Tennessee Annual Syringe Services Program Report, 2025

SYRINGE SERVICES PROGRAMS

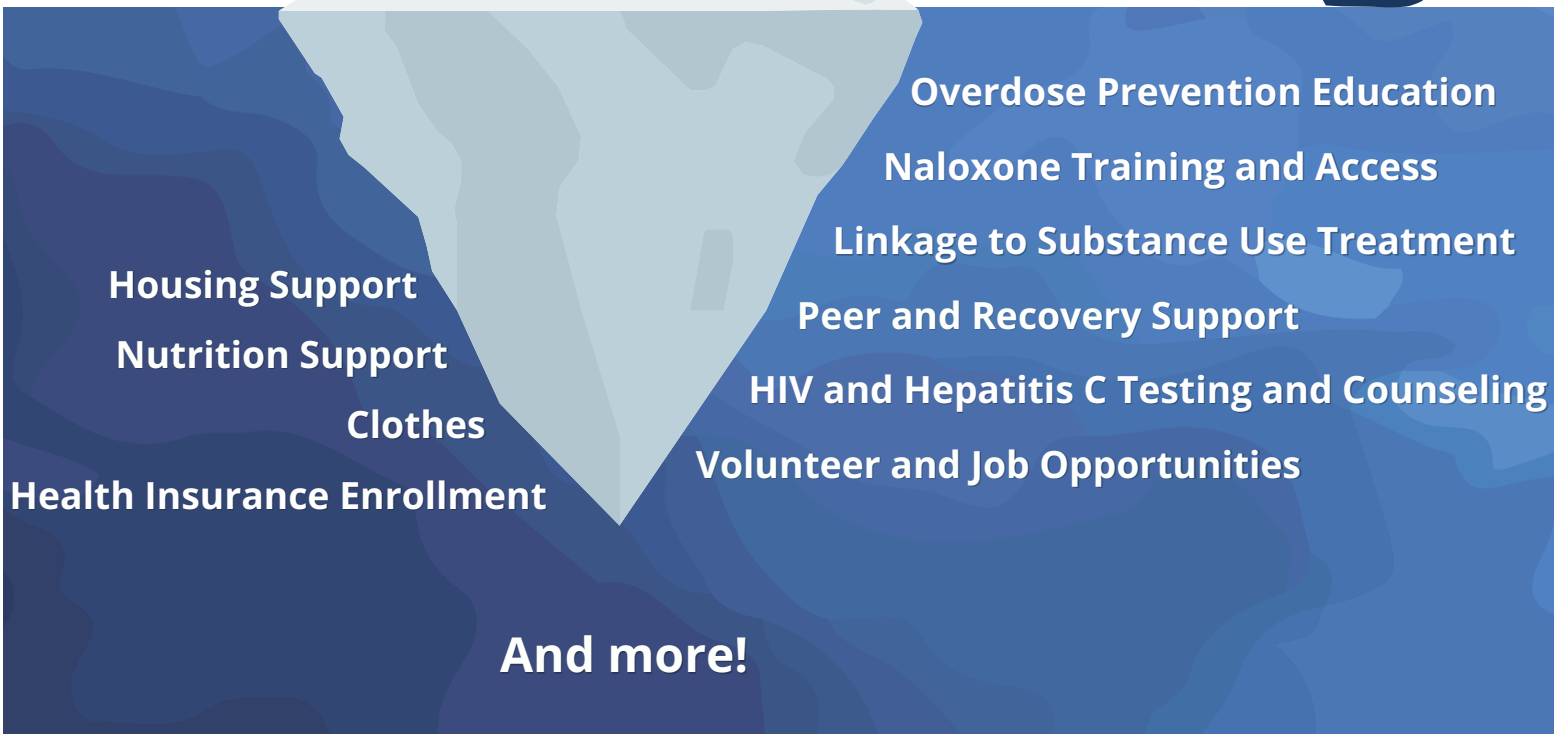
Since syringe services programs (SSPs) were legalized in Tennessee in May 2017, the Tennessee Department of Health (TDH) has supported the expansion of SSPs and related drug user health services across the state. SSPs are an evidence-based public health strategy backed by more than thirty years of research demonstrating their safety, effectiveness, and cost-savings. Evidence consistently shows that SSPs reduce the spread of infectious diseases (including HIV and hepatitis C), help prevent overdose deaths, and connect people to treatment and supportive services they might not otherwise access. SSPs are vital components of multiple national strategic plans to end HIV, viral hepatitis, and opioid epidemics in the United States. Visit the links at the end of this report to learn more about these efforts in Tennessee and evidence that supports the implementation and expansion of syringe services.

The following report provides an overview of SSP activities across Tennessee during calendar year 2025, including where they were located, who they served, and the services provided. 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 prevention services to those with the greatest need.

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

What do syringe services programs (SSPs) do?

Safer use equipment is just the tip of the iceberg.



Graphic inspired by: National Survey of Syringe Services Programs, 2025.[1]

tn.gov/health/ssp.html

2025 SSP REPORT HIGHLIGHTS

Syringe services programs (SSPs) are key to ending the interconnected epidemics of HIV, viral hepatitis, and overdose. They are a vital bridge to multiple prevention and care services including infectious disease testing and treatment for substance use, mental health and infectious diseases.

Over 52,000 visits

supporting healthier people and safer communities.

18 sites, 3 agencies, and 3 counties

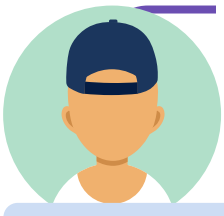
were newly approved to operate in 2025.

Tennessee SSPs provided many services in 2025, such as...

