



# Syringe Access Fund

Round 10 (2018-19) Report



Irene Diamond Fund



## Acknowledgements

Thank you to the staff, volunteers, and participants of the syringe services programs supported by the Syringe Access Fund. We appreciate your honest feedback, dedication to this work, and your trust in AIDS United and the Syringe Access Fund.

We acknowledge and honor the millions of people we have lost to fatal overdose. We remember you. We love you.

## INTRODUCTION

The goal of the Syringe Access Fund is to reduce the health, psychosocial, and socioeconomic disparities experienced by people who use drugs by supporting evidence-based and community-driven approaches to prevent the transmission of both HIV and viral hepatitis, reduce injection-related injuries, increase overdose prevention and reversal efforts, and connect people who use drugs to comprehensive prevention, treatment, and support services. Over its nearly twenty-year history, the Syringe Access Fund has seen significant advances in the legalization of and access to comprehensive harm reduction services. Syringe services programs in the United States, however, continue to experience significant challenges. The federal government continues to ban the use of federal funding to support the purchase of syringes; a patchwork of laws around the country creates varying levels of services for people who use drugs; funding remains level despite increases in the number of programs opening across the country and the number of people who use drugs; and rates of HIV, viral hepatitis, and overdose continue to climb among people who use drugs.

The United States is currently experiencing an HIV, viral hepatitis, and drug poisoning syndemic. The Centers for Disease Control and Prevention (CDC) found that one in four people who inject drugs reuses syringes, and many have not had an HIV test in the last year. In 2015, the number of new HIV diagnoses due to injection drug use increased for the first time in twenty years, with about 1 in 10 new HIV diagnoses in the United States attributed to re-used syringes.<sup>1</sup> In addition, cases of hepatitis C have been increasing for several years among people who inject drugs, with the number of new infections reported to CDC more than tripling between 2011 and 2016.<sup>2</sup> Finally, more than 67,000 drug overdose deaths occurred in 2018, with over 31,000 of these deaths attributed to synthetic opioids.<sup>3</sup>

In 2017 only two percent of global HIV philanthropic dollars went to support people who use drugs and only 26% of this support explicitly focused on syringe services programs.<sup>4</sup> Since 2004, the Syringe Access Fund has existed to fill the funding gap by providing private dollars that organizations can use for syringes and other lifesaving harm reduction supplies. The demand for this funding continues to grow and the challenges to this work continue to multiply. This report reviews final report data from 62 Syringe Access Fund grantees, funded for syringe access direct services and advocacy from February 1, 2018 through January 31, 2020. The report provides an analytical overview of the final reports, as well as challenges and lessons from Syringe Access Fund grantees.

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<sup>1</sup> Centers for Disease Control and Prevention (CDC). Injection Drug Use and HIV Risk. Retrieved May 20, 2020 from <http://www.cdc.gov/hiv/risk/idu.html>

<sup>2</sup> Centers for Disease Control and Prevention (CDC). Hepatitis C Prevalence Estimates 2013-2016. Retrieved May 20, 2020 from <http://www.cdc.gov/nchhstp/newsroom/2018/hepatitis-c-prevalence-estimates.html>

<sup>3</sup> Centers for Disease Control and Prevention (CDC). Drug Overdose Deaths. Retrieved May 20, 2020 from <http://www.cdc.gov/drugoverdose/data/statedeaths.html>

<sup>4</sup> Funders Concerned About AIDS, *FCAA Data Spotlight, HIV Philanthropy for People Who Use Drugs (PWUD)*, April 2019. Retrieved May 20, 2020 from <https://www.fcaaid.org/wp-content/uploads/2019/04/HIV-Philanthropy-for-PWID-FINAL3.pdf>.

## SYRINGE SERVICES GRANTS

In Round 10 (February 1, 2018 – January 31, 2020), the Syringe Access Fund received \$10 million worth of requests from 160 eligible grantees in 41 states, the District of Columbia, Puerto Rico, and U.S. Virgin Islands. The Syringe Access Fund administered 54 syringe services grants, a total investment of \$1,953,121. Grantees distributed over 66 million sterile syringes to people who inject drugs, interacted with over 135,000 unique participants, and counted more than 485,000 exchange interactions.

