



Department of
Health

Tennessee Annual Harm Reduction Report: Syringe Services Program Highlights 2019

Tennessee Department of Health | December 2020



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Executive Summary

Since the legalization of syringe services programs (SSPs) in May 2017, Tennessee Department of Health (TDH) has prioritized expanding SSPs and related harm reduction efforts across Tennessee. Harm reduction encompasses practical, public health strategies designed to reduce potential harms associated with drug use and promote healthy lifestyles and communities. In Tennessee syringe services programs are community-based public health programs that provide comprehensive harm reduction services such as sterile needle and injection drug equipment distribution, safe disposal for used needles/syringes, HIV/HCV testing and linkage to care, overdose prevention education and naloxone distribution, referrals to substance use disorder treatment, medical care, mental health providers, and social services, and tools to prevent HIV, sexually transmitted infections (STIs), and viral hepatitis. As of December 2019, there were 5 TDH approved SSPs, with 3 of them receiving TDH funding through the Centers for Disease Control and Prevention base HIV Prevention grant. During 2019, the 3 TDH funded SSPs distributed more than 1.2 million syringes, collected more than 1 million syringes, distributed approximately 25,500 naloxone kits, and performed nearly 1,500 HIV tests and 1,200 HCV tests. Due to the approval dates and lack of reporting requirements for the 2 non-funded SSPs, the following data only represent the 3 TDH-funded SSPs.

The following report provides a snapshot of SSP activities occurring across Tennessee, including where they are located, who they serve, and the services provided to clients during calendar year 2019. 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. TDH assesses all information outlined in this report to help inform program decisions in order to address gaps in services to populations being served.

Background

Harm reduction is a set of practical, public health strategies designed to reduce potential harms associated with drug use and promote healthy lifestyles and communities. There is no universal definition for harm reduction, but the overall concept is to 1) provide for clients' needs without judging them regarding their drug use or sexual activity 2) "meet people where they are" in terms of ability and willingness to modify behaviors, and 3) elicit positive change(s) based on client-centered goals, needs, circumstances, and readiness to change. Harm reduction does not enable, endorse, or encourage drug use or other high-risk behaviors, nor exclude abstinence-based treatment models. Harm reduction includes a spectrum of strategies used to:

- increase health and wellbeing
- increase self-esteem and self-efficacy
- enhance living situations
- reduce isolation and stigma of persons who use drugs (PWUD)
- among persons who use drugs, promote safer drug use and safer sex
- reduce drug use
- increase trust and improve engagement with service providers

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 sterile injection equipment/appropriate disposal, and HIV and hepatitis C virus (HCV) prevention, testing, and care/treatment.

Additionally, 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 opioid overdose reversal medication, and educating participants on how to prevent and respond to an overdose. Lastly, SSPs save healthcare dollars by reducing HIV/HCV incidence and preventing bacterial infections such as skin and soft tissue infections, endocarditis and bloodstream infections.

Additional Harm Reduction Activities in Tennessee

The TN Department of Health (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. HCV infections are increasing nationwide and are of particular concern in TN.

Recognizing that individuals living with HCV often have significant barriers to accessing treatment, the VHCN program was created in 2017. The program is comprised of 11 nurses covering all 13 public health regions, including the six metropolitan areas. The **VHCNs are located in local health departments and provide navigation to HCV care and treatment services, as well as other supportive services, including** hepatitis A virus

(HAV) and hepatitis B virus (HBV) immunizations, family planning, substance use disorder treatment, mental health services, and syringe services programs. Driven by the opioid epidemic, the highest rates of HCV are among people who inject drugs (PWID), and specifically among people less than 40 years of age, white, and living in rural areas. **HRRT nurses, covering three public health regions in East TN, identify, engage, and refer at-risk individuals to prevention and treatment services**, including HAV and HBV immunizations, family planning, substance use disorder treatment, mental health services, and syringe services programs.

HIV and HCV testing efforts are supported across the state in both clinical and non-clinical settings. An additional form of harm reduction is PrEP. PrEP is a medicine that is taken daily to prevent HIV transmission among sex and injection drug use equipment sharing partners. **PrEP navigators are located statewide and assist those who may be good candidates to get linked to a PrEP provider.** Along with linking people to PrEP, PrEP navigators also distribute safer sex supplies and post-exposure prophylaxis (PEP) information.

The TN 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 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. All of the TDH-approved SSPs receive their naloxone at no cost through a partnership with the TDMHSAS and their ROPS. This partnership allows the SSPs to provide their clients with a sufficient amount of naloxone so that their clients and clients' family and friends are equipped to prevent fatal overdoses. Historically, all of the SSPs have distributed intranasal naloxone, but are now transitioning to distributing intramuscular naloxone due to client preferences and cost. From October 2017 to December 2019, the ROPS distributed more than 134,000 units of naloxone, and TDMHSAS documented at least 13,400 lives saved because of naloxone distributed during that time. Because of stigma and other factors, the department believes the actual number of lives saved is likely much higher.

