

ASSEMBLY, No. 4847

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED OCTOBER 19, 2020

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblywoman ANNETTE QUIJANO

District 20 (Union)

Assemblyman ANTHONY S. VERRELLI

District 15 (Hunterdon and Mercer)

Co-Sponsored by:

Assemblywomen Jasey, Downey, Assemblymen Armato and Stanley

SYNOPSIS

Permits establishment of additional harm reduction programs to distribute clean syringes and provide support services to injection drug users.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 11/15/2021)

1 **AN ACT** concerning harm reduction programs and supplementing
2 and amending P.L.2006, c.99.

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. (New section) As used in P.L.2006, c.99 (C.26:5C-25 et al.):
8 “Authorized harm reduction program” means a harm reduction
9 program approved by the Commissioner of Health.

10 “Eligible entity” means a federally qualified health center, a
11 public health agency, a substance abuse treatment program, an
12 AIDS service organization, or another entity with the capacity to
13 implement a harm reduction program as determined by the
14 Department of Health.

15 “Harm reduction program” means a program with the primary
16 purpose of providing sterile syringe access to intravenous drug
17 users, which additionally provides services including disposing of
18 syringes and referring and linking intravenous drug users to HIV
19 and viral hepatitis prevention services, substance use disorder
20 treatment, medical and mental health care, and other health care
21 services that are essential to addressing the health and well-being of
22 individuals who use intravenous drugs in a manner that is consistent
23 with State and federal law.

24
25 2. Section 2 of P.L.2006, c.99 (C.26:5C-26) is amended to read
26 as follows:

27 2. The Legislature finds and declares that:

28 a. Injection drug use is one of the most common methods of
29 transmission of HIV, hepatitis C, and other bloodborne pathogens;

30 b. About one in every three persons living with HIV or AIDS is
31 female;

32 c. More than a million people in the United States **【are**
33 **frequent intravenous drug users】** use drugs at a cost to society in
34 health care, lost productivity, accidents, and crime of more than \$50
35 billion annually;

36 d. **【Sterile syringe access】** Harm reduction programs have been
37 proven effective in reducing the spread of HIV, hepatitis C, and
38 other bloodborne pathogens, and in reducing overdoses and
39 overdose deaths without increasing drug abuse or other adverse
40 social impacts;

41 e. Every scientific, medical, and professional agency or
42 organization that has studied this issue, including the federal
43 Centers for Disease Control and Prevention, the American Medical
44 Association, the American Public Health Association, the National

EXPLANATION – Matter enclosed in bold-faced brackets **【thus】 in the above bill is not enacted and is intended to be omitted in the law.**

Matter underlined thus is new matter.

- 1 Academy of Sciences, the National Institutes of Health Consensus
2 Panel, the American Academy of Pediatrics, and the United States
3 Conference of Mayors, has found **sterile syringe access** harm
4 reduction programs to be effective in reducing the transmission of
5 HIV; **and**
- 6 f. **sterile syringe access** Harm reduction programs are
7 designed to prevent the spread of HIV, hepatitis C, and other
8 bloodborne pathogens, and to provide a bridge to **drug abuse**
9 substance use disorder treatment and other social services **for drug**
10 **users**; and it is in the public interest to establish such programs in
11 this State in accordance with statutory guidelines designed to ensure
12 the safety of consumers who use these programs, the health care
13 workers who operate them, and the members of the general public;
- 14 g. Despite the attention that substance use disorders and
15 overdose deaths are receiving Statewide, the number of overdose
16 deaths in New Jersey has steadily risen. There was a 40 percent
17 increase in overdose deaths in 2016. In 2018, there were roughly
18 3,000 overdose deaths in New Jersey and 70,000 overdose deaths
19 nationwide;
- 20 h. The COVID-19 pandemic has increased the urgency of
21 maintaining and expanding harm reduction services. Now more
22 than ever, harm reduction expansion is critical. According to the
23 federal Centers for Disease Control and Prevention's June 24-30,
24 2020 mortality and morbidity weekly report, 13 percent of U.S.
25 residents began substance use or increased substance use during the
26 pandemic. New Jersey has already started to see the consequences
27 of the intersecting opioid and COVID-19 crises. As of July 2020
28 there have been over 1,800 overdose deaths in 2020. If this trend
29 continues, New Jersey will lose 3,144 individuals to overdose in
30 2020, which would be New Jersey's highest drug-related fatality
31 count in the past decade;
- 32 i. The opioid epidemic is part of a syndemic and is associated
33 with increased rates of HIV and hepatitis infection, as well as other
34 social complexities;
- 35 j. New Jersey enacted the "Bloodborne Disease Harm
36 Reduction Act" P.L.2006, c.99 (C.26:5C-25 et al.) in 2006 to allow
37 for the establishment of sterile syringe access programs, which are
38 hereafter referred to as harm reduction programs. New Jersey now
39 has seven such programs operating throughout the State;
- 40 k. The federal Centers for Disease Control and Prevention
41 describe harm reduction programs as an effective component of a
42 comprehensive and integrated approach to HIV prevention. Such
43 programs offer clean needles, resources for critical services such as
44 HIV care, treatment, pre- and post-exposure prophylaxis services,
45 screening for other sexually transmitted diseases, hepatitis C testing
46 and treatment, hepatitis A and B vaccinations, and other medical,
47 social, and mental health services. In addition to providing clean
48 needles and testing services, most programs offer other services,

