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Tennessee Annual Syringe Services Program Report, 2024



OVERVIEW OF SYRINGE SERVICES PROGRAMS (SSP)



Since the legalization of syringe services programs (SSPs) in May 2017,¹ the Tennessee Department of Health (TDH) has supported the expansion of SSPs and related harm reduction efforts across Tennessee. SSPs are an evidence-based public health strategy. Thirty years of evidence demonstrate effectiveness in infectious disease prevention (namely HIV and Hepatitis C), overdose prevention and reversals, and linkage to treatment and supportive services for people who may not be able to access them otherwise. Visit the links below to learn more about these efforts in Tennessee and evidence that supports the implementation and expansion of syringe services.

WHAT DOES THIS REPORT COVER?

The following report provides an overview of SSP activities across Tennessee during calendar year 2024, including where they were located, who they served, and the services provided to clients. This annual report helps TDH and partners assess who is accessing these programs as well as the scope of services provided. TDH uses the annual report data to better support agencies in delivering high-quality and comprehensive harm reduction services to those with the greatest need.

This report includes aggregated quantitative and qualitative data collected through an electronic reporting system, check-in calls, and site visits. All data is self-reported by agencies and participants, which may not fully capture the scope of participants served or services provided at TN SSPs.

WHERE CAN I LEARN MORE?

[TN SSP Website](#)

[TN SSP Laws](#)

[TN Harm Reduction Hub](#)

[CDC SSP Website](#)

[SAMHSA Harm Reduction Website](#)



2024 REPORT HIGHLIGHTS

Expansion



13 new locations



2 new agencies



5 new counties

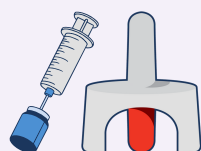
Exchange Rate

1 : 1.15 exchange rate



*For every one syringe returned,
1.15 syringes are distributed.*

Naloxone



Over **133,000**
naloxone kits
distributed

HIV Testing



Over **2,500**
rapid HIV tests
conducted

HCV Testing



Over **1,400** HCV
antibody tests
conducted



Over **970** SSP participants connected to
mental health services



Over **1,600** SSP participants connected to
substance use disorder treatment



Over **3,200** SSP participants referred to
PrEP services

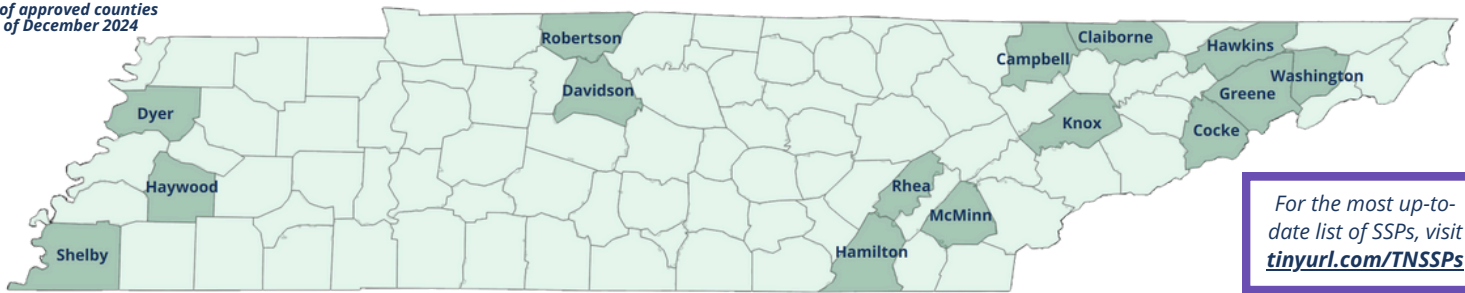


SSP Staff Member

“ [A participant] told me that day she didn't trust the system or the people in it. And I told her she had to trust someone, and we would be here for her, we wouldn't give up on her, and she couldn't give up on herself. **And we didn't give up.** ”

IN 2024, 14 AGENCIES WITH 37 SITES OPERATED ACROSS 10 COUNTIES

Map of approved counties
as of December 2024



This report includes data from 14 agencies operating across 37 sites. Sites that were approved but did not operate during 2024 were excluded from this report. Please note that some sites were approved in the last half of 2024 and their data does not represent a full year of operations.



