



Department of
Health

Tennessee Annual Syringe Services Program Highlights, 2021

October 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. SSPs are public health programs that provide comprehensive harm reduction services such as unused syringes and injection drug equipment distribution, safe disposal for used syringes, HIV/hepatitis C virus (HCV) testing and linkage to care, overdose prevention education and naloxone distribution, referrals to substance use disorder treatment and mental health services, medical care, and tools to prevent HIV, sexually transmitted infections (STIs), and viral hepatitis. From January through December 2021, nine TDH-approved SSPs reported a total of 54,008 client visits, distributed 2.6 million syringes, collected 2.1 million syringes, distributed 53,314 naloxone kits, and performed 1,253 rapid HIV tests and 945 rapid point-of-care HCV tests.

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 2021. 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 are 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 a better living situation, and to reduce isolation and stigma. SSPs are a form of harm reduction that include access to sterile syringes, safe disposal, naloxone, HIV/HCV testing, linkage to care, and educational materials. There is no universal definition for harm reduction, however, it:

- Is a set of practical, public health strategies designed 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 behavioral vulnerabilities (i.e., not sharing syringes and other drug equipment, discouraging re-use of syringes, promoting condom use, linking clients to Pre-Exposure Prophylaxis (PrEP), and being aware of HIV/HCV status)
- 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, and readiness to change

Harm reduction does not:

- Mean that "anything goes"
- 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 sharps 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 to inform law enforcement when syringes are in their possession. SSPs also reduce fatal and non-fatal overdoses by distributing naloxone, the temporary 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, allowing for the legal exchange of syringes and other injection drug equipment (i.e., cookers) by agencies that are approved by TDH. Non-government institutions or county government, such as local health departments can [apply online](#). 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, educational materials on HIV/HCV transmission, overdose prevention, drug misuse prevention, and access to or referral to naloxone. In addition, approved SSPs

are strongly encouraged to provide HIV and HCV testing to participants, then further link them to either prevention or treatment services based on their test result, in efforts to implement a status neutral approach. 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). Tennessee's legislation also protects SSP participants, staff, and volunteers under limited immunity. The limited immunity protects those who participate, or are otherwise involved, with an SSP from being charged with possession of injection drug paraphernalia in transit to or from an approved SSP.

All staff and volunteers at approved SSPs are required to complete a TDH-sponsored harm reduction training. The training is offered quarterly by TDH and reviews harm reduction principles and interventions, as well as SSP legislation, benefits, and best practices for implementing and operating a successful SSP.

HIV/HCV prevention, testing, and linkage to care are also highlighted during the training as important components of community engagement.

Additional Harm Reduction Activities in Tennessee

In addition to SSPs, TDH supports several kinds of harm reduction services, including a variety of navigation and linkage to care services pre-exposure prophylaxis (PrEP) navigation, and condom distribution. 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) located throughout the state. ROPS serve as a local point of contact for training and education on opioid overdose and for 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 approved SSPs receive their naloxone at no cost through a partnership with the TDMHSAS and the ROPS.

Tennessee Syringe Services Programs Coverage, 2021

During January 1, 2021–December 31, 2021, nine SSPs operated across seven counties: Cocke, Claiborne, Davidson, Hamilton, Knox, Shelby, and Washington Counties (Figure 1, Table 1). The data in this report represent services provided by the following agencies: A Betor Way, Cempa Community Care, Choice Health Network, Live Free Claiborne, Memphis Area Prevention Coalition, Partnership to End AIDS Status (PEAS), and Street Works (Table 1). 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, 2021

