



Substance Abuse and Mental Health
Services Administration

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January 30, 2024

Dear Colleague:

On behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA), I want to alert you to increased rates of syphilis and other sexually transmitted infections (STIs) and provide guidance on the use of grant funds and SAMHSA's programmatic work to address this public health concern.

Syphilis and congenital syphilis along with substance use disorder, mental illness, and other STIs such as HIV, gonorrhea, and chlamydia represents a [syndemic](#). Syndemics happen when two or more health conditions cluster and interact within a population because of social and structural factors and inequities, leading to an excess burden of disease and continuing health disparities. Addressing the syphilis syndemic requires collaboration between substance use preventionists, substance use disorder treatment providers, sexual health service providers, and supportive services providers (e.g., housing).

Screening, testing, and treating for STIs is part of SAMHSA's whole person approach to behavioral health treatment and substance use prevention. The U.S. Preventive Services Task Force recommends providers [screen early for syphilis in all pregnant women](#) as well as screen [asymptomatic, nonpregnant adolescents and adults who are at increased risk for syphilis infection](#). [Data](#) from the Centers for Disease Control and Prevention (CDC) show a 74% increase in syphilis diagnoses from 2017-2021, including 2,800 congenital, or mother-to-child, syphilis cases in 2021 leading to 220 infant deaths. STIs overall have increased by 7% from 2020, with more than 2.5 million cases reported in the United States during 2021. Substance use, particularly methamphetamine use, [appears to be highly correlated](#) with rising rates of syphilis and other STIs. Among pregnant women with syphilis, substance use is [nearly twice as high](#) among those with a congenital syphilis outcome than those without transmission. Disparities also exist in syphilis rates across racial and ethnic groups. For example, among American Indian and Alaska Native (AI/AN) persons, the rate of [new syphilis cases of nearly four times](#) the rate of white persons in 2020. Syphilis is also [increasing](#) among gay, bisexual, and other men who have sex with men. However, we know that actions can be taken to reverse these trends and prevent transmission of syphilis and other STIs in these and other populations.

Unless expressly stated in the Notice of Funding Opportunity (NOFO) through which a grant is funded, SAMHSA grant recipients are not permitted to directly use SAMHSA funds for syphilis treatment. However, SAMHSA grant recipients may use their grant funds to address the syphilis syndemic by providing syphilis and other STI screening, testing, and referral to treatment in conjunction with SAMHSA supported work. Additional allowable activities include, but are not limited to, training for staff, case management for people who test positive for STIs, service navigation for people served by SAMHSA funds to syphilis or other STI prevention resources

and mental health support, and the development of memoranda of understanding (MOUs) or other agreements with STI treatment providers.

Additionally, some current SAMHSA grant programs include required or allowable activities that address the syphilis syndemic. Those grant programs are listed below, with additional information provided in Appendix 1.

1. [The SAMHSA Substance Use Prevention, Treatment, and Recovery Services Block Grant \(SUBG\)](#).
2. [Minority AIDS Initiative: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS](#) (Short title: MAI – High Risk Populations: fiscal year (FY) 2023 grant cohort only, TI-23-008).
3. [Minority HIV/AIDS Fund \(MHAF\): Minority HIV/AIDS Fund: Integrated Behavioral Health and HIV Care for Unsheltered Populations Pilot Project](#) (Short Title: Portable Clinical Care Pilot Project): TI-23-024.
4. [Minority AIDS Initiative: The Substance Use and Human Immunodeficiency Virus Prevention Navigator Program for Racial/Ethnic Minorities](#) (Short Title: Prevention Navigator): FY 2023 grant cohort only, SP-23-005.
5. [Services Program for Residential Treatment for Pregnant and Postpartum Women](#) (Short Title: PPW): FY 2023 grant cohort only, TI-23-002.
6. [Building Communities of Recovery \(Short Title: BCOR\)](#): FY 2022 and FY 2023 grant cohorts only, TI-22-014.
7. [Recovery Community Services Program](#) (Short Title: RCSP): FY 2023 cohort only, TI-23-018.
8. Medication-Assisted Treatment-Prescription Drug and Opioid Addiction (Short Title: MAT-PDOA): [FY 2021](#) (TI-21-006), [FY 2022](#) (TI-22-013), and [FY 2023](#) (TI-23-001) grant cohorts.
9. [Grants for the Benefit of Homeless Individuals](#) (Short Title: GBHI): FY 2023 grant cohort only, TI-23-005.
10. [Targeted Capacity Expansion: Special Projects](#) (Short Title: TCE – Special Projects): FY 2022 and FY 2023 grant cohorts, TI-22-002.

