

# AIDS United

Syringe Access Fund  
Round 9

## FINAL REPORT



During the Round 9 funding cycle, the Syringe Access Fund awarded syringe services grants to 51 organizations and community education/mobilization grants to seven. The grantee cohort was comprised of organizations from 31 states, the District of Columbia, Puerto Rico, and US Virgin Islands. During the 2-year grant period, grantees exchanged over 65 million syringes and worked with nearly 200,000 unduplicated participants.

## DEMOGRAPHICS

Reporting on participant demographics from syringe services programs showed that most participants identify as white and non-Hispanic/Latinx. The majority of program participants identified as male, followed by female, and then people of trans experience. Most participants reported identifying as heterosexual or straight, followed by gay, and then men who have sex with men. A majority are between the ages of 25 – 34, followed closely by 35 – 44.

Not all syringe services programs require participants to disclose HIV or hepatitis C status. Final report data shows 3,854 participants that self-identify as living with HIV and 16,596 participants that self-identify as living with hepatitis C.

A significant number of unknown demographic data was present across all categories.

## SYRINGE SERVICES

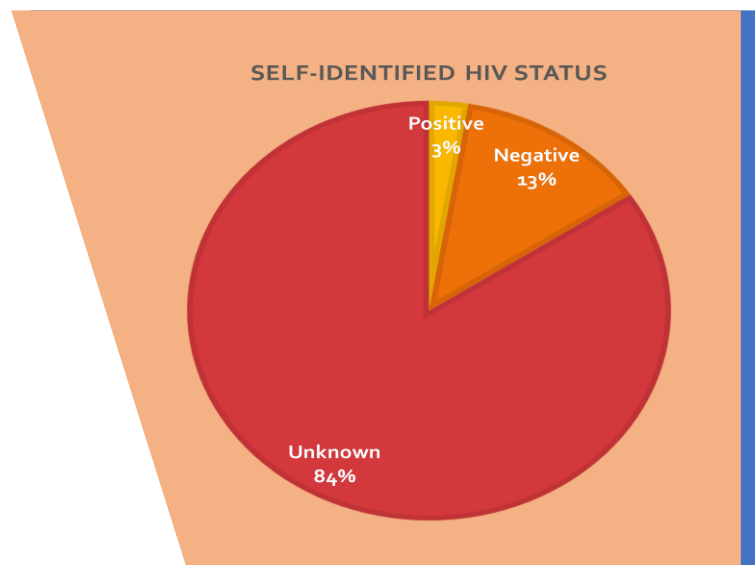
A common narrative was identified across reports, with grantees noting an increase in participants, along with increases in overdose rates, due to the opioid crisis. At the same time, the number of start-up syringe services programs is increasing, creating greater competition for funding.

*“Our data suggests that our services have reached a maximum capacity for the funding and staff we have available.”*