- Over **3,100** rapid HIV tests conducted
- Over **189,600** naloxone doses distributed
- Over **1,900** hepatitis C antibody tests conducted
- Over **900** referrals to mental health services
- Over **860** referrals to substance use treatment
- Over **1,100** referrals to PrEP services for HIV prevention

Over **5,500** participants were referred to social and supportive services like housing, job opportunities, and food pantries.

SSPs also provided wound care kits, sexual health kits, hygiene kits, and other supplies.

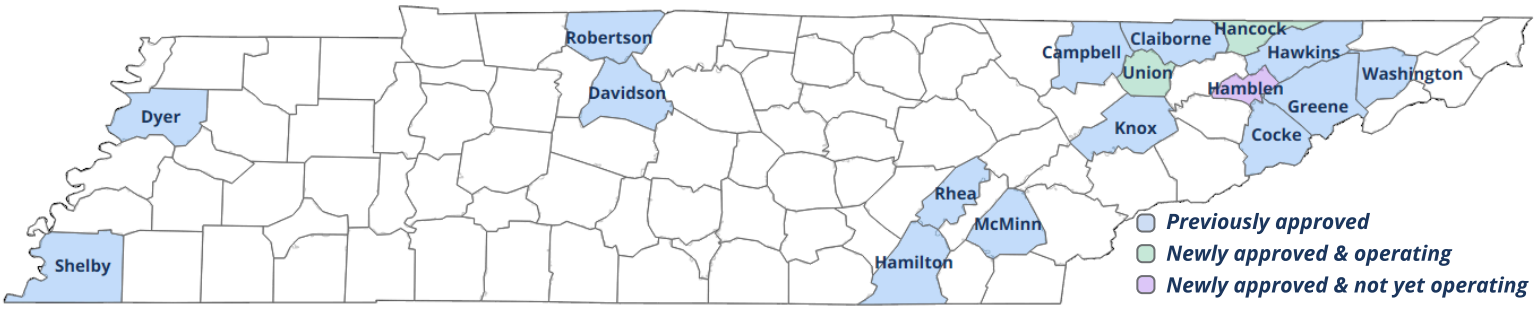


> “Data doesn’t show the human connections we make. You can’t demonstrate it in numbers, but it has some of the greatest impacts. They’re family.”

SSP Staff Member

Source: 2025 Annual Reporting Data, submitted by Tennessee Syringe Services Programs.
tn.gov/health/ssp.html

IN 2025, 19 AGENCIES WITH 47 SITES OPERATED ACROSS 14 COUNTIES



Approved counties as of 12/31/2025

For the most up-to-date list of SSPs, visit ***tn.gov/health/ssp.html***

3 new agencies approved in 2025

18 new sites approved in 2025

3 new counties approved in 2025

This report includes data from 19 agencies operating across 47 sites. Sites that were approved but did not operate during 2025 were excluded from this report. Data in this report reflect SSP sites that operated for varying lengths of time during 2025 due to midyear approvals or closures. Therefore, the data may not represent a full year of operations for all sites.

In 2025, SSPs continued to expand in East Tennessee, specifically reaching more rural counties with high vulnerability to HIV, hepatitis C virus (HCV), and overdose.[2,3] This growth strengthened service 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 is needed most. Additionally, existing agencies in Middle and West Tennessee expanded their reach through 11 new service sites, helping increase access in areas with high need. Some SSP agencies share sites on a rotating schedule, bringing unique services to participants on different days of the week.

SSP staff intentionally selected accessible service locations, including areas near public transportation and community support services. One SSP operated near a trusted drop-in center for people experiencing homelessness. This approach reduced barriers to access and was instrumental in building community trust and engagement in health services.

Several SSPs experienced organizational changes or temporary closures in 2025 due to facility construction, stigma, funding limitations, and internal transitions. These changes affected operations and sometimes required programs to rebuild trust with participants after reopening or transitioning services. After their parent organizations discontinued the programs, two SSPs moved to new organizational homes, allowing services to continue with minimal disruption. Although one program experienced reduced staffing and longer wait times, participants expressed appreciation that services remained available. Local SSPs demonstrated strong partnerships, resilience, and adaptability by helping maintain service access when other programs closed. This showed how changes at one site can affect service demand across nearby programs, highlighting the importance of adequate support for all SSPs so that consistent services for participants can be maintained.

Source: 2025 Annual Reporting Data, submitted by Tennessee Syringe Services Programs.
tn.gov/health/ssp.html

SSPs MEET PEOPLE WHERE THEY ARE

In 2025, many SSPs saw continued growth in participation due to expansion and evolution of services. Efforts to reach new communities resulted in a 24% increase in new participants statewide compared to 2024, including a 155% increase in the east Tennessee region.

There were over 52,000 SSP visits across Tennessee, representing thousands of moments when participants chose to engage with services that help prevent infection, reduce overdose risk, and keep their communities safer.

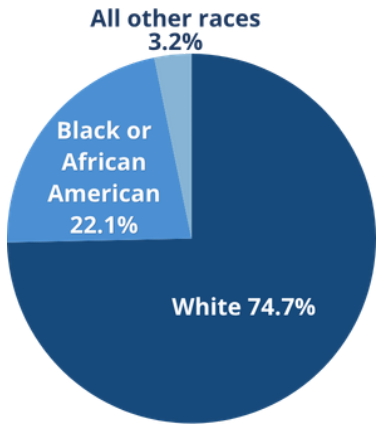
Over 52,000 visits
supporting healthier people and safer communities.