**54 syringe services grants**

**\$1,953,121 invested**

**66 million syringes distributed**

**135,000 unique participants**

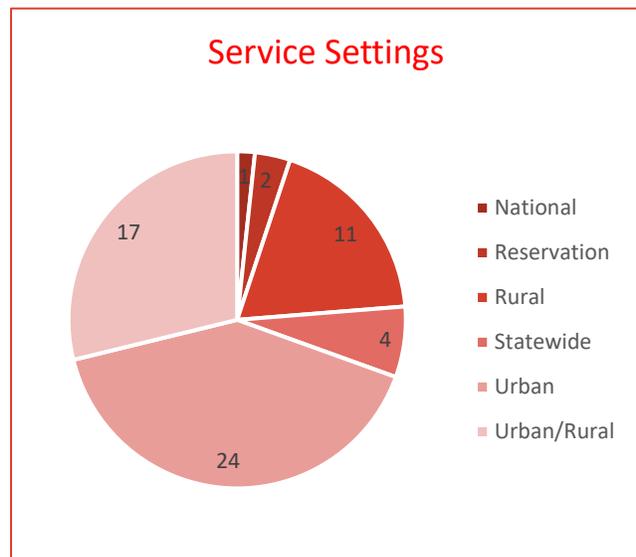
**485,000 exchange interactions**

Two organizations were forced to shut down their syringe services programs during the grant period. The syringe services program at the Kanawha-Charleston Health Department in Charleston, West Virginia closed in March 2018, before funds from the Syringe Access Fund were disbursed. City leadership imposed harsh regulations on the program, including a strict one-for-one policy, and on program participants, requiring they provide a picture ID and comply with mandatory HIV and hepatitis testing. Health department leadership closed the program rather than comply with regulations that went against evidence-based best practices. Similarly, the Orange County Needle Exchange Program in Orange County, California was forced to

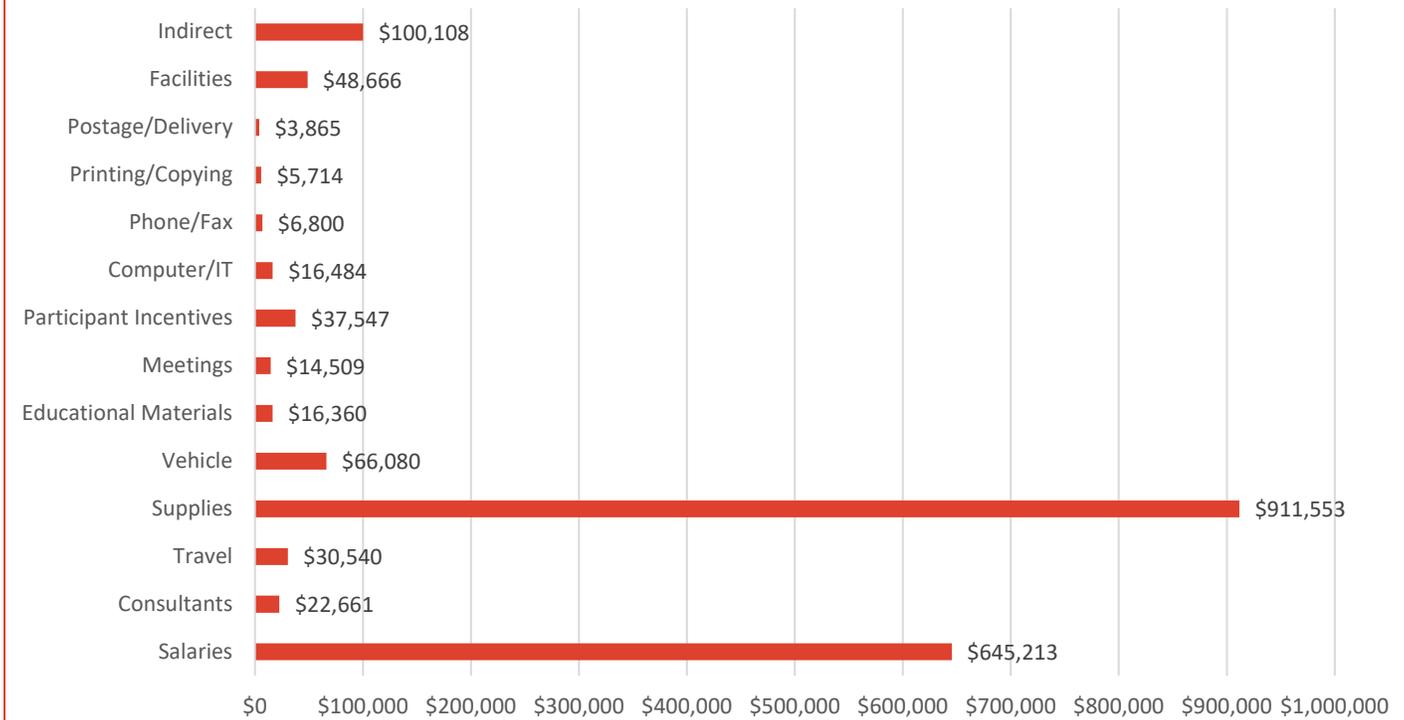
close by city officials due to allegations of discarded syringes. Local leaders declared the program a nuisance and stated it created a public health and safety hazard. Leaders sued the program, stating the California Department of Health's approval of the program violated the California Environmental Quality Act because the program contributed to syringe litter. The program shut down at the end of year 1 and funds for year 2 were not disbursed. The unused funds from both grants were added to the Syringe Access Fund rapid response off-cycle grantmaking.

The grantee cohort was comprised of organizations from 32 states, the District of Columbia, Puerto Rico, and U.S. Virgin Islands. Most programs were based in urban settings, followed closely by programs serving both urban and rural communities, and then those serving rural communities.

Syringe services program budgets ranged from \$4,225 per annum to \$3,330,112 per annum, with the average program budget being \$306,560 per annum. Given the wide range in program budgets, a more realistic figure is the median program budget, \$70,000, for syringe services grantees. The duration of programs ranged from those just opening to programs that had been operating for 32 years. The average length of program operation was 11 years. A total investment of \$1,953,121 was disbursed to support syringe services grantees. The chart at the top of page 4 demonstrates how the funds were spent during the two-year funding period. As shown, nearly half went to the purchase of syringes and other harm reduction supplies. The next highest category of spending was salaries, following by indirect cost, and vehicle expenses.