**13 new
sites**
approved in 2024



**2 new
agencies**
approved in 2024



**5 new
counties**
approved in 2024

In 2024, the number of approved SSPs expanded across East Tennessee, reaching more counties that are highly vulnerable to HIV/HCV outbreaks and overdose.^{2,3} This growth strengthened harm reduction infrastructure in a region long impacted by limited access to services, helping to reduce transmission risks, connect people to care, and support overdose prevention where it's needed most. While this expansion is encouraging, four SSP sites either closed or were unable to launch, affecting three counties that currently lack access to these critical services. Stigma, staff safety concerns, and funding challenges contributed to these sites not offering services.

BARRIERS TO SSP OPERATIONS

Although SSPs have expanded across Tennessee, there are continued gaps in service access, especially in rural areas. Ongoing challenges related to the expansion of SSPs include state zoning requirements and community stigma. **In 2024, funding and supply chain issues were particularly noted as barriers to services and operations.**

Funding limitations and delays have hindered establishment of new SSP sites, especially in rural counties with less access to grant opportunities and other financial resources. Many grants restrict the purchase of essential sterile supplies, such as needles and syringes, placing additional financial strain on agencies. As a result, programs sought private or donated funding to ensure critical supplies are available to participants at no cost. In several instances, SSPs have reported costs for syringes "coming out of pocket," referring to staff using their own money to pay for supplies to maintain service delivery in the absence of dedicated and allowable funding.

SSPs also noted that multiple supplies, namely test strips and injection supplies, have been out of stock from various vendors. Additionally, due to weather and other issues, shipping delays were reported as barriers to providing full services.

Despite challenges, SSPs in Tennessee continue to build strong partnerships to improve health, support one another, and care for people who use drugs and their communities.

SSP SERVICES INCREASED IN 2024

57,946 total visits
to SSPs in 2024

*includes returning participants;
a 3% increase from 2023*



**16,133 individual
participants**

visited an SSP in 2024



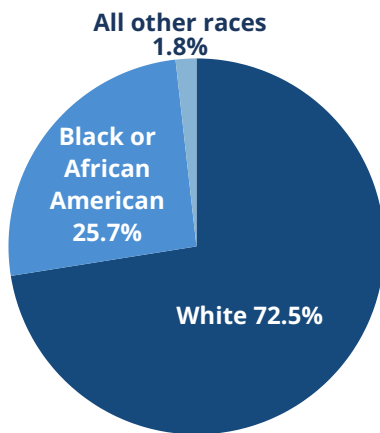
**8,183 new
participants**

enrolled in an SSP in 2024
a 54% increase from 2023

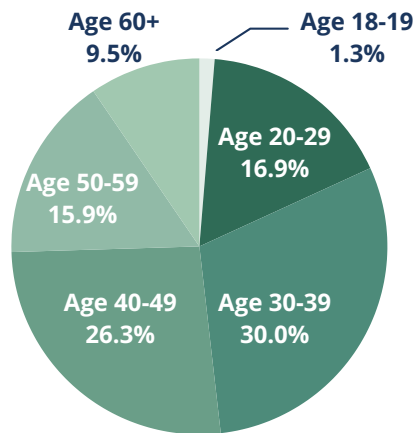


In 2024, many SSPs saw significant growth in participation due to expansion of services. One agency acquired a mobile unit to bring services to new areas, another began a fixed location in a county where there had not been syringe services before, and a third changed their service model from appointment-only to walk-in. Efforts to expand SSP services resulted in a 54% increase in new participants statewide.

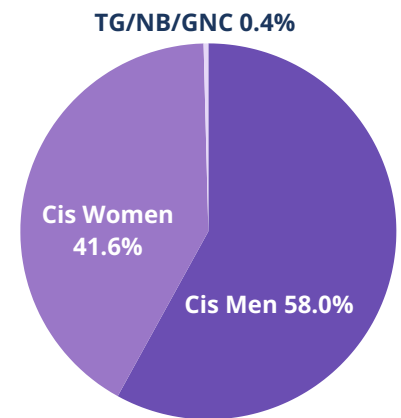
NEW PARTICIPANT DEMOGRAPHICS IN 2024



Of new participants in 2024 who reported race (n = 8081), **73% identified as White** and **26% identified as Black or African American**. The remaining participants identified as Asian, Native Hawaiian/Pacific Islander, American Indian/Alaskan Native or Multi-Racial (noted as "All other races").