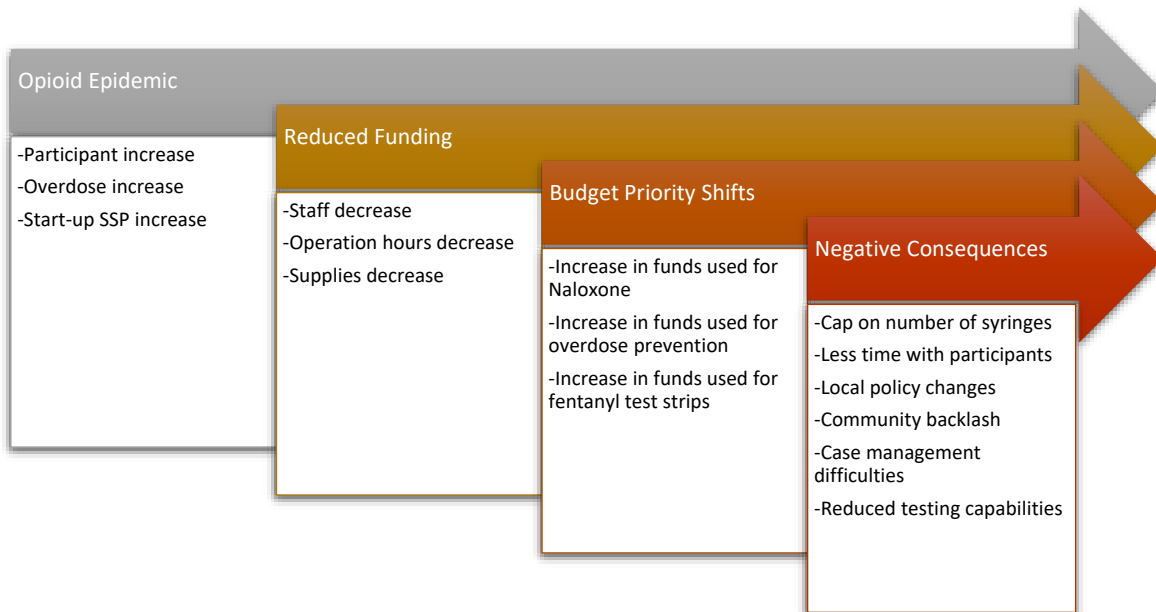
Grantees report reduced funding from both the public and private sectors, leading to a decrease in the number of staff members they can afford to pay, a decrease in program hours of operation, and a decrease in the number of supplies.

Due to a drug supply that is saturated with fentanyl, grantees spend more funding on Naloxone and fentanyl test strips than ever before.

These factors have led to unintended negative consequences. Some grantees report placing a cap on the number of syringes each participant collects, 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. Communities are moving away from harm reduction strategies and making it more difficult for syringe services programs to operate - a backlash that grantees attribute to the opioid crisis; increased media attention on injection drug use; and federal grant funding for recovery and treatment, not harm-reduction services, for people who actively use drugs and are not looking for treatment. Several grantees report struggling to maintain case management as the number of participants steadily rises. Others report staff spending less time providing HIV and HCV testing and connecting participants to care.



### CHALLENGE: FUNDING

Nearly every grantee mentions that the most pressing challenge for their syringe services program is funding. Grantees are seeing an increase in the number of people accessing their services, leading to an increased demand for syringes. At the same time, they are seeing reduced funding for syringe services programs. The decrease in funding is causing grantees to reduce staff and hours of operation and move away from case management, testing, and linkage services. Grantees report that increases in participants along with decreases in staff are causing staff to spend less time per participant.

### CHALLENGE: OVERDOSE

Grantees report that fentanyl continues to dominate the drug supply in their communities. Many grantees report that an overdose involving fentanyl requires more Naloxone and so they are having to spend additional funds on Naloxone and overdose prevention kits.

*“We held seven memorial services for clients and friends who died from overdose during the reporting period.”*

Grantees are also increasing the number of fentanyl test strips they purchase and distribute. Fentanyl test strips do not identify quantity, but do show if fentanyl is present, which allows a person to adjust their dosage accordingly. Since fentanyl’s duration of effect is shorter than heroin, participants are injecting with greater frequency. More injections per day increases the risk of

injection-related harm. Thus, the presence of fentanyl in the drug supply indicates that a greater number of supplies are needed at syringe services programs, so participants can avoid sharing or reusing syringes and other injection equipment.

One grantee reported dispensing over 2,300 doses of Naloxone during the reporting period. They reported that 1,359 times a life was saved, but they still lost at least 192 lives of participants in their program.

### **CHALLENGE: RELOCATION/DISPLACEMENT OF PROGRAM PARTICIPANTS**

Grantees battling with local policy and community backlash are experiencing the rapid displacement of program participants.

Several grantees describe cities closing well-known shooting galleries and displacing program participants who have lived in the area for years. Once participants are displaced, it becomes difficult for organizations to reach them. Participants move and may no longer be able to access drop-in services and mobile exchanges may not know where to find them.