## Program Spending

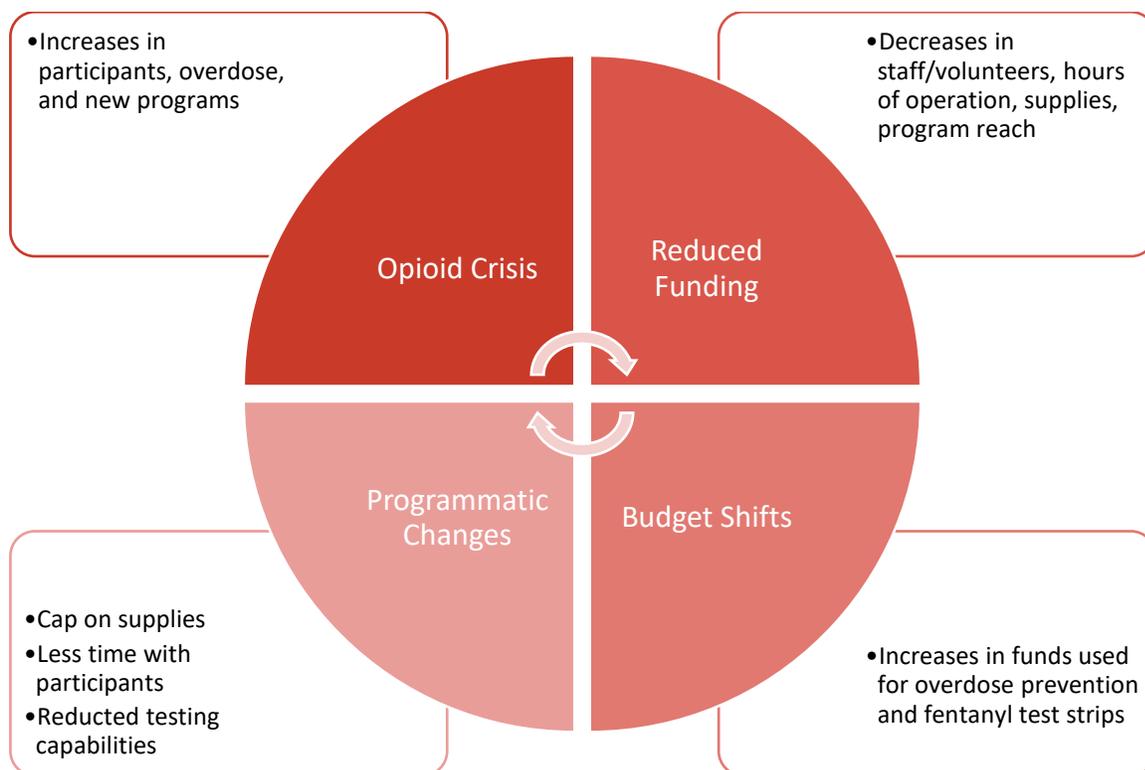


Demographic information was requested on both interim and final reports, but not required. According to the Syringe Access Fund external evaluation, grantees struggle to report data to a degree that would allow for it to be used. This finding holds true in Round 10 reports, as most grantees do not collect data on sexual orientation, gender identity, race, HIV status, or HCV status. From the Syringe Access Fund external evaluation, we know that on average, six in ten (60.7%) beneficiaries were male, with just over one-third (34.4%) female and 1.3% transgender. AIDS United’s reporting structure ask grantees to identify program participants by race, which includes African American/Black/Caribbean, Asian/Pacific Islander, Native American/Alaskan Native, Biracial/Multiracial, White, and unknown. The external evaluation of the Syringe Access Fund found that just over a quarter (25.6) of program participants were people of color, with the majority, 15%, identifying as Black. AIDS United has a separate question for ethnicity, which distinguishes between Latinx and non-Latinx. The external evaluation found that about one in six (16.3%) program participants identified as Latinx. Just over half (51.6%) were between ages 25 and 44. Just over one in seven (15.5%) were age 24 or younger. Just under one in ten (8.2%) were over age 55. On average, hepatitis C or HIV status, housing status, and sexual orientation were reported less than half of the time by organizations receiving syringe services grants. Of those that did report on these numbers, the majority reported “unknown” for these demographic categories. The highest numbers reported for unknown were for HIV status (75.8%) and sexual orientation (73%).

In the Round 9 (2016-17) analysis, an overarching narrative was identified. This narrative continued in Round 10 final reports. Grantees continued to note increases in the number of participants accessing their services. This includes increases in the number of new, unduplicated participants as well as increases in the utilization of services. At the same time, the number of new syringe services programs is increasing. However, funding from

both the public and private sectors is not increasing at the same pace. With an increase in new programs, competition for already scarce funding is intense and grantees report challenges in staff retention and program expansion efforts.