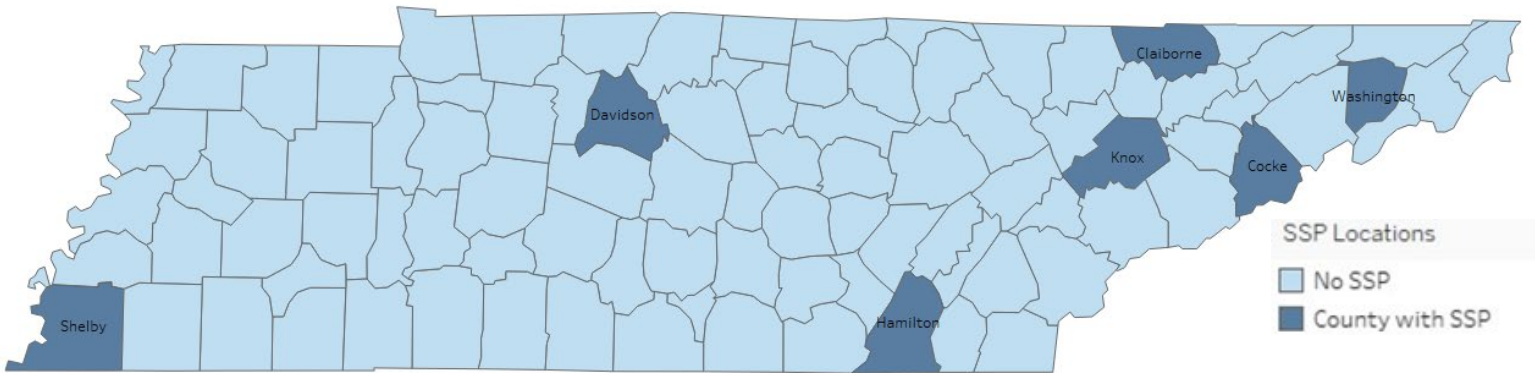


Table 1. Tennessee SSPs by County and Number of Locations, as of December 31, 2021

SSP Name	County	First Year of Operation
Cempa Community Care Southeast (STEP TN)	Hamilton	2018
Choice Health Network, Knox County	Knox	2018
Street Works	Davidson	2018
A Betor Way	Shelby	2019
Cempa Community Care Northeast (STEP TN)	Washington	2019
Memphis Area Prevention Coalition (SafePoint)	Shelby	2019
Choice Health Network, Cocke County	Cocke	2020
Live Free Claiborne	Claiborne	2021
Partnership to End AIDS Status (PEAS)	Shelby	2021

Overview of Client Visits and Services Provided by Tennessee SSPs, 2021

Syringe Services Programs Client Visits and Demographics

Figure 2. Number of Tennessee Syringe Services Programs Client Visits and New Enrollees, 2021



In 2021, 54,008 total client visits were reported across the nine SSPs, with 5,677 new enrollees.