Note that this list does not include any future grant programs; for grant programs FY 2024 and later, please refer to the grant NOFO and/or contact your Government Project Officer if you have additional questions about how SAMHSA-supported programs can help to address the syphilis syndemic.

SAMHSA also oversees Opioid Treatment Programs (OTPs), which play an important role in addressing the syphilis syndemic. In addition to providing medications for opioid use disorder and other treatment and support services to address substance use and substance use disorders, OTPs are required by [42 Code of Federal Regulations \(CFR\) Part 8 Rules](#) to “establish the risk of undiagnosed conditions such as Hepatitis C, the human immunodeficiency virus (HIV), sexually transmitted infections (STIs).” These requirements are important for assessing and providing whole-person care.

The rising rates of syphilis and other STIs in the United States, particularly among people who use substances, necessitate action across the healthcare field. For a list of resources to assist

clinicians in addressing the syphilis syndemic, see [this link](#). By assessing the whole person needs of individuals with behavioral health conditions, we can make progress together. Thank you for your partnership in this effort. Please contact your Government Project Officer if you have any questions about your award or need additional information about STI prevention and substance use and how SAMHSA funding can be used to address the syphilis syndemic.

Sincerely,

/Miriam E. Delphin-Rittmon/

Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental Health and Substance Use

Appendix 1: SAMHSA grant programs that include required or allowable activities that address the syphilis syndemic are listed below.

1. [The SAMHSA Substance Use Prevention, Treatment, and Recovery Services Block Grant \(SUBG\) Provides funding as a “payment of last resort” in very limited circumstances](#) for syphilis screening, testing, prevention education, and medical treatment. Those three limited circumstances are:
 - I. For **pregnant people in SUBG-funded SUD treatment programs** and for people in SUD treatment with dependent children. Allowable services include providing an array of primary medical care for women and primary pediatric care for their children, including syphilis screening, testing, prevention education, and medical treatment for syphilis and congenital syphilis.
 - II. For **persons with HIV in SUBG-funded SUD treatment programs** in CDC designated states. The SUBG requires the delivery of a defined array of HIV Early Intervention Services (EIS) in states with a prevalence of 10 or more cases of AIDS per 100,000 persons. The provision of EIS and post-test counseling includes screening and testing individuals with HIV and are engaged in SUD treatment for syphilis and referral to treatment.
 - III. SUBG funds may also be used to address syphilis if a SUBG grant recipient has been **approved by their assigned Center for Substance Abuse Treatment (CSAT) State Project Officer (SPO) to use grant funds for approved elements of a Syringe Service Program (SSP)**, with the important exception that SUBG grant funds may not be used for distribution of needles or syringes for purposes of injection drug use of illegal substances. In the circumstances in which SUBG funds have been approved by the CSAT SPO to fund approved elements of a Syringe Services Program, these approved elements may include screening and testing for HIV, HCV, TB, and STIs, including syphilis.