Of new participants in 2023 who reported age (n = 8148), the **highest percentage of participants were ages 30-39 (30%)**, followed by **ages 40-49 (26%)** and **ages 20-29 (17%)**.



Of new participants in 2023 who reported gender (n = 8125), **58% identified as cisgender men** and **42% identified as cisgender women**. The remaining **identified as transgender (TG), non-binary (NB), or gender non-conforming (GNC)**.

An important pillar of Harm Reduction is to provide services with as few barriers as possible, and this can include confidential or anonymous services.⁴ SSPs collect only the data necessary for certain services, meaning the above demographic data may not be representative of all new participants who accessed services during 2024. Additionally, some new participants may want to report some, but not all, of their demographic information, such as reporting their age but not their race.

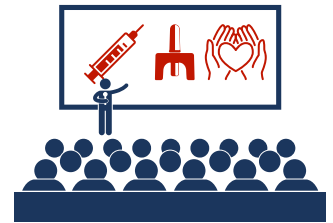
SSPs ENGAGE COMMUNITIES IN MANY WAYS

SSPs also often participate in community outreach events to provide overdose prevention education, increase awareness of and access to their services, conduct infectious disease testing, and educate on safer use practices to prevent infections. In 2024, many SSPs participated in local health fairs, community testing events, and International Overdose Awareness Day events. They also conducted outreach at local bars, encampments, and substance use treatment clinics.



“**Huge growth in community outreach!** [The SSP] took over the community HIV/HCV testing programs on a reoccurring basis in the community (MAT clinics, inpatient substance use disorder treatment facilities, day centers, community events, etc.). We formed our street outreach team and started services at camps in the community. We now have a second mobile van to use for outreach.”

As part of outreach in 2024, SSPs also gave educational presentations to local colleges, justice centers, and businesses to explain harm reduction, discuss overdose prevention strategies, and address stigma. These presentations were well received and frequently the SSPs were invited to present again or referred to speak at other venues. Engaging with businesses and organizations in this way spreads the word about SSP services and helps build community support and understanding for harm reduction, which is often a barrier to SSP expansion. One SSP that does outreach at local colleges noted that students often want to volunteer at the SSP following the presentation. This ushers in anew generation of care providers into harm reduction work.



RESPONDING TO COMMUNITY CONCERNS

SSPs often deal with stigma and pushback from community. One SSP was met with opposition from neighbors due to concerns about syringe litter and safety. This SSP attended a neighborhood meeting to provide education around harm reduction and the services they provide. While initial concerns were expressed, the open dialogue led to a shift in understanding. By the end of the meeting, the audience, including law enforcement and residents, voiced a shared commitment to transparency, collaboration, and actively supporting the SSP in its efforts to foster a safe and healthy neighborhood for both participants and the broader community.

“We have been making significant strides in enhancing the safety and efficiency of our SSP while fostering good relationships with the community... **By prioritizing the safety of both clients and neighbors, we are contributing positively to the overall well-being of the community. These initiatives not only protect our property but also build trust and goodwill in the neighborhood.**”



SSPs BUILD PATHWAYS TO STABILITY AND CONNECTION

When individuals have access to stable, compassionate support, their ability to care for themselves, their families, and their futures thrives. SSPs are designed to meet people where they are and provide essential services including sterile supplies, overdose prevention, connections to housing and employment services, medical care, and recovery support. By reducing the harms of substance use in participant lives, SSPs help promote both health and stability. Enhanced stability allows people impacted by substance use to take steps towards the lives they want to lead.

Many individuals who access SSPs are within the working-age population. Improved health and stability can help individuals maintain or expand the ways they care for loved ones, participate in the workforce, and engage with their communities. This investment in people—without judgement or conditions—not only benefits individuals, but also strengthens the resilience of families, workplaces, and the broader community.

Furthermore, many Tennessee SSPs actively employ staff with lived experience, including former participants. These opportunities foster financial stability, personal growth, and create a deeply connected workforce.