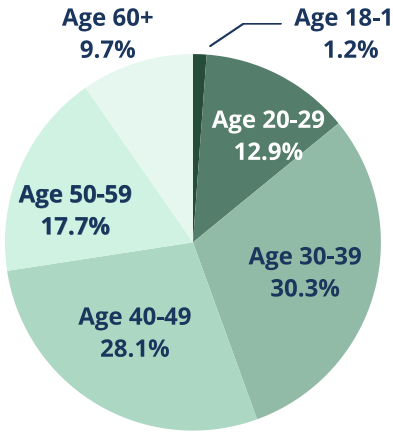
52,877 total participant visits
to SSPs in 2025
including returning participants

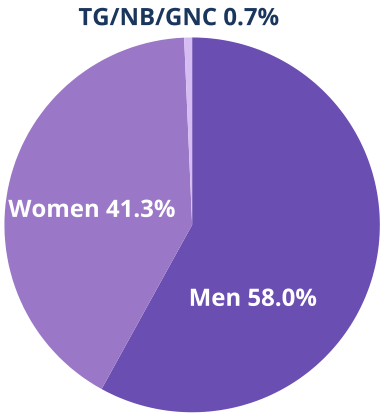
19,146 individual participants
visited an SSP in 2025

10,113 new participants
enrolled in an SSP in 2025

NEW PARTICIPANT DEMOGRAPHICS IN 2025







Of new participants in 2025 who reported race (n = 7520), **75% identified as White** and **22% identified as Black or African American**. The remaining identified as Asian, Native Hawaiian/ Pacific Islander, American Indian/ Alaskan Native, or Multi-Racial (noted as "All other races").

Of new participants in 2025 who reported age (n = 5849), the **highest percentage of participants were ages 30-39 (30%)**, followed by **ages 40-49 (28%)** and **ages 50-59 (18%)**.

Of new participants in 2025 who reported gender (n = 5875), **58% identified as men** and **41% identified as women**. The remaining **identified as transgender (TG), non-binary (NB), or gender non-conforming (GNC).**

An important aspect of fostering trust among people who use drugs is to provide services with as few barriers as possible, and this can include confidential or anonymous services. SSPs collect only the data necessary for certain services, like infectious disease testing, meaning demographic data may not be representative of all new participants who accessed services during 2025.

Source: 2025 Annual Reporting Data, submitted by Tennessee Syringe Services Programs.
tn.gov/health/ssp.html

SSPs ENGAGE COMMUNITIES IN MANY WAYS

SSPs often participate in community outreach events to provide overdose prevention education, increase awareness and knowledge of their SSP services, conduct infectious disease testing, and educate on safer use practices to prevent infections. In 2025, many SSPs participated in local health fairs, community events, and International Overdose Awareness Day events. They also conducted outreach at local bars, encampments, universities, and substance use treatment clinics. The main goal of these events is to reduce stigma through education and community.

One SSP created an intake form for people whose visit to the SSP was for food rather than syringe services. Upon implementation, they found that almost 20% of "food only" clients became interested in additional services like overdose reversal medication, infectious disease testing, sexual health kits, wound care kits, and hygiene kits. This engaged a whole group of people who did not need syringes but needed additional support.

> We have noticed an increase in people coming up only for food. This is a great indicator that possibly, some of the stigma associated with SSPs may be reducing... We will continue to monitor and find opportunities to address the needs of all our community members.
>
> ***SSP Staff Member***

Women who use drugs are highly likely to face gender-based violence and trauma, particularly those experiencing homelessness. One SSP established a dedicated women-centered service day to create a safer, more supportive space within its broader services. Women can access clothing, hygiene supplies, and personal care items that are often less available elsewhere, such as bras, underwear, menstrual products, and perfume. The program also explored empowerment-based safety kits designed to support participants' sense of safety and preparedness. Driven by lived experience and compassion, these services provide women with a sense of dignity and empowerment.

> Women shouldn't have to be in this position but they are, and **we want to give them the tools to protect themselves and better autonomy**.
>
> ***SSP Staff Member***

SSPs serve as an important safety net for community members who face barriers to traditional healthcare services. Many people rely on syringes for medical purposes, including insulin for diabetes, weight loss medications, and vitamin supplements, but struggle to access or safely dispose of supplies due to being uninsured, underinsured, or unable to afford out-of-pocket costs. By providing a range of syringes, needles, and safe disposal options at no cost, SSPs also ensure that financial or insurance barriers do not prevent access to essential medical supplies and safe disposal.

> We had a participant who uses injectable medication and asked if they could get their injection supplies here. And I was like, **'Why not? They need supplies too.'**
>
> ***SSP Staff Member***

Source: 2025 Annual Reporting Data, submitted by Tennessee Syringe Services Programs.
tn.gov/health/ssp.html

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 like 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. Participants are empowered to take steps towards the lives they want to lead, from participating in the workforce to engaging with their communities and families, and more. This nonjudgmental and unconditional investment not only benefits individuals, but also strengthens the resilience of families, workplaces, and the broader community.

> Our success is not the fact that we're reporting these great numbers... **our biggest success is when we get someone moving from one stage in their recovery or in their life to the next place.** We have countless stories of people who have been navigated from being unhoused and chronically homeless and back into the lives of their children and being successful members of the community. So that is, like, where the real successes are.

SSP Staff Member

Furthermore, over half of Tennessee SSPs employ staff with lived experience, including former participants. Many start off as volunteers with the program before joining the staff, building skills they can take with them. These opportunities foster financial stability, personal growth, create a deeply connected workforce, and emphasize the importance of lived experiences in operating and leading services. This approach not only strengthens trust and relatability among participants, but also serves as a powerful example that recovery and stability are possible for those who seek it.

> It's amazing how we were on the other side as participants and now here we are as staff members.

SSP Staff Member

> Even after my community service hours ended and after my internship ended, I kept coming back to do the work.