Persons who use drugs are often marginalized and lack access to the traditional health care and social services systems due to stigma against drug use, cost, and fear of legal consequences. **TN's SSPs are community-based public health programs that provide comprehensive harm reduction services** such as sterile needle and injection drug equipment distribution, safe disposal for used needles/syringes, HIV/HCV testing and linkage to care, overdose prevention education and naloxone distribution, referrals to substance use disorder treatment, medical care, mental health providers, and social services, and tools to prevent HIV, sexually transmitted infections (STIs), and viral hepatitis. In addition to providing participants with unused syringes and collecting used ones, TN's

SSPs provide HIV/HCV testing and link participants to needed social services and medical care that they may not receive otherwise.

In TN, SSPs were signed into law on May 18, 2017 allowing for the legal exchange of needles/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 submit an application to operate an SSP. Per Tenn. Code Ann. § 68-1-136, SSPs are required to provide participants needles/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. Tenn. Code Ann. § 68-1-136 includes 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. The limited immunity protects 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. Programs established under Tenn. Code Ann. § 68-1-136 are required to report annually to TDH and share program services and community impact.

SSPs in TN, 2019

During January 1, 2019–December 31, 2019, five agencies were approved by TDH to operate SSPs, three of which received TDH funding through the Centers for Disease Control and Prevention base HIV Prevention grant. The five agencies provided services in Memphis, Nashville, Knoxville, Chattanooga, and Johnson City (Table 1, Figure 1).

TDH approved SSP staff and volunteers are required to complete a TDH sponsored harm reduction training. All TDH 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. 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. TDH began collecting client demographic information (for TDH-funded SSPs) in July 2019, therefore, data in this report do not represent the entire 2019 calendar year. Additionally, TDH began collecting the number of new enrollees during the 3rd quarter of 2019 to better understand program growth and how to better allocate resources. TDH also documented success stories and feedback from clients and providers throughout the year.

The data in this report represent services provided by the three TDH-funded agencies that operated an SSP during the full 2019 calendar year: Cempa Community Care, Choice Health Network, and Street Works. A Betor Way and Memphis Area Prevention Coalition (MAPC) initiated services in mid-2019 and will be reflected in the 2020 Annual Report.

Table 1. Tennessee Syringe Services Program Locations and Services Offered as of December 31, 2019

Agency	Operating Location(s)	Number of Operating Location(s)	Type of SSP	Naloxone Distribution	HIV Testing	HCV Testing	Safer Sex Supplies
A Betor Way	Memphis	1	Mobile	X	X		X
Cempa Community Care	Chattanooga & Johnson City	Chattanooga: 2 Johnson City: 1	Fixed	X	X	X	X
Choice Health Network	Knoxville	1-2	Mobile	X	X	X	X
Memphis Area Prevention Coalition (MAPC)	Memphis	1	Mobile	X			X
Street Works	Nashville	3	Fixed & mobile	X	X	X	X

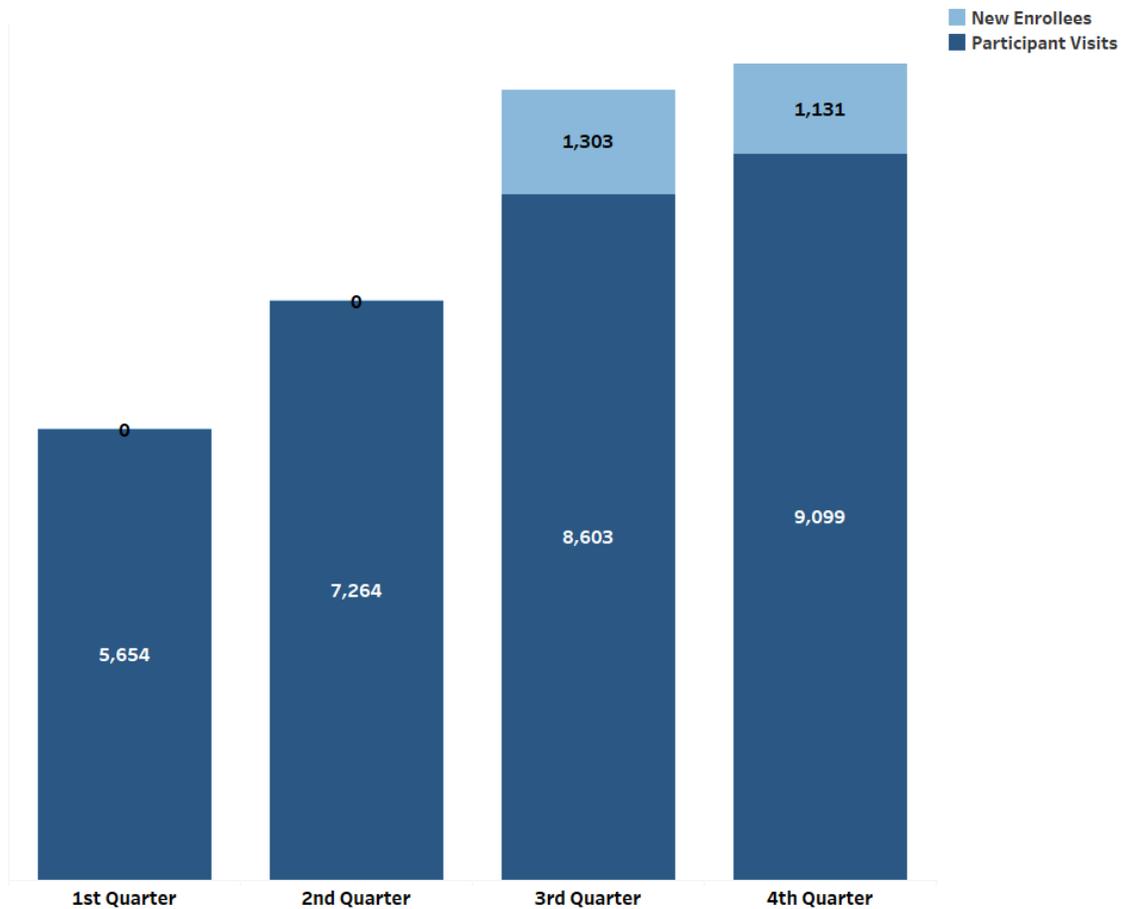
Figure 1. Tennessee Counties with Syringe Services Programs



