Syringe Services Programs (SSPs): Funding and Sustainability

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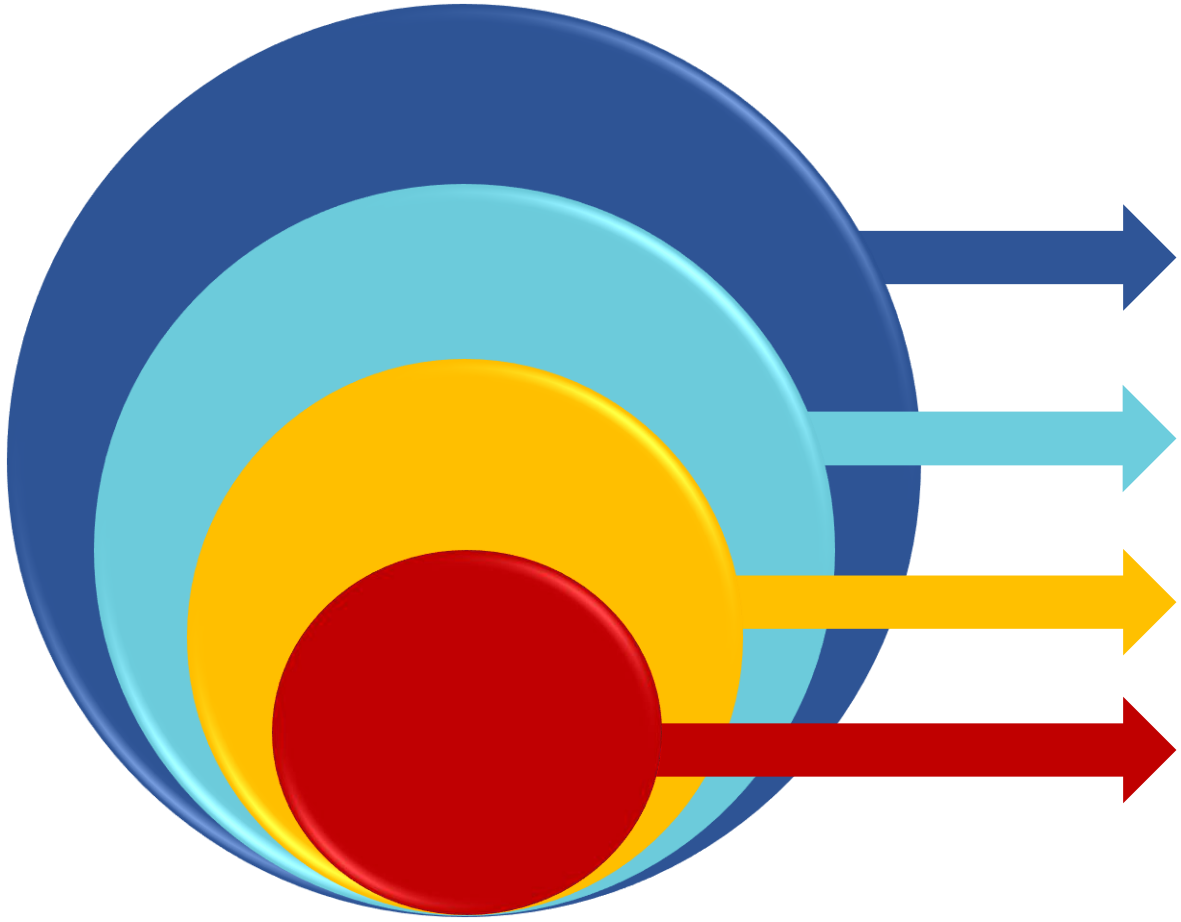
Overview

- Why funding for SSPs is so complicated (and unique)
- Different types of funding and what you can do with it
  - Federal
  - State
  - Foundation and Private Funders
  - Local Resources

Funding often has a single-issue focus but people who use drugs don’t live single-issue lives

Environmental Factors Related to Drug User Health



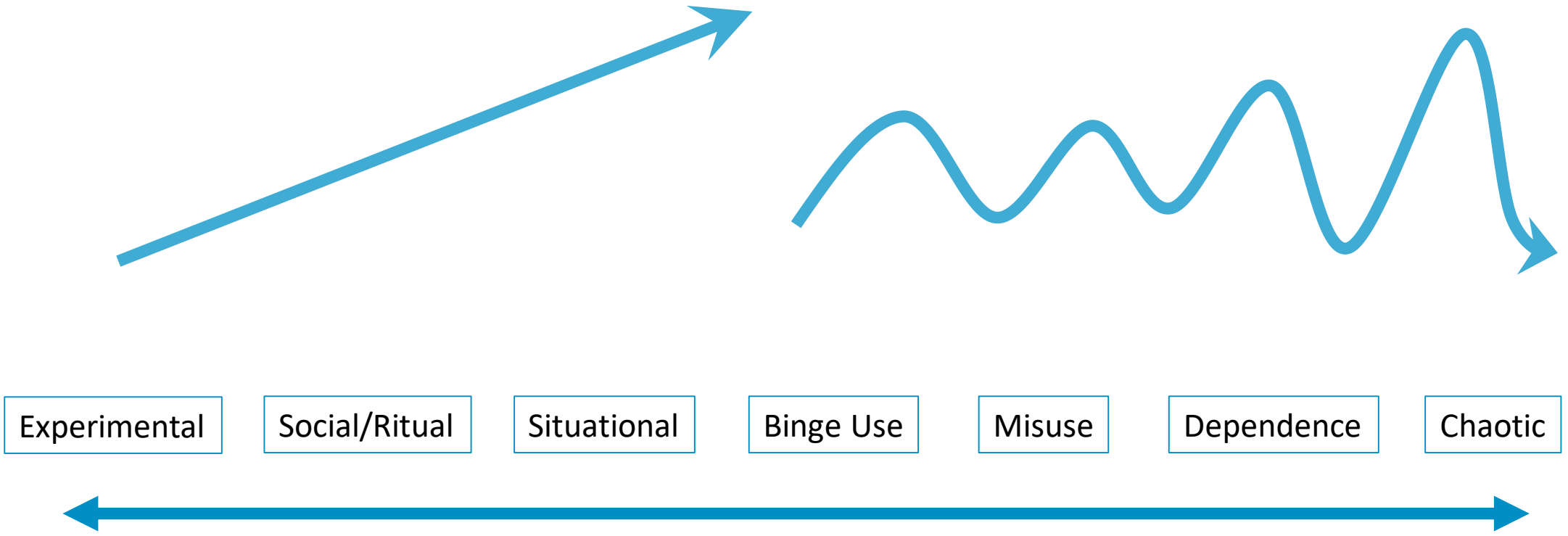
Racism, poverty, access to care, stigma, etc.