SSP Staff Member

> If [staff name] can do it, then I can do it too.

SSP Participant

One SSP has taken steps to invest even further in their staff, all who have lived experience. Leadership asked their staff what they want to do, what issues they want to work on, and how they can support their ambitions to set them up for the future. They then supported staff in gaining certifications, engaging in skill-building trainings like grant writing, and participating in research opportunities. By investing in their staff's professional development, they are preparing them for their future and promoting sustainability for the SSP.

> Everyone's that part of my team, their opinions matter.
> **This is not just my SSP, this is everyone's SSP.**
> This creates an environment where people want to be there and do good work.

SSP Staff Member

Source: 2025 Annual Reporting Data, submitted by Tennessee Syringe Services Programs.
tn.gov/health/ssp.html

SSPs PROVIDE SYRINGE EXCHANGE & MORE

2,811,228
syringes distributed
in 2025

Each one is a prevention opportunity!

By providing sterile syringes and injection equipment, SSPs play a critical role in preventing HIV, hepatitis B virus (HBV), HCV, and other bloodborne infections among people who use drugs and their partners. This approach also helps reduce bacterial and fungal infections, including endocarditis and skin and soft tissue infections.

In 2025, Tennessee SSPs distributed 2,811,228 sterile syringes, **representing millions of opportunities to prevent infection, reduce harm, and connect participants to care.** Each syringe provided is a point of connection, helping build trust and link participants to health care, treatment, recovery services, and other supportive services.

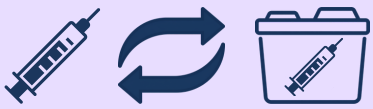
SSPS REDUCE SYRINGE LITTER IN THE COMMUNITY

Another core tenant of 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. These programs have a tremendous impact just by diverting hazardous waste from streets, parks, and public spaces. Several Tennessee SSPs noted an increase in syringes returned, indicating that less will be found in the community. In 2025 alone, Tennessee SSPs collected and safely disposed of 1,979,103 syringes, meaning **nearly two million used needles did not end up in streets, parks, or public spaces.**

By decreasing the number of discarded syringes, SSPs prevent needle-stick injuries. These injuries can expose individuals to serious bloodborne infections such as HIV, HBV, and HCV. 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.

SSPs in Tennessee conduct syringe clean ups, sweeping the area around their site and throughout the community for hazardous waste. 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.

Nearly 2 million syringes safely disposed and kept out of TN communities.



Areas with SSPs have

86% fewer syringes

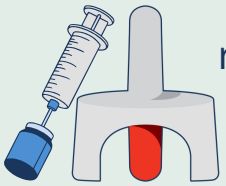
in places like sidewalks and parks.[4]

Source: 2025 Annual Reporting Data, submitted by Tennessee Syringe Services Programs.
tn.gov/health/ssp.html

SSPs PROVIDE LIFE-SAVING OVERDOSE REVERSAL MEDICATION

In 2024, almost 2,500 Tennesseans died of a fatal drug overdose.[5] SSPs provide evidence-based overdose reversal medication, namely naloxone, to restore breathing and save lives. SSPs equip their participants with the education and information needed to stop an overdose and mitigate overdose vulnerabilities. **In 2025, one staff member spoke about the importance of overdose education:**

> We don't distribute anything without education… **Education empowers people to see beyond.** We tell them, 'Take this naloxone to save someone else's life,' which extends our reach beyond our participants. We also want to demystify these services to empower family members and friends. Students from local colleges feel empowered to educate… their peers on the signs of an overdose and where to receive naloxone.
>
> **The education and tools that I have personally received [from the SSP] have helped inform my family about the signs and dangers of an overdose.** I now have naloxone in my home for my uncle who suffers from substance use. I have even given him some to take with him to share with his friends so that there will be naloxone available.



94,826 naloxone kits distributed with 9,703 reported overdose reversals* in 2025

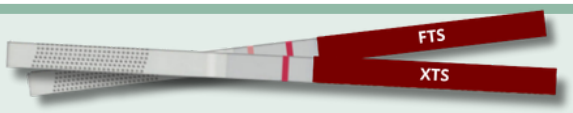
That means almost 10,000 times a life was saved!

** Overdose reversals are often underreported due to the trauma and stigma surrounding overdoses.*

In partnership with the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS),[6] SSPs receive overdose prevention education and training on topics such as fentanyl, stimulants, and other emerging substances. TDMHSAS also provides in-kind overdose prevention and wound care supplies for SSPs to distribute to participants and their support networks. SSPs often obtain naloxone kits through additional sources, including community partnerships and donations.

Tennessee SSPs have increased direct naloxone distribution while decreasing referrals to other naloxone sources. In 2025, SSPs provided only six naloxone referrals, a 99% decrease since 2023. Referrals typically occur due to supply chain issues or preference for a different formulation than the SSP has available. This decrease in referrals suggests improved access to naloxone supplies, allowing SSPs to provide naloxone directly, reduce barriers, support naloxone saturation (widespread availability and use), and strengthen life-saving overdose prevention efforts across Tennessee.

Since 2022, SSPs have distributed drug checking test strips to detect the presence of certain substances in drug samples and inform actions for preventing overdose and other unwanted harms. Recent research found that people who use fentanyl test strips engage in more overdose risk reduction behaviors.[7,8]



84,200 fentanyl and 54,900 xylazine test strips obtained by SSPs to support participant access and overdose prevention

Source: 2025 Annual Reporting Data, submitted by Tennessee Syringe Services Programs.
tn.gov/health/ssp.html

SSPs PROVIDE INFECTIOUS DISEASE TESTING

HIV and HCV can be transmitted through the sharing of needles, syringes, and other supplies used to inject drugs; therefore, access to sterile supplies and infectious disease testing is key to prevention. SSPs are associated with an estimated 50% reduction in HIV and HCV infections among people who use drugs and further reductions in transmission when combined with substance use treatment.[9-12] Because of their proven effectiveness, SSPs are a key strategy of the Ending the HIV Epidemic initiative and the Viral Hepatitis National Strategic Plan.[13,14]

A majority of SSPs in Tennessee provide rapid, onsite HIV and HCV testing, along with wraparound care including linkage to infectious disease care and prevention services.

