



Department of
Health

Tennessee Annual Syringe Services Program Highlights 2020

Tennessee Department of Health | March 2022



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Executive Summary

Since the legalization of syringe services programs (SSPs) in May 2017, the Tennessee Department of Health (TDH) has prioritized expanding SSPs and related harm reduction efforts across Tennessee. Harm reduction refers to policies, programs, and practices that aim to minimize negative health, social, and legal impacts associated with drug use, drug policies, and drug laws. Tennessee's SSPs are community-based public health programs that provide comprehensive harm reduction services such as unused syringes and injection drug equipment, safe disposal for used syringes, naloxone distribution, HIV/hepatitis C virus (HCV) testing, and linkage to care. These programs also provide overdose prevention education, referrals to substance use disorder treatment, medical care, mental health providers, social services, and tools to prevent HIV, sexually transmitted infections (STIs), and viral hepatitis. As of December 2020, seven TDH approved SSP agencies reported a total of 41,261 participant visits, 1.9 million new syringes distributed, 1.2 million used syringes collected, 71,513 naloxone kits distributed, 874 HIV tests conducted, and 727 HCV tests conducted.

The following report provides a snapshot of SSP activities across Tennessee, including where they were located, who they served, and the services provided to clients during calendar year 2020. This annual report helps TDH and partners understand and assess who is (and is not) being served, the scope of services provided, and the geographic mobility of participants. TDH uses the annual report data to inform program decisions across the state and to identify areas where support and improvement is needed.

Background

Overview of Harm Reduction Principles and Syringe Services Programs

The goals of harm reduction are to increase the health and well-being of everyone; increase self-esteem and self-efficacy; promote better living situations; and to reduce isolation and stigma. SSPs are a form of harm reduction that includes access to sterile syringes, safe disposal of used syringes, naloxone, HIV/HCV testing, linkage to care, and educational materials. There is no universal term for harm reduction, however, it:

- It is designed as a set of practical, public health strategies to reduce the negative consequences of drug use and promote healthy individual lifestyles and communities
- Encompasses a variety of strategies and approaches to reduce harms associated with risk-taking behaviors
- Removes judgement about a person's drug use and sexual activity
- Meets people "where they are" in terms of ability and willingness to alter behaviors
- Elicits positive change based on client centered goals, needs, circumstances, readiness to change

Harm reduction does not:

- Mean that unhealthy behaviors are ignored
- Enable drug use
- Exclude or dismiss abstinence-based treatment models

In practice, harm reduction can involve a wide range of services, including holistic health education (including safer sex and safer drug use), wound care, overdose prevention, provision of unused injection equipment, safe disposal, and HIV and HCV prevention, testing, and care/treatment.

SSPs reduce needle stick injuries among first responders by collecting used syringes and educating participants approached by law enforcement to inform them when syringes are in their possession. SSPs also reduce fatal and non-fatal overdoses by distributing naloxone, the opioid overdose reversal medication, and educating participants on how to prevent and respond to an overdose.

In Tennessee, SSPs were signed into law on May 18, 2017. Existing legislation allows for the legal exchange of syringes and other injection drug equipment (i.e., cookers) by agencies that are approved by TDH. Any non-government institution or local health department can apply online to operate an SSP. Per Tenn. Code Ann. § 68-1-136, SSPs are required to provide participants syringes and injection drug equipment at no cost, safe injection drug equipment disposal (e.g., sharps container, laundry detergent bottle), educational materials on HIV/HCV transmission, overdose prevention, drug misuse prevention, and access to or referral to naloxone. Tenn. Code Ann. § 68-1-136 stipulates zoning requirements that require SSPs to be located 2,000 feet from any school or park (1,000 feet from any school

or park within Shelby, Davidson, Knox, and Hamilton Counties). TN's legislation also protects SSP participants, staff, and volunteers under limited immunity, protecting those who participate, or are otherwise involved with an SSP from being charged with possession of drug paraphernalia in transit to or from an approved SSP.

