Syringe Access Fund

Round 12 Grant Cycle

Request for Letters of Inquiry

Executive Summary

The Syringe Access Fund is a collaborative grantmaking initiative that seeks to reduce the health, psychosocial, and socioeconomic disparities experienced by people who use drugs (PWUD). The Syringe Access Fund invests in 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.

The Syringe Access Fund awards grants in two categories: 1) syringe services programs providing direct services, or 2) harm reduction organizations conducting community education and mobilization activities focused on legalizing or strengthening syringe services programs and other health interventions for PWUD at the local, state, and federal levels.

Syringe Access in the United States

Provisional data from the CDC shows that overdose mortality reached a staggering milestone of 96,000 deaths in the most recent 12-month period.[1] In 2015, HIV diagnoses due to injection drug use increased for the first time in 20 years. Today, 10% of new HIV diagnoses are attributed to injection drug use.[2] Additionally, the CDC estimates that 60% of HCV cases in the U.S. are directly or indirectly related to injection drug use.[3]

The COVID-19 pandemic has further complicated health outcomes for people who use drugs. Shelter-in-place orders, curfews, and physical distancing recommendations complicate prevention education and materials distribution, increasing the vulnerability of marginalized PWUD to these infectious conditions. Indeed, these important recommendations for avoiding exposure to COVID-19 are the exact opposite of how harm reduction programs operate: offering in-person services to PWUD and providing a sense of connection that are both generally impossible to replicate online, leading some people to increase their use and, hence, their risk for HIV and viral hepatitis, as well as overdose. COVID-19 itself is also a particular risk to PWUD, who may have conditions that exacerbate disease severity or progression, such as compromised lungs or cardiovascular systems. Recently, a National Institutes of Health study found that those living with a substance use disorder diagnosis are more likely to acquire COVID-19 and are more likely to experience worse outcomes like hospitalization and death.[4] In August 2020, the CDC released a study showing that U.S.

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[1] Centers for Disease Control and Prevention, National Center for Health Statistics. *Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts*. Accessed on October1, 2021 at https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

[2] Centers for Disease Control and Prevention (CDC). Diagnoses of HIV infection in the United States and dependent areas, 2017. *HIV Surveillance Report* 2018;29. https://www.cdc.gov/hiv/group/hiv-idu.html.

[3] Ibid.

[4] National Institutes of Health. Substance use disorders linked to COVID-19 susceptibility. Retrieved January 28, 2021 from https://www.nih.gov/news-events/news-releases/substance-use-disorders-linked-covid-19-susceptibility.

adults reported considerably elevated adverse mental health conditions associated with COVID-19.[5] In particular, 13.3% of respondents reported having started or increased substance use to cope with stress or emotions related to COVID-19.[6]

A 2020 Quest Diagnostics Health Trends study indicates that misuse of fentanyl, heroin, and nonprescribed opioids are on the rise, potentially due to the COVID pandemic's impact on healthcare access and support for individuals most at-risk for substance use disorder.[7] The study highlights that positivity for non-prescribed fentanyl increased substantially among specimens that were also positive for amphetamines, benzodiazepines, and cocaine. The Quest findings are consistent with overdose trends. According to a 2021 study by the National Institute on Drug Abuse, methamphetamine-involved overdose deaths nearly tripled from 2015-2019 among adults in the United States.[8] Another 2021 NIDA study indicate that deaths involving methamphetamines more than quadrupled among American Indians and Alaska Natives. The study indicates that long-term decreased access to education, high rates of poverty, and discrimination in the delivery of health services are among the factors thought to contribute to health disparities for American Indians and Alaska Natives.