Behind every test is a person who may not have known their status or where to turn for care. In 2025, Tennessee SSPs conducted...

3,193 rapid HIV tests
with 98 referrals to HIV care

1,992 HCV antibody tests
with 282 referrals to HCV care

1,175 referrals to PrEP for HIV
Pre-exposure prophylaxis (PrEP) is a medication that prevents the acquisition of HIV. PrEP reduces the risk of getting HIV by at least 74% among people who inject drugs when taken as prescribed.[15]

More than 5,000 tests conducted. Over 1,000 people referred for HIV prevention services. Nearly 400 people connected to infectious disease care.

BARRIERS TO INFECTIOUS DISEASE TESTING AND CARE

Testing logistics can create barriers for both participants and agencies. The paperwork necessary for a participant to be tested for HIV and HCV requires identifying information and can take time. For smaller agencies, reporting requirements create significant ongoing administrative work, and testing waiver requirements often depend on medical provider involvement, typically through an external partner rather than in-house staff.

It can be difficult to find and maintain referral partnerships as funding and policies change. For example, in 2025, one SSP had a strong relationship with a local free HIV PrEP provider. However, due to changing policies, that provider could no longer offer free, same-day services, and the SSP had to seek other partnerships to continue PrEP access for participants.

Several SSPs would like to expand point-of-care testing but lack the capacity for confirmatory testing onsite, limiting their ability to complete the full care process in a single visit. Onsite, comprehensive care is especially important for people who use drugs and people experiencing homelessness who face additional barriers to following up on referrals or attending separate appointments.

Source: 2025 Annual Reporting Data, submitted by Tennessee Syringe Services Programs.
tn.gov/health/ssp.html

SSPs PROVIDE AND REFER TO MEDICAL AND SOCIAL SERVICES

SSPs provide as many services as possible directly and onsite to best serve their participants as soon as they are ready. Due to funding and staff capacity, sometimes an agency is unable to provide all the services their participants need, and therefore the agencies maintain referral systems to connect participants with services not provided onsite. Referrals include identifying a provider, service, or resource to meet the participant's needs and coordinating care, such as scheduling and accompanying individuals to appointments.

Connecting participants to these services often takes time, usually multiple conversations over several visits, until they are ready to engage in these services. SSPs focus on building relationships to help individuals engage more successfully in care, especially when a participant had negative healthcare experiences in the past. One SSP mentioned, at first, their participants were afraid to voice their needs and ask for support due to stigma they have faced in the past. The SSP staff employed motivational interviewing techniques to help make their participants more comfortable, build their confidence, figure out their goals, and lay out the steps needed to meet them. These outcomes also align with existing research findings that SSPs build feelings of trust and social inclusion among participants, which in turn may make them more likely to take advantage of the services offered.[16]

MEDICAL SUPPORT SERVICES

Participants were provided or connected to other medical services including dental, eye, and wound care. Additionally, SSPs educated their participants on safer use techniques and basic first aid to prevent skin and blood infections; they also provided basic wound care kits so participants could monitor and care for wounds outside of the SSP.

In 2025, Tennessee SSPs provided **920 referrals to mental health services,** including outpatient counseling and inpatient admissions, and **867 referrals to substance use treatment**, including inpatient and outpatient services.

> We had a participant drop off all their used syringes and not request any new ones as their medication-assisted treatment is going well and they are at a comfortable level.
>
> ***SSP Staff Member***

Research has found that new SSP participants are...[18]

5x more likely to enter drug treatment

&

3x more likely to stop using drugs

Tennessee ranks 46th in the nation for mental health care access, with approximately 530 individuals in need for every one available provider. Over three million Tennesseans live in communities without enough mental health professionals, and they are over six times more likely to be forced out of network for mental health care than for primary care.[17]

For SSP participants facing additional barriers such as stigma and limited insurance coverage, accessing affordable and welcoming care is especially difficult. These referral numbers reflect the reality of a strained system, not a lack of need or effort.

Source: 2025 Annual Reporting Data, submitted by Tennessee Syringe Services Programs.
tn.gov/health/ssp.html

SSPs PROVIDE AND REFER TO MEDICAL AND SOCIAL SERVICES

SOCIAL AND SUPPORTIVE SERVICES

In addition to medical supports, SSPs refer participants to or directly provide social and supportive services that address basic needs such as food, housing, identification, and transportation. Meeting these needs can be an essential first step before participants are able to prioritize other health concerns. SSPs also provide practical supplies and resources that support daily stability, safety, and dignity, reflecting an understanding that meaningful health improvement begins with meeting people where they are.