Note: Aside from these three limited circumstances, the SUBG does not allow the use of general block grant funds for routine testing for infectious diseases for individuals who are engaged in SUD treatment. If you are a SUBG grant recipient and have additional questions, please reach out to your CSAT SPO directly.
2. [Minority AIDS Initiative: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS](#) (Short title: MAI – High Risk Populations:), TI-23-008: Recipients awarded from this NOFO in FY 2023 may use no more than 5 percent of the total award for staff training and screening and testing participants for HIV and other STIs, including test kits and required supplies, and referral to treatment services as appropriate.
3. [Minority HIV/AIDS Fund \(MHAF\): Minority HIV/AIDS Fund: Integrated Behavioral Health and HIV Care for Unsheltered Populations Pilot Project](#) (Short Title: Portable Clinical Care Pilot Project): TI-23-024.
 - I. Recipients awarded from this NOFO are required to provide the following activities:
 - i. Screen clients and their drug-using and/or sexual partners on-site for HIV, viral hepatitis, STIs, mpox, and tuberculosis.
 - ii. Provide case management and referral/linkage to treatment as necessary based on the client’s individual needs. Case management includes a comprehensive assessment of the client’s needs and the development of an individualized

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- service plan, including infectious disease prevention and/or treatment services, as well as helping clients with funding for treatment, including HCV treatment, as necessary.
- iii. Test participants for STIs (gonorrhea, chlamydia, and syphilis) and provide treatment on-site as needed.
- II. As stated in the NOFO, no more than 15 percent of the total grant award may be used for the purchase of, among other expenses, STI screening, testing, and treatment medications (chlamydia, gonorrhea, and syphilis).
4. [Minority AIDS Initiative: The Substance Use and Human Immunodeficiency Virus Prevention Navigator Program for Racial/Ethnic Minorities](#) (Short Title: Prevention Navigator): SP-23-005: Recipients awarded from this NOFO in FY 2023 may provide and/or refer individuals to supportive services that address social determinants of health and childhood adverse experiences to prevent the onset of mental health (MH)/SUD and reduce risk for HIV/viral hepatitis and STIs, including syphilis.
5. [Services Program for Residential Treatment for Pregnant and Postpartum Women](#) (Short Title: PPW): TI-23-002: Recipients awarded from this NOFO in FY 2023 are required to provide required supplemental services for women, including counseling on risk and testing for HIV, Hepatitis C, and other communicable diseases, including syphilis.
6. [Building Communities of Recovery](#) (Short Title: BCOR). TI-22-014: Recipients awarded from this NOFO in FY 2022 and FY 2023 are allowed to provide education, screening, care coordination, risk reduction interventions, testing, and counseling for HIV/AIDS, hepatitis, and other infectious diseases, including syphilis, for individuals with SUD.
7. [Recovery Community Services Program](#) (Short Title: RCSP): TI-23-018: Recipients awarded from this NOFO in FY 2023 are allowed to provide HIV/AIDS, viral hepatitis, and other infectious diseases education, including syphilis, screening, case management, and/or risk reduction interventions for individuals with Substance Use Disorder (SUD) or co-occurring substance use and mental disorders (COD), including those in recovery.
8. [Medication-Assisted Treatment-Prescription Drug and Opioid Addiction \(Short Title: MAT-PDOA\)](#): [FY21](#) (TI-21-006), [FY22](#) (TI-22-013), and [FY23](#) (TI-23-001) grant cohorts: Recipients awarded from the NOFOs in FY 2021, FY 2022, and FY 2023 are allowed to provide education, screening, including screening and confirmatory laboratory testing, care coordination, risk reduction interventions, and counseling for HIV, hepatitis C, and other infectious diseases for people with Opioid Use Disorder (OUD) who are receiving Medication for Opioid Use Disorder (MOUD), including syphilis.
9. [Grants for the Benefit of Homeless Individuals](#) (Short Title: GBHI), TI-23-005: Recipients awarded in FY 2023 are allowed to provide training, screening, including laboratory screening and confirmatory testing, counseling, and treatment linkage as appropriate for Hepatitis C and other sexually transmitted infections, including syphilis.

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10. Targeted Capacity Expansion: Special Projects (Short Title: TCE – Special Projects): FY22 and FY23 grant cohorts only, TI-22-002: Recipients awarded from the NOFO in FY 2022 and FY 2023 are allowed to provide education, screening, care coordination, risk reduction interventions, testing, and counseling for HIV/AIDS, hepatitis, and other infectious diseases, such as syphilis, for people with SUD who are receiving MOUD.