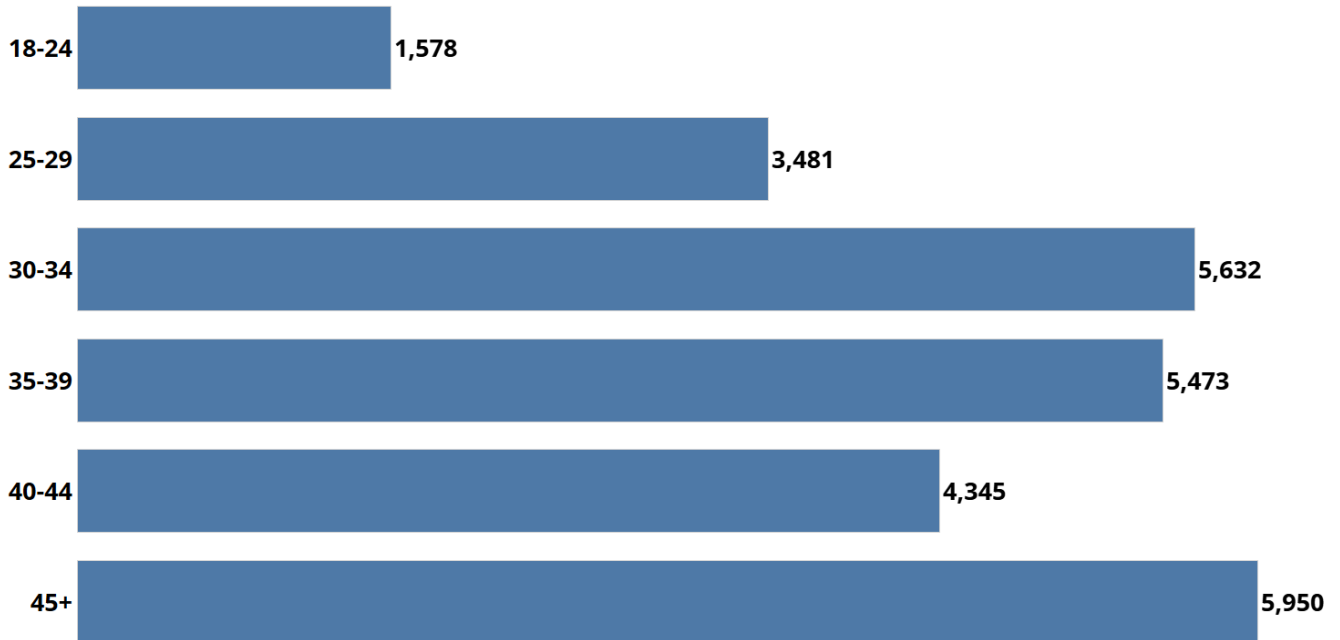
The following figures reflect an estimate of the distribution of race/ethnicity, age, gender, and health insurance status among the 54,008 total client visits from January – December 2021. Once an SSP client is enrolled into the program, agencies often collect demographic data once and update it as necessary.

Figure 3. Number of Tennessee Syringe Services Programs Clients Served in 2021, by Race/Ethnicity



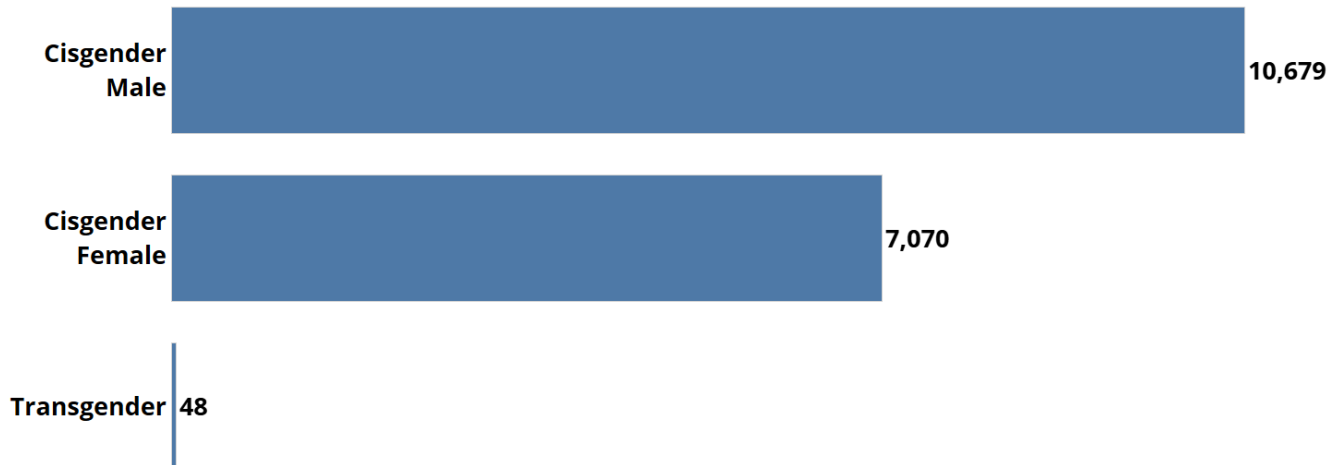
During 2021, among 16,921 clients who reported race information, 93% were non-Hispanic White, and 4.8% were non-Hispanic Black. SSPs aim to meet population-based needs and increase health equity by actively seeking ways to serve people of color.