These trends are not surprising, given our nation's history of racist drug policies and focus on criminalization. Black people make up 13% of the U.S. population[9] and use drugs at similar rates to people of other races.[10] But the highest increase in rates of overdose death in 2018 were among Black men.[11] Black people comprise 29% of those arrested for drug law violations,[12] and nearly 80% of people in federal prison and almost 60% of people in state prison for drug offenses are Black or Latinx/Latine[13] The War on Drugs has targeted communities of color since its inception in the 1970s, leading to discrimination at every level of the criminal-legal system. Research shows that prosecutors are twice as likely to pursue a mandatory minimum sentence for Black people when compared with.[14]

In 2018, Black people made up 42% of new HIV diagnoses in the United States.[15] One in nine Black children has an incarcerated parent, compared to one in 28 Latinx/Latine children and one in 57 White children.[16] One in 13 Black people of voting age are denied the right to vote because of laws that disenfranchise people with

[5] Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1external icon.
[6] Ibid.
[7] Justin K. Niles, Jeffrey Gudin, Jeff Radcliff, and Harvey W. Kaufman. Population Health Management. Feb 2021.S-43-S-51.http://doi.org/10.1089/pop.2020.0230
[8] National Institutes on Drug Abuse. News Release: *Methamphetamine-involved overdose deaths nearly tripled between 2015 to 2019, NIH study finds*. Sept. 22, 2021. Accessed on October 1, 2021 at https://www.drugabuse.gov/news-events/news-releases/2021/09/methamphetamine-involved-overdose-deaths-nearly-tripled-between-2015-to-2019-nih-study-finds

[9] U.S. Census Bureau, Quick Facts (2014) http://quickfacts.census.gov/qfd/states/00000.html.
[10] Substance Abuse and Mental Health Services Administration, "Results from the 2014 National Survey on Drug Use and Health: Detailed Tables," (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015,), Table 1. 19B.
[11] Lippold KM, Jones CM, Olsen EO, Giroir BP. Racial/Ethnic and Age Group Differences in Opioid and Synthetic Opioid–Involved Overdose Deaths Among Adults Aged ≥18 Years in Metropolitan Areas — United States, 2015–2017. MMWR Morb Mortal Wkly Rep 2019;68:967–973. DOI: http://dx.doi.org/10.15585/mmwr.mm6843a3
[12] Federal Bureau of Investigation, "Crime in the United States, 2015," Table 49A. https://ucr.fbi.gov/crime-in-the-u.s./2015/crime-in-the-u.s.-2015/tables/table-49.
[13] Bureau of Justice Statistics, "Federal Justice Statistics Program," http://www.bjs.gov/fjsrc/; E. Ann Carson, "Prisoners in 2016," (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 2017).
[14] Sonja B Starr and Marit Rehavi, "Mandatory Sentencing and Racial Disparity: Assessing the Role of Prosecutors and the Effects of Booker," *Yale Law Journal* 123, no. 1 (2013).
[15] CDC. HIV and African American People. https://www.cdc.gov/hiv/group/racialethnic/africanamericans/index.html.
[16] Bruce Western and Becky Pettit, *Collateral Costs: Incarceration's Effect on Economic Mobility* (Pew Charitable Trusts, 2010), 4.

felony convictions.[17] Further, organizations led by people of color are less equipped to respond. The Building Movement Project's report, *Nonprofit Executives and the Racial Leadership Gap: A Race to Lead Brief,* highlights that "organizational financial stability is a particularly acute burden for EDs/CEOs of color. On average, leaders of color report smaller organizational budgets and more often report that they lack access to (and face challenges securing) financial support from a variety of funding sources, such as foundations, government and individual donors."[18]

For decades, the United States has addressed substance use in two main ways: demand reduction and supply reduction. Demand reduction seeks to reduce the demand for drugs, often in the spirit of the "Just Say No" anti-drug campaign of the 1980s and 1990s and frequently using an abstinence-only lens. Supply reduction seeks to reduce the drug supply and is the premise of the War on Drugs, which has led to overcriminalization, mass incarceration, and fractured communities. Neither strategy is working. People are still using drugs and communities of color are bearing the brunt of our draconian approaches.