1 such as education concerning safe injection practices, wound care,
2 and overdose prevention;

3 l. The U.S. Department of Health and Human Services has
4 stated that “there is conclusive scientific evidence that clean syringe
5 programs, as part of a comprehensive HIV prevention strategy, are
6 an effective public health intervention that reduces the transmission
7 of HIV and does not encourage the use of illegal drugs”;

8 m. Harm reduction programs do not promote drug use and do
9 not minimize the harm and danger associated with lawful and
10 unlawful drug use. Individuals utilizing harm reduction programs
11 are often ill, in pain, have experienced trauma, and are served by
12 professionals who offer services with compassion and without
13 judgment;

14 n. There is evidence demonstrating that crime does not increase
15 in areas surrounding harm reduction programs;

16 o. Harm reduction programs do not interfere with substance use
17 disorder treatment efforts. The programs provide a bridge to
18 substance use disorder treatment and other social services;

19 p. For individuals who inject drugs, the best way to reduce the
20 risk of acquiring and transmitting infectious disease through
21 injection drug use is to stop injecting drugs, but for individuals who
22 do not stop injecting drugs, the use of sterile injection equipment
23 can reduce the risk of acquiring and transmitting infectious diseases
24 and prevent outbreaks;

25 q. Research shows that the provision of clean syringes is
26 associated with an estimated 50 percent reduction in the incidence
27 of HIV and hepatitis C, a greater likelihood that individuals will
28 seek treatment, and decreased overdose rates; and

29 r. Harm reduction programs in New Jersey provide clean
30 syringes and operate under a philosophy of harm reduction, which
31 honors the dignity of those who use drugs or are living with a
32 substance use disorder, reduces the negative consequences of
33 injection drug use, and provides a stigma-free environment for
34 people who use drugs by providing the care they desire and need.

35 (cf: P.L.2016, c.36, s.1)

36
37 3. Section 3 of P.L.2006, c.99 (C.26:5C-27) is amended to read
38 as follows:

39 3. The Commissioner of Health shall establish a program to
40 permit **【a municipality to operate a sterile syringe access program】**
41 the establishment and operation of harm reduction programs in
42 accordance with the provisions of P.L.2006, c.99 (C.26:5C-25 et
43 seq.) **【, as amended by P.L.2016, c.36】** . The commissioner shall
44 prescribe by regulation requirements for **【a municipality to**
45 **establish, or otherwise authorize the operation within that**
46 **municipality of, a sterile syringe access program】** the establishment
47 and operation of harm reduction programs to provide **【for the**
48 **exchange of】** hypodermic syringes and needles in accordance with

1 the provisions of P.L.2006, c.99 (C.26:5C-25 et seq.), and
2 consistent with the rules adopted at N.J.A.C.8:63-1.1 et seq.,
3 effective April 9, 2007.