Lack of housing, availability of alcohol & drugs

Substance use, mental health

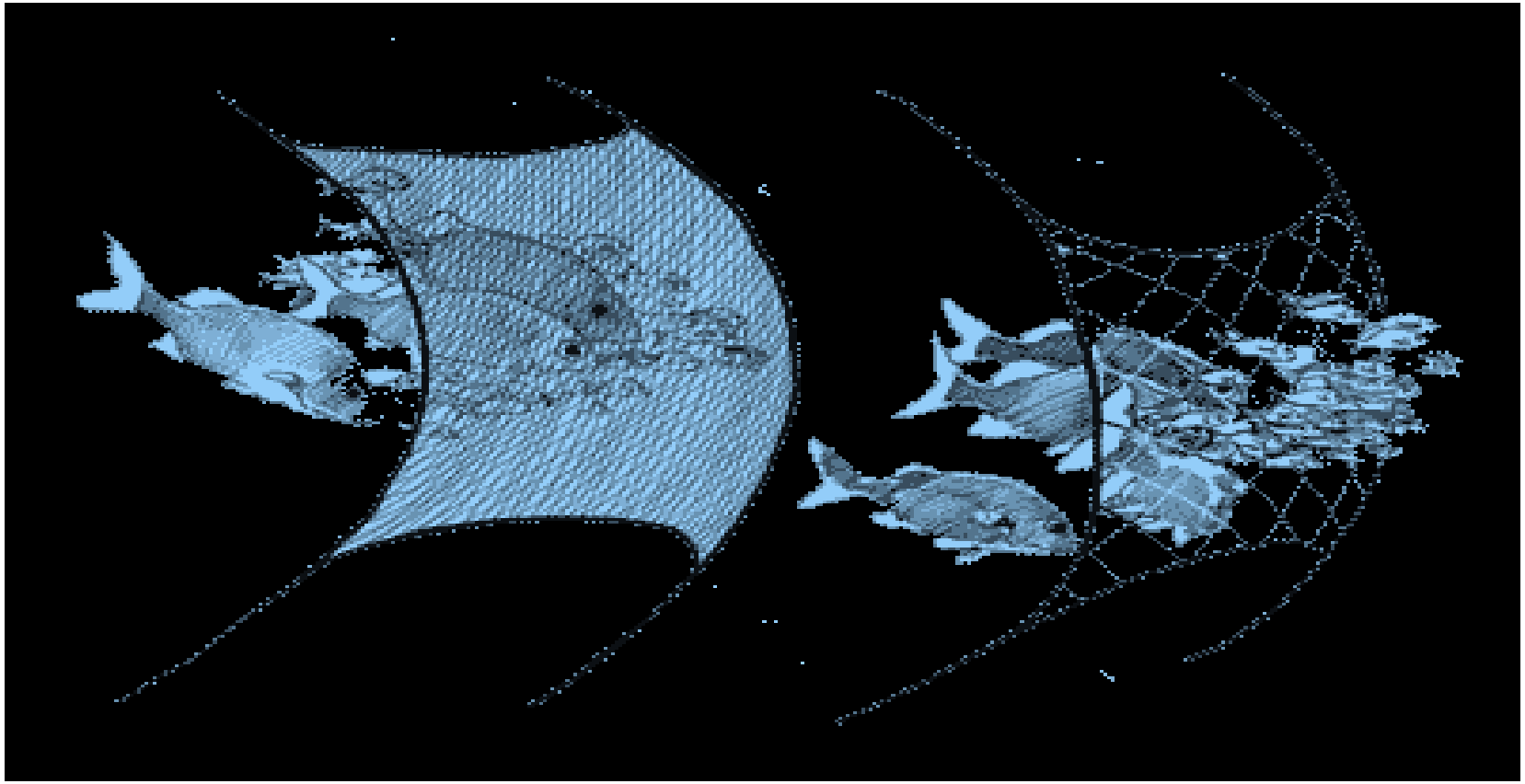
HIV, HCV, overdose

Continuum of Drug Use



Denning, P., & Little, J. 2012. *Practicing Harm Reduction Psychotherapy.*

Prevention and Treatment Binary



Prevention → → → → Harm Reduction → → → Treatment

Comprehensive Approach

HCV/HIV Testing and Treatment

Mental Health Services

Medication Assisted Treatment

PREP for PWUDs

Naloxone, Syringe Service Programs, and Safer Injection Practices

Comprehensive Approach = Need for Collaborative Funding

SSP Budgets

- SSPs face chronic underfunding
- Nearly all jurisdictions would benefit from more funding
- There is significant disparity in funding between the largest and smallest SSPs
- The "average" program runs between $250,000 – $1,500,000
- Some SSPs run on $60,000 or less
  - These programs are forced to rely on a core group of dedicated volunteers

- The CDC has estimated the cost of an "ideal" comprehensive SSP based on number of clients & geographical area served. [1]
- These numbers assume:
  - A well-staffed SSP
  - Open 40 hours a week
  - Offering comprehensive services
  - Cost listed in the thousands

1. Asher, Alice, et al., *Estimating the Cost of Comprehensive Syringe Services Program in the United States*, 2017 International Symposium on Hepatitis in Substance Users in Jersey City, September 6-8 2017
--World Health Organization, 2007. https://www.unodc.org/documents/hiv-aids/NSP-GUIDE-WHO-UNODC.pdf
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ESTIMATING THE COST OF A COMPREHENSIVE SYRINGE SERVICES PROGRAM IN THE UNITED STATES

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Background

- Comprehensive syringe service programs (SSPs) reduce transmission of hepatitis C virus (HCV) and other blood borne pathogens among persons who inject drugs (PWID) by providing access to sterile injecting equipment and to resources such as substance use disorder treatment and screening for infectious diseases.[1-9]
- Many existing SSPs do not have capacity to provide the recommended number of syringes per PWID, referral to medication-assisted therapy, HIV and HCV screening and linkage to care, and hepatitis B vaccinations.[10]
- The cost of establishing and operating a comprehensive SSP is unknown. We sought to estimate the cost in the United States.

