

**NEW JERSEY HARM REDUCTION CENTERS BIENNIAL REPORT
2020—2021
ISSUED AUGUST 2023**



Division of HIV, STD, and TB Services (DHSTS)
HIV Services Unit



Table of Contents

I.	Harm Reduction Statutory Framework and Evolution in New Jersey	4
II.	Harm Reduction Background	6
III.	Harm Reduction in New Jersey	7
IV.	HRCs Performance Summary	9
a.	HRC Participants.....	9
	Table 1. Number of HRC Participants 2020—2021	10
b.	Syringe Exchange Services	10
	Table 2. Number of Syringes Dispensed and Returned 2020—2021	11
	Table 3. Syringe Return Rate 2020—2021	11
c.	Referrals to Supportive Services	12
	Table 4. Harm Reduction Center Referrals 2020—2021	12
d.	Total Harm Reduction Services 2020—2021.....	13
	Table 5. Total Harm Reduction Services 2020—2021	13
e.	Injection Drug Use (IDU)-Related HIV Diagnoses in NJ 2020—2021	13
	Table 6. IDU-Related HIV Diagnoses: 2020-2021.....	14
f.	Viral Hepatitis Cases in NJ	14
i.	Hepatitis C	14
	Table 7. Hepatitis C Cases 2020—2021	15
ii.	Hepatitis B	15
	Table 8. Hepatitis B Cases: 2020—2021	16
V.	Appendix A	17
a.	Historical Data.....	17
	Table 11. HRC Data 2015-2019.....	17
	Table 12. IDU-Related HIV Diagnoses: 2000-2019	18
	Table 13. HIV Diagnoses: 2000—2019	19
	Table 14. Hepatitis B Cases: 2000—2019.....	20
	Table 15. Hepatitis B Cases: 2000—2019	20
VI.	Appendix B	21
a.	List of NJ Harm Reduction Centers.....	21

b. NJ Harm Reduction Center Services..... 22
VII. Appendix C..... 25
VIII. References..... 26



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I. Harm Reduction Legal Framework and Evolution in New Jersey

On December 19, 2006, Governor Jon S. Corzine approved the “Bloodborne Disease Harm Reduction Act,” P.L. 2006, c. 99 (Act), codified in part at N.J.S.A. 26:5C-25 through 31. The Act at P.L. 2006, c. 99, §3 (N.J.S.A. 26:5C-27) authorized the Commissioner of Health (Commissioner) to establish a demonstration program to permit up to six municipalities to operate sterile syringe access programs. The Act at §7 (N.J.S.A. 26:5C-31) directed the Commissioner, in consultation with the Commissioner of Environmental Protection, to promulgate rules implementing §§3 and 4 (N.J.S.A. 26:5C-27 and 28), which were to become immediately effective upon filing with the Office of Administrative Law, and remain effective until the adoption of rules in the ordinary course.

Pursuant to this authority, then-Commissioner of Health Fred M. Jacobs, M.D., J.D., in consultation with then-Commissioner of Environmental Protection Lisa P. Jackson, filed a notice of special adoption of new rules at N.J.A.C. 8:63 Sterile Syringe Access Program Demonstration Project Rules, which became effective on the filing date of April 9, 2007. 39 N.J.R. 1805(a) (May 7, 2007).

The Act at §5 (N.J.S.A. 26:5C-29) required the Commissioner to submit certain periodic reports to the Governor and the New Jersey Legislature on the progress of the demonstration program. Pursuant to this mandate, in 2010, then-Commissioner of Health Heather Howard issued the *New Jersey Syringe Access Program Demonstration Project Interim Report* (January 2010), available from the New Jersey State Library at <https://dspace.njstatelib.org/handle/10929/29745>, NJ State Library Accession Number: njsl.453074, and in 2012, then-Commissioner of Health Mary E. O’Dowd, M.P.H., issued the *New Jersey Syringe Access Program Demonstration Project: Final Report* (October 2012), available at <https://dspace.njstatelib.org/handle/10929/29746>, NJ State Library Accession Number: njsl.453075. In both reports, the Department of Health (NJDOH) recommended the continued existence and support of sterile syringe access programs in the State because the demonstration project had “served a hard-to-reach and at-risk population, successfully helping [injection drug users] reduce their chance of contracting and spreading HIV, [and hepatitis B and C viruses], through the use of unsterile needles. Through its educational component, a large percentage of participants [had] been admitted into drug treatment programs.”

On February 5, 2015, Governor Christopher J. Christie approved P.L. 2015, c. 10, “An Act concerning overdose prevention and sterile syringe access programs,

and amending P.L. 2006, c. 99 and P.L. 2013, c. 46,” which, among other things, amended the Act at §§3 through 5 (N.J.S.A. 26:5C-27 through 29) to permit a sterile syringe access program to obtain a standing order for opioid antidote dispensation and authorize program staff, with immunity from prosecution, to carry and dispense naloxone hydrochloride or another opioid antidote to consumers and consumers’ family members and friends.

On August 31, 2016, Governor Christie approved P.L. 2016, c. 36, “An Act concerning sterile syringe access programs, [and] amending [the Act].” This enactment amended the Bloodborne Disease Harm Reduction Act by removing the limitation of sterile syringe access programs to six municipalities, thereby allowing any municipality in the state to authorize sterile syringe access programs, and making the availability of such programs permanent by removing the “demonstration project” aspect of the program.