4 a. The commissioner shall:

5 (1) request an application, to be submitted on a form and in a
6 manner to be prescribed by the commissioner, from any
7 **【municipality】 entity** that seeks to establish or operate a **【sterile**
8 **syringe access】** harm reduction program **【,** or from other entities
9 authorized to operate a sterile syringe access program within that
10 municipality as provided in paragraph (2) of subsection a. of section
11 4 of P.L.2006, c.99 (C.26:5C-28), as amended by P.L.2016, c.36**】**;

12 (2) approve those applications that meet the requirements
13 established by regulation of the commissioner **【and contract with**
14 **the municipalities or entities whose applications are approved to**
15 **establish a sterile syringe access program as provided in paragraph**
16 **(2) of subsection a. of section 4 of P.L.2006, c.99 (C.26:5C-28), as**
17 **amended by P.L.2016, c.36, to operate a sterile syringe access**
18 **program in any municipality in which the governing body has**
19 **authorized the operation of sterile syringe access program within**
20 **that municipality by ordinance】**;

21 (3) support and facilitate, to the maximum extent practicable,
22 the linkage of **【sterile syringe access】** harm reduction programs to:
23 (a) health care facilities and programs that may provide appropriate
24 health care services, including mental health services, medication-
25 assisted drug treatment services, and other substance abuse
26 treatment services to consumers participating in a **【sterile syringe**
27 **access】** harm reduction program; and (b) housing assistance
28 programs, career and employment-related counseling programs, and
29 education counseling programs that may provide appropriate
30 ancillary support services to consumers participating in a **【sterile**
31 **syringe access】** harm reduction program;

32 (4) provide for the adoption of a uniform **【identification】**
33 membership card or other uniform Statewide means of
34 identification for consumers, staff, and volunteers of a **【sterile**
35 **syringe access】** harm reduction program pursuant to paragraph (9)
36 of subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28) **【,** as
37 amended by P.L.2016, c.36**】**; and

38 (5) maintain a record of the data reported to the commissioner
39 by **【sterile syringe access】** harm reduction programs pursuant to
40 paragraph (11) of subsection b. of section 4 of P.L.2006, c.99
41 (C.26:5C-28)**【,** as amended by P.L.2016, c.36**】**.

42 b. The commissioner shall be authorized to accept funding as
43 may be made available from the private sector to effectuate the
44 purposes of P.L.2006, c.99 (C.26:5C-25 et seq.)**【,** as amended by
45 P.L.2016, c.36**】**.

46 (cf: P.L.2016, c.36, s.2)

1 4. Section 4 of P.L.2006, c.99 (C.26:5C-28) is amended to read
2 as follows:

3 4. a. In accordance with the provisions of section 3 of
4 P.L.2006, c.99 (C.26:5C-27), an eligible entity may be approved by
5 the Commissioner of Health to **【a municipality may】** establish **【or**
6 authorize establishment of**】** a **【sterile syringe access】** harm
7 reduction program **【that is approved by the commissioner to**
8 provide for the exchange of hypodermic syringes and needles**】**.

9 (1) **【A municipality that establishes a sterile syringe access**
10 **program,】** An authorized harm reduction program may operate the
11 program at a fixed location or through a mobile access component,
12 and may operate the program directly or contract with one or more
13 of the following entities to operate the program: a hospital or other
14 health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1
15 et seq.), a federally qualified health center, a public health agency, a
16 substance abuse treatment program, an AIDS service organization,
17 or another nonprofit entity designated by the **【municipality】**
18 commissioner. 【These entities shall also be authorized to contract
19 directly with the commissioner in any municipality in which the
20 governing body has authorized the operation of sterile syringe
21 access programs by ordinance pursuant to paragraph (2) of this
22 subsection. The municipality or entity under contract shall
23 implement the sterile syringe access program in consultation with a
24 federally qualified health center and the New Jersey Office on
25 Minority and Multicultural Health in the Department of Health,
26 and**】** An authorized harm reduction program shall be managed in
27 consultation with the Division of HIV, STD, and TB Services in the
28 Department of Health in a culturally competent manner.

