

# NACCHO

National Association of County & City Health Officials

**REQUEST FOR APPLICATIONS**

## **Evaluating the Distribution of Smoking Supplies as a Harm Reduction Strategy**

**National Association of County and City Health Officials (NACCHO)**

**Release Date: September 18, 2023**

**Due Date: October 13, 2023**

For questions about the Request for Applications (RFA), contact Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis, at [kkelley@naccho.org](mailto:kkelley@naccho.org).

## Summary Information

**Project Title:** Evaluating the Distribution of Smoking Supplies as a Harm Reduction Strategy

**Proposal Due Date and Time:** Friday, October 13<sup>th</sup> at 11:59 PM PT

**Informational Webinar:** September 27<sup>th</sup> from 2 – 3 PM ET; register [here](#)

**Source of Funding:** Centers for Disease Control and Prevention

**NOA Award No.:** 5 NU38OT000306-03-00

**Funding Amount:** Up to \$38,000 per grantee

**Estimated Period of Performance:** 6-7 months

**Point of Contact for Questions:** Kat Kelley ([kkelley@naccho.org](mailto:kkelley@naccho.org))

## Key Dates

Event	Date
RFA Release	Monday, September 18 <sup>th</sup>
Informational Webinar for Prospective Applicants	Wednesday, September 27 <sup>th</sup> from 2 – 3 PM ET
Application Submission Deadline	Friday, October 13 <sup>th</sup> at 11:59 PM PT
Anticipated Award Notification	Friday, November 3 <sup>rd</sup>
Project Period Starts	Approximately December 1, 2023
Project Period Ends	June 30, 2024

## Overview

The National Association of County and City Health Officials (NACCHO) is the voice of the nearly 3,000 local health departments (LHDs) across the country. These city, county, metropolitan, district, and tribal departments work to protect and improve the health of all people and all communities. NACCHO provides capacity-building resources that support LHD leaders in developing and implementing public health policies and practices to ensure communities have access to the vital programs and services that protect them from disease and disaster. Additionally, NACCHO engages with federal policymakers on behalf of LHDs to ensure adequate resources, appropriate public health legislation, and sensible policies are in place to address the myriad of public health challenges facing communities.

In partnership with the Centers for Disease Control and Prevention, **NACCHO is pleased to offer a funding opportunity to support the evaluation of smoking supplies distribution as a harm reduction strategy.** Through this funding opportunity, NACCHO will provide up to \$38,000 to approximately 4 syringe services programs (SSPs) to evaluate smoking supplies distribution programs. Please note that this **funding is intended to support evaluation, not implementation, and cannot be used to purchase smoking supplies.** For additional information on eligible organizations and allowable expenses, see *Eligibility, Use of Funding, & Contract Terms*.

Applications must be submitted by Friday, October 13<sup>th</sup> at 11:59 PM PT and selections will occur by Friday, November 3<sup>rd</sup>. See *Application Instructions* for further detail. NACCHO will host an optional informational webinar for potential applicants on Wednesday, September 27<sup>th</sup> from 2 – 3 PM ET, to review the Request for Applications (RFA) and respond to questions. Interested participants can register [here](#). Please note that no new information will be shared during the webinar and applicants do not need to wait for this optional webinar to begin or submit applications.

## Background

The distribution of smoking supplies is an important harm reduction strategy that can reduce the risks associated with smoking<sup>1</sup> (e.g., injuries from makeshift or broken equipment, the spread of infectious diseases from sharing equipment<sup>2,3</sup>); encourage or facilitate people who use drugs (PWUD) in transitioning from injection to smoking<sup>4,5</sup>, which in turn can reduce the risk of overdose<sup>6</sup> and infectious disease; and build trust and engage a broader population of PWUD than distributing injection equipment alone—which is particularly important given the rise in overdoses associated with stimulant use.<sup>7</sup>

In the spring of 2023, NACCHO conducted a survey to better understand the distribution of smoking supplies at SSPs, including benefits, facilitators, and barriers. The survey<sup>1</sup> results revealed that by distributing smoking supplies, SSPs can bring in new and more diverse participants to SSPs, build trust among PWUD, and improve participant health—both by facilitating a transition from injecting to smoking and by increasing engagement in other health and harm reduction services. However, SSPs face significant barriers including legal and policy barriers (in particular, paraphernalia laws), insufficient funding and funding restrictions, supply chain and procurement challenges, and pushback from community members or policymakers. **Notably, many shared a need for more evidence demonstrating the benefits of, and best practices related to, distributing smoking supplies at SSPs.**

## Goals, Activities, & Requirements

The primary goal of this RFA is to support the evaluation of the distribution of smoking supplies as a harm reduction strategy for SSPs. A secondary goal is to identify promising models and practices related to the distribution of smoking supplies.