TDH funded SSP staff and volunteers are required to complete a TDH sponsored harm reduction training. Once approved, SSPs are required to participate in a site visit 30 days after operations begin as well as an annual site visit, which are both conducted by the TDH SSP liaison. Programs that receive SSP-related funding from TDH are required to report to TDH monthly - all other TDH programs report on an annual basis. As part of annual reporting requirements, each program submits de-identified, aggregate data including client demographics (i.e., race, age, gender identity, health insurance status), number of syringes distributed and collected, HIV/HCV tests completed and positivity rate, and number of naloxone kits distributed. Due to data collection and reporting practices, the data highlighted in this report do not reflect the number of unique participant visits, but rather all visits (i.e., clients can be counted more than once if they return multiple times throughout the year).

Additional Harm Reduction Activities in Tennessee

TDH supports several other harm reduction programs, including Viral Hepatitis Case Navigators (VHCNs), Harm Reduction Resource Team (HRRT) Nurses, HIV and HCV testing, pre-exposure prophylaxis (PrEP) navigation, condom distribution, and syringe services programs (SSPs), the last of which is the focus of this report. All of the above mentioned are efforts to reduce HIV and HCV transmission, reduce stigma, and to enhance community well-being. More information on these programs can be found [here](#).

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) funds the work of Regional Overdose Prevention Specialists (ROPS), who are located throughout the state. ROPS serve as a local point of contact for training and education on opioid overdose and overdose prevention through the distribution of naloxone. Per the SSP legislation (§T.C. A Title 68, Chapter 1), SSPs are required to provide naloxone to their clients at no cost or to refer them externally to pharmacies and/or drug coalitions so that they can access naloxone. Most of the TDH approved SSPs receive their naloxone at no cost through a partnership with the TDMHSAS and their ROPS.

Tennessee SSP Coverage, 2020

During January 1, 2020–December 31, 2020, seven SSPs were operating in six counties: Cocke, Davidson (Nashville), Hamilton (Chattanooga), Knox (Knoxville), Shelby (Memphis), and Washington Counties (Figure 1). The data in this report represent services provided by the following agencies during 2020: A Betor Way, Cempa Community Care, Choice Health Network, Memphis Area Prevention Coalition, and Street Works (Table 1). Of note, some agencies had more than one site. All agencies except Choice Health Network in Cocke County operated during the full calendar year; data reported from Cocke County were limited to October–December 2020. All SSPs offered naloxone, HIV/HCV testing, and safer sex supplies; however, some of these services were disrupted throughout the year in response to the COVID-19 pandemic, which required shifts in operational flow to ensure staff and client safety.

Figure 1. Tennessee Counties with Syringe Services Programs as of December 31, 2020



Table 1. Tennessee SSPs by County and Number of Locations, as of December 31, 2020

SSP Name	County	Number of Locations
A Betor Way	Shelby	1
Cempa Community Care Northeast	Washington	1
Cempa Community Care Southeast (Step TN)	Hamilton	1
Choice Health Network Cocke	Cocke	1
Choice Health Network Knox	Knox	1
Memphis Area Prevention Coalition (SafePoint)	Shelby	2
Street Works	Davidson	2