Methods

- We defined a comprehensive SSP as offering prevention services, such as education on safe injection practices and wound care, overdose prevention with naloxone, referral to substance use disorder treatment, and testing for infections like human immunodeficiency virus (HIV), hepatitis C virus (HCV), and hepatitis B virus (HBV). Services also include linkage to medical services, such as HIV or HCV treatment, referral to mental health services, and onsite or referral to hepatitis A and B vaccination.
- We categorized size of SSP by annual client volume as small (250), medium (1250), and large (2500).
- Geographic locations were categorized as rural, suburban, and urban.[11]
- We categorized six components of costs: start-up, personnel, operational, prevention, medical/testing services, and a mobile van.
- We used data from the Bureau of Labor Statistics and conducted internet searches to estimate ranges of cost by geographic location and size and determine the midpoint cost
- We estimated first year costs, annual operating costs, and cost per syringe and per client per year.

Table 1: Estimated costs of a comprehensive syringe services program (SSP) by size and geographic location, United States (in $1,000 2016 US dollars)

	Large* SSPs cost midpoint**			Medium* SSPs cost midpoint			Small* SSPs cost midpoint		
Category	Rural	Suburban	Urban	Rural	Suburban	Urban	Rural	Suburban	Urban
Total Cost	1698.7	1732.9	1855.0	986.3	1012.8	1102.5)	449.2	470.6	546.8
One-time cost[1] (Start-up only)	13.2	13.6	15.4	9.6	9.8	10.5	7.3	7.4	7.7
Personnel[2]	376.3	408.3	504.2	305.0	329.8	410.5	256.8	278.3	350.5
Operational[3]	144.9	149.4	171.7	67.0	69.0	77.3	27.8	28.2	31.9
Prevention services[4]	1006.0	1003.9	1003.9	503.0	503.0	503.0	100.6	100.6	100.6
Onsite medical/ testing services[5]	112.9	112.9	112.9	56.4	56.4	56.4	11.3	11.3	11.3
Mobile van unit[6]	45.4	44.8	44.8	45.4	44.8	44.8	45.4	44.8	44.8

*Large SSPs serve 2,500 clients per year and distribute approximately 1.5 million syringes per year, medium SSPs serve 1,250 clients per year and distribute approximately 0.75 million syringes per year, and small SSPs serve 250 clients per year and distribute approximately 0.15 million syringes per year.
**Midpoint cost refers to average cost of the highest and lowest costs.
[1] One-time costs include lease/rent deposit, office furniture, and office equipment (e.g., items such as computers, mobile phones, modems, etc.).
[2] Personnel categories include a program director, a part-time accountant, peer navigators, a part-time nurse, and counsellors.
[3] Operational costs are associated with lease/rent, insurance, utilities, mail services and janitorial services.
[4] Prevention services costs are associated with sterile syringes/needles and other injecting equipment such as cotton filters, sterile water, and cookers, as well as naloxone, hazardous waste management, and sharps containers.
[5] Onsite medical/testing services costs include point of care testing for hepatitis C virus and HIV, hepatitis A and B vaccination, wound care, and pregnancy tests.
[6] Optional mobile van unit costs include the cost of a van, registration, maintenance, gas, storage, and insurance.

Table 2: Estimated per syringe and per client cost of a comprehensive syringe services program (SSP) by size and by geographic locations, United States (in 2016 US dollars)

	Large* SSPs cost midpoint**			Medium* SSPs cost midpoint			Small* SSPs cost midpoint		
Category	Rural***	Suburban	Urban	Rural	Suburban	Urban	Rural	Suburban	Urban
Cost ($)/syringe	1.1	1.1	1.2	1.3	1.3	1.4	2.7	2.8	3.4
Cost($)/year/ client	661.3	675.2	724.1	752.6	774.3	846.2	1615.1	1703.0	2007.7

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**Midpoint cost refers to average cost of the highest and lowest costs.

Results

- The estimated first-year cost ranged from $0.4 million for a small rural SSP to $1.9 million for a large urban SSP. (Table 1)
- The cost per syringe distributed varied from $1 (large urban SSP) to $3 (small rural SSP) (Table 1).
- The cost per client per year ranged from approximately $700 (large rural SSP) to $2000 (small urban SSP) (Table 2).
- The cost of purchasing and operating a mobile unit ranged from $44,800 (suburban/urban SSP) to $45,400 (rural SSP). Most of this cost is incurred in the first year with purchase of the van (result not shown).
- Medical care accounted for the largest proportion of cost in a large urban SSP care whereas personnel did in a small rural SSP (result not shown).

Conclusion

- The cost of SSPs in urban, suburban, and rural areas varied by size and geography
- These findings can inform implementers, funders, and policy makers on costs required to start and operate an SSP and provide opportunities to plan according to available resources.
- This information can also contribute to further economic evaluation studies of this effective public health prevention tool.