INVESTING IN PEOPLE

“**We believe in investing in the people we serve, because when we create opportunities for growth, we’re not just building skills, we’re building community.** Our Ambassador Program gives participants the chance to develop professional experience, and show what’s possible when people are supported, not judged.”

”



SSP Staff Member

To support financial stability and workforce development, one SSP launched an innovative ambassador program. This program enables participants to gain valuable job skills, build confidence, and transition into part-time or full-time employment at the SSP.



At another SSP, the entire staff consists of former participants or those in recovery. One inspiring example involves a former participant who, after entering treatment, began volunteering at the SSP. This opportunity empowered them to pursue higher education. Today, they are continuing their studies and have progressed from a volunteer to a valued, paid staff member.

“

I was in active addiction and a participant for several years. And after talking to the staff, I decided I wanted to be like them and help people like me. I started volunteering my time here, I started my recovery journey, and a couple of months ago, they hired me. Now I’m at college and getting my social work degree. **[The SSP and their team] helped give me a second chance at life. I want to give that chance to others.**”



SSP Staff Member

SSPs PROVIDE SYRINGE EXCHANGE & MORE



By providing sterile syringes, SSPs play a critical role in preventing the transmission of HIV and hepatitis C—two of the most common and costly injection-related infections. This evidence-based intervention reduces the spread of disease, even among individuals not yet engaged in formal healthcare. Providing sterile injection equipment directly reduces the transmission of HIV, hepatitis B, and hepatitis C among people who use drugs and their partner(s) and aligns with national best practices for preventing bloodborne infections. Each syringe handed out represents a moment of trust, connection, and care—often serving as a bridge to further support including substance use treatment and recovery services.

SSPs REDUCE SYRINGE LITTER IN THE COMMUNITY WHICH HELPS PREVENT NEEDLESTICK INJURIES

Another core tenant of harm reduction programs, specifically SSPs, is syringe/needle disposal. Through proper disposal methods, SSPs have reduced public health risks and contributed to a safer environment for first responders, sanitation workers, and community members. Research has found that areas with SSPs have 86% fewer syringes in places like sidewalks and parks, which improves overall community cleanliness and safety.⁵

By decreasing the number of discarded syringes, SSPs prevent needle-stick injuries. These injuries can expose individuals to serious bloodborne infections such as HIV and hepatitis B and C. They can result in emotional distress, costly medical follow-ups, and workforce disruptions, particularly for sanitation workers and law enforcement. By proactively removing used syringes from the community, SSPs protect both individual health and vital public service employees.

One SSP noted that they always survey the area for syringe litter immediately after services as well as the morning after services. This diligence ensures that needles and syringes are not left behind as potential biohazards. This practice also demonstrates care for the surrounding community and fosters trust among neighbors.



Community Member

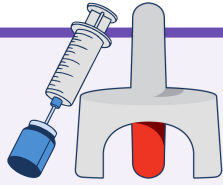
“They [SSP Staff] are great! Before them, there used to be needles and syringes all over the streets, not anymore. **They are helping people and doing good work here!**”

[Learn more here.](#)



SSPs PROVIDE LIFE-SAVING OVERDOSE REVERSAL MEDICATION

In partnership with the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS),⁶ SSPs in Tennessee receive in-kind overdose reversal medications, such as naloxone, to distribute to their participants. TDMHSAS offers different forms of overdose reversal medication, including 3-, 4-, and 8-mg formulations and both intranasal and intramuscular methods. Additionally, TDMHSAS provides overdose prevention trainings, as well as education on fentanyl, stimulants, and other emerging substances.



133,571 overdose reversal kits distributed with 10,172 reported overdose reversals.

This distribution is a 58% increase from 2023.

This number represents kits obtained from multiple sources.

Since 2022, SSPs have distributed fentanyl test strips (FTS) in partnership with TDMHSAS, and in 2024, they began distributing xylazine test strips. The purpose of drug checking test strips is to inform people about the presence of certain substances in drug samples to inform actions for preventing overdose and other unwanted harms. Recent research from four states, including Tennessee, found that people who use fentanyl test strips engage in more overdose risk reduction behaviors.^{7,8}

“

I use naloxone to save my friends and family or strangers at least 5 or 6 times a month in the last couple months and countless other times as well. People know to call me if they need it or help with an overdose.