29 (2) **【Pursuant to paragraph (2) of subsection a. of section 3 of**
30 P.L.2006, c.99 (C.26:5C-27), a municipality whose governing body
31 has authorized the operation of sterile syringe access programs
32 within the municipality may require within the authorizing
33 ordinance that an entity as described in paragraph (1) of this
34 subsection obtain approval from the municipality, in a manner
35 prescribed by the authorizing ordinance, to operate a sterile syringe
36 access program prior to obtaining approval from the commissioner
37 to operate such a program, or may permit the entity to obtain
38 approval to operate such a program by application directly to the
39 commissioner without obtaining prior approval from the
40 municipality.**】** (deleted by amendment, P.L. , c.) (pending
41 before the Legislature as this bill)

42 (3) **【Two or more municipalities may jointly establish or**
43 authorize establishment of a sterile syringe access program that
44 operates within those municipalities pursuant to adoption of an
45 ordinance by each participating municipality pursuant to this
46 section.**】** (deleted by amendment, P.L. , c.) (pending before the
47 Legislature as this bill)

- 1 b. A **sterile syringe access** harm reduction program shall
2 comply with the following requirements:
- 3 (1) Sterile syringes and needles shall be provided at no cost to
4 consumers 18 years of age and older;
- 5 (2) **Program staff shall be trained and regularly supervised in**
6 An authorized harm reduction program shall be responsible for
7 training program staff in the following subjects: harm reduction;
8 substance use disorder**;** ; medical and social service referrals;
9 **and** infection control procedures, including universal precautions
10 and needle stick injury protocol; and **programs** other subjects as
11 determined by the authorized harm reduction program and the
12 Department of Health. Programs shall maintain records of staff and
13 volunteer training and of hepatitis C and tuberculosis screening
14 provided to volunteers and staff;
- 15 (3) The program shall offer information about HIV, hepatitis C
16 and other bloodborne pathogens and prevention materials at no cost
17 to consumers, and shall seek to educate all consumers about safe
18 and proper disposal of needles and syringes;
- 19 (4) The program shall provide information and referrals to
20 consumers, including HIV, hepatitis C, and sexually transmitted
21 infection testing options, access to medication-assisted substance
22 use disorder treatment programs and other substance use disorder
23 treatment programs, and available health and social service options
24 relevant to the consumer's needs. The program shall encourage
25 consumers to receive **an** HIV **test**, and shall, when appropriate,
26 develop an individualized substance use disorder treatment plan for
27 each participating consumer**], hepatitis C, and sexually transmitted**
28 infection tests;
- 29 (5) The program shall screen out consumers under 18 years of
30 age from access to syringes and needles, and shall refer them to
31 substance use disorder treatment and other appropriate programs for
32 youth;
- 33 (6) The program shall develop a plan for the handling and
34 disposal of used syringes and needles in accordance with
35 requirements set forth at N.J.A.C.7:26-3A.1 et seq. for regulated
36 medical waste disposal pursuant to the "Comprehensive Regulated
37 Medical Waste Management Act," P.L.1989, c.34 (C.13:1E-48.1 et
38 al.), and shall also develop and maintain protocols for post-
39 exposure treatment;
- 40 (7) (a) The program may obtain a standing order, pursuant to
41 the "Overdose Prevention Act," P.L.2013, c.46 (C.24:6J-1 et seq.),
42 authorizing program staff to carry and dispense naloxone
43 hydrochloride or another opioid antidote to consumers and the
44 family members and friends thereof;
- 45 (b) The program shall provide overdose prevention information
46 to consumers, the family members and friends thereof, and other
47 persons associated therewith, as appropriate, in accordance with the

1 provisions of section 5 of the "Overdose Prevention Act," P.L.2013,
2 c.46 (C.24:6J-5);

3 (8) The program shall maintain the confidentiality of consumers
4 by the use of confidential identifiers, which shall consist of the first
5 two letters of the first name of the consumer's mother and the two-
6 digit day of birth and two-digit year of birth of the consumer, or by
7 the use of such other uniform Statewide mechanism as may be
8 approved by the commissioner for this purpose;

9 (9) The program shall provide a uniform **【identification】**
10 membership card that has been approved by the commissioner to
11 consumers and to staff and volunteers involved in transporting,
12 exchanging or possessing syringes and needles, or shall provide for
13 such other uniform Statewide means of identification as may be
14 approved by the commissioner for this purpose;