These factors have unintended negative consequences. Some grantees report placing a cap on the number of syringes each participant can take home, creating a situation that could increase the likelihood of syringe sharing. Staff spend less time with participants, removing the relationship building aspect, a crucial component for access and linkage to care. High staff turnover creates additional barriers to client trust as well as the ability to document and implement best practices. Below is a visual representation of this overarching narrative, highlighting the relationship between each component.



## CHALLENGES

As seen in Round 9 data, the single most pressing challenge for Syringe Access Fund grantees providing direct services is funding. Every single grantee mentioned challenges with adequate funding to support their work. Many grantees commented on the rising cost associated with the overdose crisis, such as purchasing of naloxone and fentanyl test strips. Others noted the burden of providing care for an increasingly larger community, with one grantee commenting that while injection drug use in the state doubled during the reporting period, funding for harm reduction remains limited. Similarly, another grantee reported that during Year 2 of the grant period, the use of their syringe services increased by over 50% from Year 1, while funding remained the same. While

### Challenge: Funding

“An ongoing challenge is maintaining funding to match growing need. We distributed approximately 20,000 syringes each month in 2019, up from 14,000 a month in 2018, and we were still not meeting demand.”

national attitudes toward harm reduction services have shifted over the past few years, with states legalizing syringe services programs and federal agencies carving out funds for harm reduction, low barrier syringe services programs are not seeing the financial benefits, with one grantee commenting, “On a national level, the biggest SSP-specific problem that we encountered is that there is considerably increasing interest in SSPs, yet the interest is not matched with increasing funds to support the establishment or expansion of SSPs.” Other grantees commented on the challenges of running a program in a state without legal syringe access, where the option to have portions of their work covered by state and federal funds does not exist. Unexpected growth in the number of participants accessing syringe services across the country placed a massive burden on Syringe Access Fund grantees, who were unprepared financially to handle significant increases in demand.

A new and interesting narrative emerged across final reports for Round 10. Many grantees reported that attitudes toward syringe services programs had shifted among community leaders, law enforcement, and policymakers. However, backlash still occurred among individual community members, with a “not-in-my-backyard” attitude common throughout reports. One grantee summarized this by saying,

*“We have worked with law enforcement, state/city officials, and human service organizations to create a public health and community environment focused on providing equitable services to people who use drugs. We helped legalize syringe services programs, pass Narcan legislation, create a governor’s opioid committee, and become an expert in medication assisted treatment. However, gentrification and a housing crisis has again increased stigma and begun to push people who use drugs back into the shadows of our community. Weekly motels have been demolished, paving the way for upscale developments. This has increased homeless rates and created backlash by community members. Although citizens and organizations like us educate the public and city officials about the plight of the unhoused and advocate for equal treatment, this attitude has contributed to stigma towards people who use drugs.”*

Another grantee shared a similar report, stating,

*“There is strong support for harm reduction from the state Department of Health and Human Services, as well as from many local health departments. However, over the past four years there have also been a number of instances of pushback against harm reduction services in several regions across the state, typically led by local politicians and property owners, typically focused on the perception that syringe services programs bring people who use drugs into neighborhoods and reduce property values.”*

Community buy-in of harm reduction programs, including syringe services, was a challenge that came up in most grantee reports. In previous rounds of funding, the challenge has come from state policymakers, with pushback from conservative lawmakers pushing criminalization and traditional, abstinence-based recovery. In Round 10, the pushback came primarily from neighbors, creating the need for low barrier community education initiatives on already-overburdened SSP staff.

Organizational development and staff challenges came up in nearly every grantee report. Most grantees acknowledged the challenge of choosing between supporting organizational development or purchasing harm reduction supplies. Grantees reported that they rely heavily on volunteer outreach workers, who often have a more limited understanding of the communities being served. High rates of staff and volunteer turnover was a consistent challenge among

### Challenge: Staff Retention

*“Direct service positions at syringe access programs can be extremely challenging. Staff are faced daily with the realities of the opioid epidemic and our nations war on drugs and drug users.”*

grantees, with one organization noting bluntly, “During this reporting period, our biggest challenge was staff turnover.” Because of staffing challenges, grantees had to make difficult decisions regarding hours of operation and areas of service delivery. Other programs noted additional organizational development issues, such as the need to formalize policies and procedures as the organization grows.

Stigma and criminalization continued to pose significant challenges to grantees. Many reported that program participants were reluctant to access services due to fear of being recognized by community members, a fear that was more prominent in rural communities. Others reported that program participants, especially new participants, expressed fear of being caught with harm reduction supplies by local law enforcement. Many grantees operate their programs underground or in jurisdictions with harsh drug paraphernalia laws that do not exempt supplies obtained from syringe services programs. Participants must weigh accessing life-saving health services against being arrested and incarcerated for drug paraphernalia possession.