Applicants will be expected to define their own evaluation questions and methods. Competitive applications will seek to assess how distributing smoking supplies affects:

- **Program reach and engagement**, in particular whether distributing smoking supplies has increased the SSP's ability to reach populations that are inequitably impacted by the War on Drugs / underserved by SSPs. Sample evaluation questions may include:
  - How has distributing smoking supplies affected our participant population?
  - Has our number of regular (e.g., monthly) participants increased?
  - Are we reaching a more racially diverse population?
  - Are we reaching a more age-diverse population?
  - Are we reaching other priority populations (e.g., sex workers, LGBTQ+ populations)?
  - What motivated participants to use smoking supplies?
  - What differences do we see between our participants that do and don't access smoking supplies?

---

<sup>1</sup> In July 2023, NACCHO shared the results of the survey in a webinar titled *Smoking Supplies: The Local Public Health Perspective on an Emerging Harm Reduction Strategy*. The webinar recording and slides can be accessed [here](#).

- How has distributing smoking supplies impacted engagement in other services (e.g., HIV, hepatitis, or STI testing; naloxone distribution/overdose prevention; medications for opioid use disorder)?
- **Injection drug use**, in particular whether distributing smoking supplies impacts participants' injection drug use behaviors. Sample evaluation questions may include:
  - How has distributing smoking supplies affected the quantity of syringes that participants are requesting?
  - How has distribution/availability of smoking supplies affected frequency of injection among our participants (e.g., are they injecting fewer times per week)?
  - How has distribution/availability of smoking supplies affected sharing/reuse of syringes among our participants (e.g., are they reporting reduced syringe sharing)?
  - How have these trends (e.g., changes in # of syringes requested, frequency of injection, reports of sharing/reuse) varied among participants who prefer/primarily use different drugs and/or who request different types of pipes (e.g., is the reduction in injection greater among participants who primarily use meth / request meth pipes compared to participants who primarily use opioids / request hammer pipes)?
- **Other drug use behaviors**, in particular whether distributing smoking supplies impacts participants' smoking behaviors. Sample evaluation questions may include:
  - How has distribution/availability of smoking supplies affected sharing of pipes, mouthpieces, or other smoking equipment among participants?
  - How has distribution/availability of smoking supplies affected drug use patterns among participants (e.g., are they using more of certain drugs that are typically smoked and less of drugs that are typically injected)?
- **Health outcomes**, such as infectious diseases or overdoses among participants. While this may be the most difficult to evaluate through this project, NACCHO encourages innovative projects that seek to address evaluation questions such as:
  - How has distributing smoking supplies affected health outcomes among our participants (e.g., have positivity rates increased or decreased overall and/or among specific participants)?
  - How has distributing smoking supplies affected reports of overdose frequency among our participants?
  - How has distributing smoking supplies affected our ability to prevent and treat infectious diseases (e.g., are we reaching populations with higher rates of STIs – and if so, are we able to test and treat STIs among this population after they become harm reduction participants)?
  - How has distributing smoking supplies affected wounds (e.g., skin/soft tissue infections) among participants?
- **Promising models and practices / Opportunities for program improvement** – sample evaluation questions may include:
  - What supplies do our participants prefer?
  - What distribution or outreach models would most benefit our participants' health (e.g., increase their ability to reduce injection)?
  - How did participants hear about safer smoking supplies? / How did participants hear about our smoking supplies program?

As detailed in the *Selection Criteria*, preference will be given to applications that assess how distributing smoking supplies advances health equity (e.g., if the SSP is able to better reach populations such as Black, Indigenous, and other people of color or young people who use drugs) and/or the prevention of infectious disease and overdose (including if the distribution of smoking supplies reduces injection drug use).