*Programs located in cities where shooting galleries have been closed noted an increase in public usage.*

Many grantees report that their cities were specifically targeting people experiencing homelessness. One city passed an urban camping ban that is strictly enforced, which has caused participants experiencing homelessness to scatter. Another grantee described a wave of anti-homeless sentiment that is affecting drug users in the area. They describe local elected officials running campaigns that emphasize the need to “clean up” homelessness and remove people experiencing homelessness from public spaces.

### **CHALLENGE: COMMUNITY SUPPORT**

Many grantees report challenges with local and state legislators and community/neighborhood groups, while others report hostility and harassment from local law enforcement. Still others report hostility from neighbors who do not want a syringe services program operating in the neighborhood.

One grantee has been without a brick and mortar location for several years, as the community they were once a part of has lobbied to prevent them from renting a space. They moved to mobile operation, but the community passed an ordinance preventing them from operating on sidewalks and another that prevented their mobile unit from parking in the area.



*North Carolina Harm Reduction Coalition, Wilmington, NC*

Another grantee describes gentrification as the root issue, saying that the neighborhood they serve is rapidly changing, causing rent increases and displacement of longtime residents. New residents, often upwardly mobile young people, are calling for the removal of social services and syringe services programs in the area.

### **LESSON LEARNED: MEANINGFUL INVOLVEMENT**

One of the most highly referenced lessons learned is the importance of involving people who use drugs at every level of the organization.

*“The most important lesson is an old one: the need to trust in the expertise and expressed desire of people who use drugs. Within those relationships lies the secret to effective harm reduction practices.”*

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 intersecting crises of drug use, viral hepatitis, and HIV.

People who use drugs are intimately familiar with their communities’ needs, cultures, and barriers to services and health. Their expertise is essential to building effective services and trusted spaces where people who use drugs can access services and be treated with respect and dignity.

Meaningful involvement of people who use drugs can increase support for harm reduction policy and advocacy efforts; challenge myths related to drug use, HIV, and viral hepatitis; and reframe the narrative supporting criminalization. Opportunities for job training and employment are in themselves an important component of harm reduction in communities of people who use drugs. In fact, hiring people with prior convictions lowers rates of unemployment, crime, and recidivism.

Grantees report that peer educators have access to drug use spaces and service galleries that other members of the organization may not. One grantee notes that always, but especially during times of increased police presence, the role of a peer is incredibly valuable, as they can reach participants who are remaining purposefully hidden.

### **LESSON LEARNED: BUILDING COMMUNITY**

Many grantees discuss the importance of maintaining relationships with community members, local policy makers, and media, even after syringe access has been legalized in an area. One grantee mentions that even in liberal, urban areas, public support is not guaranteed.

The national focus on the opioid crisis has put the spotlight on syringe services programs. It is critical that organizations continue to stress the benefits of syringe services. This is especially true when it comes to relationships with local and national media. Grantees report being approached more frequently by news outlets to discuss the opioid crisis and how it is affecting local communities.

*“We need to pay attention to local issues that affect our clients’ ability to access our services.”*

Harm reduction-focused community-based organizations continue to be highly scrutinized by community members, policy makers, and the media. Organizations must constantly be aware of how the community is feeling about their services and provide continuing education.

One grantee reports on the importance of following local public policy issues, even those that do not specifically address syringe access or drug use. It is possible that syringe services program participants are facing challenges outside of syringe access that may affect client access to the program.

### **LESSON LEARNED: OVERDOSE**

All grantees report increases in the overdose rates in their community. They report that the common theme in the increase seems to be the level of fentanyl in the drug supply.

*“People who overdose include both newer injectors and very experienced ones. The unpredictable presence of fentanyl seems to be a common theme.”*

Grantees report increasing their focus on overdose prevention education and emphasizing the importance of not using alone. Grantees are also supplying their communities with as much Naloxone as they can afford.