Overview of Client Visits and Services Provided, 2019

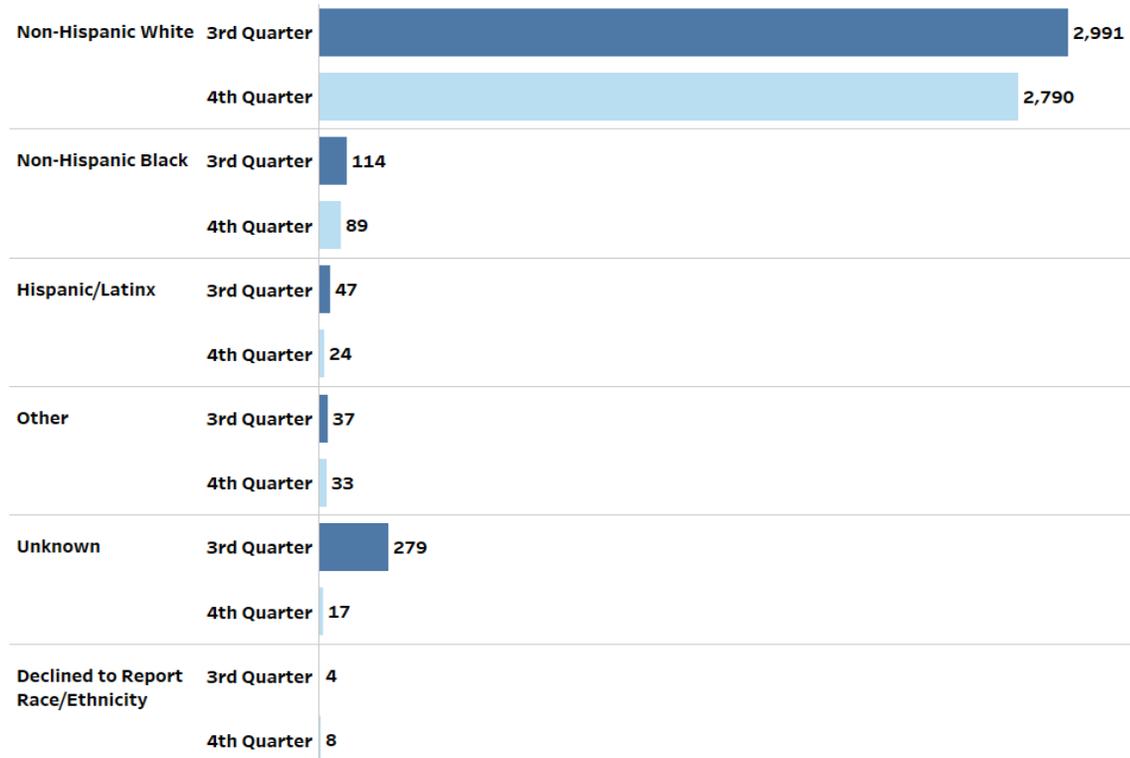
SSP Client Visits and Demographics

Figure 2. Number of Syringe Services Program Participant Visits and New Enrollees by Quarter, 2019



In 2019, 33,054 participant visits were reported across the three agencies, with the greatest number of client visits occurring in the 4th quarter (n=9,099). During the 3rd quarter, 15.1% of the total client visits were new program enrollees (n=1,303) and 12.4% of the total clients were new enrollees in the 4th quarter (n=1,131).