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References

1.MacArthur, G.J., et al., *Interventions to prevent HIV and Hepatitis C in people who inject drugs: a review of reviews to assess evidence of effectiveness.* Int J Drug Policy, 2014. **25**(1): p. 34-52.
2.Palmateer, N., et al., *Evidence for the effectiveness of sterile injecting equipment provision in preventing hepatitis C and human immunodeficiency virus transmission among injecting drug users: a review of reviews.* Addiction, 2010. **105**(5): p. 844-59.
3.Tsui, J.I., et al., *Association of opioid agonist therapy with lower incidence of hepatitis C virus infection in young adult injection drug users.* JAMA Intern Med, 2014. **174**(12): p. 1974-81.
4. Martin, N.K., et al., *Combination interventions to prevent HCV transmission among people who inject drugs: modeling the impact of antiviral treatment, needle and syringe programs, and opiate substitution therapy.* Clin Infect Dis, 2013. **57 Suppl 2**: p. S39-45.
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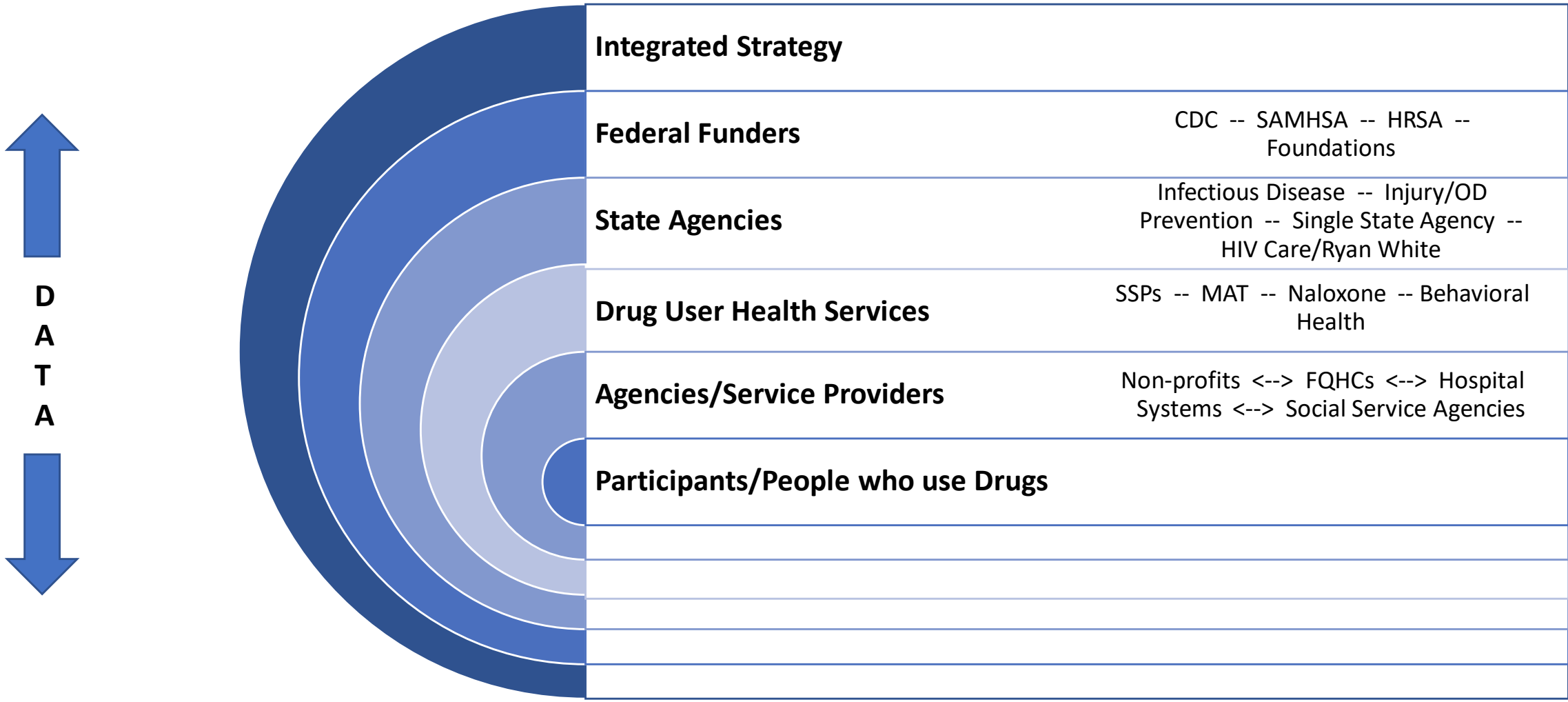
8. Hagan, H., et al., *Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors.* J Subst Abuse Treat, 2000. **19**(3): p. 247-52.
9. McCampbell SW, R.P. *A Needle exchange program: What's in it for Police?* [Newsletter] 2000 [cited 2017; Vol. 14, No. 10:[Available from: https://www.cdph.ca.gov/programs/aids/Documents/SA14SubjecttoDebateArticle.pdf.
10. Des Jarlais, D.C., et al., *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): p. 1337-41.
11. Bureau of Labor Statistics. CPI Detailed Report, Data for November 2016, https://www.bls.gov/cpi/cpid1611.pdf"

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Viral Hepatitis

Service Coordination Structure



Federal Funding – Some History

- SSP federal funding ban existed in various forms – with a few short lapses – for the past thirty years
- In response to the Scott County, Indiana HIV outbreak & the risk of similar HIV outbreaks in other communities, Congress modified the federal funding ban in 2016
- Congressional leaders have shown no indication that they plan on rescinding this framework in the near future

Current Appropriations Language

Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug:

Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, ***is experiencing****, or is* ***at risk for****, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

Consolidated Appropriations Act, 2016. https://www.congress.gov/114/bills/hr2029/BILLS-114hr2029enr.pdf

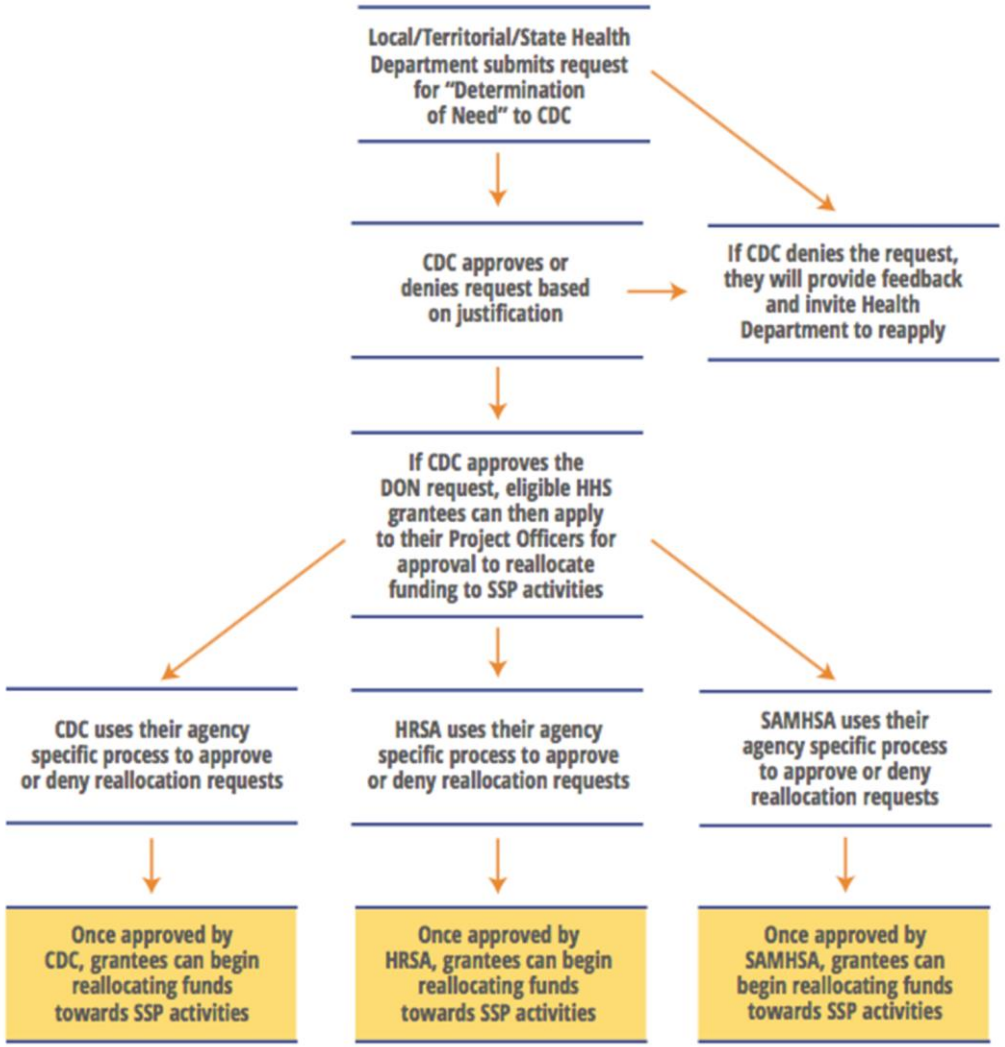
In short, federal funds can be used for everything BUT