15 (10) The program shall provide consumers at the time of
16 enrollment with a schedule of program operation hours and
17 locations, in addition to information about prevention and harm
18 reduction and substance use disorder treatment services; and

19 (11) The program shall establish and implement accurate data
20 collection methods and procedures as required by the commissioner
21 for the purpose of evaluating the **【sterile syringe access】** harm
22 reduction programs, including the monitoring and evaluation on a
23 quarterly basis of:

24 (a) **【sterile syringe access】** harm reduction program
25 participation rates **【**, including the number of consumers who enter
26 substance use disorder treatment programs and the status of their
27 treatment**】** and referrals made to substance use disorder treatment
28 programs;

29 (b) the effectiveness of **【the sterile syringe access】** harm
30 reduction programs in meeting their objectives, including, but not
31 limited to, return rates of syringes and needles distributed to
32 consumers and the impact of the **【sterile syringe access】** harm
33 reduction programs on intravenous drug use; and

34 (c) the number and type of referrals provided by the **【sterile**
35 **syringe access】** harm reduction programs and the specific actions
36 taken by the **【sterile syringe access】** harm reduction programs on
37 behalf of each consumer.

38 c. **【A municipality may terminate a sterile syringe access**
39 **program established or authorized pursuant to this act, which is**
40 **operating within that municipality, if its governing body approves**
41 **such an action by ordinance, in which case the municipality shall**
42 **notify the commissioner of its action in a manner prescribed by**
43 **regulation of the commissioner.】** The commissioner shall have sole
44 authority to terminate a harm reduction program authorized or
45 established by the commissioner without the need for application or
46 approval by the host municipality. Prior to establishing a harm
47 reduction program in a municipality, the commissioner shall meet

1 with the municipality's mayor and council, as appropriate, in-
2 person or through video or phone conference, and present to the
3 municipality detailed plans for the harm reduction program,
4 including information on the expected benefits from the
5 establishment of a harm reduction program. The commissioner
6 shall maintain direct and open communication with the municipality
7 prior to and during the establishment of a harm reduction program
8 in the municipality and shall promptly respond to concerns and
9 other issues raised by the municipality.

10 (cf: P.L.2017, c.131, s.104)

11
12 5. Section 5 of P.L.2006, c.99 (C.26:5C-29) is amended to read
13 as follows:

14 5. a. (1) The Commissioner of Health shall report to the
15 Governor and, pursuant to section 2 of P.L.1991, 164 (C.52:14-
16 19.1), the Legislature, no later than one year after the effective date
17 of P.L.2006, c.99 (C.26:5C-25 et seq.) and biennially thereafter, on
18 the status of **【sterile syringe access】** harm reduction programs
19 established pursuant to sections 3 and 4 of **】** P.L.2006, c.99
20 (C.26:5C-27 and C.26:5C-28), **【as amended by P.L.2016, c.36,】**
21 and shall include in that report the data provided to the
22 commissioner by each **【sterile syringe access】** harm reduction
23 program pursuant to paragraph (11) of subsection b. of section 4 of
24 P.L.2006, c.99 (C.26:5C-28) **【, as amended by P.L.2016, c.36】**.

25 (2) For the purpose of each biennial report pursuant to
26 paragraph (1) of this subsection, the commissioner shall:

27 (a) consult with local law enforcement authorities regarding the
28 impact of the **【sterile syringe access】** harm reduction programs on
29 the rate and volume of crime in the affected municipalities and
30 include that information in the report; and

31 (b) seek to obtain data from public safety and emergency
32 medical services providers Statewide regarding the incidence and
33 location of needle stick injuries to their personnel and include that
34 information in the report.