Figure 4. Number of Tennessee Syringe Services Programs Clients served in 2021, by Age Group



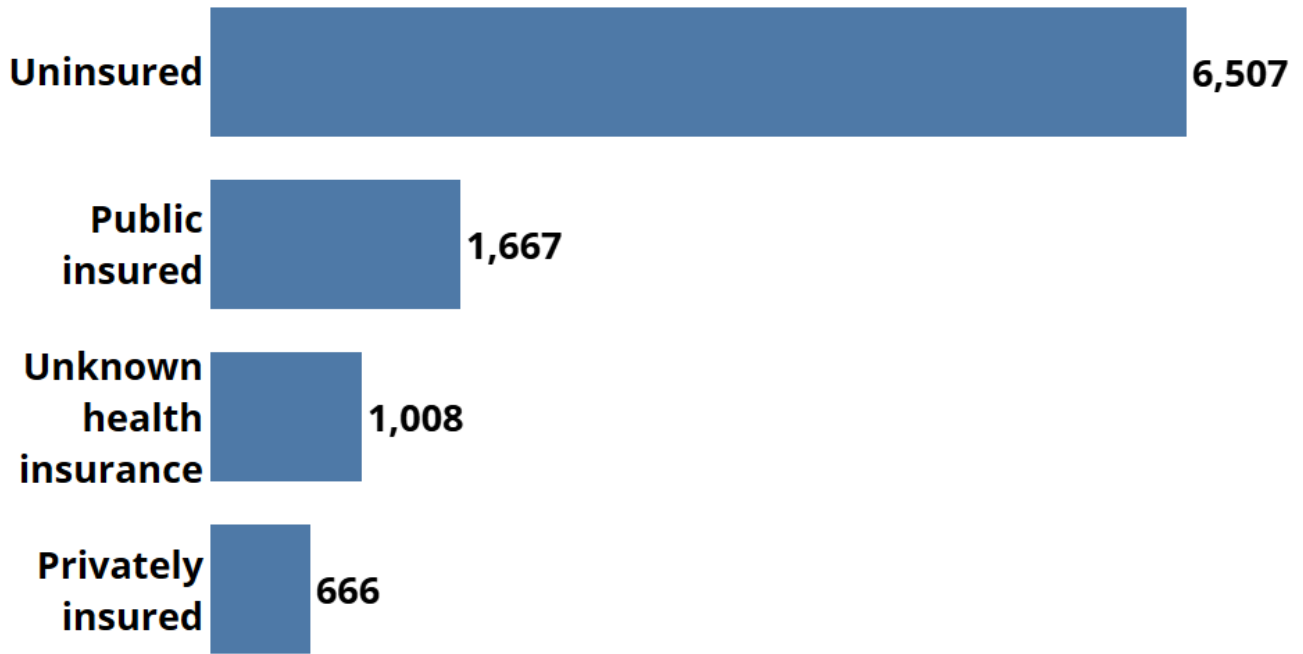
During 2021, among 26,459 clients who reported their age, 61.1% were aged 18–39 years.

Figure 5. Number of Tennessee Syringe Services Programs Clients Served in 2021, by Gender Identity



Among 17,797 clients who reported gender, the majority (60.0%) identified as cisgender male, 39.7% identified as cisgender female, and 0.3% identified as transgender.