Overview of Client Visits and Services Provided by Tennessee SSPs, 2020

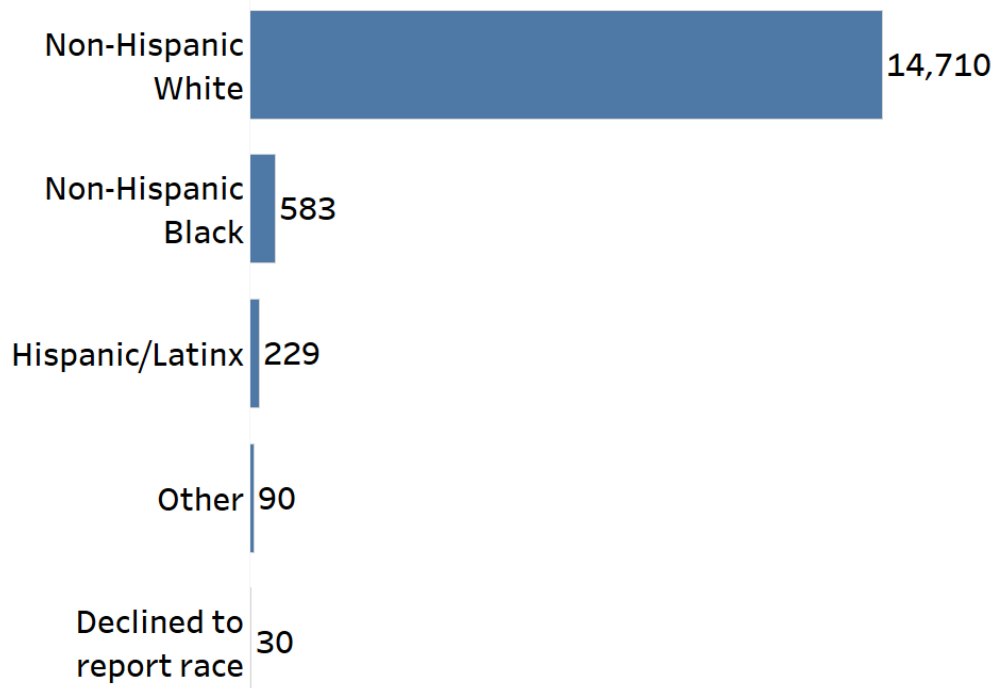
SSP Client Visits and Demographics

Figure 2. Number of Tennessee SSP Client Visits and Newly Enrolled Clients, 2020



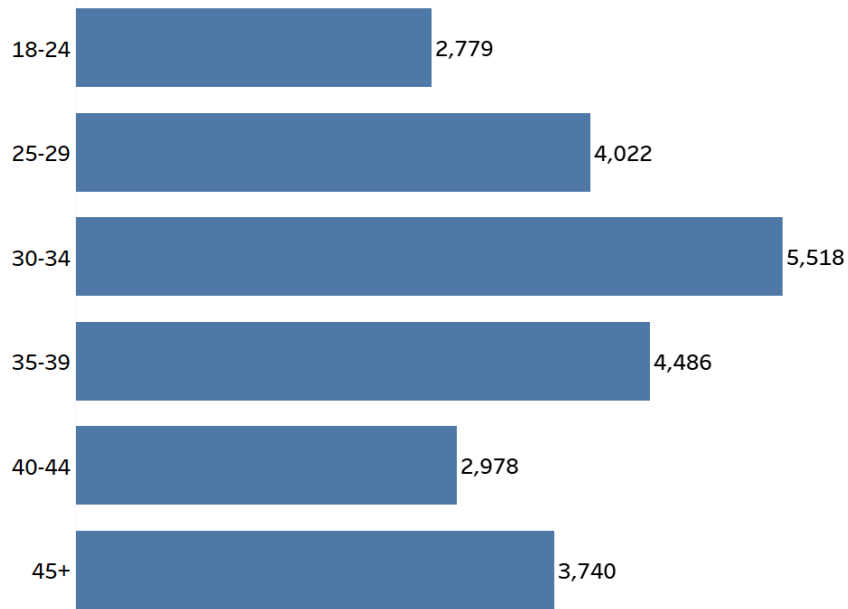
In 2020, 41,261 client visits were reported across the seven SSPs, with 4,708 newly enrolled clients.