Syringes

Cookers

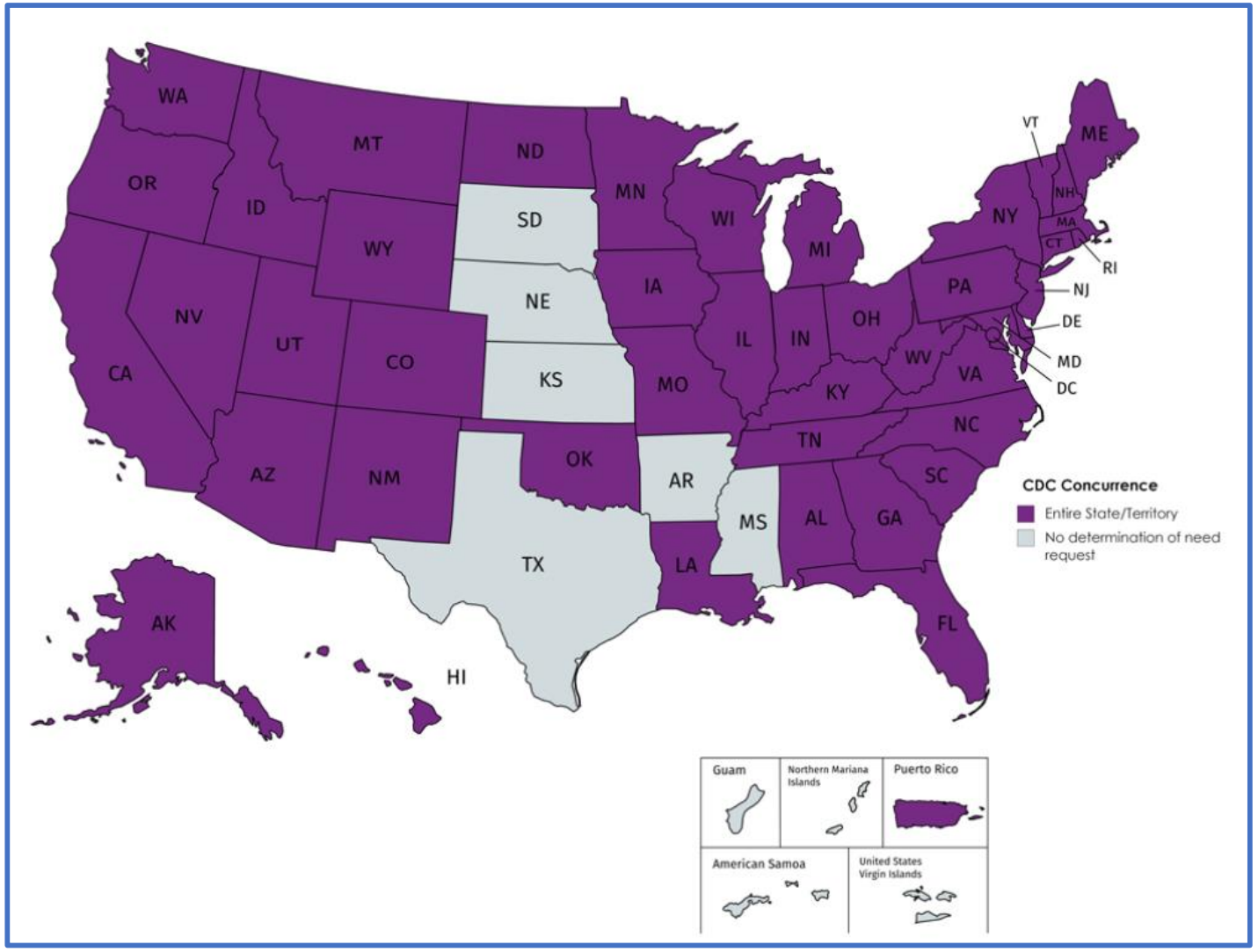
Establishing Determination of Need for Federal Funding of Syringe Services Programs