On January 18, 2022, Governor Philip D. Murphy approved P.L. 2021, c. 396, “An Act concerning harm reduction services and supplementing and amending [the Act].” This law amended the Act to delete references to “syringe access” programs and replace them throughout the Act with references to the broader term: “harm reduction” programs or services. P.L. 2021, c. 396, §1, added a definition of the term, “authorized harm reduction services,” at N.J.S.A. 26:5C-26.1, to expand the scope of the services that syringe access programs (now to be called harm reduction centers) could provide to include, among other services, distribution of fentanyl test strips, syringe disposal, referral to health and social services, harm reduction counseling, distribution of harm reduction supplies, and testing for bloodborne pathogens such as HIV and hepatitis C. P.L. 2021, c. 396, § 1, also added a definition of the term “harm reduction supplies” to mean “any materials or equipment designed to identify or analyze the presence, strength, effectiveness, or purity of controlled dangerous substances or controlled substance analogs, including, but not limited to, fentanyl test strips; opioid antidotes and associated supplies; and any other materials or equipment that may be used to prevent, reduce or mitigate ... disease transmission, overdose, and other harms associated with personal drug use” (N.J.S.A. 26:5C-26.1).

P.L. 2021, c. 396, §§ 4 and 5, amended the Act at N.J.S.A. 26:5C-28 and 29 to eliminate the requirement that Harm Reduction Centers obtain municipal authorization to operate, and instead required them to register with the NJDOH. P.L. 2021, c. 396, § 6, amended N.J.S.A. 26:5C-31 to add new subsection c, which

authorizes the Commissioner to promulgate rules to implement P.L. 2021, c. 396, that would be effective upon filing and for 180 days thereafter, and to amend, adopt, or readopt those rules in the ordinary course in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1, et seq.

In 2023, pursuant to the authority conferred by N.J.A.C. 26:5C-31, the NJDOH filed with the Office of Administrative Law a notice of special adoption and concurrent proposal to repeal the existing rules at N.J.A.C. 8:63 and to establish new rules to implement the Act, as revised over the years, at N.J.A.C. 8:63 Harm Reduction Services (55 N.J.R. 1478(a) [July 17, 2023].).

N.J.S.A. 26:5C-29 at subsection a(1) requires the Commissioner to issue a biennial report to the Governor and the Legislature on Harm Reduction Centers established pursuant to the Act, which may include the following data that Harm Reduction Centers collect and report to NJDOH: the number of consumers served, the number of syringes distributed, the number of referrals made to social support services and healthcare providers, overall crime statistics, and the incidence and locations of needle stick injuries. (See N.J.S.A. 26:5C-29 at a(2)(b).) This report fulfills the Commissioner's biennial reporting requirement pursuant to the Act at N.J.S.A. 26:5C-29 at subsection a. In addition, N.J.S.A. 26:5C-29 at subsection c requires the Department to prepare a detailed analysis of harm reduction services provided pursuant to P.L.2006, c.99 (C.26:5C-25 et al.), and report on the results of the analysis to the Governor, the Governor's Advisory Council on HIV/AIDS and Related Blood-Borne Pathogens, and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), the Legislature annually. This report fulfills the department's annual reporting requirement pursuant to the Act at N.J.S.A 26:5C-29 at subsection c.

II. Harm Reduction Background

Harm Reduction Centers (HRCs) are community-based programs that offer a safe, trauma-informed, non-stigmatizing space for people who use drugs (PWUD), particularly those who use injection drugs, to access naloxone, sterile syringes, and other safer use supplies; facilitate safe disposal of used syringes; and provide access or referral to wraparound services, such as substance use disorder (SUD) treatment, health care, and services that address basic needs.

All individuals, regardless of circumstance, deserve access to services that promote health (U.S. Department of Health & Human Services, n.d.). People who inject or use drugs (PWID/PWUD) are often unable to access adequate care services

as a result of discrimination and certain social determinants of health (i.e., poverty, homelessness, inaccessible transportation) (Jin et al., 2022; Muncan et al., 2020). PWID are also more likely to engage in higher-risk behaviors like using non-sterile syringes, equipment sharing, and unprotected sexual activity; these behaviors can result in increased prevalence of blood-borne pathogens and communicable diseases among PWUD (Division of HIV Prevention, n.d.; Degenhardt, 2023). Additionally, the negative health outcomes associated with these illnesses are often more severe for PWUD (Degenhardt et al., 2023; Lim et al., 2022; Vasylyeva et al., 2020). Harm reduction practices prevent the spread of infectious diseases such as HIV and hepatitis C, reduce overdose deaths, and improve connections to health and social services (Campbell et al., 2017; National Center for HIV, Viral Hepatitis, STD, and TB Prevention, 2019, 2021). This approach broadly aims to reduce the harms associated with drug use without stigma, judgment, or requiring behavioral changes, such as abstinence.

Harm reduction interventions are evidence-based, public health practices endorsed by the Centers for Disease Control and Prevention (CDC), the United States Department of Health and Human Service, and the World Health Organization (WHO). These organizations support harm reduction services as vital tools to prevent HIV, hepatitis C, and skin or tissue infection as well as to improve linkage to care and protect the public and first responders from unsafe disposal of syringes and infectious disease outbreaks. Additionally, nearly 30 years of research shows that comprehensive syringe services programs (SSP) are safe, effective, cost-saving, and do not increase illegal drug use or crime (National Center for HIV, Viral Hepatitis, STD, and TB Prevention, 2023). Common examples of harm reduction tools are the provision of sterile syringes and drug testing supplies, such as fentanyl test strips, to persons who use drugs, and the distribution of naloxone to community members.