The Syringe Access Fund has always been committed to supporting harm reduction, which has repeatedly proven to lower rates of substance use around the world.[19] Harm reduction recognizes the humanity of people who use drugs and acknowledges that people's relationships with substances usually change over time. It aims to minimize the negative consequences of substance use by fostering social inclusion and focusing on pragmatic wellness goals.

The most effective example of harm-reduction interventions are syringe-services programs (SSPs). SSPs were introduced in the U.S. in the 1980s and 1990s as a community-based response to injection-drug use during the height of the HIV/AIDS epidemic. Today, they provide syringes, overdose-prevention education, syringe-litter cleanup, infectious-disease testing and — crucially — naloxone, the lifesaving overdose antidote.[20] SSPs also connect their clients to treatment for substance-use disorder, in addition to primary care and social services.

The United States government has historically been limited in their support for syringe services. There is a partial ban on federal funding being used for syringe services, which prohibits the purchase of syringes and cookers with federal funds. Syringe services are authorized at the state level, with some states where syringe services are not legal, others where they are but not budgeted, and others where public money can be used for program staff, infrastructure and related services, but not to purchase syringes and cookers.

Decades of research demonstrates the effectiveness of syringe services programs. SSPs are associated with an estimated 50% reduction in HIV and hepatitis C.[21] A 2018 study by the Yale School of Public Health found that the HIV outbreak in Scott County, IN, in 2015 could have been avoided with comprehensive syringe

[17] Christopher Uggen et al., "6 Million Lost Voters: State-Level Estimates of Felon Disenfranchisement in the United States, 2016," (Washington, DC: The Sentencing Project) http://www.sentencingproject.org/publications/6-million-lost-voters-state-level-estimates-felony-disenfranchisement-2016/2012).

[18] The Building Movement Project. *Nonprofit Executives and the Racial Leadership Gap: A Race to Lead Brief.* 2016. https://racetolead.org/wp-content/uploads/2020/07/RTL_Revisited_National-Report_Final.pdf

[19] Logan DE, Marlatt GA. Harm reduction therapy: a practice-friendly review of research. *J Clin Psychol*. 2010;66(2):201-214. doi:10.1002/jclp.20669

[20] U.S. Food and Drug Administration. Having Naloxone on Hand Can Save a Life During an Opioid Overdose. Retrieved January 29, 2021 from https://www.fda.gov/consumers/consumer-updates/having-naloxone-hand-can-save-life-during-opioid-overdose.

[21] Platt L, Minozzi S, Reed J, et al. Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. Cochrane Database Syst Rev. 2017; 9: CD012021. Doi: 10.1002/14651858.CD012021.pub2.

services.[22] When the outbreak occurred, syringe services were illegal in Indiana. Researchers found that earlier action could have brought the actual number of infections from 215 to 10.

Access to an SSP combined with medication for opioid use disorder (MOUD) reduces HIV and hepatitis C transmission by over two-thirds.[23],[24] Many SSPs offer access to providers of MOUD,[25] with some creating patient navigation programs specifically for MOUD. Referrals to MOUD make new clients of SSPs five times more likely to enter drug treatment and three times more likely to stop using drugs than those who do not use the programs.[26]

SSPs also help keep communities and first responders safe. Safe needle disposal and community clean-up help protect first responders and the public.[27] Studies in Baltimore[28] and New York City[29] have found no difference in crime rates between areas with and areas without SSPs.

Purpose

The primary goal of the Syringe Access Fund is to provide core support for programs that demonstrate: (a) an ability to provide high quality syringe services to one or more identified communities, or (b) an ability to conduct local, statewide, or national-level community education and mobilization initiatives that demonstrate concrete objectives and activities to expand access to sterile syringes.