Applicants should plan for 6-7 months of project implementation. Project activities / evaluation methods may include **analysis of existing program data** (e.g., before and after distributing smoking supplies) or **collection and analysis of new data** (e.g., through surveys, focus groups with participants). If feasible within the project period, applicants can also propose to analyze community data independently or in conjunction with program data.

Required deliverables will be finalized as part of the contracting process, but will likely include:

- Participate in calls with NACCHO and other grantees, including, but not limited to, a cross-site kick-off call and 1:1 technical assistance calls with NACCHO Harm Reduction and/or Research & Evaluation staff (as needed)
- Submit draft evaluation plan
- Submit final evaluation plan with feedback from NACCHO\*
- Submit quarterly progress reports
- Submit final project report
- Submit dissemination products (sites will have some flexibility to propose their own dissemination products, but this may include developing materials that highlight project findings for local partners and stakeholders, program participants, and the broader harm reduction field)\*

\*NACCHO may provide feedback to grantees on their evaluation plans or dissemination materials to ensure that project findings and materials are valuable to the broader harm reduction field.

## **Project Support**

NACCHO will provide and facilitate access to technical assistance, including through the National Harm Reduction Technical Assistance Center. This will include:

- Regular check-ins with NACCHO's harm reduction staff
- Coaching calls with NACCHO's Research & Evaluation team
- Connection to other technical assistance providers
- Cross-site calls during which grantees can interact with and learn from one another
- Feedback on evaluation plan and data collection tools (e.g., survey instruments, focus group discussion guides)
- Templates for completion of deliverables

## **Eligibility, Use of Funding, & Contract Terms**

This RFA is open to non-profit county, city, state, or tribal health departments, healthcare facilities, or community-based organizations that **currently distribute syringes and smoking supplies (at minimum, pipes/glassware)**. Applicants must be able to agree to NACCHO's standard contract language, which can be found [here](#) if needed, and must have an active registration with [SAM.gov](#).

Funds from this grant should be used to support evaluation **not** implementation, and cannot be used to purchase syringes, pipes, or other harm reduction supplies. Examples of how funding can be used include: staff time spent on data collection, analysis, evaluation, or dissemination; modest incentives for PWUD participating in data collection; contracts for data analysis, evaluation, or visualization support; equipment (each equipment purchase must be under \$5,000, justifiable, and approved *after* application selection/as part of the contracting process) such as tablets for data collection; graphic design and printing (e.g., of dissemination materials); and/or indirect and fringe benefit costs. Additional information on allowable expenses can be found in the [Budget Guidance](#).

## Selection Criteria

Applications will be reviewed and scored in accordance with the following **criteria (out of 50 points)**:

### 1. Appropriateness of Organization, Program, and Population (20 points)

- Organization mission and operations (in particular, whether the organization seeks to embody harm reduction principles)
- Population served: Applicant reaches populations that would/do benefit from smoking supplies
- Volume and nature of smoking supplies program (e.g., does the applicant reach a sufficient number of people and distribute a sufficient volume of smoking supplies for meaningful evaluation; is the smoking supplies distribution model relevant to other jurisdictions; is the smoking supplies distribution program stable, e.g., has it been operating long enough that it is not likely to be shut down<sup>2</sup>)

### 2. Appropriateness & Feasibility of Evaluation (30 points)

- Applicant's proposed goals and evaluation questions align with goals of funding opportunity. In particular, NACCHO will prioritize projects that seek to assess how distributing smoking supplies advances health equity (e.g., if the SSP is able to better reach populations such as Black, Indigenous, and other people of color or young people who use drugs) or the prevention of infectious disease and overdose (including if the distribution of smoking supplies reduces injection drug use)
- Applicant's proposed methods will achieve their goals and the goals of the funding opportunity
- Applicant's data will provide valid and reliable findings (quality/accuracy of data, quantity of data/participants)
- Applicant can achieve their proposed project within the project period and with their own staff/partners and guidance from NACCHO

---

<sup>2</sup> If a program were to be shut down, NACCHO could work with the site to analyze existing data on the smoking supplies distribution efforts to ensure that deliverables could still be achieved.