III. Harm Reduction in New Jersey

In 2020–2021, New Jersey’s HRCs were located in seven municipalities:

City	County
Asbury Park	Monmouth County
Atlantic City	Atlantic County
Camden	Camden County
Jersey City	Hudson County

Newark	Essex County
Paterson	Passaic County
Trenton	Mercer County

As community- based programs that integrate behavioral interventions and access to harm reduction services, HRCs offer services through different models: mobile sites, fixed sites, or a combination tailored to the needs of the community. During 2020–2021, every HRC site in NJ was co-located with comprehensive community nursing services, such as health screenings, HIV testing, access to PrEP/PeP, and referrals for STD treatment, vaccinations, and wound care. Some HRCs are drop-in centers that offer clients a comprehensive range of services, including access to food, telephones, laundry facilities, showers, and computers.

Under the leadership of Governor Murphy, New Jersey has prioritized harm reduction efforts throughout the State as a key strategy to addressing the overdose crisis. This includes expanding access to harm reduction supplies like life-saving naloxone and medications for opioid use disorder in a variety of settings, in addition to support for expanding HRCs through regulatory reforms and funding. For instance, in Asbury Park, the Visiting Nurse Association (VNA) of Central Jersey piloted a program to provide low-threshold buprenorphine to participants. Buprenorphine is effective at reducing overdose fatality and other harms associated with opioid use. As of 2022, low-threshold buprenorphine has expanded to all seven of New Jersey’s HRCs. This expansion significantly increases the availability and accessibility of buprenorphine.

In January 2022, the administration also signaled its commitment to harm reduction by approving P.L. 2021, c. 39, an Act that enables significant expansion of HRCs throughout the State and promotes the use of prevention measures, such as fentanyl testing strips and obtaining sterile syringes. Governor Murphy increased funding to existing harm reduction centers, which has helped these non-profits open new sites and hire additional staff. The FY2023 State budget has allocated \$4.5 million towards supporting these expansion efforts. These efforts reflect the significant need for harm reduction services throughout the state, because only seven of the state’s 21 counties have a harm reduction center within their borders. The administration seeks to establish harm reduction services in all 21 counties of the state.

HRCs have played an integral part in New Jersey’s response to addressing opioid overdoses, which remain at a crisis level. In 2021, over 3,000 individuals in New Jersey were lost to the overdose crisis, which amounts to an average of more than eight lives per day (Center for Disease Control and Prevention [CDC], 2022). While New Jersey did not see the dramatic increase in overdose deaths that many states saw in 2020 and the rates have since begun to plateau, the number of lives lost to overdose remains unacceptably high. Fentanyl was involved in the large majority of overdose deaths in 2021 (CDC, 2022). There are large disparities in nonfatal and fatal overdoses in New Jersey. For instance, Black, non-Hispanic New Jerseyans have a disproportionately high rate, 65.9 per 100,000 persons, of overdose death compared to New Jerseyans of all other races/ethnicities; by comparison, the white, non-Hispanic rate of overdose death was 34.9 per 100,000 persons (CDC, 2022). This racial disparity in deaths widened between 2020 and 2021. Geographically, Southern counties, including Atlantic, Camden, and Cumberland counties, have disproportionately high rates of drug-related hospital visits (non-fatal overdoses) (New Jersey Department of Health (NJDOH), n.d.a).

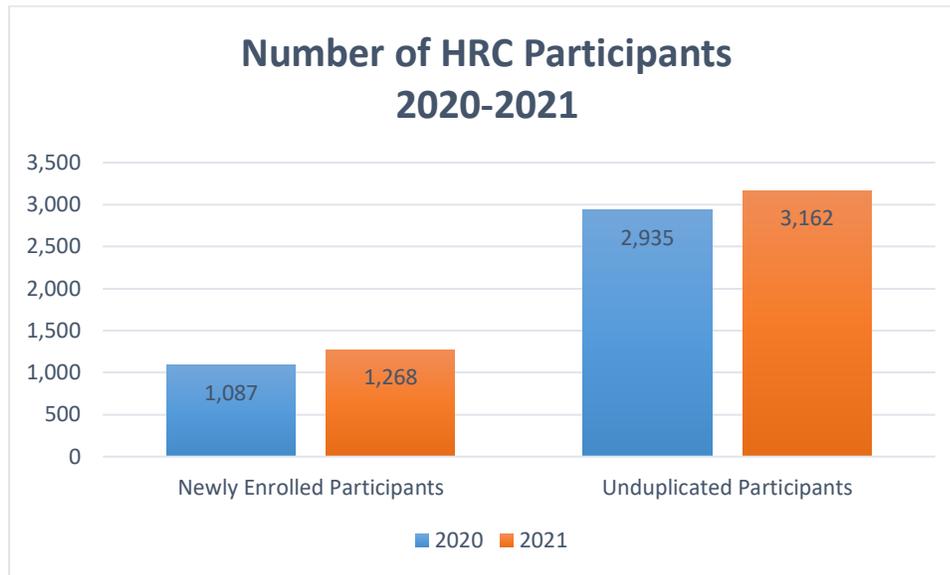
IV. HRCs Performance Summary

Below are highlights of HRC operations during calendar years 2020–2021. Data from this reporting period reflects, in part, the impact of the COVID-19 pandemic on Harm Reduction Center activities and participation in New Jersey.

HRC Participants

As Table 1 below shows, there were 2,935 participants (defined as individuals using one or a combination(s) of services) at HRCs across the state in 2020, of which 1,087 or 37% were newly enrolled that year. This represents a 16% decrease in newly enrolled participants compared to 2019 (*See Appendix A for Harm Reduction Centers data 2015 -2019*). HRCs worked diligently to develop methods and protocols that allowed for the continuation of service delivery during the height of the COVID-19 pandemic, while ensuring the safety of staff and participants alike. These efforts are reflected in 2021 participation numbers, with 3,162 total participants, of which 1,268 were newly enrolled, a 17% increase in new participants.

