



Department of
Health

Tennessee Annual Syringe Services Program Highlights, 2022

July 2023



Table of Contents

Executive Summary	3
Background	4
Tennessee Syringe Services Programs Coverage, 2022	6
Overview of Client Visits and Services Provided by Tennessee-Funded SSPs, 2022.....	7
Conclusion	11
Additional Information	12

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 sterile 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 2022, six TDH-funded SSPs reported a total of 51,589 client visits, distributed almost 2.5 million syringes, collected nearly 2.3 million syringes, distributed 57,842 naloxone kits, and performed 1,687 rapid HIV tests and 1,151 rapid point-of-care HCV tests. Of these metrics, testing for HIV and HCV, naloxone distribution, and syringes collected have increased since 2021.

The following report provides an overview of TDH-funded SSP activities across Tennessee, including where they were located, who they served, and the services provided to clients during calendar year 2022. This annual report helps TDH and partners understand and assess who is (and is not) being served, and the scope of services provided. 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 individuals 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 enable drug use or exclude or dismiss abstinence-based treatment models. It calls for non-judgmental, non-coercive services to people who use drugs (PWUDs) to assist them in reducing harm to themselves and their communities. It 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/HCV prevention, testing, and care/treatment.

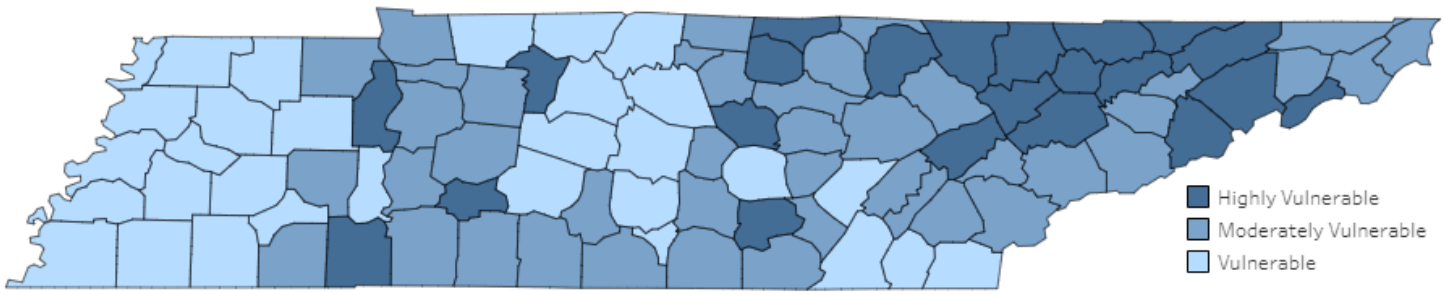
Nearly thirty years of research shows that comprehensive SSPs are safe, effective, cost-saving, do not increase illegal drug use or crime, and play an important role in reducing the transmission of HIV, viral hepatitis, and other infections. For example, SSPs reduce needle stick injuries among first responders by collecting used syringes and educating participants to inform law enforcement when syringes are in their possession.¹ 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, 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 governments, such as local health departments, can [apply online](#). Per Tenn. Code Ann. § 68-1-136, SSPs are required to provide participants with needles, syringes, and injection drug equipment at no cost; safe disposal of injection drug equipment; educational materials on HIV/HCV transmission,

¹ CDC Summary of Information on The Safety and Effectiveness of Syringe Services Programs (SSPs)
<https://www.cdc.gov/ssp/syringe-services-programs-summary.html>

overdose prevention, and drug misuse prevention; referral to mental health and substance use treatment; and access or referral to naloxone. In addition, approved SSPs are strongly encouraged to provide HIV and HCV testing to participants and link them to either prevention or treatment services based on their test result. The legislation was signed into law in the aftermath of the Scott County, Indiana HIV outbreak and the recognition that 23.2% of TN's 95 counties are highly vulnerable to increased dissemination of HIV/HCV among persons who use drugs per a 2021 analysis² as illustrated in the below map.