Grantees in Puerto Rico and the U.S. Virgin Islands reported on specific challenges that arose from delivering services during multiple environmental disasters. A few months before the start of the grant period, Hurricanes Irma and Maria devastated Puerto Rico and the U.S. Virgin Islands. Grantees provided syringe services for much of 2018 without access to basic needs, like electricity and running water. Near the end of the grant period, grantees in Puerto Rico were once again devastated, this time by a series of earthquakes. One grantee reported on providing services in the aftermath of Hurricanes Irma and Maria by saying,

*“In 2018, our participants were too scattered and stressed after Hurricanes Irma and Maria hit the island. Their quality of life was extremely compromised, which means they had difficulties with the stability and the time needed to sustainably run this type of initiative. With the migration of our participants, and other situations like the increase in overdose incidences, overdose-related deaths, incarceration, and other health ailments in our enrollment, it was difficult to even contact our participants to provide the services.”*

And another grantee reported,

*“The aftermath of the recent earthquakes that affected Puerto Rico’s southwest has also led to increased psychological stress and trauma among impacted communities, adding further complexity to an already dire context of austerity measures and the gradual elimination of essential public services to address these types of natural phenomenon.”*

## LESSONS

One of the most highly referenced lessons in Round 10 reports was the importance of involving people who use drugs in syringe services programs. Meaningful involvement of people who use drugs ensures the leadership and decision-making power of people with lived experience of drug use in the response to the HIV, viral hepatitis, and overdose syndemic. People who use drugs are intimately familiar with their communities’ needs, culture, and barriers to services and health. Their expertise is essential to building effective services and trusted spaces where people who use drugs can receive non-coercive medical care and be treated with dignity and respect. One grantee articulated this lesson by reporting,

*“The lessons that we found most profound revolves around the many conversations with staff and participants about meaningful involvement. Over the last year and a half, we created a tiered system for getting employed at our organization. While being mindful of demographics and making it fair and comfortable for all to work and excel, we now have a very diverse staff who have slowly been able to work*

*more and more hours and begin to organize their lives in a healthy manner. We have one-hour shifts, two-hour shifts, and 4-8-hour shifts. All the people who have been employed have gone from being homeless to at the very least living in one of the city's Navigation Centers. By inviting the community to be a part of our decision-making process and actually providing a ladder to climb out of destructive circles, allowing for mistakes, and having patience for processing trauma we can really bring those who have been most harmed by misinformed policies, to make potent systemic changes for a better future for all peoples and not just those who are privileged to have good support systems."*

And another grantee reported,

*"One lesson is the importance of listening to the community. We expanded our services to a rural county and for several months we were providing service delivery near their health department on Friday afternoons. After a few months of very slow service delivery, we pulled some community partners together to get their perspective on what we could do to make the site more utilized. They suggested we change our site to Wednesdays to coincide with the food bank being open. We followed this advice and we have picked up a number of new clients as a result."*

Grantees on the West Coast, where fentanyl entered the drug supply around the beginning of the grant period, commented on the importance of learning from syringe services programs on the East Coast that had been dealing with fentanyl for years. Similarly, several grantees reported on the lessons coming from drug testing programs, which allows organizations to track changes in the local supply and raise any concerns to participants.

Another heavily referenced lesson focused on the importance of community engagement and education. Many grantees reported having challenges with community members and faced NIMBY backlash to their programs during the grant period. Grantees learned that ongoing communication and relationship building with members of the extended community were critical to program success. Grantees also highlighted the need to build broad coalitions of support throughout their community, expanding outreach to local business owners, faith leaders, and other community organizing groups. One grantee summarized this by saying, "Another lesson is the ongoing importance of community engagement through collective organizing. We have been doing this at every level. We engage the community in which our space is located and seek to build connections with other groups and collectives."

## DRUG TRENDS

AIDS United added a specific question on Round 10 reports to capture information on changes to the drug supply and drugs of choice. Given the rise in fentanyl and its analogues, we believed this information to be valuable as we anticipate future programmatic and funding needs. After analyzing the responses from Round 10 grantees, a common narrative emerged of shifts in drug preferences and supply.

Nearly every Syringe Access Fund grantee reported increases in participants who used methamphetamine or cocaine as their primary drug of choice. Many reported that participants who had used