## COMMUNITY EDUCATION/MOBILIZATION

Seven policy grants were awarded in Round 9 that impacted harm reduction-related policy in eighteen states, territories, and/or districts of the U.S. Nineteen syringe access bills were introduced in twelve states, and seven syringe access laws passed in six states. Eleven overdose prevention-related bills were introduced in 8 states, and 8 were passed in 6 states.

*“The time is ripe for syringe access expansion.”*

The overarching narrative from community education/mobilization grantees focuses on a shifting epidemic connected to the opioid crisis. Traditionally, evidence-based approaches to drug use have been encouraged and promoted by policy makers

on the left, with those on the right responding with criminalization or forced treatment. Recently, the majority of legislatures passing bills are controlled by Republicans and the governors signing bills are Republican.

The depiction of a person who uses drugs has changed in the media. The opioid crisis has introduced the nation to the suburban white drug user. The racist drug policies of previous decades are changing to reflect this new population of user. This has created an opportunity for community-based organizations that have been advocating for harm-reduction approaches for years. It also comes with the responsibility to fight racist drug policies and to build with racial justice movements.

Grantees report that while Republican-controlled legislatures are more likely to consider syringe access as an effective strategy to combat the opioid crisis, funding has not kept pace. Federal and state governments are still placing restrictions on how funds can be used – with bans on syringes and harm reduction supplies. The demand for syringes has outstripped budgets. New programs are being evaluated based on their success linking participants to substance use disorder treatment, but there is a lack of funding for counselors, case managers, and peer navigators.

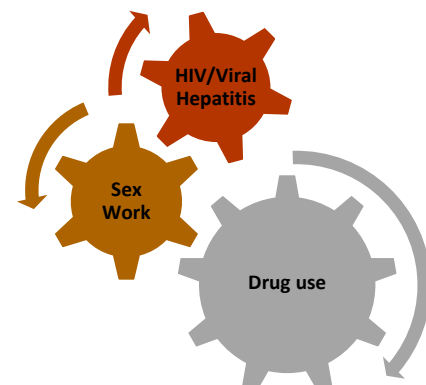
These circumstances have created a sense that syringe services programs are being set up to fail. Grantees report fearing community backlash and potential closure without further efforts to secure community support and legitimacy.

### CHALLENGE: CRIMINALIZATION

Grantees report that their policy work on syringe access intersects with Good Samaritan 911 laws, decriminalization of paraphernalia for personal use, and decriminalization of sex work.

In addition to Naloxone access laws and increased funding for syringe services, the Syringe Access Working Group of DC helped get a bill introduced to decriminalize sex work in 2017.

While North Carolina’s Law Enforcement Safety Advocacy Program Team developed a Law Enforcement Needlestick Prevention curriculum and cultivated strong syringe access advocates among law enforcement communities, other state advocates had more difficult time engaging law



enforcement concern. Miami IDEA Exchange notes, “The greatest opposition came from local law enforcement, [who] actively ignored state law and harassed clients of the Exchange, requiring us to spend a substantial amount of time and effort cultivating relationships with police department leadership and less time on state-level advocacy.”

Law Enforcement Assisted Diversion (LEAD) programs, modelled after Seattle, Washington’s, have expanded in liberal urban areas, and more recently being introduced in conservative and rural areas. A LEAD program was successfully rolled out in North Carolina, and advocates in Washington, DC, Miami, FL, and New Orleans, LA worked on developing similar programs in their communities.

Grantees continue to report that criminalization remains one of the most significant challenges.

### **CHALLENGE: STIGMA**

Many grantees continue to report that stigma against people who use drugs remains a significant barrier to engaging community members and policy makers. The view of people who use drugs as criminals or individuals who do not care about their health, wellbeing, and community continue to dominate conversations with communities and policy makers.

Another common misperception reported by grantees focuses on how communities view syringe services programs. Community members express concerns that opening a syringe services program in the neighborhood would “normalize” or encourage drug use. Some grantees report facing community concerns around drug-related crimes and drug trafficking.