NACCHO may also consider other factors such as:

- Diversity of applications in terms of geography, jurisdictional drug use patterns or trends, local policies (e.g., regarding paraphernalia), organization type/setting, proposed evaluation project/goals
- Meaningful engagement of PWUD
- Innovation

## Application Instructions

To apply for this funding opportunity:

- Complete the [Application Form](#)
- Complete the [Budget Template](#) and [Budget Narrative](#). If you plan to offer incentives to participants (e.g., for participating in surveys, focus groups), you will also need to review, complete, and submit the [Gift Card and Incentive Approval Form](#). See the [Budget Guidance](#) for additional instructions on completing the Budget Template and Budget Narrative.
- Complete all documents required for a complete **contracting package**, including:
  - [Contract Cover Sheet](#)
  - [Certification of Non-debarment](#)
  - [FFATA Form](#)
  - [Vendor form](#)
  - [W9](#)
  - Proof of active registration with SAM.gov (*see question 4 in the Contract Cover Sheet*)
  - If applicable, proof of fringes and/or indirect costs (if higher than 10%) in the budget (*see the Contract Cover Sheet and Budget Guidance documents for more information*)
  - If applicable, letters of support from partner organizations
- Submit the Application Form, Budget Template, Budget Narrative, and Contracting Package by Friday, October 13th, 2023, at 11:59 PM PT by emailing [kkelley@naccho.org](mailto:kkelley@naccho.org) with the subject line “Submission – Evaluating the Distribution of Smoking Supplies as a Harm Reduction Strategy”

---

<sup>1</sup> Prangnell, A., Dong, H., Daly, P., Milloy, M. J., Kerr, T., & Hayashi, K. (2017). Declining rates of health problems associated with crack smoking during the expansion of crack pipe distribution in Vancouver, Canada. *BMC Public Health*, 17(1), 163. <https://doi.org/10.1186/s12889-017-4099-9>

<sup>2</sup> Macías, J., Palacios, R. B., Claro, E., Vargas, J., Vergara, S., Mira, J. A., Merchante, N., Corzo, J. E., & Pineda, J. A. (2008). High prevalence of hepatitis C virus infection among noninjecting drug users: association with sharing the inhalation implements of crack. *Liver International: Official Journal of the International Association for the Study of the Liver*, 28(6), 781–786. <https://doi.org/10.1111/j.1478-3231.2008.01688.x>

<sup>3</sup> Tortu, S., McMahon, J. M., Pouget, E. R., & Hamid, R. (2004). Sharing of noninjection drug-use implements as a risk factor for hepatitis C. *Substance use & misuse*, 39(2), 211–224. <https://doi.org/10.1081/ja-120028488>

---

<sup>4</sup> Fitzpatrick, T., McMahan, V. M., Frank, N. D., Glick, S. N., Violette, L. R., Davis, S., & Jama, S. (2022). Heroin pipe distribution to reduce high-risk drug consumption behaviors among people who use heroin: a pilot quasi-experimental study. *Harm Reduction Journal*, *19*(1), 103. <https://doi.org/10.1186/s12954-022-00685-7>

<sup>5</sup> Leonard, L., DeRubeis, E., Pelude, L., Medd, E., Birkett, N., & Seto, J. (2008). "I inject less as I have easier access to pipes": injecting, and sharing of crack-smoking materials, decline as safer crack-smoking resources are distributed. *The International Journal on Drug Policy*, *19*(3), 255–264. <https://doi.org/10.1016/j.drugpo.2007.02.008>

<sup>6</sup> Kaye, S., & Darke, S. (2004). Non-fatal cocaine overdose among injecting and non-injecting cocaine users in Sydney, Australia. *Addiction (Abingdon, England)*, *99*(10), 1315–1322. <https://doi.org/10.1111/j.1360-0443.2004.00875.x>

<sup>7</sup> D'Orsogna, M. R., Böttcher, L., & Chou, T. (2023). Fentanyl-driven acceleration of racial, gender and geographical disparities in drug overdose deaths in the United States. *PLOS Global Public Health*, *3*(3), e0000769. <https://doi.org/10.1371/journal.pgph.0000769>