### Drug Trends: Increase in Methamphetamine

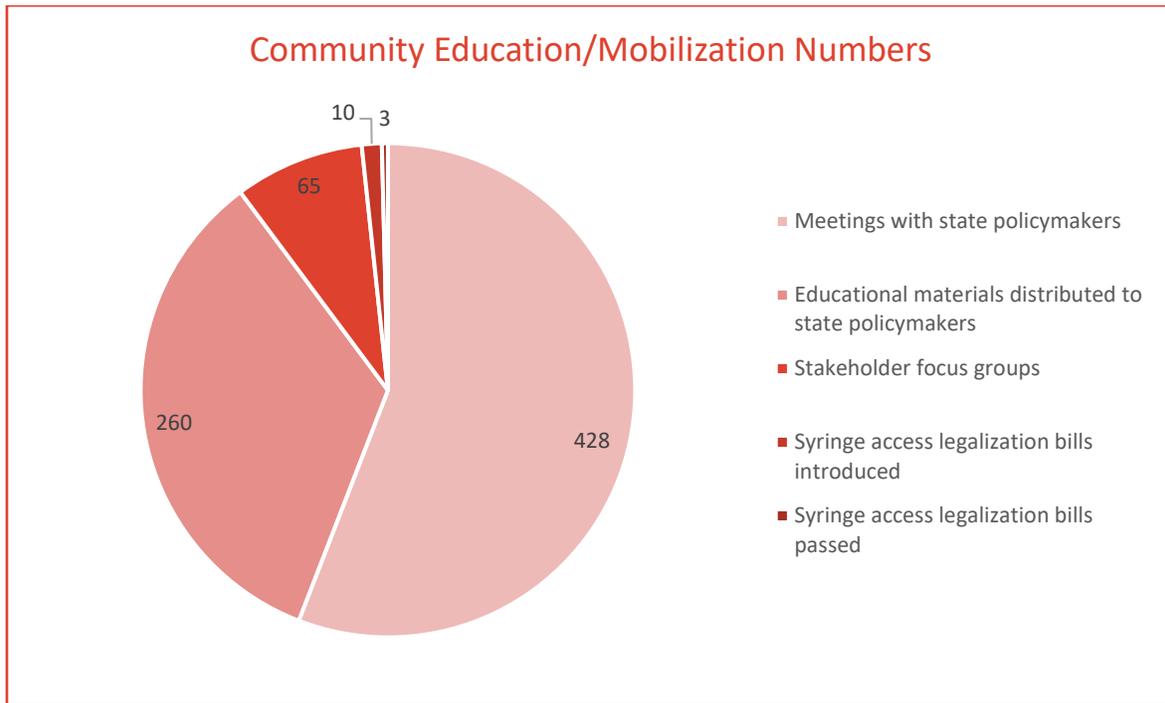
*"We have seen a shift towards methamphetamine use among many participants. In the past year, approximately half of our participants reported methamphetamine as their drug of choice or as the drug they are currently using. A few have told us that heroin is their drug of choice, but they are only using methamphetamine now. Some report this is an overdose risk reduction strategy because of the variability in the potency of street opiates."*

heroin exclusively for many years had switched to methamphetamine or cocaine during the grant period. Other programs noted an increase in new participants who were methamphetamine or polysubstance users. Some grantees provided anecdotal evidence that these changes had occurred because participants were concerned about the heroin supply being adulterated with fentanyl and its analogues. Fearing overdose, participants had switched to methamphetamine or cocaine, with the assumption that it was free of fentanyl and its analogues.

Other grantees highlighted local mortality data that demonstrated an increase in fatal overdoses, where toxicology reports identified the presence of methamphetamine and fentanyl. Still others pointed to positive fentanyl test strips when testing methamphetamine and cocaine, while programs with drug testing resources demonstrated evidence that fentanyl and its analogues were indeed present in the methamphetamine and cocaine supply.

## COMMUNITY EDUCATION/MOBILIZATION GRANTS

During the Round 10 grant cycle, the Syringe Access Fund administered eight community education/mobilization grants, a total investment of \$372,000, that impacted harm reduction-related policy in thirteen states, territories, and/or districts of the U.S. Ten syringe access legalization bills were introduced in seven states, with Florida, Georgia, and Idaho passing statewide legalization bills in 2019.



During the grant period, the U.S. Department of Health and Human Services (HHS) launched Ending the HIV Epidemic: A Plan for America. The initiative aims to reduce new HIV infections in the U.S. by 90% by 2030 and incorporates expanding syringe access into its goals. The national emphasis on ending HIV, increased attention on infectious disease transmission from injection drug use, softening public opinion on people who use drugs attributed to changing demographics, and increased media attention provided meaningful opportunities to elevate the discourse around harm reduction and syringe access, ushering new framing and partnerships.

States that saw policy victories during the grant period had advocates focused heavily on infectious disease prevention. Georgia, for example, was able to use Centers for Disease Control & Prevention (CDC) data on HIV rates in the state to demonstrate the need for statewide syringe access. While significant victories were achieved during the grant period, there are still 14 states that do not have supportive syringe access legislation, several of which do not have meaningful advocacy campaigns targeting legislative change. In most cases, these states have not experienced significant risks for an outbreak or increase in HIV that states passing legalization have.

## LEGISLATIVE VICTORIES

Senate Majority Leader Greg Reed of Alabama agreed to support a limited version of the original syringe access bill that advocates proposed. Modeling Florida, the limited version of the bill would authorize a pilot syringe services program in Jefferson County. Advocates expect the bill to be introduced in the 2020 legislative session.

In 2018 and 2019, advocates in Arizona and Iowa successfully introduced syringe access legalization bills. Champions for the legislation were identified in both states, but the bills were ultimately defeated. Advocates in both states have been awarded Syringe Access Fund grants to continue their efforts in 2020.

In Florida, after legislation allowing the University of Miami IDEA Exchange pilot project, advocates were successful in passing legislation allowing for statewide expansion of syringe access. The legislation legalizes syringe services programs at the state level and awards local jurisdictions decision-making power to sanction programs.

In Georgia, a statewide HIV epidemic created a catalyst for syringe access legalization. According to the Centers for Disease Control and Prevention, Georgia has the highest rates of new HIV infections in the country. The most recent transmission data from the CDC comes from 2016, which shows injection drug use transmission at 6.2% among males and 14.5% among females. The syringe access legalization bill was signed into law in 2019.

Similarly, Idaho Governor Brad Little signed a syringe access legalization bill in 2019. The legislation allowed groups to immediately start syringe services programs throughout the state. The bill passed the House and Senate with an overwhelming majority.

