



# Syringe access saves lives.



Photo by Graham MacIndoe

**Syringe access programs (SAPs) are an essential public health service that provide new, sterile syringes, naloxone (the medicine that reverses an overdose), connections to substance use disorder (SUD) treatment and healthcare services, and community care for people who use drugs.**

**Public health experts overwhelmingly support syringe access.**

Syringe access is globally understood to be a best practice in public health, and is endorsed by the World Health Organization, American Medical Association, American Public Health Association, U.S. Centers for Disease Prevention and Control (CDC), and New Jersey Department of Health.

**Syringe access has bipartisan support nationally** and is championed by current and former U.S. Surgeon Generals.

**Syringe access is essential health care service for people living with a substance use disorder.** According to the CDC, people with access to a syringe access program are:

- ▶ **Less likely** to die from an opioid-related overdose
- ▶ **Five times** more likely to stop substance use that causes them problems
- ▶ **Three times** more likely to stop substance use altogether
- ▶ **50% less likely** to acquire HIV or Hepatitis C

## **New Jersey's restrictive syringe access law is the single biggest barrier to expanding this essential health service.**

As overdose deaths rise, New Jersey needs more syringe access programs as a lifeline for people who use drugs. Yet, even when local officials and health departments want to provide such services, they are nearly impossible to open due to New Jersey's restrictive and outdated syringe access law.

**Current law requires municipal authorization before any new programs open—a barrier that does not exist for any other health care service.**

- ▶ As a result, New Jersey only has **seven** syringe access programs serving a state of over nine million residents (in **fewer than 1.2%** of municipalities)
- ▶ Syringe access in New Jersey lags behind other states—for example, Kentucky has **over 20 times** more syringe access programs per capita than New Jersey
- ▶ New Jersey's restrictive law is cited by Pew Charitable Trust as **"what not to do"** to prevent overdose deaths
- ▶ The cost of an outdated and discriminatory restriction is passed to municipalities, which would save an estimated **\$7 for every \$1** spent on syringe access services

## To end the overdose crisis, New Jersey must support people throughout the spectrum of substance use.

Research shows that **nine out of ten New Jerseyans** living with a substance use disorder (SUD) are not interested in treatment at any given time and, for those who are, return to use is an expected symptom of an SUD.

Without harm reduction support widely available, people who use drugs and people living with an SUD in New Jersey who do not identify as ready to enter recovery are left to manage a complex health disorder on their own and are incredibly vulnerable to fatal overdose.

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## Legislative action needed! Support S-3009/A-4847 to end the overdose crisis and save lives.

**Our residents deserve a modernized syringe access law. The restrictive municipal ordinance requirement:**

- ▶ **Limits availability** of an essential public health tool for people living with a substance use disorder
- ▶ **Burdens local leaders** who want to provide comprehensive care for constituents impacted by substance use disorder and the overdose crisis
- ▶ **Puts undue pressure** on the few municipalities with such ordinances

**When the municipal ordinance requirement is removed, syringe access programs will be on par with other healthcare services.**

- ▶ Municipalities will retain zoning authority
- ▶ New Jersey Department of Health will consult with municipalities continue to have regulatory oversight of any new services
- ▶ Syringe services can be integrated into existing public health and social services, adding a lifesaving option to “meet people where they are at” in receiving support for substance use disorder

**Take action to remove this restrictive barrier and save lives by supporting S-3009/A-4847!**