Figure 1. Tennessee HIV/HCV Vulnerability Index, 2021



Effective July 2023, Tenn. Code Ann. § 68-1-136 amended zoning restrictions to require SSPs to be located 1,000 feet from any school or park except for SSPs operating in a municipality with a population between 55,440–55,450; these must be at least 2,000 feet from any school or park. Tennessee's legislation also provides limited immunity which protects those who participate in, or are otherwise involved with an SSP (e.g., staff, volunteers) from being charged with possession of injection drug paraphernalia in transit to or from an approved SSP. To learn more about Tennessee SSP laws, visit the TDH SSP Laws webpage [here](#).

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 including that for pre-exposure prophylaxis (PrEP), HIV care, HCV treatment, and condom distribution.

Also, TDH facilitates harm reduction training that is offered quarterly. This training 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. The training dates can be found [here](#).

² County-Level Vulnerability to HIV and Hepatitis C Outbreaks Due to Injection Drug Use – Tennessee, 2021 Update, <https://www.tn.gov/health/health-program-areas/std/std/vulnerability-assessment.html>

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 overdose prevention through the distribution of naloxone. Per the SSP legislation (§T.C. A Title 68, Chapter 1), SSPs are required to either provide naloxone or to refer their clients to programs that provide naloxone. Most approved SSPs partner with TDMHSAS and the ROPS to receive their naloxone at no cost.

Tennessee Syringe Services Programs Coverage, 2022

By the end of 2022, Tennessee had 11 agencies approved to operate SSP activities with a total of 17 SSP sites across nine counties. In 2022, there were four new SSP agencies and four new sites from previously approved SSPs. The SSP network across the state has continued to grow since the legalization of SSPs, but there is more work to be done to better reach TN’s rural areas. An up-to-date list of approved SSP locations and operational details can be found on the TDH SSP [website](#).

Figure 2. Tennessee Counties with Syringe Services Programs as of December 31, 2022

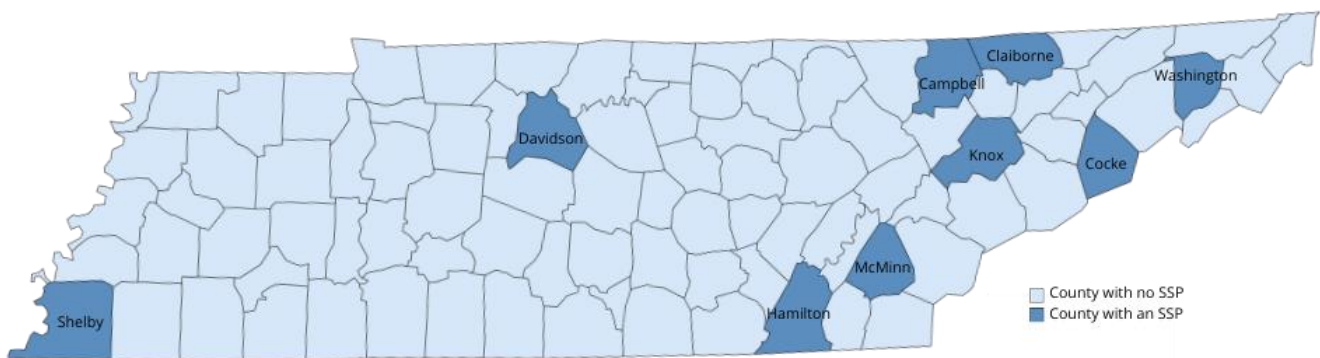


Table 1. Tennessee SSPs by County as of December 31, 2022

SSP Name	County/Countries
A Betor Way*	Shelby
Cempa Community Care*	Hamilton, McMinn, Washington
Choice Health Network*	Campbell, Cocke, Knox
Hellbender Harm Reduction	Knox
Live Free Claiborne*	Claiborne
Memphis Area Prevention Coalition*	Shelby
Nashville CARES	Davidson
PEAS	Shelby

SisterReach	Shelby
Street Works*	Davidson
TN Recovery Alliance	Knox
WeCareTN	Shelby

