Syringe Access in New Jersey

Questions & Answers

Why do we need sterile syringe access in New Jersey?
- New Jersey has the 5th highest incidence of adult AIDS, the 3rd highest incidence of pediatric AIDS, and the third highest rate of females living with HIV in the nation.1 And the rate of HIV infection related to the sharing of contaminated syringes is significantly above the national average. In New Jersey, more than 40% of cumulative HIV/AIDS cases are injection-related.ii Compared with other states, New Jersey ranked second in the percentage of HIV cases acquired through injection drug use in 2010 and 4th in the percentage of HIV diagnoses attributable to injection drug use in 2011.iii The state is also facing an epidemic of hepatitis C infections.
- New Jersey’s communities of color are particularly affected. Seventy-six percent of the cumulative HIV/AIDS cases are among minorities and over half of persons living with HIV/AIDS are non-Hispanic Blacks.iv Eighty percent of females living with HIV/AIDS in the state are minorities.v

Does New Jersey provide access to sterile syringes to prevent the spread of disease?
- Yes. New Jersey enacted the Blood-borne Disease Harm Reduction Act in December 2006 to allow for the establishment of syringe access programs. New Jersey now has syringe access programs in five cities (Atlantic City, Camden, Jersey City, Newark, Paterson) throughout the state. In 2012, New Jersey enacted a law to allow for the over-the-counter sale of syringes in pharmacies. Adults can purchase up to ten syringes in a pharmacy without a prescription.
- The proportion of reported cases with HIV/AIDS in New Jersey who were exposed through injection drug use is now lower than in the pastvi and sterile syringe access is a vital and effective public health service that prevents needless suffering and burdensome costs to individuals, families and communities.vii

Do other states provide for access to sterile syringes to prevent the spread of disease?
- Yes. The first sterile syringe access program in the United States was started in Tacoma, Washington in 1988.viii There are known to be 233 syringe access programs operating in 30 states, the District of Columbia (DC), and Puerto Rico.ix

Is sterile syringe access effective in reducing the spread of HIV, hepatitis C, and other blood-borne diseases?
- Yes. Every scientific, medical, and professional organization to study the issue has concluded that sterile syringe access reduces the spread of HIV, hepatitis C, and other blood-borne diseases.
- In New Jersey, as of November 2011 at least 800 individuals had utilized on-site HIV testing at the existing syringe access programs and over 1000 people had been tested for hepatitis C either on site or via referral.x
- A worldwide survey found that HIV rates among injection drug users decreased by 5.8% per year in cities with syringe access programs and increased by 5.9% a year in cities without syringe access programs.xi
- In New York City, injection drug users who used sterile syringe access programs were 2/3 less likely to become infected with HIV than those who did not.xii
- Syringe access programs reduce the spread of hepatitis. Participants in a Tacoma, Washington syringe access program were 6 to 7 times less likely to contract hepatitis B or C.xiii A New Haven, Connecticut syringe access program was associated with a 33% reduction in HIV incidence and a similar reduction in hepatitis B.xiv

Continued on next page
Who supports sterile syringe access?

- National organizations that endorse sterile syringe access as a means to reduce the spread of HIV and other blood-borne diseases include the National Institutes of Health Consensus Panel, the National Academy of Sciences, the American Medical Association, the American Foundation for AIDS Research, the American Nurses Association, the American Public Health Association, the American Academy of Pediatrics, the Association of State and Territorial Health Officials, and the National Conference of Mayors.

- New Jersey organizations that endorse sterile syringe access include the Medical Society of New Jersey, the New Jersey State Nurses Association, the New Jersey Academy of Family Physicians, Hyacinth AIDS Foundation, the Black Ministers Council of New Jersey, the AIDS Resource Foundation for Children, the National Association of Social Workers-New Jersey Chapter, the Garden State Pharmacy Owners, the New Jersey Council of Chain Drug Stores, the New Jersey Pharmacists Association, the Independent Pharmacy Alliance, the Licensed Practical Nurse Association of New Jersey, the New Jersey Women and AIDS Network, the New Jersey Hospice and Palliative Care Organization, the New Jersey Association of Mental Health Agencies, and the Dogwood Center.

Does sterile syringe access encourage drug use?

