



Substance Abuse and Mental Health
Services Administration

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May 15, 2024

Dear Opioid Treatment Program (OTP) Medical Directors:

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) being seen across the country and provide guidance on how OTPs can address this renewed public health concern. Since 2018, there has been an [80% increase](#) in syphilis diagnoses; in 2022 there were [3,700 cases of congenital syphilis](#) – more than 10 times the number diagnosed in 2012. 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 child with congenital syphilis than those without transmission. 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. OTPs can play an important role in addressing the syphilis syndemic, given the trust that can develop between the OTP care team and the patients they serve.

Syphilis and congenital syphilis along with substance use disorder (SUD), mental illness, and other STIs such as human immunodeficiency virus (HIV), gonorrhea, and chlamydia represent 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, SUD 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. In January, SAMHSA released a [Dear Colleagues Letter](#) that outlines the ways SAMHSA grant funds can be used to address the rise in syphilis cases.

OTPs are well positioned to address this issue given the enhanced focus in the recently released [42 CFR Part 8 final rule](#) on STIs and the opportunity for care by a multi-disciplinary team. In addition to providing medications for opioid use disorder (MOUD) and other treatment and support services to address substance use and SUDs, OTPs are required, under Section 8.12(f)(5)(ii) of 42 CFR part 8, to **“provide counseling on preventing exposure to, and the transmission of human immunodeficiency virus (HIV), viral hepatitis, and STIs, and either directly provide services and treatments or actively link to treatment each patient admitted or readmitted to treatment who has received positive test results for these conditions...”**. Screening for STIs is an essential component of the physical assessment, and the OTP can serve a critical role in addressing this syndemic by treating the illness or facilitating referrals to treatment.

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 [SAMHSA's list of syphilis resources](#). By assessing the whole person needs of individuals with behavioral health conditions, we can make progress together.

Please contact syphilisFAQ@samhsa.hhs.gov if you need additional information about STI prevention and substance use and how you might help address the syphilis syndemic.

Thank you for your partnership in this effort.

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 for individuals with HIV and those who 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 SSP, these approved elements may include screening and testing for HIV, hepatitis C (HCV), tuberculosis (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: 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 TB.
 - 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 service plan, including infectious disease prevention and/or treatment services,

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- 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 conditions?/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 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 who are receiving 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 STIs, including syphilis.
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, and for people with SUD who are receiving MOUD.