* Denotes agencies that were funded in 2022

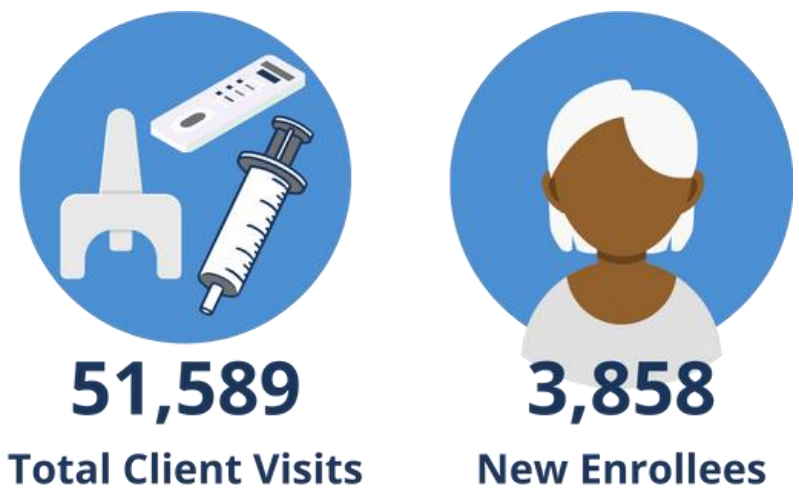
Funded Syringe Services Programs, 2022

In 2022, TDH HIV Prevention (through federal grants) funded six agencies to implement and conduct SSP activities (Table 1). **This report reflects data collected from these agencies.**

Overview of Client Visits and Services Provided by Tennessee-funded SSPs, 2022

Syringe Services Programs Client Visits and Demographics

Figure 3. Number of Tennessee Funded Syringe Services Programs Client Visits and New Enrollees, 2022



In 2022, 51,589 total client visits were reported across the six TDH-funded SSPs, with 3,858 new enrollees.

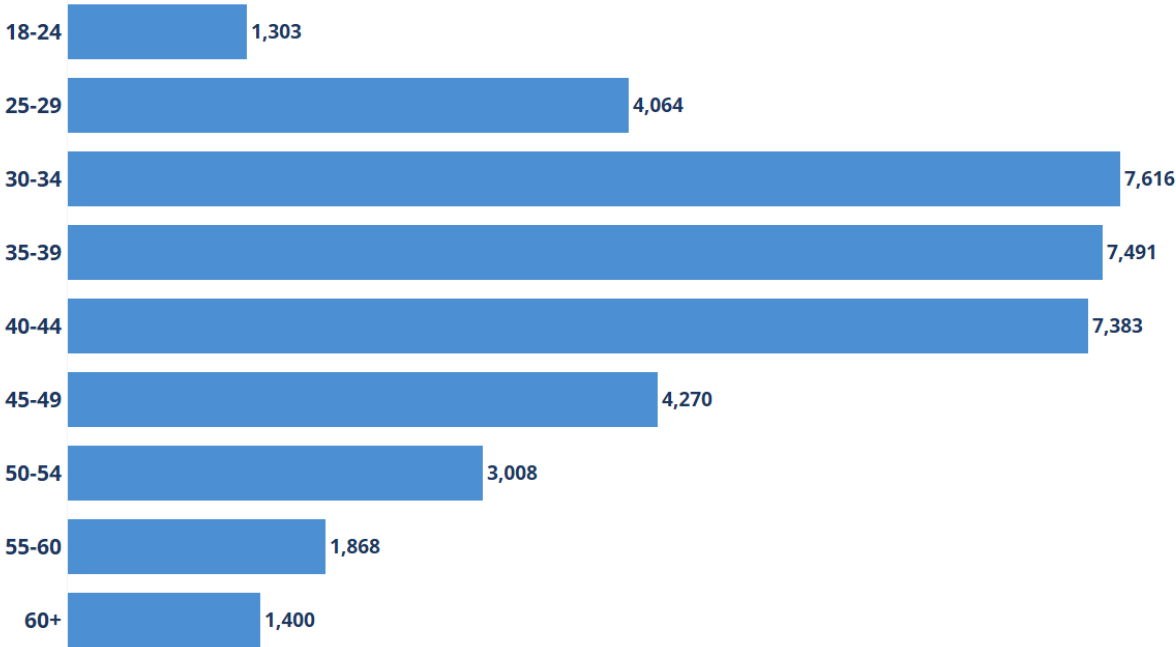
The following figures reflect the estimated distribution of race/ethnicity, age, gender, and health insurance status among the 51,589 total client visits from January–December 2022.