Figure 3. Number of Tennessee SSP Clients Served in 2020, by Race/Ethnicity



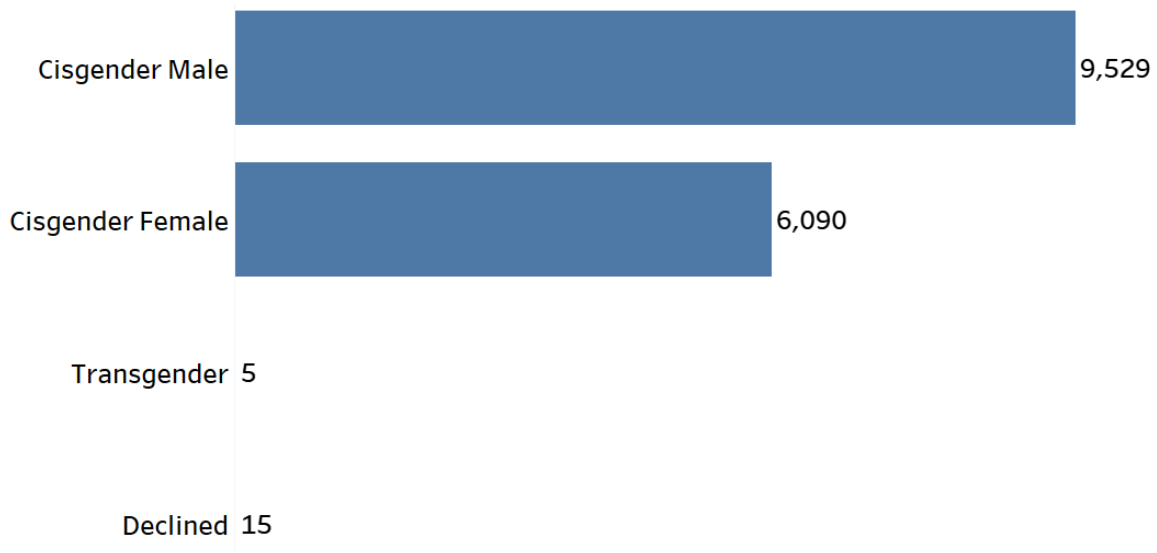
During 2020, 94.3% of the clients served reported their race as non-Hispanic White (n=14,710), and 3.7% of the clients reported their race as non-Hispanic Black (n=583). SSPs are working to expand their reach to people of color to ensure that everyone is receiving the services needed within their communities.

Figure 4. Number of Tennessee SSP Clients served in 2020, by Age Group



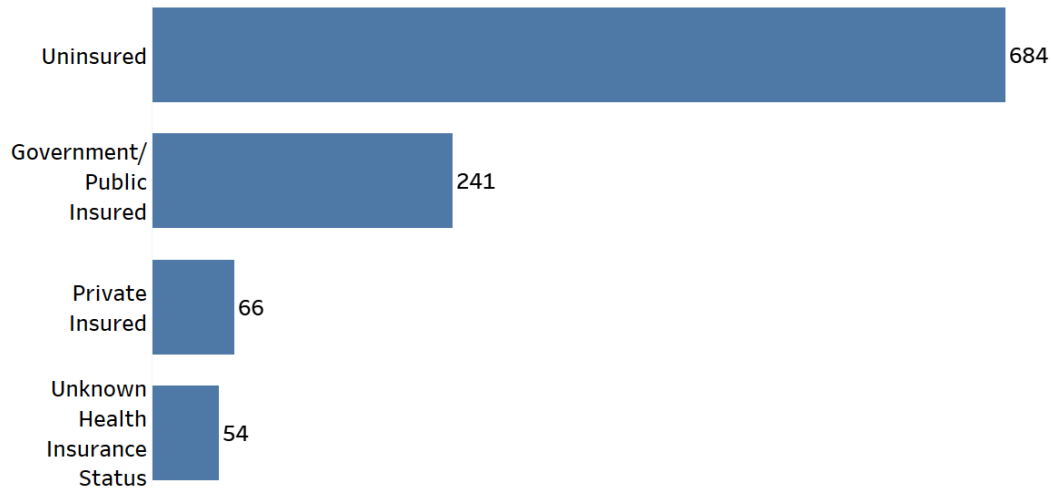
During 2020, the age of clients ranged widely, with those 18–39 years of age comprising a majority of the clients served through Tennessee’s approved SSPs (71.4%).

Figure 5. Number of Tennessee SSP Clients Served in 2020, by Gender Identity



The majority of the clients served in 2020 identified as cisgender male (61.0%) and 39.0% of the clients served identified as cisgender female. The remaining identified as transgender (0.03%) or declined to report their current gender identity (0.1%).

Figure 6. Number of Tennessee SSP Clients Served in 2020, by Health Insurance Status



Overall, the majority of clients served through the SSPs during 2020 were uninsured (65.5%, n=684), followed by 23.1% who were publicly insured.