The Syringe Access Fund prioritizes identifying and supporting organizations across intersecting movements to enhance and coordinate services for people who use drugs. The Syringe Access Fund supports and funds organizations that are led by and serving networks of people who use drugs, including in the design, delivery, and evaluation of services (for information on meaningful involvement, please find on the AIDS United website "Meaningful Involvement of People Who Use Drugs"). Round 12 of the Syringe Access Fund will prioritize organizations that are led by and serve a majority of Black, Indigenous, or other People of Color (BIPOC) clientele. The Syringe Access Fund will also prioritize support for programs in geographic areas in which local or state support for syringe services programs is low or nonexistent. Other compelling factors may include the prevalence of HIV, viral hepatitis, and other blood-borne pathogens; injection drug use prevalence; overdose incidence; and areas in which policy improvement can have local, state, and/or national impact.

A community-based review committee will review all Letters of Inquiry and invite a select number of applicants best aligned with funding priorities to respond to a full Request for Proposals (RFP). The committee will then review all applications and determine a select number of organizations that will be

[22] Gonsalves, Gregg S, Crawford, Forrest W. Dynamics of the HIV outbreak and response in Scott County, IN, USA, 2011-15: a modelling study. The Lancet. Vol 5, Issue 10, E569-E577, October 01, 2018. Doi:https://doi.org/10.1016/S2352-3018(18)20176-0.
[23] Ibid.
[24] Fernandes RM, Cary M, Duarte G, et al. Effectiveness of Needle and syringe programmes in people who inject drugs – An overview of systematic reviews. BMC Public Health. 2017; 17(1):309. Doi:10.1186/s12889-017-4210-2.
[25] Des Jarlais DC, Nugent A, Solberg A, Feelemyer J, Mermin J, Holtzman D. Syringe service programs for persons who inject drugs in urban, suburban, and rural areas – United States, 2013. MMWR Morb Mortal Wkly Rep. 2015; 64(48):1337-1341. Doi:10.15585/ mmwr.mm6448a3.
[26] Centers for Disease Control and Prevention. Syringe Services Programs (SSPs) Fact Sheet. Accessed January 28, 2021. https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html
[27] Tookes HE, Kral AH, Wenger LD, et al. A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs. Drug Alcohol Depend. 2012;123(1-3):255-259. doi:10.1016/j.drugalcdep.2011.12.001.
[28] Marx MA, Crape B, Brookmeyer RS, et al. Trends in crime and the introduction of a needle exchange program. Am J Public Health. 2000;90(12),1933–1936.
[29] Galea S, Ahern J, Fuller C, Freudenberg N, Vlahov D. Needle exchange programs and experience of violence in an inner city neighborhood. J Acquir Immune Defic Syndr. 2001;28(3),282-288.

awarded grants. For this Round, AIDS United expects to provide one-year cash grants to a total cohort of up to 15 organizations.

Eligibility Requirements

To be eligible for funding through the Syringe Access Fund Round 12, one or both of the following criteria must be met:

- **Racial Justice** – Applicants must be organizations that are dedicated to providing harm reduction services and are led by and serving a majority Black, Indigenous, and/or other People of Color (BIPOC).
    - AIDS United is defining BIPOC-led as an organization with 1) a self-identified BIPOC Executive Director/Highest Paid Staff or Equivalent, 2) 51%+ self-identified BIPOC Senior Leadership, and 3) 51%+ self-identified BIPOC Staff
    - AIDS United is defining BIPOC-serving as 51%+ of participants self-identify as BIPOC
    - *We recognize that these definitions are imperfect. We are committed to continued learning, updating our language, and being cognizant of the ways in which race and power operate*
- **Areas of High Need** – Applicants must be located and perform work within a U.S. state, district, or territory that considers the distribution of sterile drug consumption supplies illegal or which places prohibitive restrictions on SSPs

Applicants must also meet all the following criteria:

- **Budget** – Applicants must have a total organizational budget of *less than* $1,000,000.
- **Geographic Location** – Applicants must be located and perform work within the 50 states, the District of Columbia, Native American Reservations/Tribal Lands, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, or the U.S. Virgin Islands.
- **Nonprofit Status** – Applicants must be nonprofit, tax-exempt organizations, per the guidelines set forth by the Internal Revenue Service (IRS) with proper 501(c)(3) status. Appropriate verification of this federal status will be undertaken by AIDS United before final grant decisions are made. Organizations or coalitions that do not hold 501(c)(3) status must have a fiscal sponsor that has such status.
- **Financial Stability** – Organizations should be fiscally stable and viable prior to submission of the funding application. These funds are not intended to serve as a replacement for discontinued funding.
- **Funding Priorities** – Proposed efforts must be focused on 1) syringe access direct services (access to sterile syringes through syringe services programs) or 2) education/mobilization (advocacy campaigns focused on improving public policy at local, state, and/or national levels).
- **Grant Period** – Applicant must be able to utilize the funds within a 12-month period beginning February 1, 2022 and ending January 31, 2023.

Grant Considerations

The Syringe Access Fund offers grant support under two categories: 1) syringe access direct services (access to sterile syringes through syringe services programs) and 2) education/mobilization (advocacy campaigns focused on improving public policy at local, state, and/or national levels).

Organizations are eligible to apply under syringe access direct services **OR** education/mobilization categories.

Organizations engaged in racial justice activities for people of color who use drugs are strongly encouraged to apply through either category.

Organizations are invited to submit proposals for $10,000 to $50,000 for one year.

Deadline and Submission Information

The application process for the Syringe Access Fund will begin with Letters of Inquiry, which should be submitted via AIDS United's online Grantee Community and are **due by 5:00 p.m. ET on November 5, 2021**.

AIDS United will review Letters of Inquiry internally and invite eligible organizations to submit a full proposal.

Late, incomplete, mailed, express-delivered, or faxed Letters of Inquiry will not be accepted.

Letters of Inquiry

The Letter of Inquiry should address why your organization is best suited to address the purposes of the Syringe Access Fund in this Round. It should include:

- Details of the proposed project
- Rationale for the project
- How your organization meets the eligibility criteria
- Organization's current annual operating budget**.** Line-item budgets are not required for the Letter of Inquiry.

Applicants must also submit with the Letter of Inquiry:

- **Representation Table**, available for download on AIDS United's website, through this link, as well as within the application form in our online Grantee Community.

Letters of Inquiry should not exceed 1,000 words in length.

Assistance throughout the Application Process

AIDS United is committed to assisting eligible applicants with the preparation of a complete and responsive Letter of Inquiry to the Syringe Access Fund. Our staff will be available to answer any questions and to provide technical support. We prefer that you submit questions and requests for assistance to our dedicated email address, saf@aidsunited.org.

Optional one-on-one technical assistance (TA) office hours will be held at the following times during the open application period, where AIDS United staff will be available to assist with any questions you might have. If interested, please sign up for a 20-minute slot at https://calendly.com/crodriguez-au/20min.

- Wednesday, October 20th, 4:00-6:00pm EST
- Wednesday, October 27th, 4:00-6:00pm EST
- Wednesday, November 3rd, 4:00-6:00pm EST

Additionally, a webinar will be held on the following date for the purpose of providing clarification about the grant announcement and key application submission tips. Please note that the TA webinar includes information about submitting the proposal online. All application submissions will be sent via AIDS United's online Grantee Community.

- Tuesday, October 26, 4-5pm EST
- Register at: https://zoom.us/webinar/register/WN_mk5dgMhNRX6Dgc1K0BQg8Q

Thank you for your interest in the Syringe Access Fund and for your work in addressing substance use and health in your community.

Timeline

The following outlines key benchmarks for the initiative:

October 18, 2021	Request for Letters of Inquiry Released
October 26, 2021	Letters of Inquiry TA Webinar
November 5, 2021	Letters of Inquiry Due
November 19, 2021	Organizations Invited to Submit a Full Application
December 17, 2021	Completed Application Due to AIDS United
January 14, 2022	Notification of Funding Decision
February 1, 2022	Grant Period Begins
July 31, 2022	Interim Report Due
January 31, 2023	Grant Period Ends
February 28, 2023	Final Report Due

Questions

If you have any questions, please reach out to the Syringe Access Fund team at SAF@aidsunited.org.