In 2025, SSPs provided **5,554 referrals to various social and supportive services**. This number is an estimate of critical service provision and may not reflect all services provided by the SSPs. Services provided or referred included:

- housing services, e.g., domestic violence emergency placement and sober living
- peer recovery
- food, e.g., food pantries and hot meals
- clothing
- transportation, e.g., bus passes, transport to recovery services
- sexual health kits, e.g., condoms and lube
- employment services
- assistance obtaining health insurance
- financial services, e.g., paying utilities
- veterinary services
- bicycle and vehicle repair services
- legal services
- pet food
- laundry
- showers
- hygiene kits, e.g., deodorant, soap, toothbrushes, menstrual supplies
- spiritual services

SSPs provide numerous services to promote health and wellbeing, but they also go the extra mile to support their participants outside of traditional services. Staff have deep ties to the communities they serve and work to uplift the community, fight stigma, and promote self-efficacy. By listening to their community and providing the services they need, SSPs build relationships and trust with participants that empower them to make positive changes. **Two agencies shared what that looks like in practice:**

> Our scope of service with the SSP allowed us to build an relationship with a couple who was pregnant, unhoused, and active injection drug users. Through our SSP relationship-building approach, our [staff] was able to drive them to Alabama to family, and she delivered a baby girl two days later. The couple are now on substance use treatment medication and have their daughter. Happy and healthy.

> [The SSP] continues to demonstrate strong commitment and innovation in serving participants… such as staff certification as Certified Application Counselors to increase access to health coverage and care. The program's deep connection with participants and the surrounding community fosters trust, belonging, and consistent engagement in care, with staff treating every individual with dignity and humanity.

Source: 2025 Annual Reporting Data, submitted by Tennessee Syringe Services Programs.
https://www.tn.gov/health/ssp.html

BARRIERS AND BUILDING PATHS FORWARD

While SSPs have made meaningful progress in expanding access, operational challenges persist across the state. Stigma, shifts in funding, and zoning requirements continue being barriers to consistent and expanded operations. These challenges create service interruptions that leave communities more vulnerable to the public health consequences that SSPs are designed to prevent such as infectious disease and overdose. 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.

Misunderstanding and stigma surrounding SSPs can create barriers to consistent operations. Five SSP sites either closed or were unable to launch in 2025 due to stigma and harassment of SSP programs and staff, leaving four counties without access to these services.

SSP staff must often balance direct service delivery with ongoing community education, relationship-building, and efforts to address misinformation and disinformation about the purpose and impact of SSPs. This work is critical to helping communities understand that SSPs provide life-saving benefits not only to individual participants, but also to families and the broader community by reducing infectious disease transmission, providing safe disposal, preventing overdose deaths, and connecting people to care. Community partners, local leaders, and residents can help reduce stigma, build trust, and support a better understanding of SSPs as important health and safety (or life saving) services.

> We have a lot of outreach opportunities, including a booth at the local fair. All interactions we had were valuable. **We know stigma changes slowly and hopefully the deep conversations had will help in the stigma fight.**

SSP Staff Member

Recent shifts in the funding landscape continue to limit available resources. In 2025, Tennessee SSPs reported challenges related to reduced or uncertain funding. These constraints affected program capacity, including staffing, testing, prevention supplies, outreach, and linkage to care.

Designated, stable, and sufficient funding is essential to sustaining SSP operations and ensuring continued access to life-saving prevention and support services.

Zoning requirements remain a significant operational barrier for SSPs by limiting where services can be provided. These requirements can delay site implementation, reduce flexibility, and make it more difficult for programs to operate in places that are accessible to participants. In communities with limited transportation options or fewer available service locations, these requirements can further restrict access to life-saving prevention and support services.

Updating the zoning requirements can increase accessibility and make it easier for people to access SSP services. It can also invite new agencies, such as county health departments, to begin SSP services as their location may not currently meet zoning requirements.

Source: 2025 Annual Reporting Data, submitted by Tennessee Syringe Services Programs.
tn.gov/health/ssp.html

SYRINGE CHECKING PROJECT

As the drug supply becomes increasingly unpredictable and dangerous there is an urgent need for real-time data to support proactive public health response. Traditional surveillance methods lag behind emerging trends, which can limit how quickly communities, providers, and public health partners understand and can respond to changes in the drug supply. Lab-based drug checking is one of the most accurate methods available to identify the contents of unregulated substances, including active ingredients and emerging contaminants.

Beginning in 2024, **TDH partnered with SSPs and a national laboratory to launch syringe testing pilot projects aimed at detecting synthetic opioids and other potent adulterants.** By providing real-time data on emerging substances in a low-barrier, community-centered approach, these efforts fill critical information gaps and support faster, more informed prevention and education responses, often before new threats appear in traditional surveillance reports.

GOALS

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

IN 2025

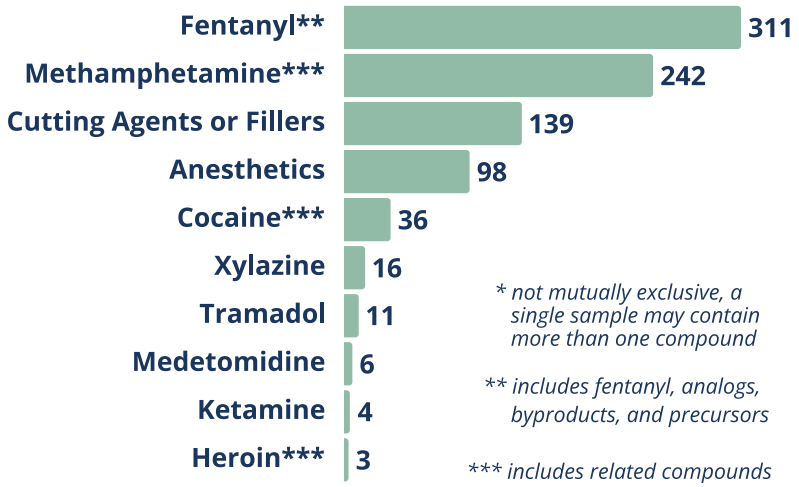
2 partnering sites

417 samples tested

202 clients participating

17 days average turnaround time

TOP COMPOUNDS DETECTED IN SAMPLES *



As the unregulated drug supply continues to evolve, samples may contain multiple substances, sometimes intentionally and sometimes without a person's knowledge. These combinations can increase overdose risk, complicate overdose response, and contribute to other health risks, including severe wounds and dangerous withdrawal effects. For example, **in 2025, of the 165 samples containing fentanyl, 16 also contained xylazine and six contained medetomidine**. These sedatives can contribute to prolonged sedation and respiratory depression. These findings improve understanding of the local drug landscape, as well as reinforce the importance of naloxone, rescue breathing, and timely drug checking information.