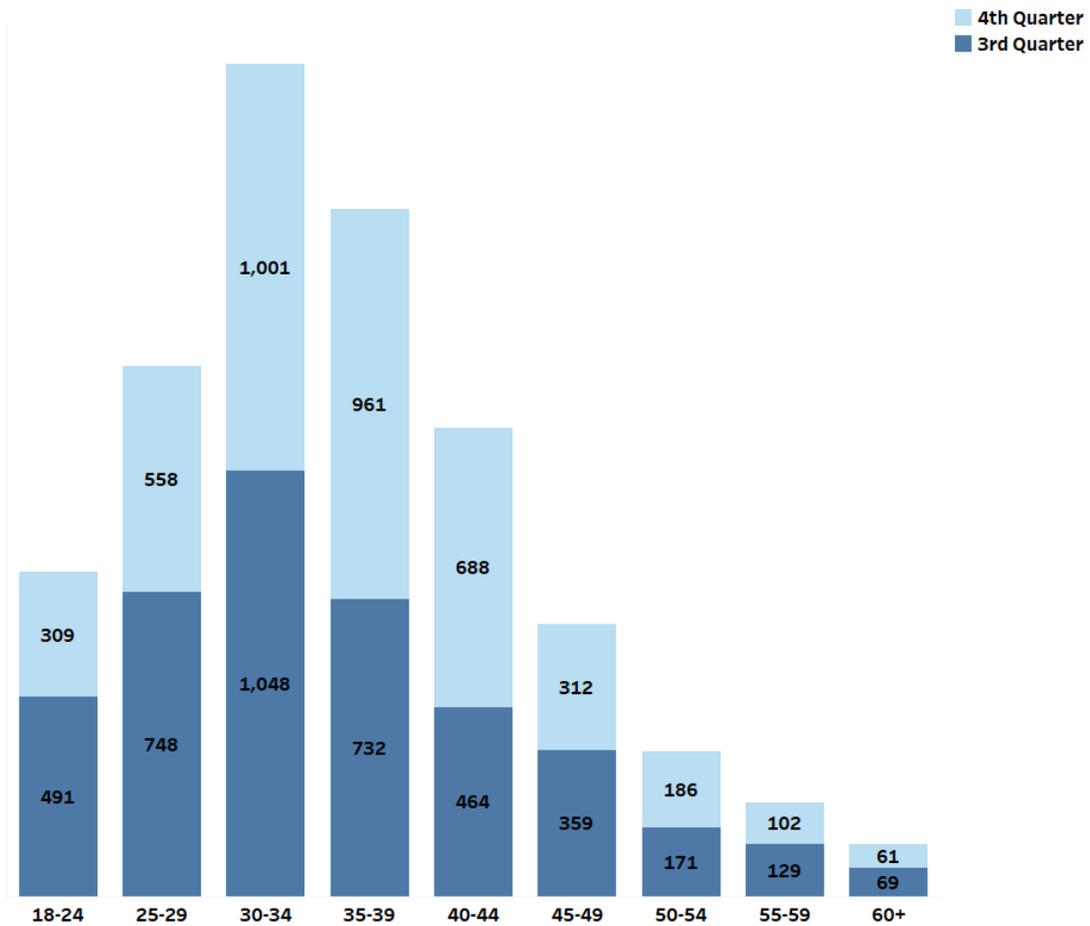
Figure 3. Syringe Services Program Clients by Race/Ethnicity and Quarter, 2019



*Other race/ethnicity represents American Indian, Asian, Native Hawaiian/Pacific Islander, and clients reporting multiple races.