Figure 4. Number of Tennessee Syringe Services Programs Clients Served in 2022, by Race n=37,971



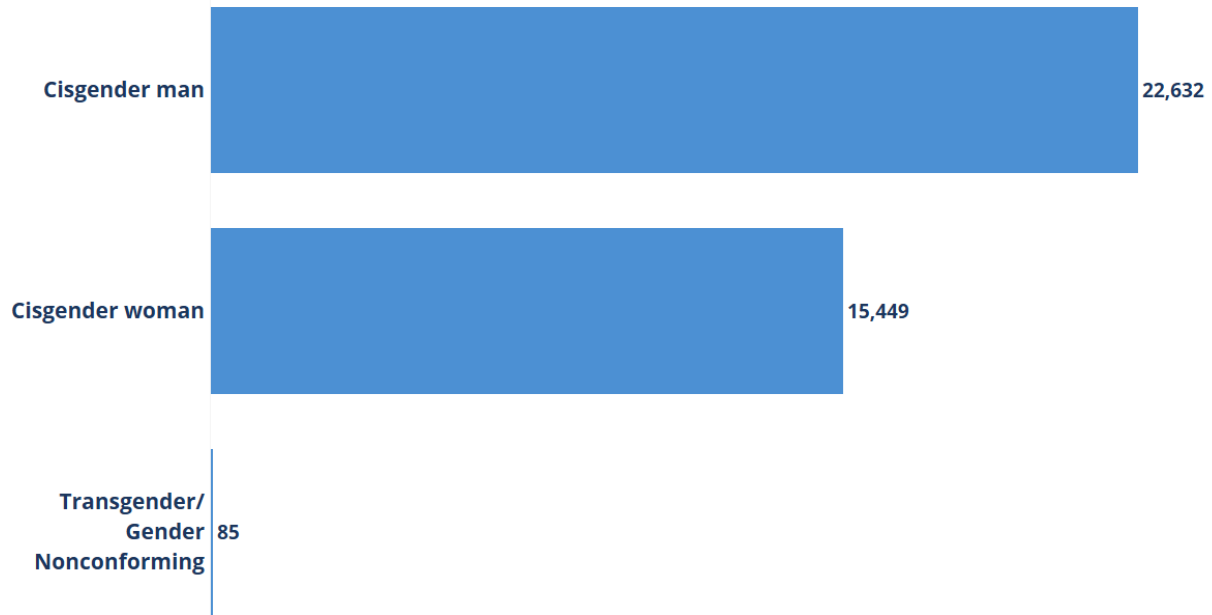
Gaps in access to harm reduction services exist. Among 37,971 clients who reported race information, 92.5% were White, and 6.4% were Black. SSPs reported serving 369 Hispanic/Latinx clients in 2022. SSPs aim to increase health equity by actively seeking ways to better serve people of color.

Figure 5. Number of Tennessee Syringe Services Programs Clients Served in 2022, by Age Group n=38,403