- No. Seven U.S. government funded studies concur that access to sterile syringes reduces the spread of HIV and does not increase drug use.\(^{xv}\)
- Donna Shalala, former United States Secretary of Health and Human Services wrote in 1998, “A meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illicit drugs.”\(^{xvi}\)
- Former U.S. Surgeon General Dr. David Satcher wrote in a report in 2000 that, “After reviewing all of the research to date, the senior scientists of the Department and I have unanimously agreed that there is conclusive scientific evidence that syringe exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs.”\(^{xvii}\)

Does sterile syringe access increase the number of improperly discarded syringes?

- No. In fact, some neighborhoods report a decrease in improperly discarded syringes after syringe access programs open. Studies in Portland, Oregon and Baltimore, Maryland found similar or decreased numbers of improperly discarded syringes after the implementation of sterile syringe access programs.\(^{xviii}\)
- A major evaluation was done by the New York Academy of Medicine after New York State changed its law to allow for non-prescription sale of syringes in pharmacies. The report found no increase in improperly discarded syringes, no increase in accidental needle sticks among law enforcement or sanitation workers, no increase in criminal activity and no increase in drug use after the law changed.\(^{xix}\)
- The reports on New Jersey’s syringe access programs produced by the Department of Health under both the Corzine and Christie administrations cite no evidence of improperly discarded syringes\(^{xx}\) and the programs provide ongoing education about responsible syringe disposal methods.

Does sterile syringe access hinder other drug treatment efforts?

- No. In fact, sterile syringe access programs provide a bridge to drug treatment and other social services for drug users. Staff at syringe access programs are trained to work with injection drug users and provide them referrals to drug treatment, medical services, and other social services. 

Continued on next page
In New Jersey, over 20% of syringe access program participants are successfully admitted to drug treatment.\textsuperscript{xii}

A 1998 study found that 76% of the clients of a Baltimore syringe access program who entered drug treatment as a result of a referral from the program remained in treatment for at least three months and achieved good treatment outcomes, i.e. reductions in both drug use and criminal activity. The majority of those who entered treatment were unemployed, middle-aged, African American males who had never been in a drug treatment program.\textsuperscript{xiii}

A 1994 study of a syringe access program in New Haven, Connecticut documented that syringe access programs facilitate drug users’ entry into drug treatment.\textsuperscript{xviii}

**Do syringe access programs increase crime or criminal activity in areas where they are operated?**

- No. No study has ever found an increase in crime associated with the establishment of a syringe access program. A 1993 review of 16 syringe access programs reported no evidence of increased crime.\textsuperscript{xiv} The reports on New Jersey’s syringe access programs produced by the Department of Health under both the Corzine and Christie administrations noted no evidence of increased crime.\textsuperscript{xv}
- In 2000, another study in Baltimore compared arrest rates in areas with syringe access programs and those without such programs. In all cases there was no significant increase in arrest rates in the areas with syringe access programs compared to the areas without programs.\textsuperscript{xvi}
- A detailed analysis of syringe access programs in New York City in 2001 found no relationship between reports on robberies or assaults and the proximity to local syringe access programs.\textsuperscript{xvii}

**What is the economic impact of sterile syringe access?**

- Sterile syringe access programs save New Jersey money. A cost benefit analysis of sterile syringe access by the firm New Jersey Economics found that New Jersey could save up to $16 for every $1 spent on sterile syringe access.\textsuperscript{xviii} The New Jersey Department of Health identifies syringe access programs as “cost-effective prevention.”\textsuperscript{xix}
- A 2000 study from Australia estimated that between 1990 and 2000 the country realized a savings of between $1.3 billion and $4.2 billion on an $83 million investment in syringe access programs. The savings resulted from reduced rates of HIV and hepatitis C.\textsuperscript{xxiv}
- A clean needle costs about 10¢ wholesale and 50¢ retail. Lifetime AIDS care for one person costs about $618,000.\textsuperscript{xx}

\textsuperscript{3} New Jersey Department of Health, HIV/AIDS Overview 2013.
\textsuperscript{5} New Jersey Department of Health, New Jersey Syringe Access Program Demonstration Project Final Report, Oct 2012.
\textsuperscript{7} New Jersey Department of Health, New Jersey Syringe Access Program Demonstration Project Final Report, Oct 2012.
\textsuperscript{9} North American Syringe Exchange Network [NASEN], US Syringe Exchange Program Database 2015.
xxiv Not Create New Drug Injectors

xxv Reports. 113(supplement 1):130


xxvii Inner City Neighborhood Program

xxviii United States and Abroad: Summary, Conclusions and Recommendations

xxix 2003.

xxx Australia

xxxi Medical Care. 44 (11):990


xxxiv Ibid.


