



Federal Funding for Harm Reduction in the American Rescue Plan Act: Recommendations for Federal, State, and Local Agencies and Partners

May 2021

The American Rescue Plan Act allocates \$30 million for community-based funding for local substance use services like syringe services programs (SSPs) and other harm reduction services. NASTAD has outlined considerations and recommendations at the federal, state, and local levels to help facilitate the timely administration of this funding to support and expand SSPs and other harm reduction programs across the country. The inclusion of broader harm reduction programs in addition to SSPs acknowledges the existence of programs that may not be able to operate above ground SSP services due to restrictive policies in their area; it remains vitally important for states, jurisdictions, and localities to ensure these resources go to programs that facilitate syringe access rather than organizations that may identify as ‘harm reduction’ organizations yet do not provide this primary service. This funding is a recognition of the central and essential role SSPs have in reducing overdose deaths, preventing transmission of HIV and viral hepatitis, and providing compassionate, life-saving services to people who use drugs.

As this funding becomes available, health departments, SSPs, and harm reduction programs can utilize the [National Harm Reduction TA Center](#) to request technical assistance on capacity building, data collection and reporting, program implementation, organizational structure and development, and other components of SSP operations.

RECOMMENDED ACTIONS

NASTAD recommends that SAMHSA:

- Partner closely with CDC colleagues who bring expertise in SSP design, creation, and implementation when drafting the distribution plan, RFP structure, and data reporting requirements for these resources.
- Hire individuals at SAMHSA with expertise in harm reduction and SSP program operations to serve as liaisons or new project officers with states, tribes, and programs receiving this funding.
- Consider distributing these funds through pass-through entities and organizations that can be more responsive and timely than traditional public health or Single State Agencies (SSAs), especially given that these funds are for emergency response.
- Encourage multiple-year funding opportunities in order to ensure sustainability of funding for SSPs and address the historical health disparities PWUDs have experienced.



- Require that Single State Agencies (SSAs) collaborate with state public health agencies to administer these funds and to better understand effective implementation of harm reduction services.
- Ensure that the application created for these funds is the least burdensome possible in order to facilitate a streamlined process and fast turnaround for award distribution.
- Prioritize these funds to be identified through the Center for Substance Abuse Prevention (CSAP) rather than the Center for Substance Abuse Treatment (CSAT) in order to reduce unnecessary and unfeasible client-level data collection requirements (e.g. GPRA which is incongruous to the low-threshold, anonymous services that SSPs offer).
- Ensure that data collection requirements do not create undue burden on SSPs or deter participants from seeking services or act as a barrier to service delivery.
- Create and implement data collection and reporting requirements that are meaningful to and aligned with SSPs and allow for the delivery of low-threshold/low-barrier services.
- Support grantees in efforts to fund naloxone distribution programs that distribute large quantities of naloxone directly to people who use drugs and their peers.
- Make clear that funding for SSPs under this award can be used to purchase SSP supplies, including but not limited to syringes, cookers, and other items needed for safer drug administration. Allowing for the purchase of non-injection related supplies will help to expand the population of individuals reached by SSPs and engage people who have not traditionally been reached by SSPs.
- Ensure that funding for SSPs and harm reduction programs is not contingent upon their respective jurisdictions receiving a ["Determination of Need"](#) from the CDC.
- Prioritize funding to programs that operate as closely in alignment with evidence-based best practices for harm reduction and syringe services programs as [outlined by the CDC](#).
- Mandate grantees establish Community Advisory Boards (CABs) comprised of people who use drugs (PWUD) to provide meaningful input and direction on effective program design and implementation. Encourage grantees to recognize the expertise of and appropriately compensate PWUD involved in these efforts.

NASTAD recommends that Health Departments and Single State Agencies (SSAs):

- Create meaningful partnerships between Health Departments and Single State Agencies (SSAs) to ensure timely administration and alignment of funding to SSPs and harm reduction programs in your jurisdiction.
- Ensure RFPs created to apply for funding are equitable and not overly burdensome, in order to guarantee funding is available to SSPs with varying sizes and infrastructures.
- Ensure data collection is not overly burdensome for SSPs and data requirements are in alignment with SSP best practices.
- Provide capacity building assistance to SSPs and harm reduction programs on data collection, project monitoring, and reporting.



- Ensure that oversight and technical monitoring of SSP funding is nonpunitive and funding recipients are offered additional and adequate support, especially given the historical prohibition from receiving federal funds to be used in SSPs.
- Create Request for Proposal (RFP)/Notice of Funding Opportunity (NOFO) language that is broad enough to ensure eligibility to harm reduction programs that operate in syringe-policy restrictive environments or jurisdictions.
- Ensure programs receiving funding are representative of the demographic profile of their participants and communities in which they work (race, gender, drug use, past criminal legal involvement, etc.).
- Prioritize funding for programs that have a proven history of offering syringe access and harm reduction services as well as a documented track record of effectively reaching the communities they serve.
- Prioritize funding for SSPs that demonstrate program design, implementation, and staffing that incorporates a racial equity lens to address health disparities.

NASTAD recommends that SSPs and Harm Reduction Programs:

- Engage and develop relationships with Health Departments and Single State Agencies (SSAs) in your state to familiarize them with your organizations.
- Larger SSPs or harm reduction coalitions should consider partnering with smaller harm reduction programs to streamline distribution of funds from the state and reduce burdens on smaller programs that may have less administrative capacity.
- Request technical assistance from the [National Harm Reduction TA Center](#) to assist with capacity building, data collection and reporting, program implementation, organizational structure and development, and other components of SSP operations.
- Establish racial equity committees to address health disparities among Black, Indigenous, and people of color (BIPOC) in your area.