Source: TDH Syringe Checking Pilot Project Preliminary 2025 Data.
tn.gov/health/ssp.html

EMERGING TRENDS: MEDETOMIDINE

Starting in 2025, there has been heightened concern nationwide and in Tennessee regarding an emerging non-opioid sedative in the drug supply known as medetomidine, or "rhino tranq." As a sedative or tranquilizer, medetomidine is similar to xylazine, but does not present with the same severe wounds as xylazine.

MEDETOMIDINE CAN CAUSE

- heavy and long sedation (8-10 or more hours)
- lower heart rate
- low blood pressure
- hallucinations
- dangerous withdrawal symptoms that require intensive care

Medetomidine presents complex health risks for communities and healthcare systems. Withdrawal can emerge rapidly and severely, sometimes within four to six hours of last use. Symptoms may include severe nausea and vomiting that do not respond to typical medications, followed by rapid heart rate, dangerously high blood pressure, sweating, tremors, and delirium. These effects can strain the heart and increase the risk of serious complications, including heart attack.[19]

Medetomidine also raises serious overdose concerns, particularly because it is often found alongside opioids such as fentanyl. As a powerful sedative, it increases the risk of profound sedation, loss of consciousness, and slowed or difficult breathing. It changes overdose recognition and response.

ADAPTING OVERDOSE RESPONSE

With ongoing shifts in the drug supply, including the increased presence of sedatives, there has also been a shift in overdose response. Overdose response should focus on whether a person is breathing rather than overall responsiveness.

Naloxone reverses opioid-related respiratory depression, meaning slow, shallow, or stopped breathing caused by opioids. However, when sedatives are also involved, a person may remain very sedated or unresponsive even after naloxone begins restoring breathing. Because sedatives are often found with opioids, naloxone remains critical, but respiratory support is also essential. Rescue breathing can provide air while naloxone takes effect and may be lifesaving when a person is not breathing or breathing too slowly. Rescue breathing works similarly to cardiopulmonary resuscitation (CPR), and those trained in CPR can also use this technique to promote breathing.

How to conduct rescue breathing:

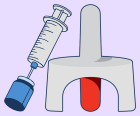
- Place the person on their back
- Tilt head back, lift chin, check airway for any blockages
- Pinch nose, seal mouth, give two breaths
- Repeat every 5 seconds
- After 2–3 minutes, if the person is not breathing normally (one breath every 5 seconds), give another dose of naloxone and repeat rescue breaths
- If you do not have additional naloxone, continue with rescue breathing or CPR until emergency services arrive

SSPs PROMOTE COMPASSIONATE OVERDOSE RESPONSE

Compassionate overdose response is grounded in evidence-based practices that prioritize preserving life while minimizing avoidable harm. Naloxone remains essential for reversing opioid-related respiratory depression, and current evidence has not shown a clear real-world benefit of higher-dose naloxone in improving survival or reducing the need for repeat dosing. This is also important as non-opioid sedatives and other adulterants increasingly contribute to prolonged sedation and breathing problems. Because naloxone only reverses opioids, even multiple doses will not reverse non-opioid sedative effects.

While multiple doses of lower-dose naloxone (3- and 4-mg) are sometimes provided, this often reflects situational factors, such as delayed recognition, limited breathing support, or urgency during a stressful response, rather than a consistent need for more doses.

The dose and approach used during overdose response matter. Higher-dose naloxone can trigger severe withdrawal without medical support, causing intense pain, vomiting, and profound dysphoria. Symptoms can hit suddenly and violently. These symptoms can complicate the response, increase fear or mistrust, and make people less likely to seek help or engage with services in the future.



3- and 4-mg naloxone are effective at reversing an opioid overdose when used properly.

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.[20,21] Preventing precipitated withdrawal promotes positive and trusting participant experiences by providing participant-centered care. This kind of service provision results in saving lives, reducing complications, and deeper engagement and trust in health and support services over time.

RESOURCES

Compassionate Overdose Response and Rescue Breathing Guide

Scan the QR code or access the guide here: TNHarmReduction.org

Compassionate Reversals: Naloxone Formulations in Practice

Scan the QR code or access the recorded webinar here: https://youtu.be/8ra8G4OcPMI

OVERDOSE RATES DECLINE NATIONALLY

In 2024, Tennessee saw a 31% decrease in overdose deaths from the previous year.[5] Provisional national data show a 20% decrease in U.S. overdose deaths for the twelve months ending in October 2025. Contributing factors include expanded access to overdose reversal medications, reduced barriers to medications for opioid use disorder, and the growing acceptance of syringe services.[22]

Despite this progress, overdose death counts are still higher than pre-2020 levels, and not every community has experienced these improvements equally. Compared to their White counterparts, Black Tennesseans continue to have higher overdose death rates and are experiencing a slower decline. This indicates that, while progress is being made, it has not yet reached all communities, and some Tennesseans continue to face greater barriers to prevention and care.[5]

COLLABORATIONS WITH LOCAL HEALTH DEPARTMENTS

In 2025, the first two health department–SSP collaborations were launched under Project RISE (Rural Implementation of Syringe Exchange). The goal of Project RISE is to improve syringe access in rural Tennessee through county health department collaborations with community-based organizations. This model is built on the complementary strengths of community-based SSPs and health departments, pairing trusted community relationships with a broader network of prevention and care services.