Table 1. Number of HRC Participants 2020—2021

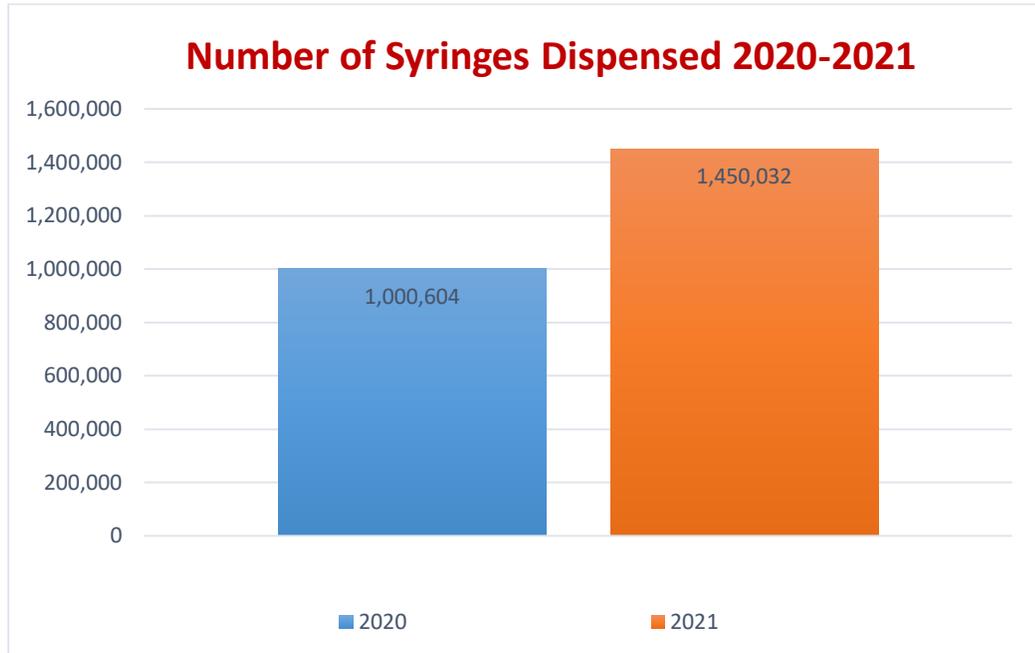


Source: NJ HIV Data System - Integrated System for ARCH, HRC and PrEP within DHSTS.

Syringe Exchange Services

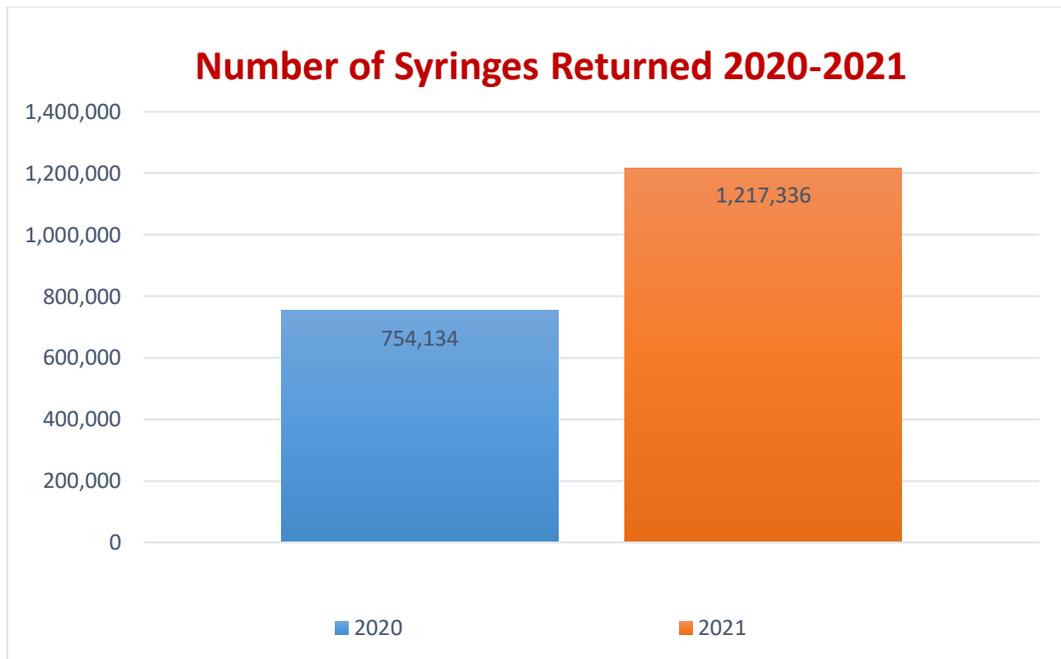
In 2020, 1,000,604 sterile syringes were dispensed, and 754,134 used syringes were safely returned; 1,450,032 were dispensed and 1,217,336 were returned in 2021. These counts amount to a 75% syringe return rate for 2020 and 84% in 2021, a substantial increase likely reflecting higher service engagement in 2021. To account for any unreturned syringes, staff at each Harm Reduction Center are responsible for conducting community “sweeps” on a weekly basis, at minimum. During community sweeps, HRC staff look for and properly dispose of used syringes in their surrounding communities.

Table 2. Number of Syringes Dispensed 2020—2021



Source: NJ HIV Data System - Integrated System for ARCH, HRC and PrEP within DHSTS.