*“As with other advocacy efforts, community education has played a critical role in overturning stigmatizing beliefs about people who use drugs.”*

Some grantees discuss the stigma their organizations receive from state and local government. For example, one grantee reports on a Department of Health mandate that syringe services program staff, unlike staff at other service organizations, “generate an unreasonable amount of data,” or else lose access to resources the health department is contracted to provide them. This state-sponsored stigma places unreasonable expectations on syringe services programs to perform at a higher level than other community-based organizations receiving state and local funding. Similarly, new syringe services programs are under immense pressure to show success. Grantees report, however, that their participants are not comfortable providing the level of private information that the Department of Health would like to see, forcing syringe services programs to choose between funding and serving their community.

### **LESSON LEARNED: COALITION BUILDING**

Grantees report that the widespread overdose crisis and its effect on public discourse encourage opportunities to discuss harm reduction and syringe access among unlikely audiences. One key lesson learned is to engage law enforcement in advocacy for syringe access – two grantees utilize a law enforcement safety advocacy model, and one of those replicated their model in three additional states.

One grantee reports progress on syringe access legislation after expanding their geographical area to include the suburban and rural areas outside of their primary area of focus. Another grantee reports success through building relationships with medical staff at the department of health.



Grantees also report building partnerships with groups not working explicitly on drug policy. One grantee reaches out to organizations in the criminal justice reform movement. They are able to build inroads of support with lawmakers and law enforcement officials by connecting criminal justice reform to drug policy reform.

### **LESSON LEARNED: MESSAGING**

Another key takeaway is the role of social media in addressing the issue of travel to state legislatures and stakeholder communities. One grantee reports hosting thirty-eight public forums, making 12,632 in-person contacts, 69,149 online impressions, and collecting 4,061 online surveys through their advocacy initiative.

Another grantee stresses the importance of mobile syringe services as an advocacy/community mobilization tool. They are able to reach more people experiencing homelessness and multi-ethnic populations. Street outreach allows them to connect with people who may not have access to the brick-and-mortar location or are not accessing information via social media, traditional media, public transportation posters, or word-of-mouth.

*“Combining typical outreach approaches with boots-on-the-ground in disparate communities will be a syringe access model that is critical for success [in our state].”*

### **CONCLUSION**

Fifty-one of 59 Round 9 grantees applied for Round 10 funding and 35 received funding. Under the Consolidated Appropriation Act of 2016, the ban on federal funding for syringe services programs was partially lifted – with the exception that federal funds may not be used to purchase syringes or cookers. In order to use federal funds for this purpose, health departments must first consult with Centers for Disease Control and Prevention and provide evidence that their jurisdiction is experiencing or at risk for significant increases in hepatitis infections or an HIV outbreak due to injection drug use. Thirty-five states and D.C., 1 territory, 7 select counties and 1 city received a Determination of Need Justification from the CDC as of September 11, 2018, but few have secured federal funding to support syringe services programs.

To help with state-based implementation of syringe services programs and to advocate for resources and funding, AIDS United’s capacity building assistance team has increased its efforts with Syringe Access Fund grantees and other community-based organizations. The capacity building assistance team has collaborated to host regional syringe services programs institutes that engage Syringe Access Fund grantees and other community-based organizations in a two-day conference that promotes harm reduction best practices and facilitates collaboration between health departments and community-based organizations.

The Syringe Access Fund encourages government support of syringe access and will be offering grants to public health departments in Round 10. In places where local or state government can find resources for syringe access services, education or mobilization, the Syringe Access Fund may be willing to provide matching funds to advance these efforts. The matching component provides an opportunity for public-private innovation.

During the Round 10 cycle, the Syringe Access Fund will also provide opportunities for off-cycle funding through quarterly grant reviews. These awards will support organizations with grants up to \$15,000 for start-up syringe services programs and emerging policy opportunities.