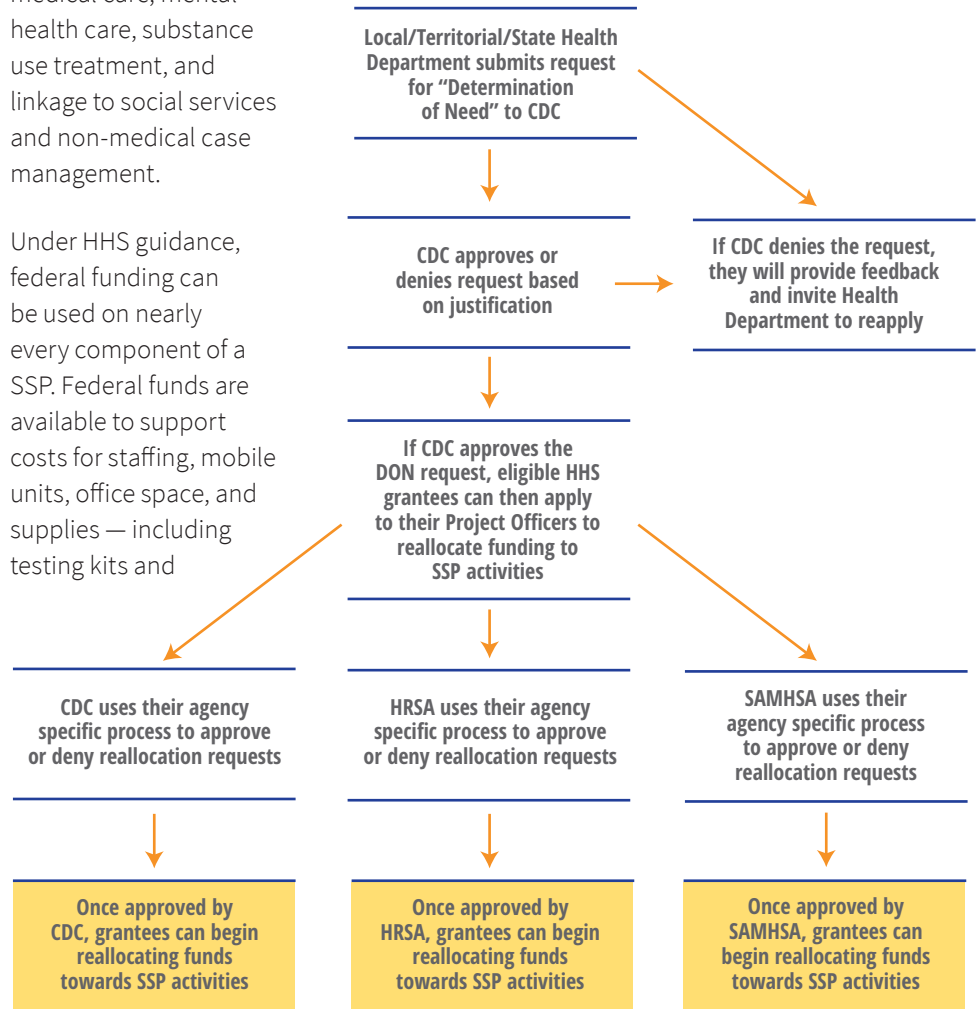
HHS Guidance Highlights

The HHS guidance outlines the guiding principles through which HHS funded SSPs must operate, as well as the specific components of an SSP which may be funded using HHS dollars. Under this guidance, federally funded SSP programs should be part of an integrated and comprehensive service delivery system for people who inject drugs — which should also include medical care, mental health care, substance use treatment, and linkage to social services and non-medical case management.

Under HHS guidance, federal funding can be used on nearly every component of a SSP. Federal funds are available to support costs for staffing, mobile units, office space, and supplies — including testing kits and



services — everything except the purchase of sterile syringes and cookers for drug preparation. Case management and navigation services are specifically named as fundable under this guidance.



Health Resources and Services Administration (HRSA) Guidance Highlights

As of July 2016, the HRSA guidance makes all HRSA grant programs eligible to support SSP activities, with approval from a grantee's project officer and a positive determination of need from the CDC. This includes Ryan White HIV/AIDS Program (RWHAP) grantees, as long as they are serving clients living with HIV.

RWHAP highlighted the following as fundable activities through an SSP:

- Outreach, linkage, and referral services
- Medical and non-medical case management
- Substance abuse services/mental health services
- Early intervention services
- Ambulatory care services

In FY2017 all new HRSA grants will include SSP eligibility in their RFAs.

CDC Guidance Highlights

As of July 2016, the CDC has identified two grants which are eligible to fund a SSP program: PS12-1201 (Comprehensive Prevention Programs for Health Departments) and PS14-004 (Hepatitis TIPS Among Non-Urban Young People Who Inject Drugs). No other CDC grants may be reallocated to fund SSPs, although all new grants will have SSP eligibility in their RFAs starting FY2017.

PS12-1201 contains the majority of funding available for syringe access through the CDC. It routes all of its funding through state health departments and has no directly funded CBOs, making the vast majority of eligible funding controlled by local health departments as part of their federally funded prevention work. Strong working partnerships between CBOs and their local health department are therefore necessary to access any of this funding.

Substance Abuse and Mental Health Services Administration (SAMHSA) Guidance Highlights

SAMHSA has made funding available for SSPs through two sets of guidance documents: one covering the Substance Abuse Prevention & Treatment Block Grants (SABG) and one covering the Minority AIDS Initiative (MAI) plus six Targeted Capacity Expansion-HIV (TCE-HIV) grants. The process to obtain funding, as well as fundable activities, remain largely the same across each program.

The SABG, in particular, offer a significant funding stream that could be tapped to support SSPs across the country. However, SABG funding requires that the state's Behavioral Health Assessment and Plan be updated to include SSP activities. This means, much like with CDC, that CBOs will need to partner closely with their State Department of Behavioral Health (or local equivalent) to insure SSPs are included in the Health Assessment and are implemented locally.

WHAT CAN ADVOCATES DO?

While the Consolidated Appropriations Act of 2016 was a significant step towards an evidence-based response to the opioid epidemic, the remaining restrictions on federal funding to support SSPs are still unnecessary and hamper our national effort to combat the spread of HIV/HCV among people who inject drugs. Further, the lack of dedicated federal funding for SSPs means that any federal dollars reallocated to support syringe access must necessarily be cut from other important prevention programming. As such, **AIDS United calls for:**

- **The complete lifting of the federal ban on funding for SSPs**, including eliminating restrictions on funding in the District of Columbia and restrictions on the use of federal funds for the purchase of syringes and cookers.
 - This should be accomplished by including language in future Labor, Health, and Human Services Appropriations or appropriations omnibus bill.
- **New funding above current funding levels for the CDC's** National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) and for the Substance Abuse and Mental Health Services Administration (SAMHSA) specifically for HIV/HCV prevention focused on meeting the needs of people who inject drugs through SSPs.
- **A study on how much funding would be needed to fully scale** SSPs to reduce HIV/HIC related to injection drug use.

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