Table 3. Number of Syringes Returned 2020—2021

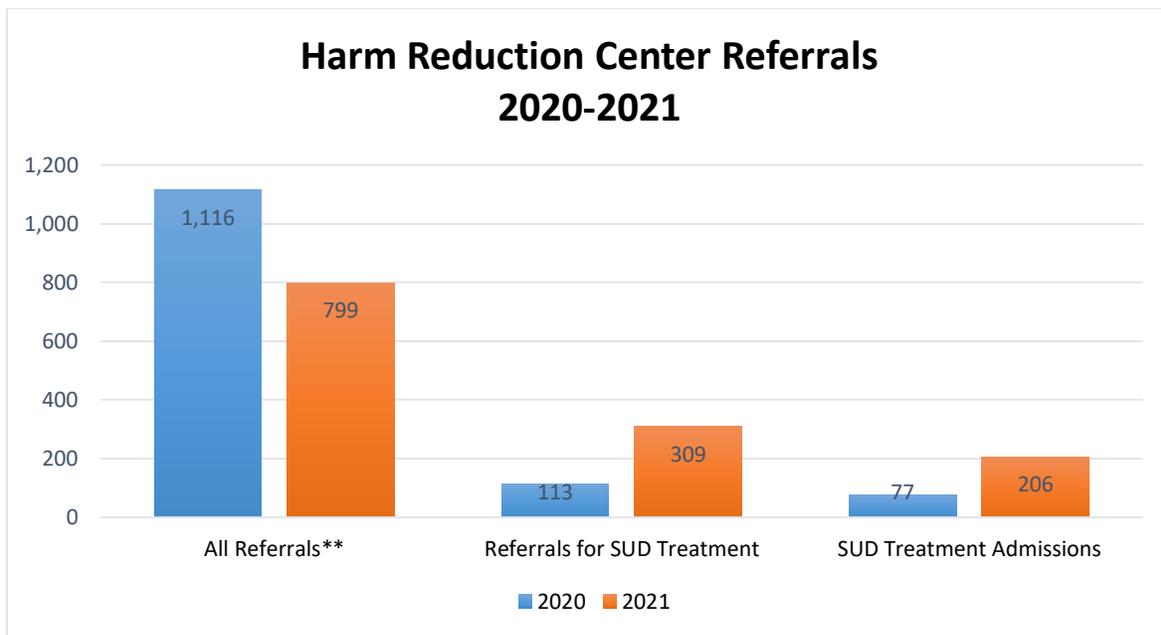


Source: NJ HIV Data System - Integrated System for ARCH, HRC and PrEP within DHSTS.

Referrals to Supportive Services

Harm Reduction Center participants receive referrals to support services consistent with each individual’s particular needs. For participants who are interested, harm reduction specialists will provide referrals to SUD treatment and encourage completion of the admission process. However, the harm reduction model does not assume that abstinence from drug use or engaging in SUD treatment is a goal for all participants. Harm reduction specialists provide referrals to other services that can assist clients with meeting their goals, as participants define them. Examples of such services include case management, food pantries, housing assistance, and medical and dental services. As depicted below, in 2020, 1,116 referrals were provided for all service types. Among those, 113 were referrals to SUD treatment programs and 77 or 68% resulted in admissions to SUD treatment programs. In 2021, there were 799 referrals to all services, including 309 to SUD treatment programs. Of those referrals, 206 or 67% resulted in admission to drug treatment programs.

Table 4. Harm Reduction Center Referrals 2020—2021



**All Referrals include referrals made to prevention, social and medical services such as screening and linkages for HIV, HCV, STIs, PrEP, support groups, housing services, vaccines, Naloxone, and ARCH services.

Source: NJ HIV Data System - Integrated System for ARCH, HRC and PrEP within DHSTS.

Total Harm Reduction Services 2020—2021

Table 5 shows the distribution of harm reduction services across all HRCs for years 2020 and 2021. Services include syringe exchanges and referrals. A syringe exchange is defined as a participant encounter that includes the distribution of sterile syringes and/or safe disposal of used syringes.

Table 5. Total Harm Reduction Services 2020—2021

HRC Data 2020-2021		
	2020	2021
Total unduplicated participants	2,935	3,162
Newly enrolled participants	1,087	1,268
Total syringe exchanges	13,208	15,595
Syringes dispensed	1,000,604	1,450,032
Syringes returned	754,134	1,217,336
Syringe return rate (percentage)	75%	84%
All referrals	*1,116	799
Referrals for drug treatment	113	309
Drug treatment admissions	77	206

*Of the total, 701 are referrals to internal support groups.

Source: NJ HIV Data System - Integrated System for ARCH, HRC and PrEP within DHSTS.

Injection Drug Use (IDU)-Related HIV Diagnoses in NJ 2020—2021

Table 6 below shows the number of new HIV diagnoses in New Jersey during 2020 and 2021 that can be attributed to injection drug use. The data are reported by two transmission categories: 1) persons who reported injection drug use (IDU) and 2) men who have sex with men and injection drug use (MSM/IDU). Both transmission categories are consistent with CDC surveillance reporting on new HIV diagnoses and rely on self-reporting of clients regarding their risk behaviors. The IDU category is not inclusive of MSM/IDU, as the latter is captured via clients that identify both risk factors upon testing and diagnosis. People who inject drugs and are HIV positive are at a higher risk of fatal overdose than those who inject drugs and are HIV negative (Genberg et al., 2019).

Despite the small increases seen in both transmission categories from 2020 through 2021, these data still represent a continued overall decline of 95% in IDU

transmissions from the year 2000 to present (See Appendix A for historical data for 2000-2019).

