



Fueling Harm Reduction: An Analysis of the Funding Challenges for WA SSPs

SSP Funding

State government plays a critical role in funding Syringe Services Programs (SSPs), which are crucial for harm reduction and public health. SSPs provide access to sterile syringes, vaccination, testing, and substance use treatment. It has been proven that [SSPs increase the likelihood of drug treatment entry, preventing HIV and hepatitis infections, and reducing opioid overdose deaths through naloxone distribution.](#)

The purpose of this analysis is to provide updated estimates for the necessary funding of SSPs in Washington and to compare current funding levels to these revised minimum standards in order to understand the size of any discrepancies.

Federal law prohibits using federal funds to purchase safe supplies for people who use illicit drugs (CDC, 2024). These limitations on federal support can hinder the full scope of SSP operations, therefore many SSPs rely on state funding to provide comprehensive services that address the needs of the people they serve. State funds can allow SSPs to function more effectively within the constraints of local needs and legal environments.

“The need for basic/survival goods is great and the restrictions on what we can and can’t buy with funds hinders our ability to get them. It’s harder to get people to transition from active use into treatment, when their basic needs are not being met.” – WA SSP

In 2019, Teshale et al. published an article estimating the annual costs for SSPs to operate at full potential in the United States. Considering costs such as operational, personnel, and indirect, researchers found that the first year of an SSP should cost between \$490,000 to \$1.8 million depending on the rurality of the SSP location and volume of clients they serve. However, the economic conditions and drug-use landscape have changed significantly since 2019, meaning these estimates may no longer reflect the current reality in Washington.

Methods

The Drug User Health Team at the Department of Health compared Teshale’s estimates with the actual funding received by SSPs in 2023. The methodological framework outlined in the Teshale paper was updated by applying 2023 Washington-specific price points (rent, wages, and inflation) to Teshale’s estimates. These updated estimates served as the theoretical minimum budget recommended to operate an SSP in Washington in 2023.

A survey was sent to 36 SSPs, assessing their 2023 funding, operational modes, and potential uses for additional funds. 23 responses were received, 9 of which were excluded in the analysis as they were mobile-only and did not include costs for a physical location, which was a factor in the estimated standards. SSPs were categorized by client capacity (small, medium, large) and urban vs. non-urban status based on a criterion developed specifically for public health use in Washington (Erly et al., 2024). All non-urban SSPs were categorized as small, limiting the applicability of findings to non-urban programs with a similar client capacity. Table 1 outlines the characteristics of the surveyed SSPs.

SSP demographics	SSP Count
Urban	12
Non-urban	2
Small	6
Medium	2
Large	6
Annual statistics	Range (low-high)
Budget \$	\$10,000 - 1,964,565
No. syringes distributed	16,205 - 1,575,872
Clients served	322 - 20,764

Results

Across the sampled Washington SSPs, the median annual budget for 2023 was significantly lower than the recommended budget. Small urban SSPs had the largest funding shortfall. Their median 2023 budget was \$33,400, which is 6% of the minimum recommended budget for the small category of \$586,200. Medium urban SSPs reported a median budget of

\$250,000, 18% of the medium category’s minimum recommended budget of \$1,384,200. Large urban SSPs reported a median budget of \$703,000, which is 38% of the large category’s minimum recommended budget of \$1,827,000. Small non-urban SSPs reported a median budget of \$204,000, 36% of their minimum recommended budget of \$563,100.

All surveyed SSPs reported receiving state funding, with several also receiving funds from county governments (42%) and individual donations (35%). When asked what they would do with more funding, most SSPs (78%) expressed interest in expanding services, while some wanted to hire more staff (64%) or extend hours (50%). Table 2 provides additional details on funding sources and needs.

Figure 1. Expected vs Actual Annual Funding Amounts for Sampled WA SSPs

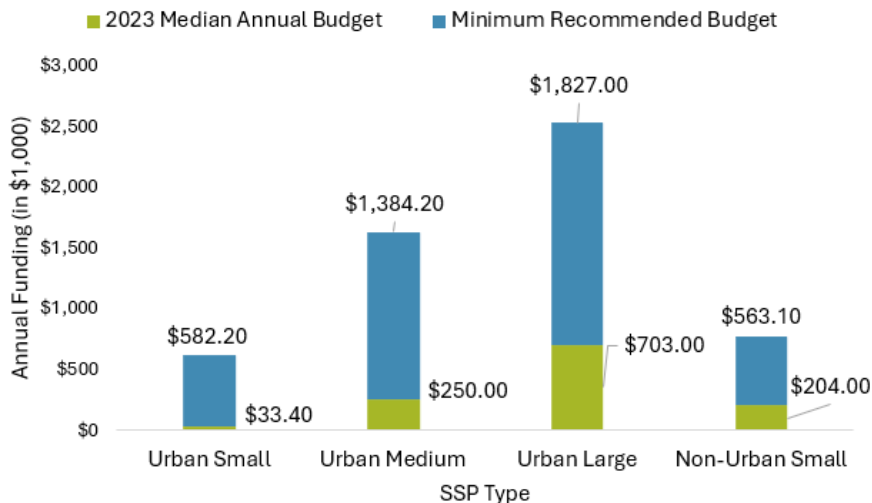


Table 2. 2023 WA SSP Funding Sources & Goals

Funding sources	SSPs ¹
State government	14
County government	6
Individual donation	5
Federal government	4
Non-profit	4
Corporate donations	3
City government	2
Program managers/staff	1
Other	1
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Unmet goals due to underfunding	SSPs
Adding services	11
Hiring additional staff	9
Expanding hours	7
Providing cost-of-living raises to existing staff	7
Adding locations	5
Other ²	4

1. Surveyed SSPs were asked to select all responses that apply to their organization.

2. "Other" responses include: mobile unit, non-funded items (food, tents, sleeping bags, flashlights, etc.), bus tickets, improve programs, and trainings for staff

WA SSPs were also asked what additional services they would provide to their participants if given adequate funding. The top answers included harm reduction care coordination services, mental health services, and STI and reproductive health services

Conclusions

The findings from our survey highlight significant funding shortfalls faced by SSPs in Washington as well as a strong demand for additional resources. Despite the crucial role SSPs play in harm reduction and public health, many programs are receiving far less funding than necessary to meet the needs of their communities.

Addressing these funding gaps will help programs reach their full potential, providing comprehensive services that can save lives and support the health of individuals and communities across Washington.

“We need these funding sources to continue to be robust so we can all help attend to people with multiple challenges” – WA SSP



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Program contact info

duhdata@doh.wa.gov
<https://doh.wa.gov/you-and-your-family/drug-user-health/data-and-reports/>

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- Centers for Disease Control and Prevention. (2024, February 8). Funding for syringe services programs. Centers for Disease Control and Prevention. <https://www.cdc.gov/syringe-services-programs/php/funding/index.html>
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