I hope that this still remains free because a lot of people will run and not call an ambulance for someone who is overdosing and **too many people have lost their lives that didn't need to.**



”

SSP Participant

COMPASSIONATE OVERDOSE RESPONSE

Compassionate overdose response emphasizes preserving life while treating individuals with dignity, empathy, and respect. It recognizes the vital role people who use drugs play as first responders in their communities and the value of their lived experience in improving response effectiveness. A key element of this approach is understanding the health impacts of naloxone dosing. While high-dose naloxone can reverse an overdose, it may also trigger abrupt and severe withdrawal, causing intense physical pain, nausea, vomiting, diarrhea, anxiety, and agitation. This experience can be deeply distressing and traumatic, often discouraging future help-seeking.

Using lower-dose formulations can effectively reverse respiratory depression while reducing harm and supporting a person-centered approach that prioritizes survival, dignity, and long-term well-being.^{9,10}

“

We have been distributing [low-dose naloxone] and participants are VERY excited about it! They have been reporting that folks are coming back with **fewer withdrawal symptoms** and have been asking for it by name!

”



SSP Staff Member

[Learn more here.](#)



Source: 2024 Annual Reporting Data, submitted by Tennessee Syringe Services Programs.

tinyurl.com/TNSSPs

SSPs PROVIDE INFECTIOUS DISEASE TESTING

Hepatitis C (HCV) and HIV can be transmitted through the sharing of needles, syringes, and other supplies used to inject drugs. Access to sterile supplies and infectious disease testing is key to preventing HIV/HCV transmission. SSPs are associated with an estimated 50% reduction in HIV and HCV infections among people who use drugs and further reduction in transmission when combined with substance use treatment.¹¹⁻¹³ SSPs take a status neutral approach in directly providing or referring participants to high quality prevention and treatment services.

A majority of SSPs in Tennessee provide point-of-care HIV and HCV testing as well as linkage to infectious disease care and prevention services. For HIV, participants are referred for treatment and care services, if appropriate, and some SSPs refer or directly navigate participants to pre-exposure prophylaxis (PrEP) for HIV prevention. If their HCV antibody test is reactive, SSPs refer participants for confirmatory testing and treatment at their local health department or a trusted clinic.



2,505 rapid HIV tests conducted

- 354 referrals to HIV care



1,452 HCV antibody tests conducted

- 828 referrals to hepatitis C care

SSPs strive to create a welcoming environment for testing, one free of judgement and stigma. Several SSPs have dedicated space for testing that is confidential and private, such as a wellness tent or a room with fun artwork. Staff report that participants have positive responses to private areas like this, especially when framed in a less stigmatizing way like “wellness tent” versus a “testing tent.” That way, a participant could be visiting the tent for any reason, from testing to wound care to mental health counseling. SSPs have also adjusted their framing of testing, from “Would you like to test for HIV/HCV?” to “When was the last time you received an HIV/HCV test?” Staff noted that this shift helped to test more individuals than in previous months.

Logistics can also be a barrier to testing. The paperwork necessary for a participant to be tested for HIV and/or HCV requires identifying information and can take time. It can also be hard to initially integrate testing into the operational flow of an SSP. Besides client anonymity concerns, required reporting mechanisms can be burdensome for small teams to collect, report, and maintain. In addition, some medical paperwork requirements can be difficult to for small agencies without medical partnerships to fulfill. For example, the Clinical Laboratory Improvement Amendments (CLIA) waiver requires a licensed medical professional to oversee testing operations, but some agencies do not have a qualified staff member or medical partnership to be able to complete the paperwork.

“

That day we were providing services, [a participant] really didn't want anything to do with us. She didn't want to get tested for HIV or HCV. She just wanted to know if we had water and naloxone. **The Team there that day gave her some water and provided her with the naloxone she wanted, but that day we also gave her a hug. The hug turned into a conversation, and the conversation turned into her sitting down and getting tested.**

She tested positive that day for HIV and HCV. We linked her to care and made her an appointment at our clinic for treatment.