Table 6. IDU-Related HIV Diagnoses: 2020-2021

IDU-Related HIV Diagnoses: 2020-2021			
Year	Transmission Category		
	IDU	IDU/MSM	Total
2020	23	11	34
2021	40	18	58
Total	63	29	92

Source: eHARS (Enhanced HIV/AIDS Reporting System) data as of 11/30/2022

Viral Hepatitis Cases in NJ

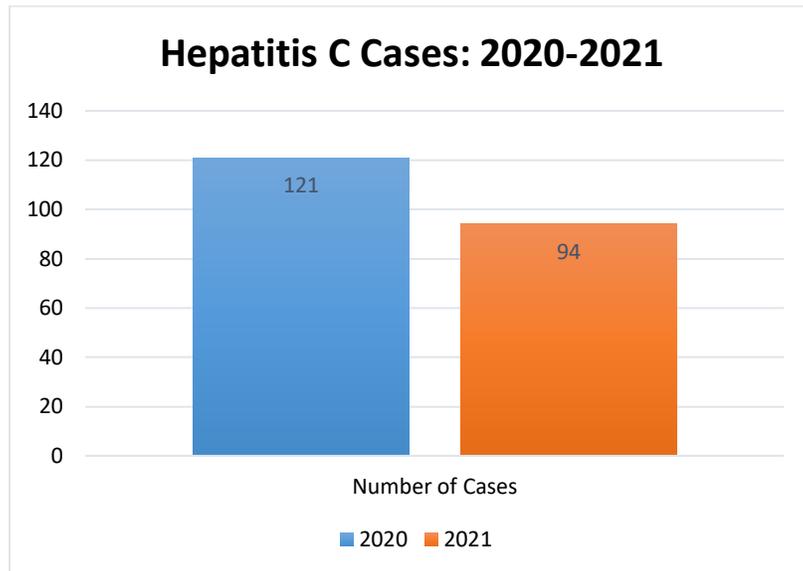
i. Hepatitis C

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), a blood-borne virus. Today, most people become infected with the hepatitis C virus by sharing needles or other equipment to inject drugs. For some people, hepatitis C is a short-term illness but for 70-85% of people who become infected with hepatitis C, it becomes a long-term, chronic infection (NJDOH, n.d.b).

According to the CDC, injection drug use and sexual contact remain key risk behaviors for the acquisition of acute hepatitis C (CDC, 2020). In addition, a study published by the National Institutes of Health (NIH) reveals that individuals living with HCV are more likely to die of drug related deaths than their HCV-negative counterparts (Samji et al., 2020).

As per New Jersey State health assessment data, there were 121 Hepatitis C cases in 2020 and 94 Hepatitis C cases in 2021 (New Jersey Communicable Disease Data, 2022). Cases declined by 22% during this time. Additional hepatitis C data can be found in Appendix A covering years 2010-2020.

Table 7. Hepatitis C Cases 2020—2021



Source: New Jersey State Health Assessment Data, New Jersey Communicable Disease Data as of 11/18/2022

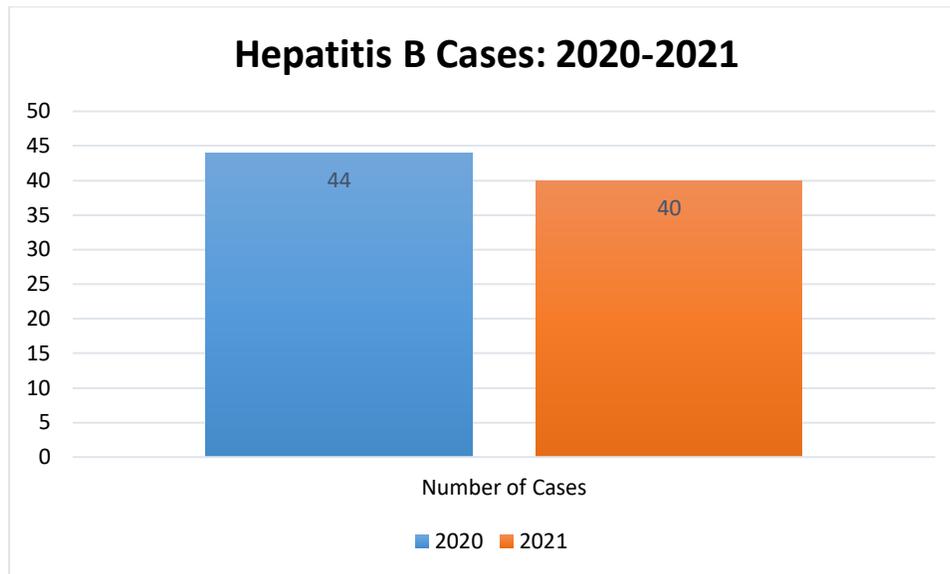
ii. Hepatitis B

Hepatitis B is a liver disease caused by the hepatitis B virus (HBV). Hepatitis B is transmitted when blood, semen, or another body fluid from a person infected with the hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact, sharing needles or other drug-injection equipment, or from mother to baby at birth (NJDOH, n.d.b).

Of national acute hepatitis B cases where injection drug use information is available, 36% reported injection drug use as a risk factor.

Table 8 shows the number of acute hepatitis B cases in New Jersey by year for 2020-2021. Cases declined by 9% during this time period. Additional hepatitis B data can be found in Appendix A covering years 2010-2020.

Table 8. Hepatitis B Cases: 2020—2021



Source: New Jersey State Health Assessment Data, New Jersey Communicable Disease Data as of 11/18/2022

V. Appendix A

Historical Data

The information provided in this Appendix is intended to provide historical context on harm reduction activities in New Jersey as they relate to the data contained in the 2020-2021 Harm Reduction Centers Biennial Report. This data may also aid in identifying trends or areas of focus as they relate to the same.