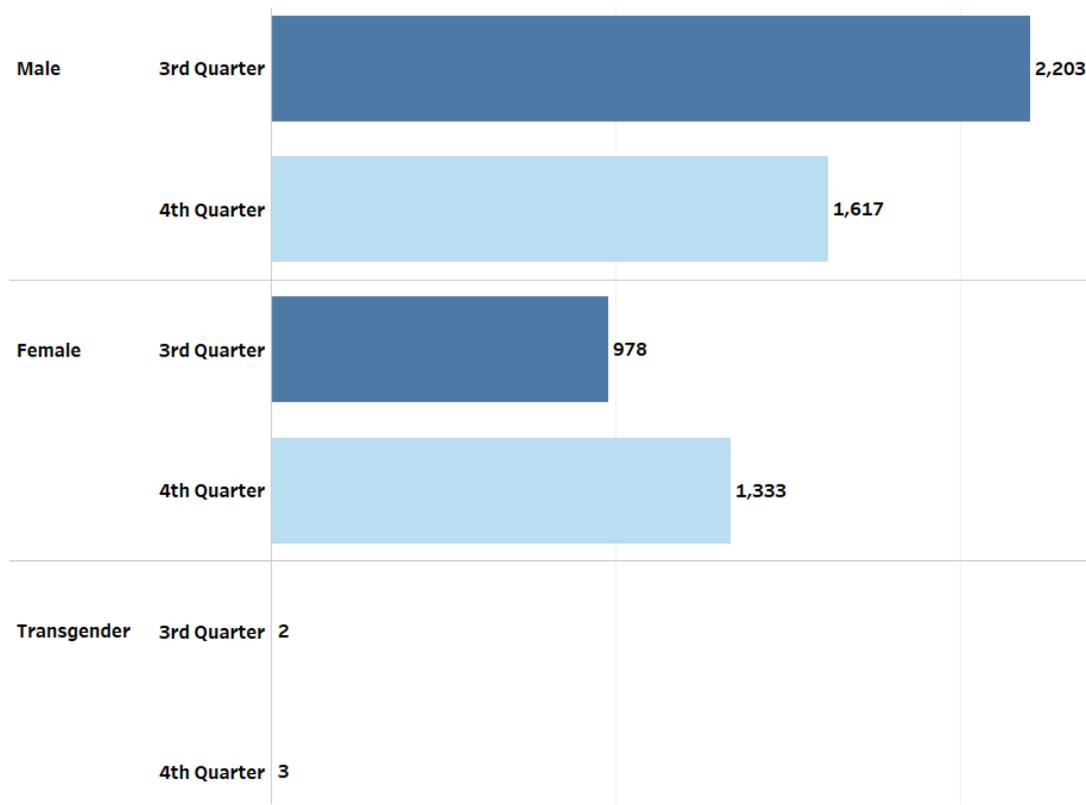
During the 3rd and 4th quarters of 2019, 94.2% of the clients served reported their race as non-Hispanic White (n=5,781), and 3.3% of the clients reported their race as non-Hispanic Black (n=203). The above numbers do not reflect the number of the total participant visits per quarter due to data collection and reporting practices. TDH funded SSPs report unique race/ethnicity of persons served each month, and one person may receive multiple services per month.

Figure 4. Syringe Services Program Clients by Age Group and Quarter, 2019



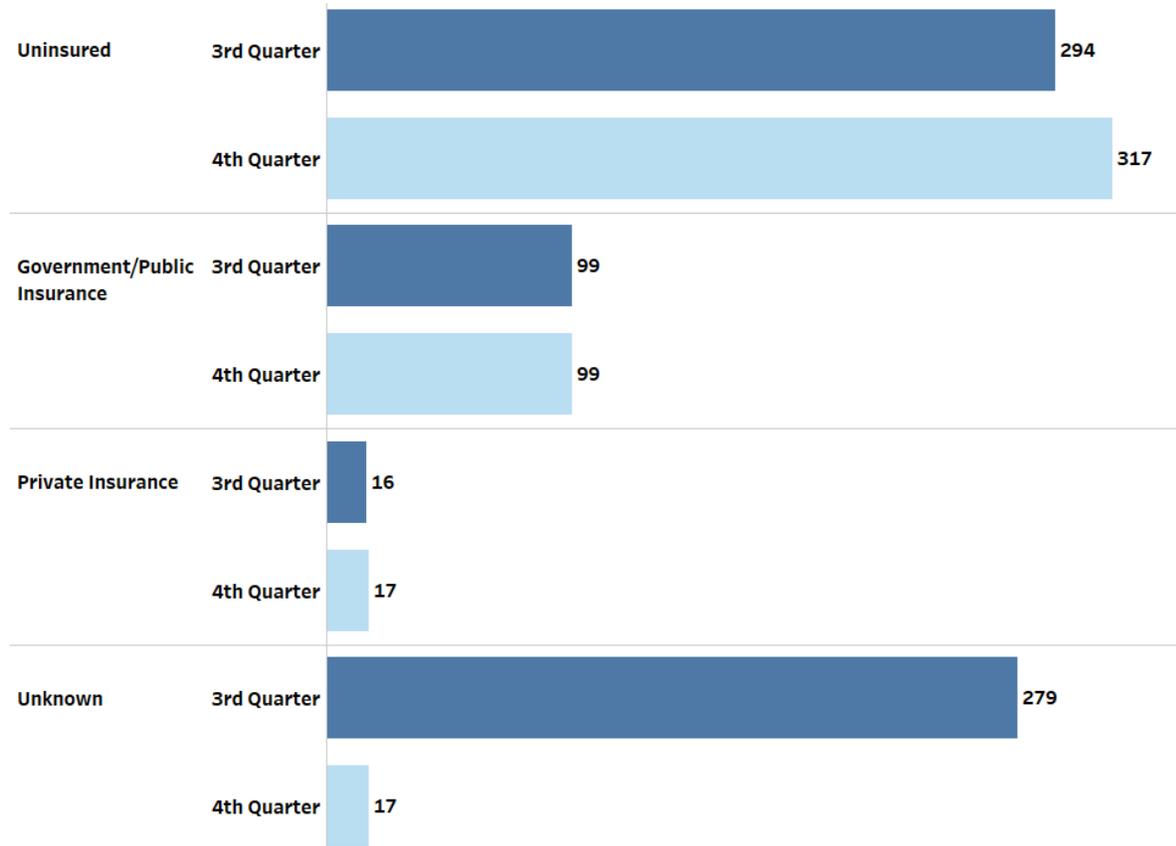
During the last half of 2019, the age range of clients served by SSPs varied greatly, with those 18–39 years of age comprising 69.7% of clients served (n=5,848).