”



SSP Staff Member

SSPs PROVIDE AND REFER TO VARIOUS MEDICAL AND SOCIAL SERVICES

Social Supports

6,429 referrals

The most common services included:

- housing services
- food and clothing
- transportation
- employment services
- assistance obtaining health insurance
- financial services, e.g. paying utilities

Other support services included:

- veterinary services
- bicycle and vehicle repair services
- legal services

2023 marked the first year that TN SSPs reported on direct access or referrals to social and supportive services. In 2024, reported referrals increased by 94%, likely reflecting both the continued provision of critical services and improvements in data collection for this indicator.



Medical Supports

Participants were provided or connected to other medical services including dental, eye, and wound care.



One SSP has a registered nurse staff member who regularly provides education to participants regarding wound care and vein finding. This nurse provides safer injection education so participants are able to inject more safely to reduce the risk of injection-related infections, monitor their wounds, and prevent wounds in the future.

Pre-Exposure Prophylaxis (PrEP)

3,265 referrals

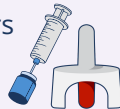
PrEP is a medication that prevents the acquisition of HIV. PrEP referrals include identifying a provider or navigator that meets the participant's needs then coordinating access to care. PrEP reduces the risk of getting HIV by at least 74% among people who inject drugs when taken as prescribed.¹⁴



Naloxone

67 referrals

Naloxone referrals typically occur when there are supply chain issues or if a participant prefers a different formulation than the SSP offers. A decrease in referrals from 2023 could be due to an increase in direct distribution of naloxone products.



Mental Health

973 referrals

These referrals include identifying a provider that meets the participant's needs, then coordinating patient care, including outpatient counseling and inpatient admissions.



Substance Use Disorder (SUD) Treatment

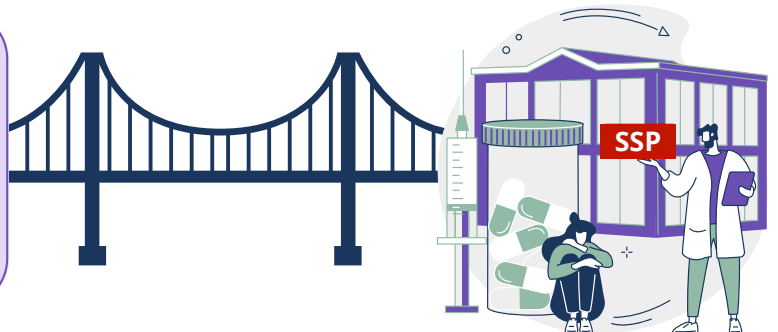
1,649 referrals

These referrals include identifying a provider that meets the participant's needs, then coordinating patient care, including inpatient and outpatient treatment services.

SSPs offer referrals to substance use treatment. Research has found that new SSP users are...¹⁵

5x
more likely to enter
drug treatment

3x
more likely to stop
using drugs



SYRINGE CHECKING PILOT PROJECT

As the drug supply becomes increasingly unpredictable and dangerous, there is an urgent need for real-time data to inform harm reduction efforts. Traditional surveillance methods lag behind emerging trends, leaving people who use drugs without information they need to protect themselves. Lab-based drug checking is one of the most accurate methods available to detect the contents of unregulated drugs, including active ingredients and emerging contaminants.

The Tennessee Department of Health partnered with SSPs and a national laboratory to launch syringe testing pilot projects aimed at detecting synthetic opioids and other potent adulterants in a low-barrier, community-centered approach. These efforts help fill critical information gaps by providing real-time data that empowers individuals to make informed decisions, reduces overdose risk, and enables earlier detection of emerging substances—often before they appear in death reports.

GOALS

- Improve understanding of the local drug landscape
- Increase informed decision-making and reduce overdose and other related harms
- Increase community engagement
- Create data-driven messaging and strategies
- Develop a model for statewide expansion