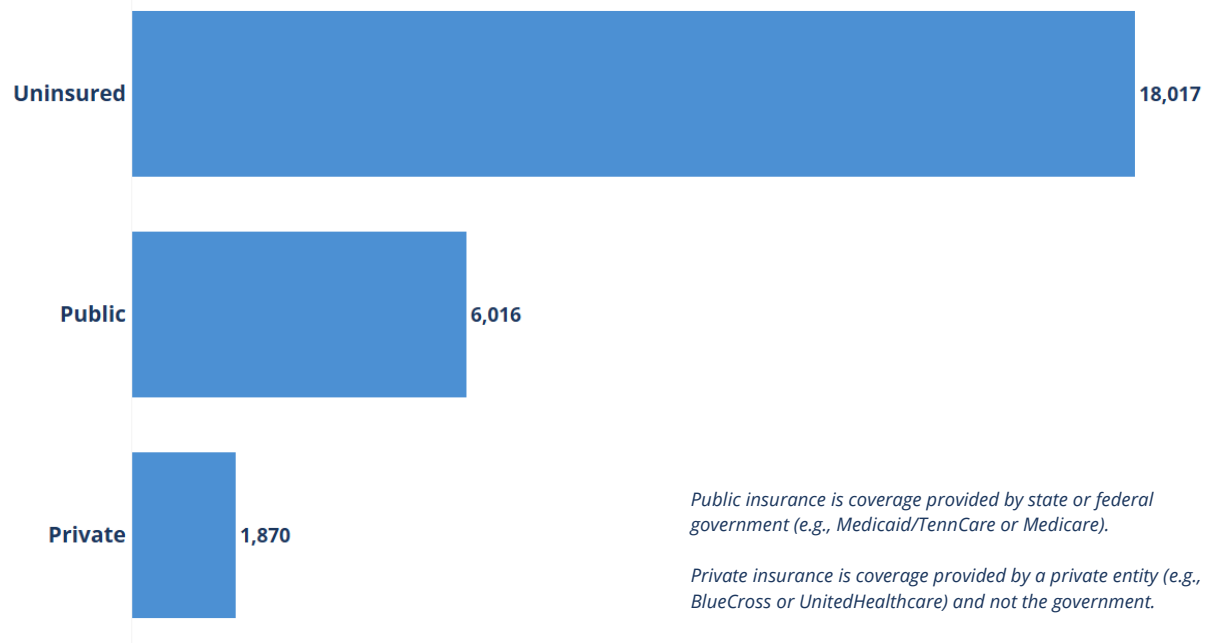
Among 38,403 clients who reported their age, 58.6% (n=22,490) were between 30–44 years old.

Figure 6. Number of Tennessee Syringe Services Programs Clients Served in 2022, by Gender Identity n=38,174



Among 38,174 clients who reported their gender identity, 59.3% identified as a cisgender man, 40.5% identified as a cisgender woman, and 0.2% (n=85) identified as transgender or gender nonconforming.

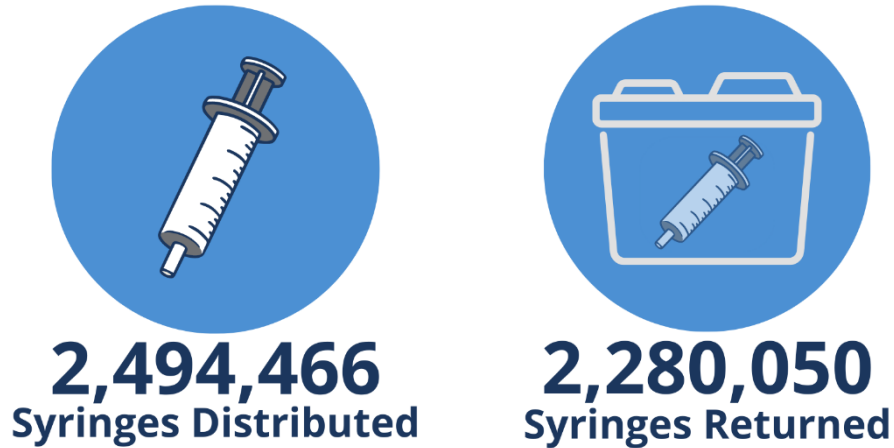
Figure 7. Number of Tennessee Syringe Services Programs Clients Served in 2022, by Insurance Status n=25,903



Among 25,903 clients who reported health insurance information, almost 70% were uninsured, followed by 23.2% having public insurance (i.e., Medicaid or Medicare).