Figure 5. Syringe Services Program Clients by Gender Identity and Quarter, 2019



During the 3rd and 4th quarters of 2019, the majority of the clients served identified as male (61.9%) and 37.6% of the clients served identified as female. The remaining identified as transgender (0.1%) or declined to report their current gender identity (0.1%). The above numbers do not reflect the number of the total participant visits per quarter due to data collection and reporting practices. TDH-funded SSPs report unique current gender identity of persons served each month, and one person may receive multiple services per month.

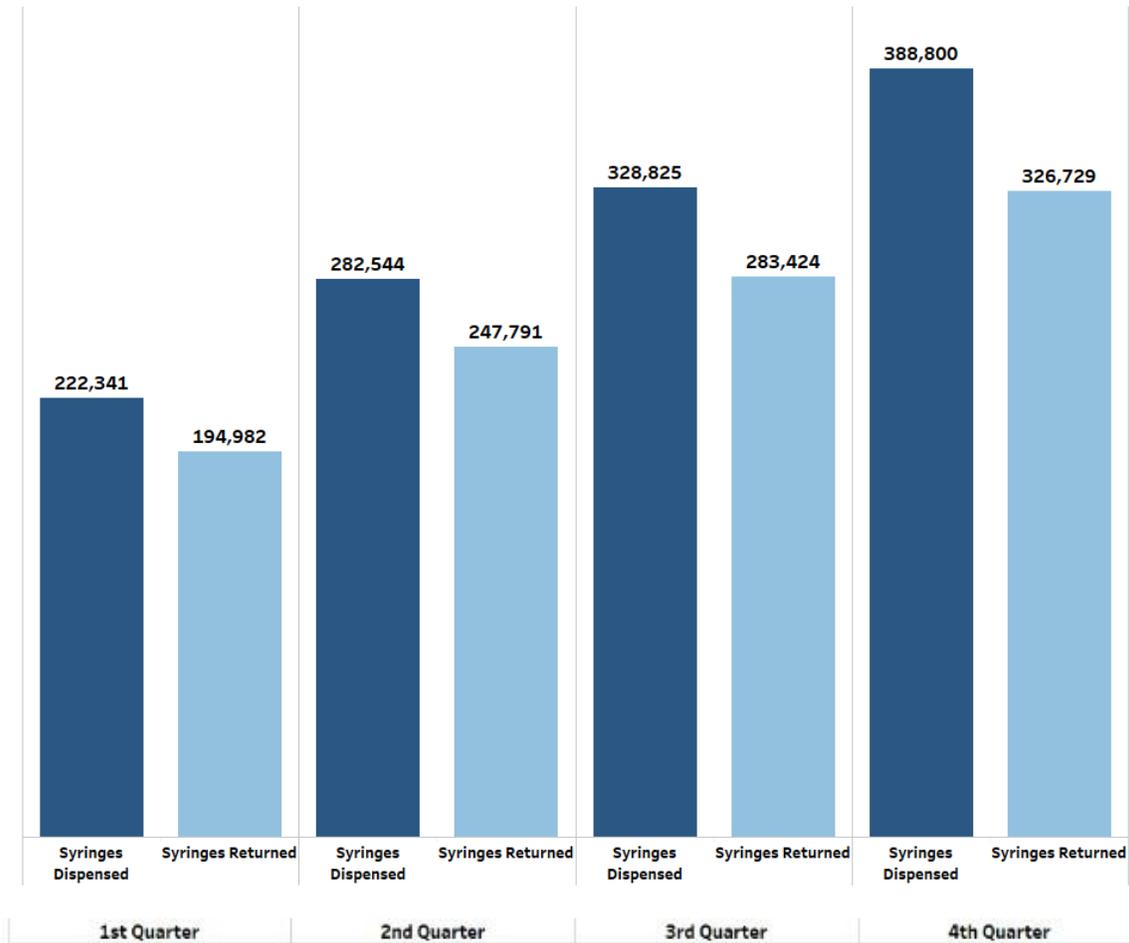
Figure 6. Syringe Services Program Clients by Health Insurance Status and Quarter, 2019



Overall, a majority of the clients served through the SSPs during the last half of 2019 were uninsured (53.7%, n=611). During the 3rd quarter, 40.6% (n=279) of the clients served had an unknown health insurance status, which is notably higher than the 4th quarter (3.8%, n=17). This difference is largely due to data collection practices. One of the SSPs was not equipped to collect health insurance information during the 3rd quarter but was able to in the 4th quarter.

