

# TN Syringe Services Program (SSP) Application

## Written Verification of SSP Participation Guide

### LEGISLATIVE BACKGROUND

[Tennessee Code § 68-1-136c](#) provides limited immunity that protects syringe service program (SSP) employees, volunteers, and participants (i.e., persons affiliated with the SSP) from being charged with possession of syringes or other injection supplies, including those with residual amounts of drugs present, if obtained or returned to an SSP.

This immunity only applies to a participant's possession when the participant is engaged in the exchange or in transit to or from the exchange. Additionally, a person must provide **written verification of their affiliation with an SSP** (such as a participant ID card) to the arresting officer or law enforcement agency to be granted limited immunity.

### GUIDANCE

This guide will provide recommendations of what could be included on the written verification with examples and an identification card template for customization at the end.

### FORMAT IDEAS:

- If you want to create ID cards: Make the card either 3.5x2 inches (standard business card size) or 3x2 inches (standard ID card size) for easy storage.
- Organizations can also consider making a folded card. See example 4 below.
- Consider making a wristband which may be useful for participants with limited storage or experiencing homelessness. See example 1 below.

### CONTENT SUGGESTIONS:

- Include a unique identification number/code which is assigned to a single participant that some SSPs use to distinguish individual participants. The following is one example of how to create a unique identifier code.
  - Jane Doe, who identifies as Female, was born in March 1998 → JDF0398
  - If it makes sense for your data collection tool, it's important to make the identification code something that clients can recall if they lose their card.
- Include language about one's participation, e.g., "Individual in possession of this card is affiliated with this SSP."
  - If your organization is approved for more than one SSP location, including a statement about participation in all locations, even across counties, is recommended.

- Include SSP contact information for the participant to reference, for law enforcement to contact if a client is stopped, or to return a lost card.
  - Consider including the following: organization name, logo, contact information (phone number, email), and location(s)
- Include TN Code annotation, TN Code [§ 68-1-136c](#), with the code's language outlining the limited immunity participants have if stopped by an officer while in possession of injection supplies.

## TEMPLATE

This card template is formatted for 3.5x2 inches. Please contact [SSP.Health@tn.gov](mailto:SSP.Health@tn.gov) for access to the template.

**Front**

### Syringe Service Program Participant Identification Card

Identification Number:

Initials of first and last name, Gender, 4-digit birth year

The individual in possession of this card is a client of the syringe service program listed and is therefore protected by limited immunity outlined on the back.

Your organization's logo

Your organization's contact information, location(s), and operating hours

Operating hours are subject to change. Please contact the organization to confirm hours.

**Back**

**LAW ENFORCEMENT**     **TN Code § 68-1-136c (2019)** (1) It is an exception to the application of title 39, chapter 17, part 4, if an employee, volunteer, or participant of a program established pursuant to this section possesses any of the following: (A) Needles, hypodermic syringes, or other injection supplies obtained from or returned to a program established pursuant to this section; or (B) Residual amounts of a controlled substance contained in a used needle, used hypodermic syringe, or used injection supplies obtained from or returned to a program established pursuant to this section. (2) (A) The exception provided in this subsection shall apply only if the person claiming the exception provides written verification that a needle, syringe, or other injection supplies were obtained from a needle and hypodermic syringe exchange program established pursuant to this section. For a participant in the program, this exception shall only apply to possession when the participant is engaged in the exchange or in transit to or from the exchange.

Please direct any questions to [SSP.Health@tn.gov](mailto:SSP.Health@tn.gov).


## TN SPECIFIC EXAMPLES

### EXAMPLE 1: COURTESY OF STREET WORKS IN NASHVILLE, TN

Street Works uses wristbands as their written verification as they found it's easier for clients to keep track of rather than a card.



### EXAMPLE 2: COURTESY OF CEMPA/STEP TN IN SOUTHEAST TENNESSEE.



**Syringe Trade and Education Program of Tennessee**

www.clients.musd.org/1-800-762-0247

**Monday - Thursday\***  
8:30a - 4:30p  
\*Closed daily from 12:00p - 12:20p

**Friday**  
8:00a - 2:00p

**SSP ID:** \_\_\_\_\_

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Front

Public Chapter No. 413, Senate Bill No. 806(c)(1) • It is the exception to the application of title 39, chapter 17, part 4. If an employee, volunteer or participant of a program established pursuant to this section possesses any of the following: (A) Needles, hypodermic syringes, or other injection supplies obtained from or returned to a program established pursuant to this section; (B) Residual programs of a controlled substance contained in a used needle, used hypodermic syringe, or used injection supplies obtained from or returned to a program established pursuant to this section. (2)(A) The exception in this subsection (c) shall apply only if the person claiming the exception provides written verification that a needle, syringe, or other injection supplies were obtained from a needle and syringe exchange program established pursuant in this section. For a participant in the program, the exception shall only apply to possession when the participant is engaged in the exchange or in transit to or from the exchange.


Back

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## ADDITIONAL EXAMPLES:

### Other Examples:

#### EXAMPLE 3: NON-TN EXAMPLE

<p>Expires: ____/____/____ Agency: _____</p> <p>Contact: _____</p> <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;">  </div> <div> <p><b>SHARPS CARD</b></p> <p>Harm Reduction Program 1190 St. Francis Drive, S-1300, Santa Fe, NM 87502</p> <p><i>The bearer of this card is enrolled in the Harm Reduction Program.</i></p> </div> </div> <p>PARTICIPANT I.D. NUMBER: _____</p> <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p style="text-align: center; font-weight: bold;">F F M M Y Y</p> <p><small>Rev 10-28-16</small></p>	<p>This card verifies the enrollment of a client in the Harm Reduction Program. The client is exempt from prosecution in New Mexico under NMSA 1978, Chapter 256, Sections 1-6, amended 1998, "The Harm Reduction Act," and NMAC 7.4.6 "Requirements Governing The Harm Reduction/Syringe Exchange Program," for the possession of syringes furnished by the Department of Health or an Authorized Harm Reduction Provider, or collected by the client for safe disposal by the program.</p> <p>The code consists of: first two letters of client's first name, first two letters of their mother's first name, and two digit year of birth.</p> <p><b>For contact information and a list of programs and service times, please visit: <a href="http://www.nmhlvguide.org">www.nmhlvguide.org</a></b></p> <p><small>Rev 10-28-16</small></p>
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**Front**

**Back**

#### EXAMPLE 4: NON-TN EXAMPLE

The below card provides an example of a folded participant card and language that may be helpful if stopped.

**The carrier of this card is a participant of The Steady Collective, a Syringe Exchange Program authorized by the state of North Carolina under G.S 90-113.27.**

**No employee, volunteer or participant of this program shall be charged with or prosecuted for possession of syringes or injection supplies, or for any residual amounts contained therein.**

**If stopped by the police:**

1. Ask "Am I being detained?". If the officer says "No," calmly walk away.
2. Never consent to a search of your bag or car. Say "I do not consent to a search."
3. Always declare needles if you have them on your person and an officer announces that they will pat you down.

**Inside**