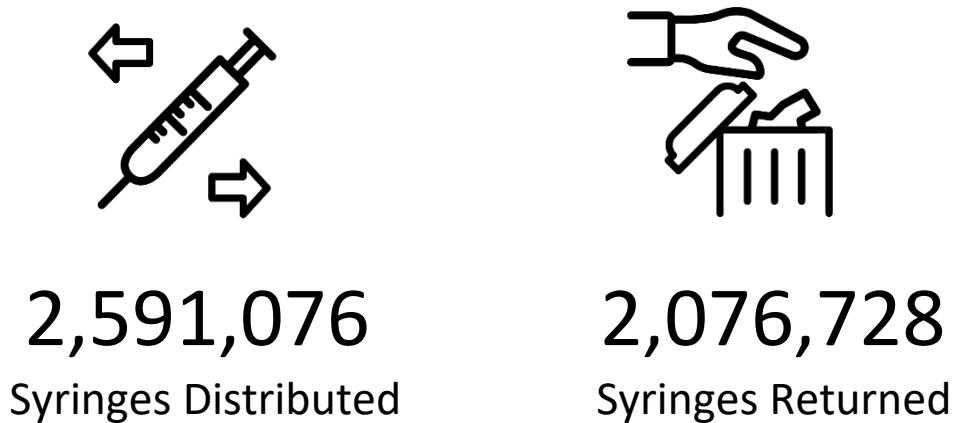
Figure 6. Number of Tennessee Syringe Services Programs Clients Served in 2021, by Health Insurance Status



Among 9,848 clients who reported health insurance information, nearly two-thirds (66.1%) were uninsured, followed by 16.9% having public insurance (i.e., Medicare or Medicaid).

Syringes Dispensed and Returned

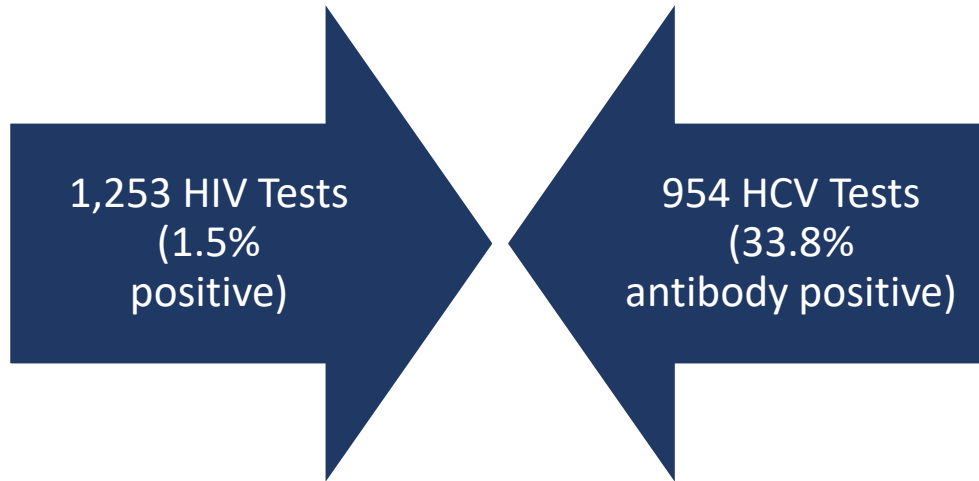
Figure 7. Number of Syringes Distributed and Returned to Tennessee Syringe Services Programs in 2021



Throughout 2021, nearly 2.6 million syringes were distributed to clients, with 2.1 million syringes returned and disposed by Tennessee SSPs.

Human Immunodeficiency Virus and Hepatitis C Virus Testing

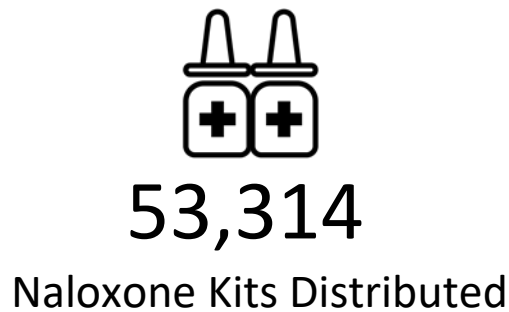
Figure 8. Number of Rapid HIV and Rapid Point-of-Care Hepatitis C Virus Tests Provided by Tennessee Syringe Services Programs in 2021



Throughout 2021, positivity rates indicated that SSPs continued to reach high priority populations for testing. Among all HIV and HCV tests conducted (i.e., not deduplicated by participant), SSPs observed an overall HIV positivity rate of 1.5% and an overall antibody HCV positivity rate of 33.8%.