Syringes Dispensed and Returned

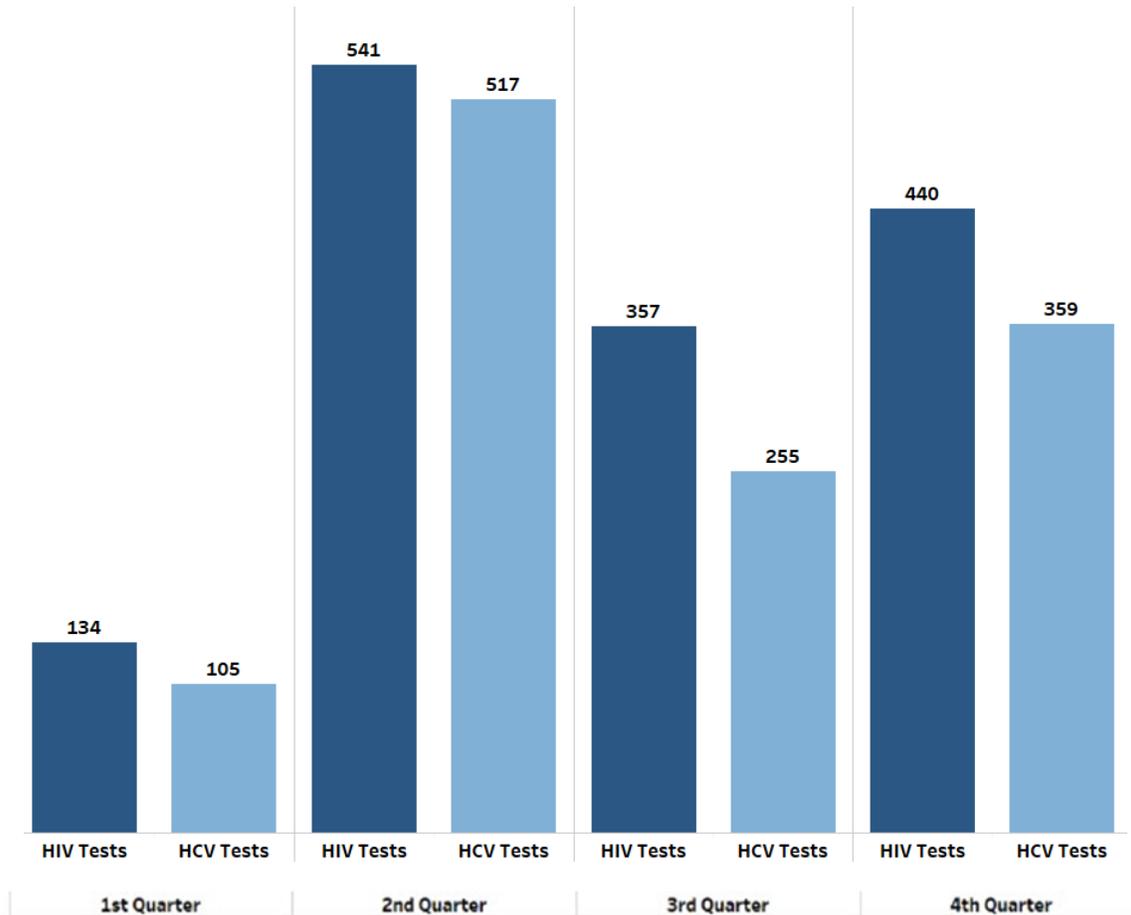
Figure 7. Number of Syringes Distributed and Returned to SSPs, by Quarter, 2019



Throughout 2019, the number of syringes both distributed and returned increased significantly. The number of syringes returned to the SSPs continues to increase as the SSPs educate and empower their clients on the importance of safely disposing used syringes and returning them to the program.