AIDS United



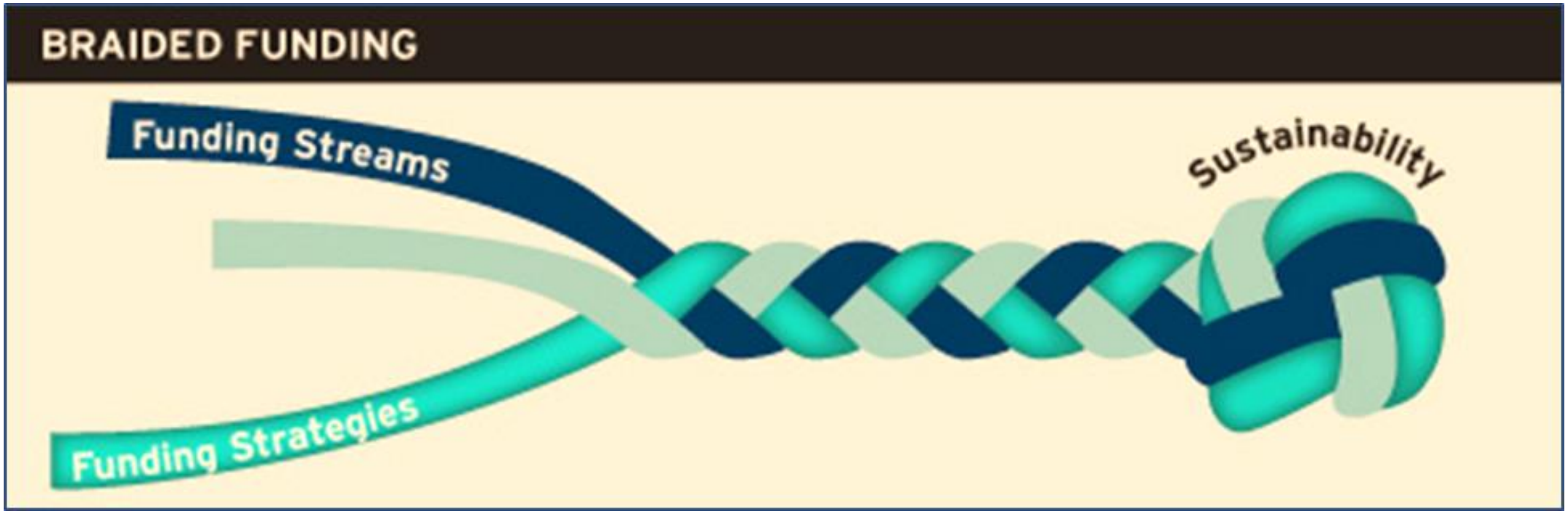
1. Department of Health and Human Services, 2016.
https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf
2. AIDS United, 2016.
https://www.aidsunited.org/resources/federal-funding-for-syringe-services-programs

CDC Determination of Need Map

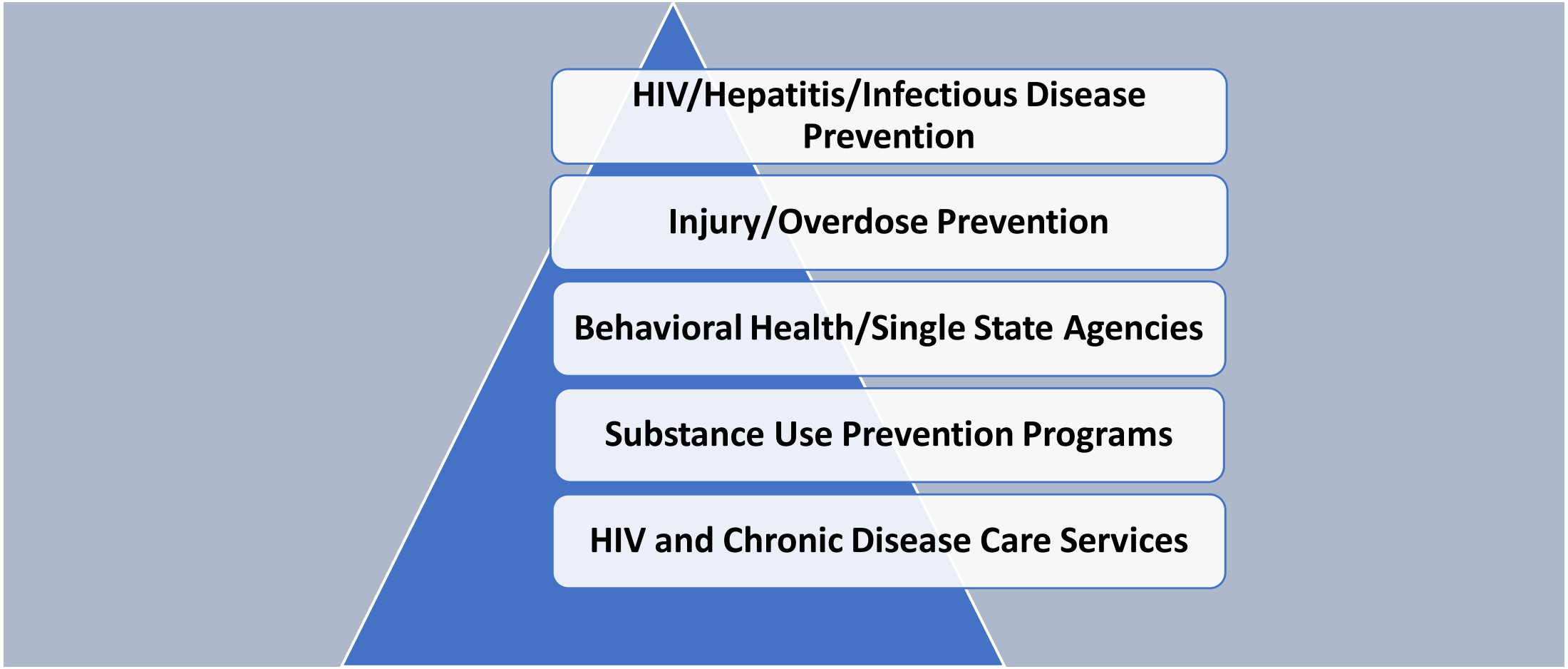


February, 25 2020 https://www.cdc.gov/hiv/risk/ssps-jurisdictions.html

Collaboration with Funding



Programs that could fund SSPs and Drug User Health



Potential Federal/Governmental Funding Sources

CDC	HRSA	SAMHSA
PS20-2010 "Comprehensive HIV Prevention Programs for Health Departments"	HRSA18-116 "Rural Communities Opioid Response Program"	Substance Abuse Prevention & Treatment Block Grants
PS17-1702 and PS17-1703 "Hepatitis Prevention and Surveillance"	Ryan White HIV/AIDS Program	Minority AIDS Initiative – Continuum of Care
PS18-1802 "Integrated HIV Surveillance and Prevention Funding for Health Departments"	Bureau of Primary Health Care - Health Center Program Funding	State Opioid Response Grant (SOR)

Other Federal / State / City Resources

- Centers for Disease Control and Prevention (CDC)
  - HIV, Injury, Hepatitis
- Health Resources and Services Administration (HRSA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Substance Abuse Prevention and Treatment Block Grants
  - State Targeted Response to the Opioid Crisis Grants
- Federal Resources for Rural Communities to Address SUD and Opioid Misuse
- USDA Searchable database for rural grants
- City and County Health Department/Government -% of Public Health Taxes or Taxes
- Medicaid and/or Community Health Worker Billing
- 340B Revenues/rebates

Potential Federal Funding Sources in Michigan

SAMHSA (Substance Abuse and Mental Health Services Administration)

The Substance Abuse and Mental Health Services Administration (SAMHSA) makes grants to fight the opioid epidemic through several programs. The largest of these are the Opioid State Targeted Response (STR) and State Opioid Response (SOR) grants. Several smaller grant programs are also available.