Naloxone Distribution

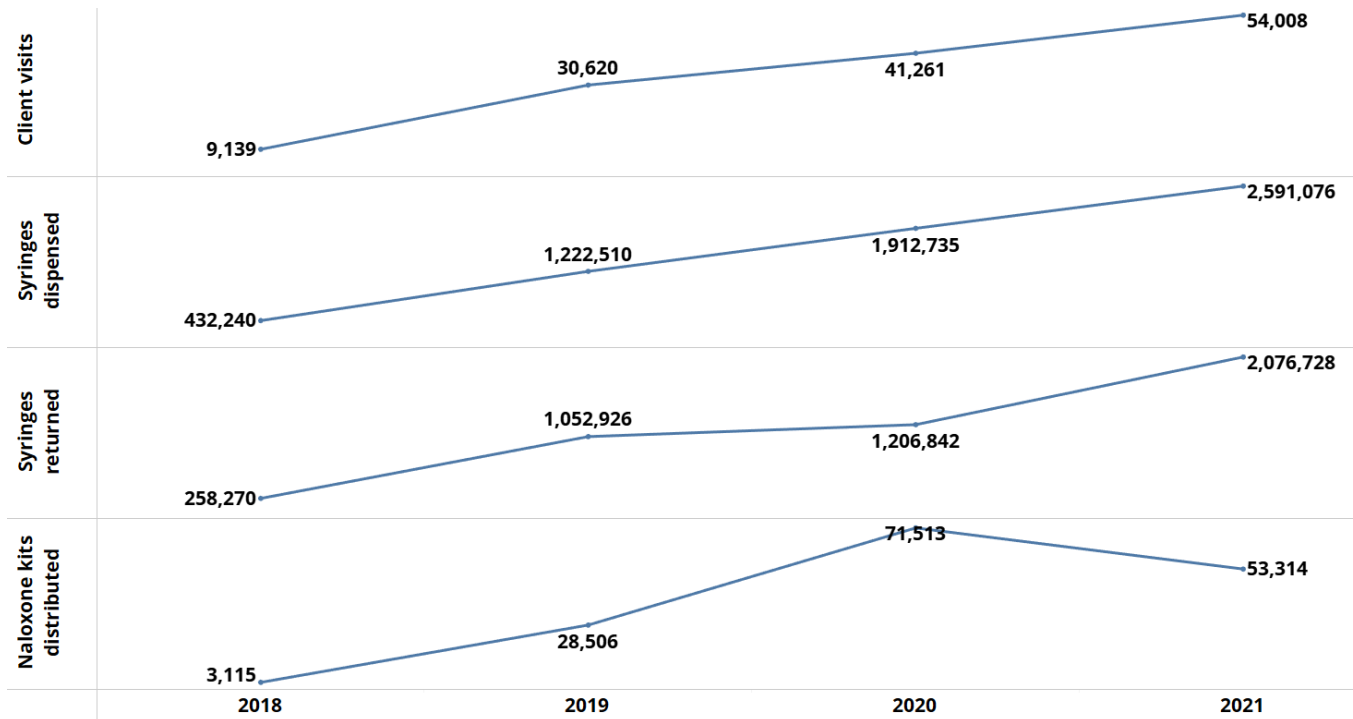
Figure 9. Number of Naloxone Kits Distributed by Tennessee Syringe Services Programs in 2021



During 2021, 53,314 naloxone kits were distributed to Tennessee SSP clients. Due to the increased need for naloxone, particularly by people who inject drugs, Tennessee SSPs began distributing both intramuscular and intranasal naloxone.