Syringes Dispensed and Returned

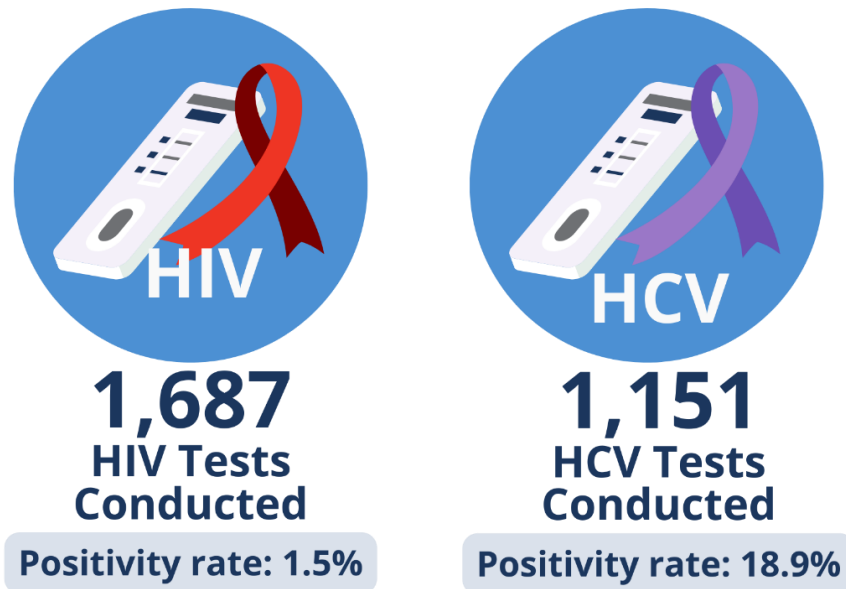
Figure 8. Number of Syringes Distributed and Returned to Tennessee Syringe Services Programs in 2022



Throughout 2022, over 2.4 million syringes were distributed to clients, with nearly 2.3 million syringes returned and disposed by Tennessee SSPs.

HIV and HCV Testing

Figure 9. Number of Rapid HIV and Rapid Point-of-care Hepatitis C Virus Tests in 2022



Throughout 2022, high test positivity rates indicated that SSPs continued to reach priority populations. Among all HIV and HCV tests conducted, SSPs observed an overall HIV positivity rate of 1.5% and an overall antibody HCV positivity rate of 18.9%.

Naloxone Distribution

Figure 10. Number of Naloxone Kits Distributed by Tennessee Syringe Services Programs in 2022



During 2022, 57,842 naloxone kits were distributed to Tennessee SSP clients. Due to the increased demand for naloxone, Tennessee SSPs began distributing both intramuscular and intranasal naloxone.

Conclusion

Throughout 2022, there has been an overall increase in access to syringe services for Tennesseans. TDH continues efforts to increase SSP access across rural TN to better meet community needs. The SSPs face ongoing challenges including funding resources, stigma, supply chain issues, and staff turnover with limited capacity to serve client volume.

However, there have been many successes including an increase in HIV/HCV testing numbers, naloxone distribution, and syringe distribution. By conducting and distributing HIV/HCV tests, SSPs are able to identify patients who test positive for these diseases (positivity rates of 1.5% and 18.9%, respectively), demonstrating that SSPs are effective at reaching community members who would otherwise be out of care. TN SSPs also provide naloxone and overdose awareness education to reduce overdose deaths within their communities. To care for the whole client, TN SSPs regularly connect clients to services that address the Social Determinants of Health, especially housing services.

TN SSPs aim to continue to provide optimal services for their clients, including syringe distribution, collection, HIV/HCV testing, and linkage to mental health and substance use treatment, when the client is ready.

Additional Information

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

Resource	Website URL	Website QR Code
TDH SSP Webpage	https://www.tn.gov/health/health-program-areas/std/std/syringe-services-program.html https://tinyurl.com/TNSSPs	
TN SSP Legislation	https://www.tn.gov/health/health-program-areas/std/std/syringe-services-program/tennessee-ssp-laws.html	
TDH HIV/VH Vulnerability Assessment	https://www.tn.gov/health/health-program-areas/std/std/vulnerability-assessment.html	
End the Syndemic TN Website	https://www.endthesyndemictn.org/	
TDMHSAS Regional Overdose Prevention Specialist Program	https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/rops.html	

Contact us:

Syringe Services Programs:

SSP.Health@tn.gov

Viral Hepatitis Case Navigator or Harm Reduction Resource Team Nurses:

VH.Health@tn.gov

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

Health.Opioidresponse@tn.gov