35 b. (Deleted by amendment, P.L.2016, c.36)

36 c. The commissioner shall prepare a detailed analysis of the
37 **【sterile syringe access】** harm reduction programs, and report on the
38 results of that analysis to the Governor, the Governor's Advisory
39 Council on HIV/AIDS and Related Blood-Borne Pathogens, and,
40 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), the
41 Legislature annually. The analysis shall include, but not be limited
42 to:

43 (1) any increase or decrease in the spread of HIV, hepatitis C
44 and other bloodborne pathogens that may be transmitted by the use
45 of contaminated syringes and needles;

46 (2) the number of exchanged syringes and needles and an
47 evaluation of the disposal of syringes and needles that are not
48 returned by consumers;

1 (3) the number of consumers participating in the **sterile syringe**
2 **access** harm reduction programs and an assessment of their
3 reasons for participating in the programs;

4 (4) the number of consumers in the **sterile syringe access**
5 harm reduction programs who participated in substance use disorder
6 treatment programs; and

7 (5) the number of consumers in the **sterile syringe access**
8 harm reduction programs who benefited from counseling and
9 referrals to programs and entities that are relevant to their health,
10 housing, social service, employment and other needs.

11 d. (Deleted by amendment, P.L.2016, c.36)
12 (cf: P.L.2017, c.131, s.105)
13

14 6. Section 7 of P.L.2006, c.99 (C.26:5C-31) is amended to read
15 as follows:

16 7. a. **The** Notwithstanding any provision of law to the
17 contrary, the Commissioner of Health **and Senior Services**, in
18 consultation with the Commissioner of Environmental Protection
19 and**],** pursuant to the "Administrative Procedure Act," P.L.1968,
20 c.410 (C.52:14B-1 et seq.), shall adopt rules and regulations to
21 effectuate the purposes of **sections 3 and 4 of** P.L.2006, c.99
22 **[(C.26:5C-27 and C.26:5C-28)] (C.26:5C-25 et al.).**

23 b. Notwithstanding any provision of P.L.1968, c.410 to the
24 contrary, the commissioner **shall** may adopt, immediately upon
25 filing with the Office of Administrative Law **and no later than the**
26 **90th day after the effective date of this act,]** such regulations as the
27 commissioner deems necessary to implement the provisions of
28 **sections 3 and 4 of P.L.2006, c.99 (C.26:5C-27 and C.26:5C-28),]**
29 this act which shall be effective **until the adoption of rules and**
30 **regulations pursuant to subsection a. of this section]** for a period
31 not to exceed 180 days and thereafter may be amended, adopted or
32 readopted by the commissioner in accordance with the requirements
33 of P.L.1968, c.410.

34 (cf: P.L.2006, c.99, s.7)
35

36 7. This act shall take effect immediately.
37
38

39 STATEMENT

40
41 This bill permits the establishment of additional harm reduction
42 programs, ~~rug~~which are currently known as "syringe access
43 programs," to distribute clean syringes to injection drug users and
44 provide those individuals with additional support services. The bill
45 renames the current syringe access programs as "harm reduction
46 programs."

1 Current law provides that municipalities may establish a harm
2 reduction program, subject to certain requirements, including a
3 requirement that harm reduction programs link to: health care
4 facilities and programs that may provide appropriate health care
5 services, including mental health services, medication-assisted drug
6 treatment services, and other substance abuse treatment services to
7 consumers participating in a harm reduction program, as well as
8 housing assistance programs, career and employment-related
9 counseling programs, and education counseling programs.
10 Programs are to additionally provide for the adoption of a uniform
11 identification card or other uniform Statewide means of
12 identification for consumers, staff, and volunteers of a harm
13 reduction program and maintain a record of the data reported to the
14 commissioner by programs.

15 This bill revises the current law to allow any entity to establish a
16 harm reduction program upon application to the Commissioner of
17 Health (commissioner), subject to the same general operational
18 requirements as currently apply, including certain training
19 requirements for program staff related to harm reduction, substance
20 use disorder, medical and social service referrals, infection control
21 procedures, including universal precautions and needle stick injury
22 protocols, and other subjects as determined by the authorized harm
23 reduction program and the Department of Health. Programs are to
24 maintain records of staff and volunteer training and of hepatitis C
25 and tuberculosis screening provided to volunteers and staff. Other
26 requirements include age restrictions for participation, consumer
27 information and service requirements concerning consumer
28 confidentiality, and data collection requirements.