Table 11. HRC Data 2015-2019

HRC Data 2015-2019					
	2015	2016	2017	2018	2019
Total Unduplicated participants	5,973	5,122	3,831	3,471	3,323
Total number of exchanges	23,609	19,647	16,563	15,939	18,919
Syringes dispensed	1,031,088	781,263	859,471	627,233	737,690
Syringes returned	569,227	447,416	506,198	505,475	572,349
Syringe return rate (percentage)	55%	57%	59%	81%	78%
All referrals	869	485	519	601	2,104
Referrals for drug treatment	319	178	337	81	62
Drug treatment admissions	126	49	69	39	42

Source: NJ HIV Data System - Integrated System for ARCH, HRC and PrEP within DHSTS

Table 12. IDU-Related HIV Diagnoses: 2000–2019

IDU-Related HIV Diagnoses: 2000-2019			
Year	Transmission Category		
	Intravenous drug use (IDU)	IDU/Men who have sex with men (MSM)	Total
2000	668	72	740
2001	537	48	585
2002	459	50	509
2003	334	38	372
2004	295	40	335
2005	257	35	292
2006	198	32	230
2007	166	21	187
2008	119	23	142
2009	118	22	140
2010	80	24	104
2011	54	20	74
2012	47	18	65
2013	50	14	64
2014	56	17	73
2015	44	18	62
2016	29	13	42
2017	53	10	63
2018	64	13	77
2019	53	19	72
Totals	3,681	547	4,228

Source: New Jersey eHARS (Enhanced HIV/AIDS Reporting System) data as of December 31, 2021.

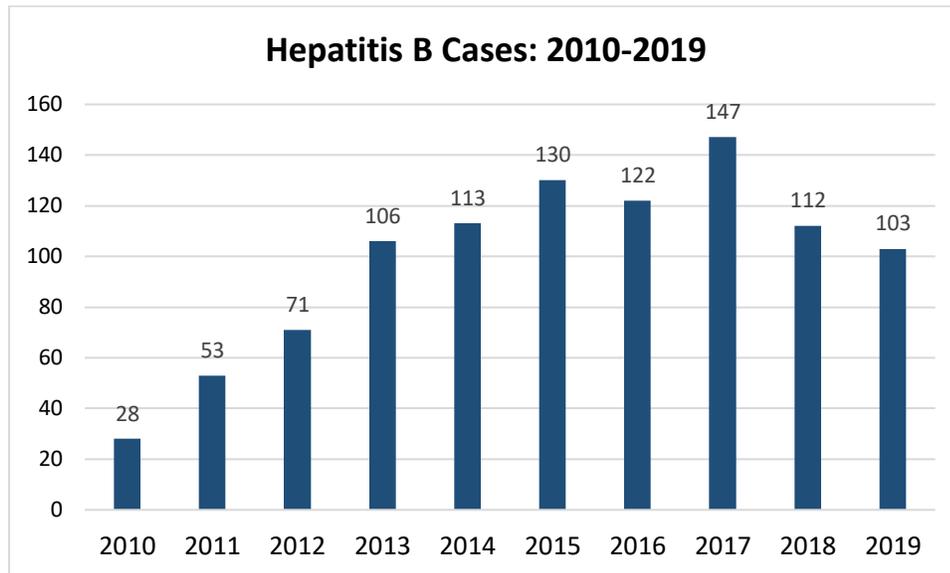
Table 13. HIV Diagnoses: 2000—2019

HIV diagnoses: 2000—2019								
Year	City of residence at first diagnosis (excluding prisons)							
	Asbury Park	Atlantic City	Camden	Jersey City	Newark	Paterson	Trenton	Totals
2000	8	22	20	54	155	32	18	309
2001	6	25	18	43	136	20	20	268
2002	*	11	25	33	122	24	22	239
2003	5	11	17	27	91	14	13	178
2004	*	10	10	24	76	21	11	153
2005	*	5	6	19	60	15	12	121
2006	*	7	8	13	45	9	12	98
2007	*	8	8	11	29	6	9	74
2008	*	*	*	8	17	10	6	51
2009	6	*	5	6	30	13	*	63
2010	*	*	*	6	16	*	*	36
2011	*	*	6	*	10	6	*	30
2012	*	5	*	5	9	*	*	25
2013	*	*	*	7	12	*	*	27
2014	*	*	*	*	11	5	*	28
2015	*	*	*	*	11	*	*	24
2016	*	*	*	*	*	*	*	8
2017	*	*	*	*	14	*	*	22
2018	*	*	5	*	10	6	*	30
2019	*	*	*	*	9	*	*	20
Totals	50	125	151	277	865	193	143	1,804

*Number is not shown due to small cell size, in accordance with DHSTS security and confidentiality policies. City of residence of persons living with HIV/AIDS is based on address reported at time of diagnosis.

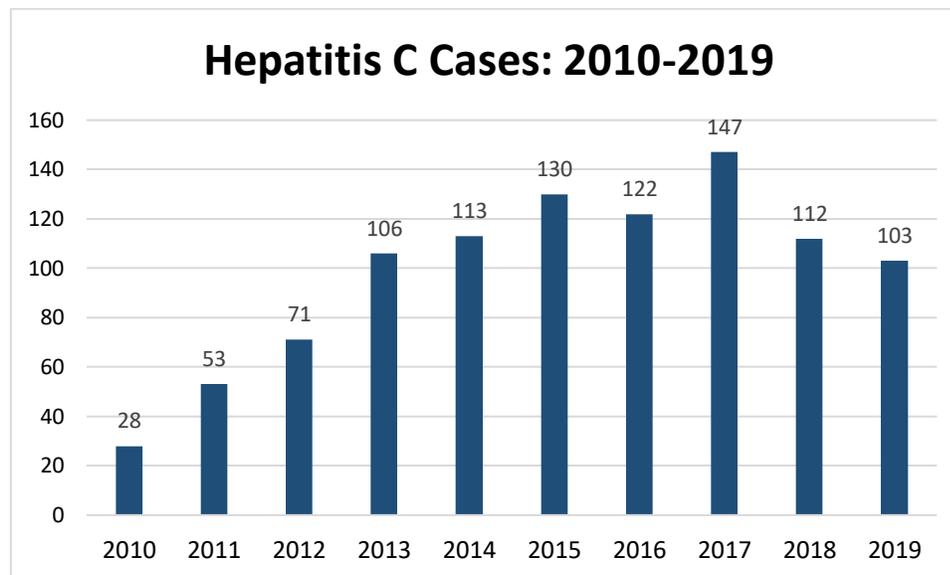
Source: New Jersey eHARS (Enhanced HIV/AIDS Reporting System) data as of December 31, 2021.