STR grants: $16,372,700 (2018)
SOR grants: $27,510,100 (2018)

CDC (Centers for Disease Control and Prevention)

The Centers for Disease Control and Prevention (CDC) provides leadership in improving public health by working with community, state, national, and international partners in surveillance, research, and prevention and evaluation activities. The Division of HIV/AIDS Prevention (DHAP) and the Division of Viral Hepatitis (DVH) are responsible for HIV and viral hepatitis control activities, respectively. The National Center for Injury Prevention and Control (NCIPC) provides grants to states for both illicit and prescription opioid monitoring and research.

HIV/AIDS: $9,212,120 (2016)
Viral Hepatitis: $1,123,040 (2016)
Injury - Opioids: $7,449,860 (2019)

HRSA Ryan White & Global HIV/AIDS Programs

The Ryan White HIV/AIDS Program provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured. The Program works with cities, states, and local community-based organizations to provide HIV care and treatment services to more than half a million people each year.

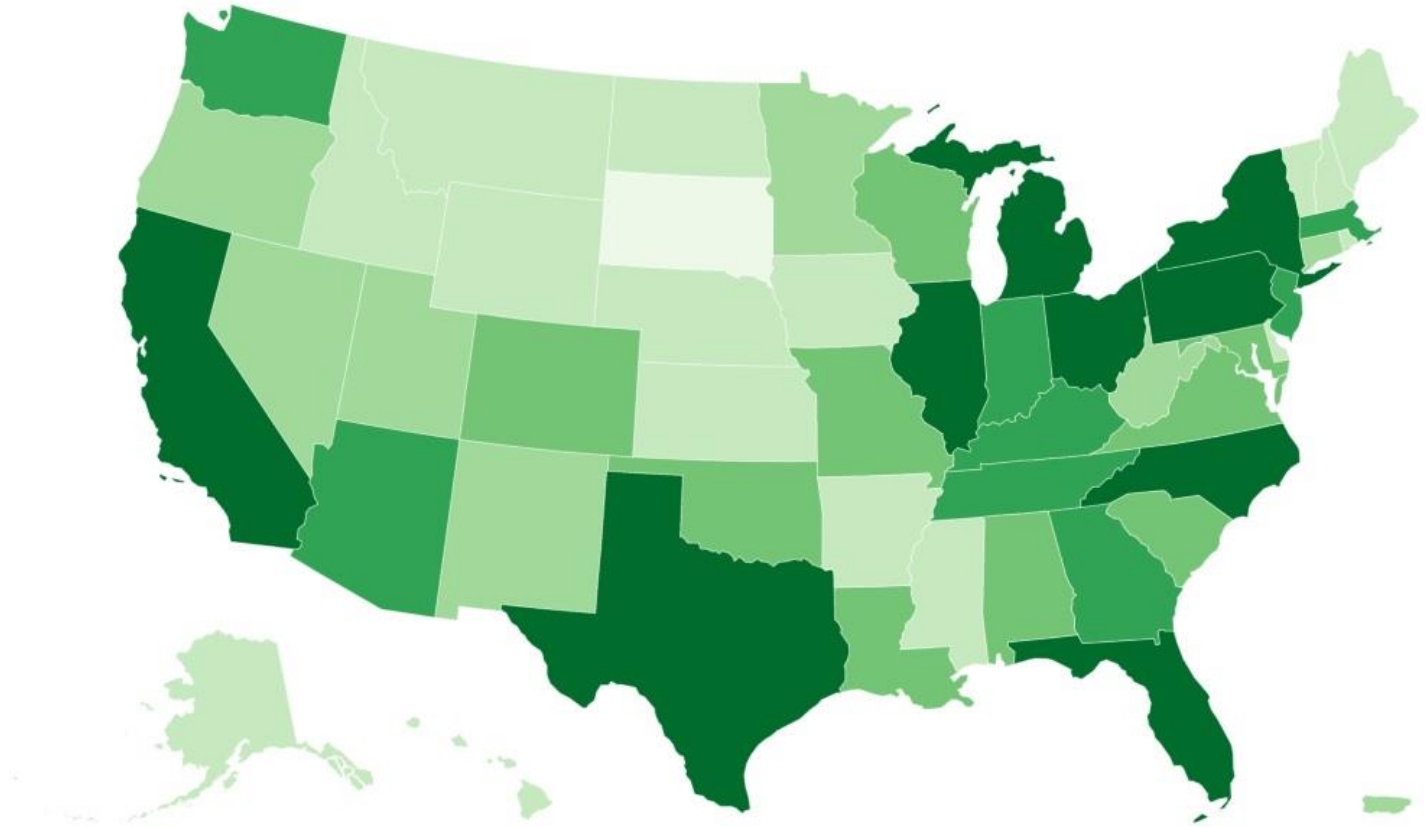
Ryan White: $31,360,600 (2016)

HOPWA Housing Opportunities for Persons with AIDS

The Housing Opportunities for Persons With AIDS (HOPWA) Program is the only Federal program dedicated to the housing needs of people living with HIV/AIDS. Under the HOPWA Program, HUD makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income persons living with HIV/AIDS and their families.