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

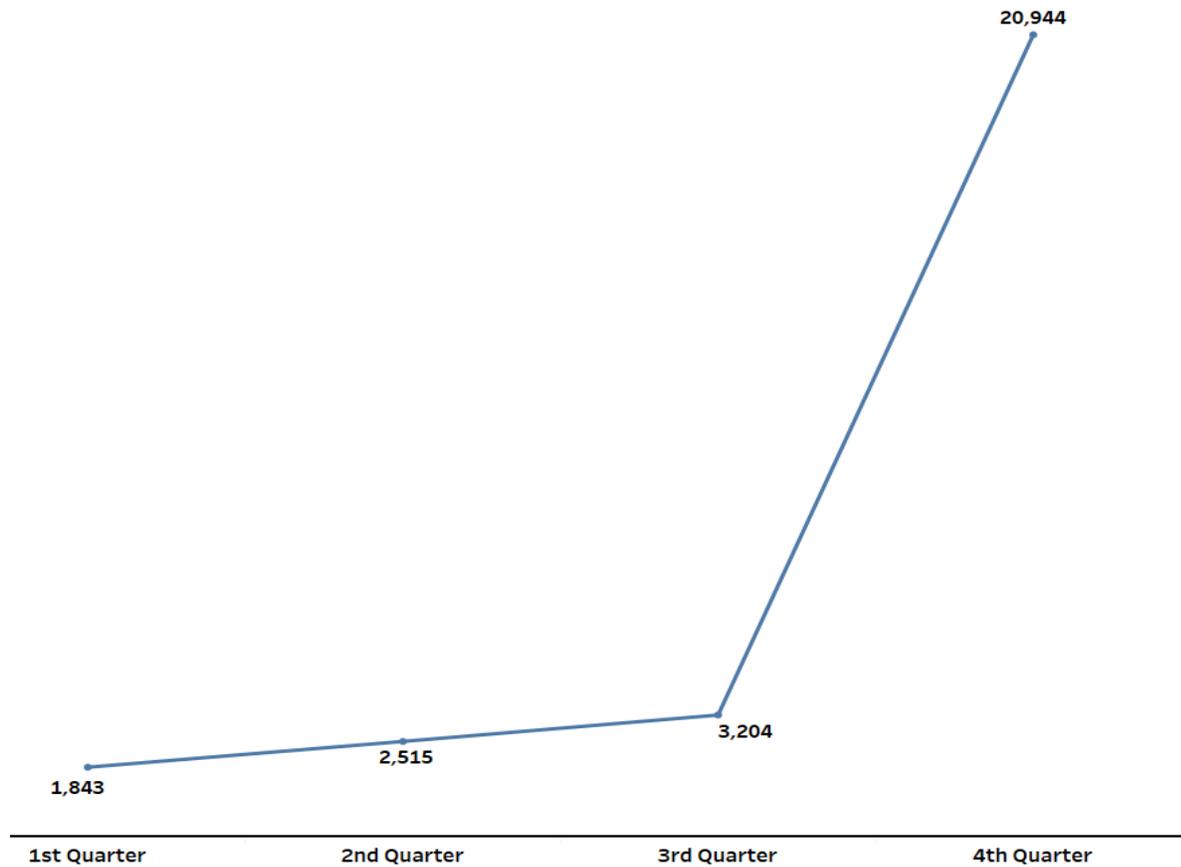
Figure 8. Syringe Services Program HIV/Hepatitis C Virus Testing Efforts, by Quarter, 2019



HIV and HCV testing numbers increased during the 2nd quarter. In addition to increases in staff capacity, changes in testing volume are largely attributed to agencies offering the one-minute INSTI rapid HIV test, which translated into an increase of clients willing to remain at the SSP to receive their test result. The increase in HCV testing is primarily due to introducing rapid HCV testing in SSPs. During 2019, the SSP HIV testing positivity rates ranged from 0.3%–1.4% among the 3 TDH-funded agencies while the HCV testing positivity rates ranging from 12.8%–37.8% among the 3 TDH funded agencies.

Naloxone Distribution

Figure 9. Syringe Services Programs Number of Naloxone Kits Distributed by Quarter, 2019



The number of naloxone kits increased each quarter; however, it increased drastically in the 4th quarter (n=20,944). This drastic increase is due to the significant change from the more expensive nasal naloxone to the less expensive intramuscular form by most sites in the 4th quarter.

Client Appreciation

SSP clients face constant internal and external stigma. As a result, it is imperative that SSP employees and volunteers provide a judgement free space for persons who use drugs. SSP clients showed gratitude for the welcoming space created at one of the agencies by saying:

"I taught my son that people who have tattoos and stick needles in their arms are throwaway people. I was wrong."

"I was picking up my phone to text you and thank you for being so nice to me. I was afraid of being judged. Thank you for not treating me like a junkie. Thanks for not judging me."

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/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

Acknowledgements

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- Allison Wilhelm, MPH
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- Lindsey Sizemore, MPH
- Pamela Talley, MD, MPH
- Rose Devasia, MD, MPH

TDH Approved Syringe Services Programs

- A Betor Way
- Cempa Community Care
- Choice Health Network
- Memphis Area Prevention Coalition
- Street Works

Department of Mental Health and Substance Abuse Services

- Regional Overdose Prevention Specialists