Tennessee Syringe Services Programs, 2018-2021 Progress

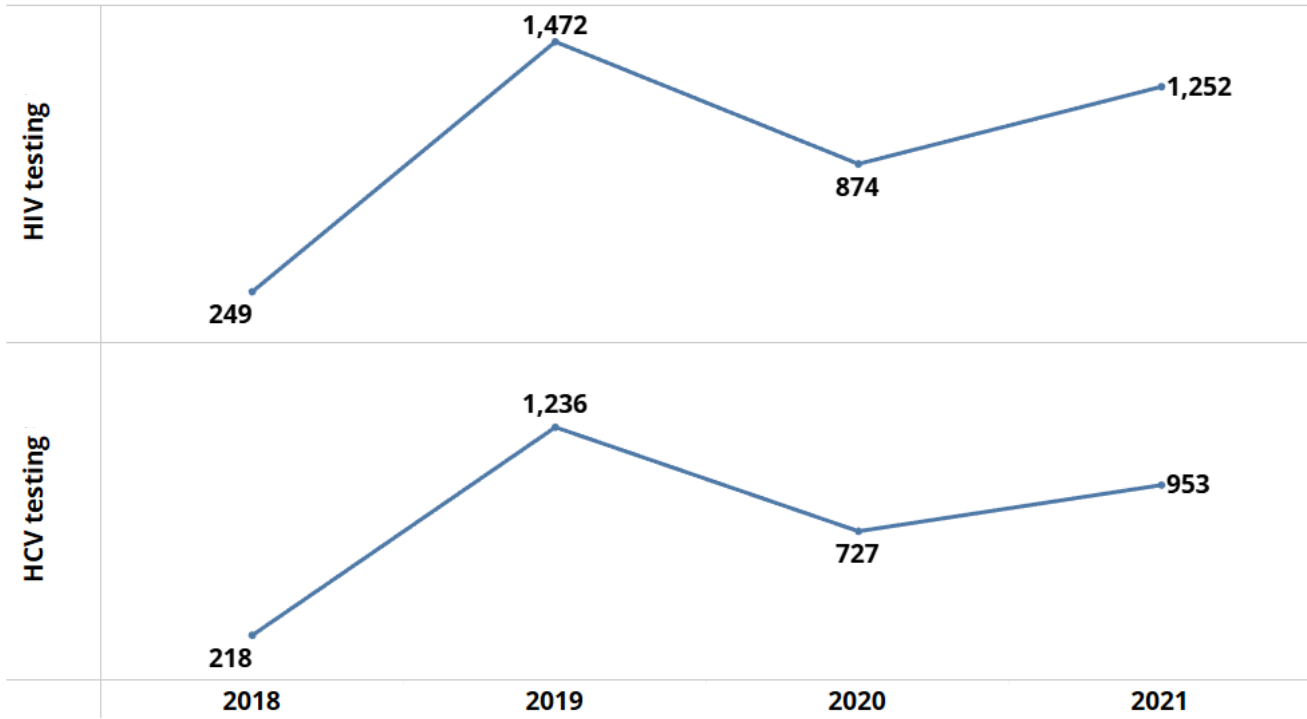
Figure 10. Tennessee Syringe Services Programs Outcomes, 2018-2021



Since the implementation of SSPs in 2018, the number of clients served and resources provided increased steadily, reflective of growing resources supporting agencies and the number of programs operating each year (2018: 3; 2019: 5; 2020: 6; 2021: 9).

The number of clients served in 2021 was six times greater than 2018 client volume. In addition, syringes provided to clients increased six-fold and syringe returns from clients increased eight-fold between 2018 and 2021. While naloxone distribution wavered, distribution increased 17-fold over the four-year period.

Figure 11. Tennessee Syringe Services Program Rapid HIV and Rapid Point-of-Care Hepatitis C Virus Testing, 2018–2021



Since the implementation of SSPs in 2018, HIV and HCV testing volume has varied, including a drop in testing in 2020 due to the COVID-19 pandemic.

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/>

<https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/rops.html>

Contact us:

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Overdose prevention, substance use disorder treatment, or recovery services:

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