Within 6 months, this initiative saw 21 clients and conducted 34 visits. After starting an SSP, especially in rural counties, it can take 6–12 months to see even one participant. Fostering trusting relationships and consistently showing up are key to building a sustainable SSP. In 2025, these two programs were the first and only ones in their respective counties, connecting participants to services they would not otherwise have access to. By partnering onsite with local health departments, they also have easier access to additional health services for participants.

> At [the health department], our team was able to build a relationship and trust within the rural community by **showing up each and every month to show our stability for our community and their SSP needs**.
>
> ***SSP Staff Member***

PROJECT ECHO

In 2025, the TDH Syndemic Coordination Program started a Project ECHO virtual learning series to educate providers, SSP staff, and community members on syringe services programs, emerging drug trends, and evidence-based strategies for overdose and infectious disease prevention. The interdisciplinary audience engaged in this Project ECHO highlights cross-sector engagement spanning from clinical providers, public health practitioners, and frontline service workers such as SSP staff.

Project ECHO (Extension for Community Healthcare Outcomes) is a movement to demonopolize expert knowledge and amplify local capacity to provide best practice care for underserved people all over the world.[23] The ECHO Model™ is committed to addressing the needs of populations disproportionally impacted by certain health conditions by equipping communities with the right knowledge, at the right place, at the right time. Just in the first year of implementation, there were…

133 active participants representing a wide range of professional roles, including clinical and medical providers, behavioral health professionals, public health and prevention staff, community-based and peer workers, social service providers, and education and training professionals.

14 learning sessions ranging in topics from emerging drug trends, compassionate overdose reversals, and strategies for centering women in programming.

All sessions were recorded and posted to YouTube, with the most popular session garnering over **500 views**.

Source: 2025 Annual Reporting Data, submitted by Tennessee Syringe Services Programs; Project ECHO data

WHAT MOTIVATES SSP STAFF?

Working in community health settings, especially with people who use drugs, requires collective care, resilience, and an understanding of grief. It can be difficult to navigate through fatal and nonfatal overdoses, funding and policy shifts, and stigma from different levels.

SSP staff shared what motivates them to stay in this work:

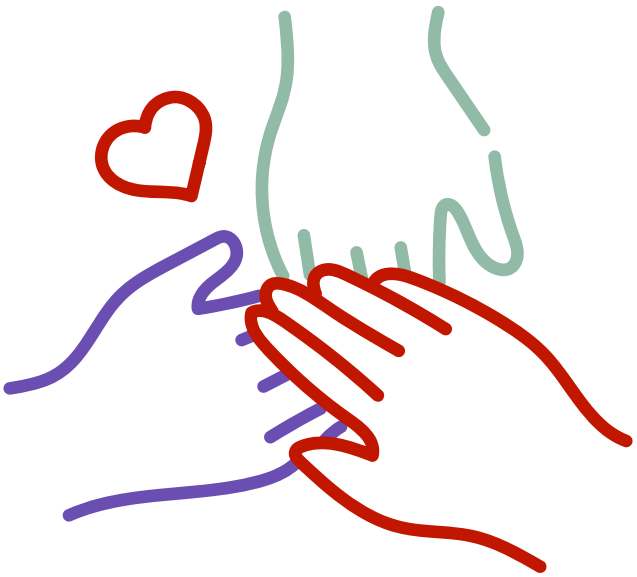
What motivates my work is wanting to help people like my daughters, and one of them overdosed in Spring of 2025... I look into the faces of the participants I work with and I see the face of my daughter. I just see her face and **I treat each one of them like how I'd be treating her and how I hope someone would be treating her. Each person in front of me, you know, is someone's child.**

We get visits from former participants who are no longer using and are thankful for our help.

It's so important to me, to my own sobriety, to help others and connect them to treatment.

Lots of reports from participants and community that the naloxone distributed is very helpful.

Everyone's programming benefits [from the SSP], including the community. It's probably the most impactful work we do.



The main thing that motivates me to do this is **I know how it feels to feel less than and to not be loved, and to be looked down upon.** I love the fact that I can build relationships with these people and make them feel important and that they are somebody... **Just give them hope.**

Source: 2025 Annual Reporting Data, submitted by Tennessee Syringe Services Programs.
tn.gov/health/ssp.html

ACKNOWLEDGEMENTS

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

Thank you to the programs across the Tennessee Department of Health (TDH), the Department of Mental Health and Substance Abuse Services (TDMHSAS), and the community that 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 Division of Substance Abuse Services
- Local health departments
- United Way of Greater Nashville
- And more!

These programs provide resources, personnel support, and data support to our SSPs. For example, the TDH HIV/STI/VH program provides infectious disease testing training and HCV test kits. TDMHSAS provides overdose reversal medication, educational and overdose response trainings, wound care supplies, and drug checking test strips.

Suggested Citation

Syndemic Coordination Program (2026). *Tennessee Annual Syringe Services Program Report, 2025*. 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. Scan the QR code or visit: tn.gov/health/ssp.html

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. Scan the QR code or visit: TNHarmReduction.org

The **Tennessee Harm Reduction Project ECHO** is a virtual learning series to educate providers, SSP staff, and community members on SSPs, emerging drug trends, and evidence-based strategies for overdose and infectious disease prevention. Scan the QR code or visit: tinyurl.com/HRecho

Regional Overdose Prevention Specialists (ROPS) are located throughout the state of Tennessee as a point of contact for training and education on opioid overdose and for overdose prevention through the distribution of naloxone. Scan the QR code or visit: tinyurl.com/TNROPS

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