Advocates in New Jersey were successful in expanding hepatitis C treatment for all Medicaid enrollees in the state. Under the new policy, New Jersey Medicaid will cover hepatitis C curative drug treatment once someone is diagnosed with the virus and the liver damage requirements have been lifted. The New Jersey Harm Reduction Partnership was re-established, bringing together advocates and stakeholders from around the state. The New Jersey Harm Reduction Partnership met with state senators and the state assembly to discuss the limitations of syringe access expansion, the need for additional resources to include complete overdose prevention strategies, safe injection sites, and the need for housing for syringe services programs participants.

## CHALLENGES

During the Round 9 grant cycle (2016-2017), the overarching narrative from grantees focused on a shifting political and advocacy landscape connected to the opioid crisis. Traditionally, evidence-based approaches to drug use have been supported on the left, with those on the right responding with criminalization or forced treatment. Grantees in Round 9 reported that most legislatures passing bills are controlled by Republicans and the governors signing bills are Republican. While this holds true for states that passed syringe access legalization in Round 10, we have also observed that significant pockets of resistance and opposition exist in Republican-controlled states. For example, advocates in Alabama, Arizona, Iowa, Missouri, and Texas have made tremendous progress with multi-

year campaigns supported by the Syringe Access Fund but have yet to succeed in passing legislation. For example, advocates in Alabama succeeded in the first ever twin bill authorizing syringe services programs being introduced in both bodies of the legislature. Though the session ultimately ended before the bill was passed, they successfully cultivated new supporters. In Iowa, advocates succeeded in securing support from 46 senators and 73 representatives, all of whom pledged to vote yes on a syringe access bill if it made it to the floor in 2020. Conservative lawmakers still present specific challenges for passing evidence-based harm reduction legislation and frequently prefer criminal approaches to public health. Grantees did report that the federal Ending the HIV Epidemic Plan has been a successful talking point in visits to conservative policymakers, noting that President Trump and the U.S. Surgeon General support broad access to syringe services programs.

## Challenge: Funding

*“Funding for full-time advocacy staff is particularly important to make lasting systems change. We have found that programmatic funding opportunities are more available, but without full-time staff to push the work of the program forward, the project risks less traction.”*

Grantees in Round 10 also highlighted the challenge of funding syringe services programs and advocacy projects. Several grantees are running underground syringe services programs while also advocating for state-level legalization, creating competition in their budgets. Grantees report having to decide whether to spend funds on a full-time advocacy staff member or supplies to stock the syringe exchange. Funds to support programmatic work, apart from funds for syringes, are more available, while advocacy funding opportunities are rare. Further, the need for advocacy funding is for long-term staff time, which many philanthropic opportunities do not prioritize. Lasting systems change does not happen in a year, as evidenced in places like Florida, which the Syringe Access Fund funded for six years before a legislative victory. Many philanthropic opportunities do not commit funds to a project beyond a year, making long-term coalition building challenging.

Misconceptions about harm reduction among policymakers continues to be a challenge for grantees. Reports confirm that policymakers still believe that by distributing harm reduction supplies, it is an explicit endorsement of drug use and excessive promotion of intravenous use, despite countless studies that state otherwise. Policymakers prefer to push legislation aligned with a criminal-justice approach to avoid appearing supportive of drug use. Community members express similar concerns, with grantees reporting they frequently hear concerns during community listening sessions about normalizing or encourage drug use.

## LESSONS

A common lesson shared by grantees is that state-wide advocacy efforts take a large investment of resources. Most grantees only have enough funding to support one staff member working on state-wide syringe access legalization. Grantees have learned that while a staff member at the state house every day meeting with policymakers is helpful, they also need access to resources to support digital organizing and on the ground community organizing. Part of long-term change involves community education and support. It is next to impossible to build a coalition of advocates around the state to push for syringe access legislation with a team of one.

Similarly, grantees continued to push the importance of meaningful involvement of people who use drugs in community education and advocacy. One grantee described meaningful involvement, “With an enormous amount of traditional stakeholder support established early in the grant, we shifted our efforts to be more focused on grassroots, drug user led advocacy. This shift allowed us to have greater representation from people who use

drugs at the legislature in 2019, and to collect data through community based participatory research to begin to quantify the negative health impacts that people who use drugs experience due to a lack of appropriate resources.” Unexpected allies were also reported by several grantees, including organizations from the faith community and libertarian institutes, such as CATO and Goldwater.

Grantees also noted that there must be a strong focus on grassroots coalition building that involves a range of partnerships. One grantee described this importance, “Several of the individuals engaged in the leadership and staff of our program operated from a theory of change that one individual could spend significant time building relationships with legislators, and that this would be sufficient to ensure comprehensive education on the syringe access legislation. When law enforcement officers from around the state sought to advocate against the pieces of legislation on which we worked, they were successful because legislators had come to associate the syringe access bill with only us, and not with any other organizations, advocates, experts, or institutions.”