HOPWA: $4,568,800 (2017)

The Opioid State Targeted Response Allocations



1,999,997 to 2,000,000

2,000,000 to 3,901,296

3,901,296 to 6,570,024

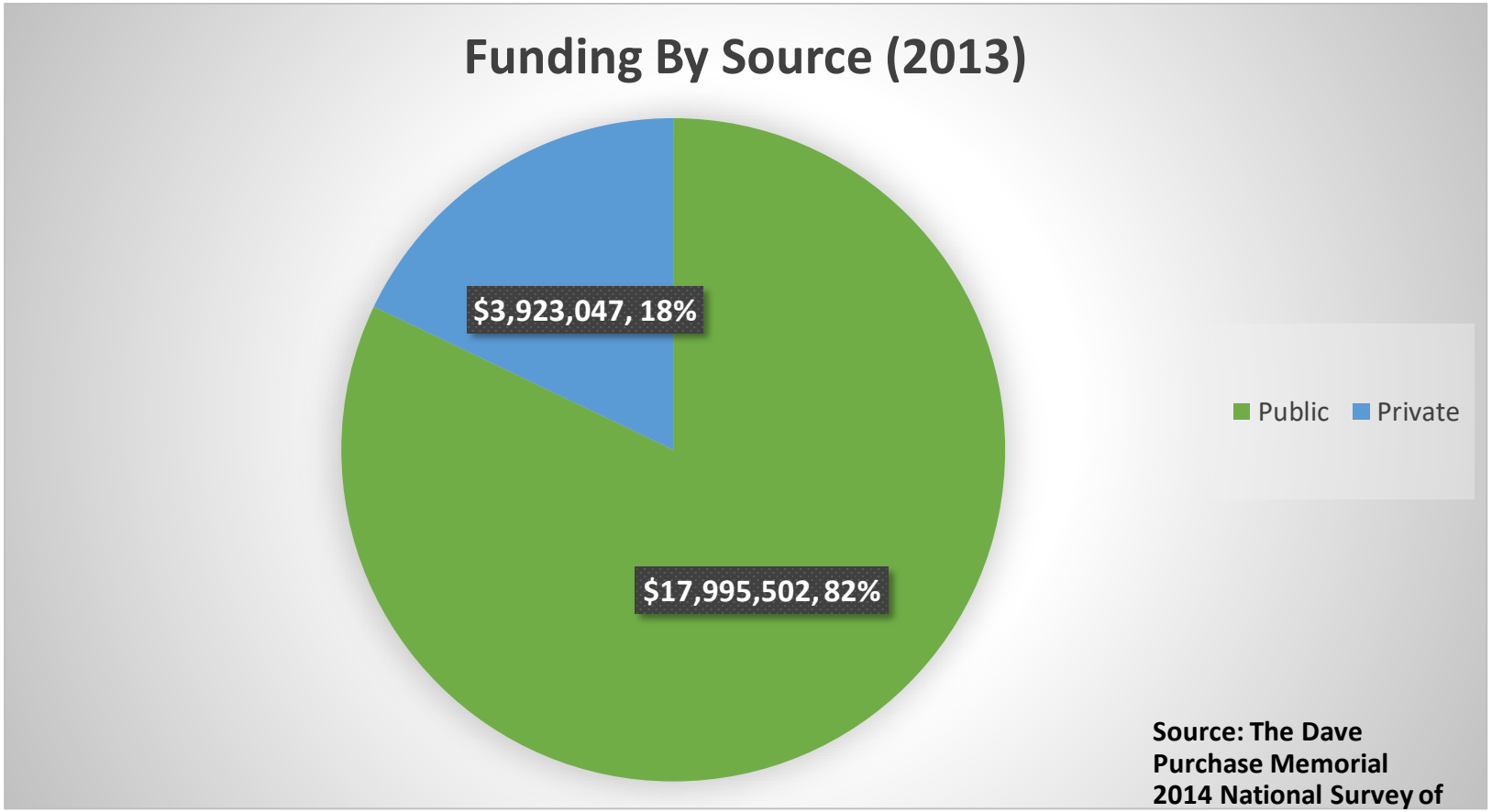
6,570,024 to 10,036,825

10,036,825 to 15,291,459

15,291,459 to 44,749,771

2018 Funds
Source: amfAR Opioid & Health Indicators Database

SSP Funding Historically



Source: The Dave Purchase Memorial 2014 National Survey of Syringe Exchange Programs

Private Funding

Major Private Funders

There are several national funds & foundations which have a long history of supporting SSPs. These include:

- Comer Family Foundation
- Elton John AIDS Foundation
- MAC AIDS Fund
- North American Syringe Exchange Network
- Syringe Access Fund

Other Private Funders

Many programs also seek funding from local philanthropy. Examples include:

- Private foundations focused on substance use treatment
- Local HIV/AIDS and viral hepatitis funders
- Funders of Community Health Workers
- Funders of local homelessness services

Foundations

Local/ National Foundations

- Local or Regional "Community Foundation"
- Local Family Foundations
- Syringe Access Fund
- Comer Family Foundation
- North American Syringe Exchange Network
- Elton John AIDS Foundation
- MAC AIDS Fund
- Elizabeth Taylor AIDS Foundation
- Broadway Cares
- AIDS United
- Open Society Foundation
- Drug Policy Alliance
- Gilead
- NASTAD: Capacity building for SSPs and HDs
- United Way or Volunteers of America (local chapter)

Where to Find Foundations

- ***Listing of Foundations by topic***
  - Guidestar: (free)
  - Foundation Center (fee)

- ***Look for private/local foundations focused on:***
  - Substance use treatment
  - Overdose
  - HIV/AIDS and viral hepatitis
  - Community Health Workers
  - Homelessness services
  - Workforce/Recovery

Local Resources

- Hospital system, VA, FQHC, or pharmacies
  - Financial
  - In kind supplies, nearly expired supplies, or disposal
- Local businesses & Chamber of Commerce
- Individual donors
- Client donations
- Fundraisers
- Sell your SSP branded swag
- AmeriCorps: Paid volunteer grant
- University medical, nursing, public health student volunteers

Technical Assistance

- Capacity Building Assistance – Available for health department and CBO staff on harm reduction principles, best practices, and implementation/integration efforts
  - CTS requests
- National Harm Reduction TA Center

- Technical Assistance – Much can be learned from successes, challenges, and programs elsewhere
  - NASTAD Peer-to-Peer Mentorship
  - Programmatic Technical Assistance
  - Conferences
  - Policy Guidance

CPN
BUILDING THE CAPACITY OF THE NATION'S HIV PREVENTION WORKFORCE
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