Overall



2 partnering sites



524 syringes tested

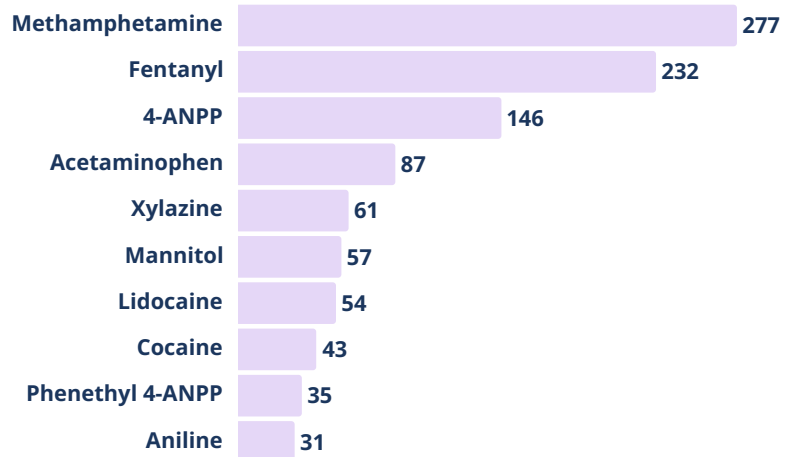


235 clients participating



15 days avg turnaround time

Top Compounds Detected in Samples



“We started the pilot project. Empowering people who inject drugs to make informed decisions looks good on paper. **I can tell you the power of having that conversation in real life is something special. The reception of this program is overwhelmingly positive.**”



SSP Staff Member

This project is a collaboration between the Tennessee Department of Health (TDH), National Institute of Standards and Technology, syringes services programs, and community.

Source: TDH Syringe Checking Pilot Project Preliminary 2024 Data.
tinyurl.com/TNSSPs

EMERGING TRENDS: WOUND CARE

Due to the heightened concern around the emerging substance known as xylazine in 2023, and seeing an increase in wounds and wound severity among SSP participants continuing in 2024, some SSPs implemented onsite medical providers and added basic wound care to their services. Wound care is not exclusive to xylazine-related complications; participants may also present with other injection-related wounds, as well as non-injection-related skin conditions. Having onsite medical staff and basic wound care education helps participants stay informed, learn how to care for their own health, and know when to seek additional medical care.

The TDH Syndemic Coordination Program, in partnership with and sponsored by TDMHSAS, hosted a two-part basic wound first aid training for non-medical personnel, including SSP staff, Regional Overdose Prevention Specialists, and Statewide Navigators. The training equipped participants with essential wound care knowledge and practical communication strategies to better support individuals with wounds. As part of this initiative, TDMHSAS also collaborated with SSPs to distribute in-kind wound care resources, such as bandages, gauze, and topical ointments, to enhance on-the-ground support.

“

Staff initially had concerns about how difficult wound care might be, but it turned out to be **more manageable than expected [after the training]**. We're grateful for the opportunity to support our participants in this way!

”



SSP Staff Member

Like with any service, it's important to build trust in order to deliver acceptable and high-quality services. Participants may be embarrassed or ashamed to share they have a wound. Training helped build staff confidence in navigating sensitive conversations, which in turn strengthened trust between staff and participants. The result of which is first aid supplies can be distributed and wounds can begin to heal.

“

Staff provided basic wound care education to one participant, giving a wound care kit and giving general guidance on maintaining cleanliness. **The participant was highly appreciative, and the education built trust, encouraging them to return for additional services.**

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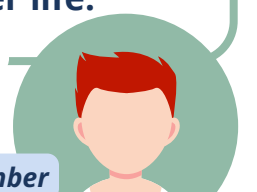


SSP Staff Member

“

Sent a participant to the emergency department after weeks of consultation and concern for their well-being. The doctor informed our client the infection was so severe that another day without treatment could have been fatal. **Regular attendance at the SSP and the rapport built with staff saved another life.**

”



SSP Staff Member

EMERGING TRENDS: IMPORTANCE OF SAFER USE PRACTICES

OVERDOSE RATES DECLINE NATIONALLY

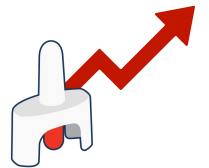
The CDC reported a 25% decrease in U.S. overdose deaths in 2024, with Tennessee seeing a 31% decline. Contributing factors include expanded access to overdose reversal medications, reduced barriers to medications for opioid use disorder, and the growing acceptance of harm reduction.¹⁶

Although overall overdose deaths have declined both nationally and in Tennessee, Black Tennesseans are experiencing a disproportionate increase in overdose fatalities—rising from 15% of all overdose deaths in 2019 to 22% in 2023. This trend underscores the need for more equitable access to harm reduction services.¹⁷