Table 14. Hepatitis B Cases: 2000—2019



Source: [NJDOH Overdose Data Dashboard](#)

Table 15. Hepatitis C Cases: 2000—2019



Source: [NJDOH Overdose Data Dashboard](#)

VI. Appendix B

Harm Reduction Centers and Services

List of NJ Harm Reduction Centers

NJ Harm Reduction Centers			
Site	Site Type	Location	Hours
Camden Area Health Education Center (Camden AHEC)	Mobile	2600 Mt. Ephraim Avenue Camden, NJ 08102 www.camden-ahec.org	Monday: 8:30 am to 11:30 am Thursday: 8:30 am to 11:30 am
Hyacinth AIDS Foundation Jersey City	Fixed site with drop-in center	48 Fairview Avenue Jersey City, NJ 07304 www.hyacinth.org	Monday, Tuesday, Thursday, Friday: 10:00 am to 5:00 pm Wednesday: 10:00 am to 7:00 pm
Hyacinth AIDS Foundation Paterson	Mobile	Montgomery Street (between Straight Street and River Street) Paterson, NJ 07501 www.hyacinth.org	Monday to Friday: 11:00 am to 3:00 pm
Hyacinth AIDS Foundation Trenton	Fixed site	849 West State Street Trenton, NJ 08618 www.hyacinth.org	Monday: 10:30 am to 4:00 pm Tuesday: 12:00 pm to 5:00 pm Wednesday, Thursday: 10:30 am to 4:00 pm Friday: 11:00 am to 3:00 pm
North Jersey Community Research Initiative (NJCRI) Newark	Fixed site with drop-in center	393 Central Avenue Newark, NJ 07103 www.njcric.org	Monday, Tuesday, Thursday, Friday: 8:30 am to 4:00 pm Wednesday: 1:00 pm to 4:00 pm

South Jersey AIDS Alliance (SJAA) Atlantic City	Fixed site with drop-in center	Oasis Drop-In Center 32 S. Tennessee Avenue Atlantic City, NJ 08401 www.southjerseyaidsalliance.org	Monday, Wednesday, Friday: 9:00 am to 12:30 and 1:30pm to 3:30 pm Tuesday, Thursday: 9:00 am to 12:30 pm and 1:30 pm to 3:30pm
Visiting Nurse Association of Central Jersey (VNA) Asbury Park	Fixed site	816 Sunset Avenue Asbury Park, NJ 07712 www.prnvnacj.org	Monday, Wednesday, Thursday, Friday: 9:00 am to 4:00 pm Tuesday: 9:00 am to 7:00 pm

NJ Harm Reduction Center Services

NJ Harm Reduction Center Services		
Harm reduction services	Community nursing services	Wraparound services
<ul style="list-style-type: none"> • Trauma-informed harm reduction education sessions • Prevention supplies such as syringes, safer use supplies, and hygiene and dignity kits • Safe disposal of injection equipment • Risk-reduction education for HIV and viral hepatitis • Education on safer sex and safer injection practices • Overdose prevention education and access to Naloxone and fentanyl test strips 	<ul style="list-style-type: none"> • Health screenings (e.g., hepatitis B, C, STDs) • Treatment for STDs • Pregnancy testing and linkage to prenatal care • Vaccinations (e.g., HPV, flu, tetanus) • Wound care 	<ul style="list-style-type: none"> • Referrals to substance use disorder treatment • Low-threshold buprenorphine • Nutritional counseling • Referrals to health care • Referrals to mental health care • Referrals to social services • Food, telephone, laundry services, showers, computer services (for centers with drop-in services)

<ul style="list-style-type: none">• Counseling and education on PrEP/nPEP		
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VII. Appendix C

Glossary

Co-location (pg 7): Additional care services (i.e., vaccinations, STD testing) are offered in the same location as harm reduction services.

Fentanyl/Fentanyl test strips (pg 8): Fentanyl is a highly potent, synthetic opiate used to manage pain. It can be sold alone or used as an adulterant in other substances.

Fentanyl test strips (pg 4): Fentanyl test strips are small paper strips that can detect the presence of fentanyl in different substances.

Harm reduction (pg 3): Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Low-threshold buprenorphine (pg 7): Buprenorphine is a drug used to treat opioid use disorder. ‘Low-threshold’ describes an approach that emphasizes medication access, engagement, and treatment retention through same-day treatment entry, using a harm reduction approach and allowing greater service flexibility.

Mobile site (pg 7): HRC site that utilizes a vehicle to provide harm reduction services

Naloxone (pg 4): A narcotic used to reverse an overdose caused by opiate use.

Participants (pg 4): Individuals using one or a combination(s) of services provided by an HRC.

Wraparound services (pg 5): Psychosocial support services that aim to treat or support a participant holistically by addressing co-occurring problems (i.e., homelessness, domestic violence, food insecurity).

VIII. References

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