Syringes Dispensed and Returned

Figure 7. Number of Syringes Distributed and Returned to Tennessee SSPs in 2020



1,912,735

Syringes Distributed



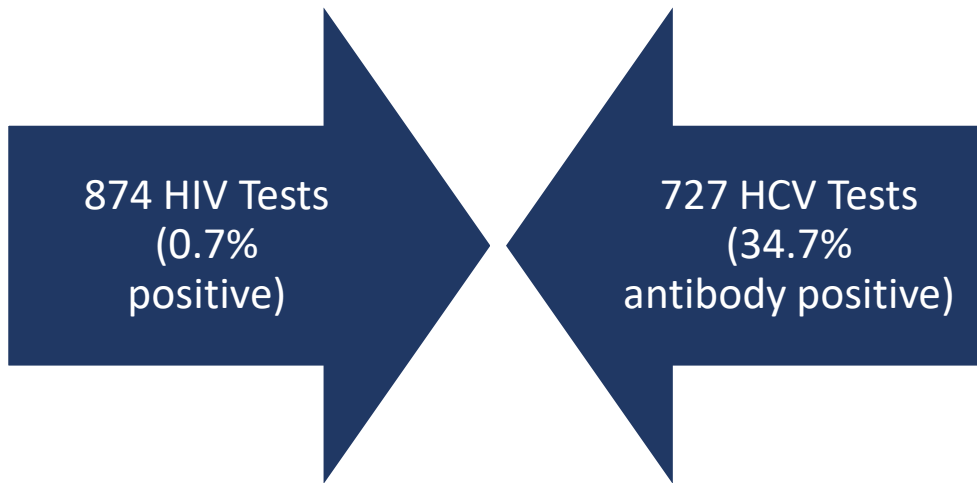
1,206,842

Syringes Returned

Throughout 2020, nearly 2 million syringes were distributed to clients, with 1.2 million syringes returned and safely disposed of by Tennessee SSPs. Due to safety precautions, the number of syringes returned is an approximation in order to ensure that staff, volunteers, and clients prevent needlestick injuries.

Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) Testing

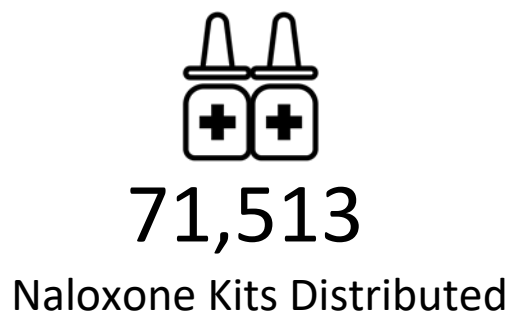
Figure 8. Number of HIV and HCV Tests Provided by Tennessee SSPs in 2020



Throughout 2020, the ability to conduct rapid HIV and HCV testing was constrained by COVID-related restrictions; however, SSPs conducted 874 rapid-rapid HIV tests and 727 rapid HCV antibody tests. Positivity rates indicated that SSPs continued to reach high priority populations for testing, with an overall HIV positivity rate of 0.7% and an overall HCV antibody positive rate of 34.7%.

Naloxone Distribution

Figure 9. Number of Naloxone Kits Distributed by Tennessee SSPs in 2020



During 2020, 71,513 naloxone kits were distributed to Tennessee SSP clients, more than double the number of kits provided in 2019 (N=28,506). Due to the increased need for naloxone, Tennessee's SSPs began distributing intramuscular naloxone, instead of the previously widely available intranasal formulation, in an effort to distribute more to people who use drugs and within the communities they serve.

Additional Information

For more information on the services described above, please visit:

<https://www.tn.gov/health/health-program-areas/std/std/syringe-services-program.html>

<https://www.tn.gov/content/dam/tn/health/documents/TN.SANE.Final.SB806.HB770.18May17.pdf>

<https://www.tn.gov/health/health-program-areas/std/std/vulnerability-assessment.html>

<https://www.endthesyndemictn.org/>

Contact us:

Syringe services programs: SSP.Health@tn.gov

Viral hepatitis case navigation or harm reduction resource teams: VH.Health@tn.gov

Overdose prevention, substance use disorder treatment, or recovery services:
Health.Opioidresponse@tn.gov