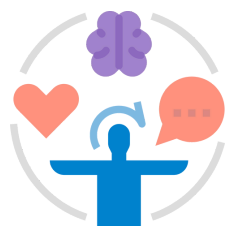
Dr. Nabarun Dasgupta, a senior scientist at the University of North Carolina in Chapel Hill, is a subject matter expert on drug overdose deaths and often cites harm reduction strategies as key to reducing overdose deaths globally. On lessons to reduce overdose deaths further, he notes,

“The counties and communities that are doing a good job at reducing their overdose deaths are using harm reduction principles... **If we want overdose deaths to continue to decline in the United States, we need to keep doing the things that we know work.** There are people alive right now because of these effective, proven strategies for preventing overdoses... **Overdose prevention efforts cannot be one-size-fits-all.** The best thing we can do is give people resources they need and step away and let them do what is right for their own people.”^{18,19}

Tennessee SSPs have increased direct naloxone distribution and decreased referrals to other naloxone sources over the years. By significantly contributing to naloxone saturation (widespread availability and use) efforts and providing harm reduction education, SSPs are contributing to the reduction of overdoses in all communities.



CHANGES IN DRUG USE BEHAVIORS



Understanding the various risks associated with different drug use routes is critical to shaping effective harm reduction strategies. Injection remains a high-risk route of drug use, particularly for overdose and infections. While smoking and snorting may reduce some of these risks, they are not completely without harm. Safer use practices—such as using personal equipment, avoiding shared supplies, and accessing naloxone—remain critical across all routes.

A 2022 CDC report found that over 75% of overdose deaths involved non-injection routes, prompting recommendations to expand services for people who smoke drugs.²⁰⁻²² Tennessee SSPs qualitatively report similar trends, noting participants are increasingly adopting safer practices. However, legal and funding barriers limit distribution of safer use supplies. **Restricting supplies to injection use limits outreach to non-injecting individuals who remain vulnerable. Expanding safer use supplies can improve engagement, promote health, connect more people to prevention and care, and save lives.**

PROGRAMS ACROSS TN COLLABORATE TO SUPPORT SSPs

Programs across the Tennessee Department of Health (TDH) and the Department of Mental Health and Substance Abuse Services (TDMHSAS) collaborate to provide comprehensive support to SSPs in Tennessee.

- TDH Syndemic Coordination Program
- TDH HIV/Sexually Transmitted Infections/Viral Hepatitis Section
- TDH Overdose Response Coordination Office
- TDH Office of Informatics and Analytics
- TDMHSAS State Opioid Response
- Other partners
- And more!



These programs provide resources, personnel support, and data support to our SSPs. For example, the TDH HIV/STI/VH program provides funding to some SSPs, HIV & HCV trainings, and HCV test kits. TDMHSAS provides overdose reversal medication, educational and overdose response trainings, and drug checking test strips.

ACKNOWLEDGEMENTS

Thank you to our SSPs who provide much-needed services to Tennesseans. Your time, voices, and expertise are deeply appreciated.

Additionally, thank you to our partners – including but not limited to the Tennessee Department of Mental Health and Substance Abuse Services, TDH HIV/STI/Viral Hepatitis Section, TDH Overdose Coordination Response Office, TDH Office of Informatics and Analytics, and United Way of Greater Nashville – who also support SSPs through funding, supplies, capacity-building assistance, and trainings.

Suggested Citation

Syndemic Coordination Program (2025). *Tennessee Annual Syringe Services Program Report, 2024*. Tennessee Department of Health HIV/STI/Viral Hepatitis Section.

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RESOURCES



The **Tennessee SSP Website** lists all SSP locations in Tennessee with contact information and service schedules. Additionally, the website includes links to the SSP legislation, frequently asked questions, and resources such as previous SSP annual reports.



The **Tennessee Harm Reduction Hub** is an online space to support emerging and existing harm reduction efforts in Tennessee by outlining best practices, providing technical assistance, and sharing the latest in data and emerging trends.

Regional Overdose Prevention Specialists



SAMHSA Harm Reduction Website



Overdose Response and Coordination Office



CDC SSP Website



REFERENCES

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