## Lesson: Meaningful Involvement

*“The stigma surrounding the opioid crisis is particularly pervasive in the South. We were able to foster interactions with people who use drugs by prioritizing the meaningful involvement of those with lived experience and ensuring they had the space and time to break down what they felt needed to be conveyed to the general public.”*

## OPPORTUNITIES

Three Round 10 grantees have been funded in the Round 11 (2020) Syringe Access Fund grant cycle, providing an opportunity for continued advocacy efforts and possible legislative victories. Grantees in Alabama, Arizona, and Iowa will have the funds to continue community education efforts. Advocacy projects are also being supported in Wisconsin and Texas.

The global coronavirus pandemic has brought into focus the importance of syringe services programs by highlighting the amount of services they provide to traditionally underserved communities. During a time of incredible strain on the U.S. healthcare system, syringe services programs around the country are continuing to provide life-saving services to vulnerable and stigmatized communities around the country. At the same time, state governments continue to adopt temporary measures that assist people who use drugs and people living with and at risk for HIV. The coronavirus pandemic has created a unique opportunity to push some legislative measures through with state and federal relief packages. While temporary, advocates hope that policymakers will see successes and make some of the changes permanent. For example, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has relaxed its federal regulations on take-home medication assisted treatment for people suffering from opioid use disorder. Advocates are hopeful that these new rules will remain in place post-COVID.

Grantees report a rise in stimulant use, polysubstance use, and fentanyl use, along with more stimulants testing positive for fentanyl. As the overdose crisis changes, grantees will have opportunities to promote a harm reduction approach to policymakers and communities. As more people become impacted by the overdose crisis, public perception continues to shift.

## CONCLUSION

During year one of the Round 10 grant period there were 67,367 drug overdose deaths in the United States.<sup>5</sup> Overdose deaths from opioids, including prescription opioids and heroin, have nearly quadrupled since 1999.<sup>6</sup> About 1 in 10 new HIV diagnoses in the United States are attributed to re-used syringes.<sup>7</sup> Recently, Minnesota began experiencing an increase in new HIV infections across the state, with most cases being attributed to injection drug use. In addition, cases of hepatitis C have been increasing for several years among people who inject drugs, with the number of new infections reported to the CDC tripling and reaching a 15-year high.<sup>8</sup> In a study of cities with high levels of HIV, more than half (51%) of people who inject drugs who are living with HIV reported being homeless, 30% reported being incarcerated, and 20% reported having no health insurance in the last year.<sup>9</sup>

Evidence of the effectiveness of syringe services programs has resulted in broader support for such programs and legalization in more states than ever before. In 2016, growing concern about the opioid crisis led to bi-partisan action in Congress allowing the use of federal funds to support limited components of syringe services programs. However, federal funding remains restricted and is not practically accessible in many places that most desperately need it. Further, there remain 14 states without broad syringe access legalization. As demand for syringe services programs grows, it is critical that funding increases to match this need. This is a pivotal moment in our national response to the HIV, viral hepatitis, and overdose syndemic, and private dollars are critical to ensuring that these policy changes work. There are still obstacles to public funding even where it is legal, and though federal dollars can be diverted to support services there is no additional, dedicated funding for syringe services programs in an already-stretched budget. The global coronavirus pandemic will further complicate this picture by pushing the global economy into recession and forcing budget cuts from the U.S. federal and state governments. Recently achieved public funding for limited components of syringe services programs will be among the first line items to be reallocated in state budgets.

In the United States, syringe services programs have few options for private dollars to support the purchase of syringes, the primary tool that prevents the spread of HIV and viral hepatitis among people who inject drugs. At the end of 2019, the Irene Diamond Fund, a longtime partner of the Syringe Access Fund, sunset, leaving a significant funding gap for syringe services in the United States. Round 11 (2020) of the Syringe Access Fund resulted in several changes due to this limited funding. First, the RFP process was closed, with invitations to apply sent directly to a portion of Round 10 grantees. Second, the grant period was reduced from two years to one year. Third, the amount of funding available for grants was reduced by several hundred thousand dollars due the loss of the Irene Diamond Fund.

This report highlights the incredible work of Syringe Access Fund grantees and the immense reach of the Fund. AIDS United continues to prioritize syringe access and harm reduction and will be employing several development strategies in 2020 to attract new funding partners. The HIV, viral hepatitis, and overdose syndemic continues across the country, with syringe services programs being the most critical component to reversing alarming trends.

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<sup>5</sup> Wilson N, Kariisa M, Seth P, et al. Drug and Opioid-Involved Overdose Deaths – United States, 2017-2018. *MMWR Morb Mortal Wkly Rep* 2020;69:290-297.

<sup>6</sup> CDC. (2015). Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014. *Morbidity and Mortality Weekly Report* 2015, 64: 1-5.

<sup>7</sup> Centers for Disease Control and Prevention. Injection Drug Use and HIV Risk. <http://www.cdc.gov/hiv/risk/idu.html>

<sup>8</sup> CDC. (2017). New Hepatitis C Infections Nearly Tripled over Five Years. <https://www.cdc.gov/nchstp/newsroom/2017/Hepatitis-Surveillance-Press-Release.html>

<sup>9</sup> CDC. (2017). New Hepatitis C Infections Nearly Tripled over Five Years. <https://www.cdc.gov/nchstp/newsroom/2017/Hepatitis-Surveillance-Press-Release.html>