29 The commissioner will have sole authority to terminate a harm
30 reduction program.

31 The bill provides that an authorized harm reduction program is to
32 be managed in consultation with the Division of HIV, STD, and TB
33 Services in the Department of Health in a culturally competent
34 manner.

35 Prior to establishing a harm reduction program in a municipality,
36 the commissioner is to meet with the municipality's mayor and
37 council, as appropriate, in-person or through video or phone
38 conference and present to the municipality detailed plans for the
39 harm reduction program, including information on the expected
40 benefits from the establishment of a harm reduction program. The
41 commissioner is to maintain direct and open communication with
42 the municipality prior to and during the establishment of a harm
43 reduction program in the municipality and is to promptly respond to
44 concerns and other issues raised by the municipality.

45 Injection drug use is one of the most common methods of
46 transmission of HIV, hepatitis C, and other bloodborne pathogens.
47 About one in every three persons living with HIV or AIDS is
48 female. More than a million people in the United States are

1 frequent drug users at a cost to society in health care, lost
2 productivity, accidents, and crime of more than \$50 billion
3 annually. Harm reduction programs have been proven effective in
4 reducing the spread of HIV, hepatitis C, and other bloodborne
5 pathogens without increasing drug abuse or other adverse social
6 impacts. Every scientific, medical, and professional agency or
7 organization that has studied this issue, including the federal
8 Centers for Disease Control and Prevention (CDC), the American
9 Medical Association, the American Public Health Association, the
10 National Academy of Sciences, the National Institutes of Health
11 Consensus Panel, the American Academy of Pediatrics, and the
12 United States Conference of Mayors, has found harm reduction
13 programs to be effective in reducing the transmission of HIV.
14 Harm reduction programs are designed to prevent the spread of
15 HIV, hepatitis C, and other bloodborne pathogens, and to provide a
16 bridge to substance use disorder treatment and other social services
17 for individuals with a substance use disorder; and it is in the public
18 interest to establish such programs in this State in accordance with
19 statutory guidelines designed to ensure the safety of consumers who
20 use these programs, the health care workers who operate them, and
21 the members of the general public.

22 Despite the attention that substance use disorder and overdose
23 are receiving Statewide, the number of overdose deaths in New
24 Jersey has steadily risen. There was a 40 percent increase in
25 overdose deaths in 2016. In 2018, there were roughly 3,000
26 overdose deaths in New Jersey and 70,000 overdose deaths
27 nationwide. The COVID-19 pandemic has increased the urgency of
28 maintaining and expanding harm reduction services. Now more
29 than ever, harm reduction expansion is critical. According to the
30 federal CDC's June 24-30, 2020 mortality and morbidity weekly
31 report, 13 percent of U.S. residents began substance use or
32 increased substance use during the pandemic. New Jersey has
33 already started to see the consequences of the intersecting overdose
34 and COVID-19 crises. As of July 2020 there have been over 1,800
35 overdose deaths in 2020. If this trend continues, New Jersey will
36 lose 3,144 individuals to overdose in 2020, which would be New
37 Jersey's highest drug-related fatality count in the past decade. The
38 opioid epidemic is part of a syndemic and is associated with
39 increased rates of HIV and hepatitis as well as other social
40 complexities and increased rates of sexually transmitted infections.
41 New Jersey enacted the "Bloodborne Disease Harm Reduction Act"
42 in 2006 to allow for the establishment of harm reduction programs.
43 New Jersey now has seven such programs throughout the State.

44 According to the CDC, people with access to harm reduction
45 programs are 50 percent less likely to acquire HIV or Hepatitis C;
46 five times more likely to start a drug treatment program; and three
47 times more likely to stop chaotic substance use. Despite these

1 benefits, New Jersey is currently implementing enough harm
2 reduction programs.

3 If New Jersey had the same level of per-capita syringe access
4 that Kentucky has, New Jersey would have 105 harm reduction
5 centers as compared to the seven programs currently operating in
6 the State. Residents of 14 New Jersey counties are still without
7 access to harm reduction services.

8 The Department of Health has invested in efforts to expand harm
9 reduction programs. It is the sponsor's belief that this bill will give
10 the commissioner the authority to establish new harm reduction
11 programs in areas of need throughout the State.