

June 9, 2021

The Honorable Governor Philip D. Murphy
Governor of New Jersey
PO Box 001
Trenton, NJ 08625

The Honorable Lieutenant Governor Sheila Oliver
Lt. Governor of New Jersey
Commissioner, New Jersey Department of Community Affairs
101 South Broad Street
PO Box 800
Trenton, NJ 08625

CC: Members of the Atlantic City Council

VIA ELECTRONIC MAIL

Dear Governor Murphy and Lt. Governor Oliver:

We, the undersigned, are organizations operating New Jersey's seven harm reduction programs, faith leaders, and organizations advocating for racial, economic, and social justice. We support the immediate statewide expansion of harm reduction services in New Jersey.

We are severely concerned about the [fate of harm reduction services](#) at the Oasis Drop-In Center, operated by South Jersey AIDS Alliance (SJAA), in Atlantic City. These services are in peril mere days after New Jersey ended its public health emergency and in the midst of an overdose crisis in which death rates are rising fastest for Black and Hispanic/Latinx residents of the Garden State.

Syringe access programs are essential public health services, and the stakes of closing Atlantic City's syringe access program are life-and-death for residents who use drugs and their loved ones. Not only can New Jersey not afford to shut down one of its seven harm reduction programs, but we need to rapidly scale these programs throughout the state. That is why we [support legislation](#) (S3009/A4847) to expand harm reduction services sponsored by Senators Joseph Vitale, Nia Gill, Vin Gopal, and Patrick Deagan, and Assemblymembers Valerie Vaineri Huttler, Annette Quijano, Anthony Verrelli, and Mila Jasey.

At a time when we are working to level up essential public health services for people who use drugs, New Jersey is at the brink of leveling them down. Today, syringe access is available in **only seven of New Jersey's 21 counties** and only **1.2 percent** of municipalities — shutting down an existing program would be a grave setback for New Jersey and its residents who rely on these lifesaving services.

It would also signal a return to New Jersey's [shameful past](#) of being the last state in the nation to have a legal pathway for needle exchange. When other states were making these programs available, New Jersey was [arresting HIV advocates](#) for distributing new syringes and [fighting Atlantic City](#) in court to prevent harm reduction services. Tragically, [the words](#) of then-Atlantic City Health Commissioner Ron Cash in his quest for needle exchange ring true today:

"The people who are most affected are poor people who have no political clout.... Oftentimes, politicians and policy makers hide their heads in the sand when it comes to helping people like this because it's not in their backyard. They think it's not affecting their constituents, but in reality it is."

The reality is that drug use is in all of our backyards. Structural racism, residential segregation, and a War on Drugs mentality are the problems — not harm reduction services. Moreover, people who use drugs are not disposable. They are members of any given New Jersey community, including the municipalities with existing syringe access services (Atlantic City, Asbury Park, Camden, Jersey City, Newark, Paterson, and Trenton) and every other municipality where these programs need to exist. We recognize that these are all urban centers, which is why we are fighting to rescind the restrictive municipal ordinance requirement for harm reduction centers to open so that these essential services can be expanded to all communities. Lifesaving harm reduction services cannot — morally and in the name of public health — be jeopardized or underfunded, much less closed.

When syringe services close, the people most harmed are those who are already most harmed by the legacies of U.S. enslavement and policies of exclusion: Black and Hispanic/Latinx residents, LGBTQ residents, immigrants, women, low-paid workers, and people living at the intersection of these identities.

New Jersey should take the moral leadership of protecting and expanding harm reduction services, correcting for a long history of misinformation and mistreatment of people who use drugs and people at risk of HIV and overdose.

The biggest concerns raised by some Atlantic City council members about the Oasis Drop-In Center — that it results in syringe litter and that it serves out-of-town residents — are ones we hear often. Ironically, the availability of syringe access services **reduces** syringe litter while **increasing** public health and community wellbeing:

- More availability of syringes results in fewer discarded syringes in the community (Tookes 2012, Wegner 2011).
- People with access to syringe services are **five times** more likely to enter drug treatment and **three times** more likely to stop chaotic drug use entirely than people without access (U.S. Centers for Disease Prevention and Control).
- Syringe service availability reduces new HIV and Hepatitis C infections by **50 percent**, while not increasing drug use or crime in a community (U.S. Centers for Disease Prevention and Control).

- Syringe services reduce overdose deaths through naloxone distribution (U.S. Centers for Disease Prevention and Control).
- A majority of Oasis participants are residents of the city: **Nearly six in ten (59 percent)** of Oasis participants walk to the drop-in location on Tennessee Avenue from within Atlantic City limits, while fewer than **ten percent** of program participants drove from more than two miles (Atlantic City Public Health Subcommittee Survey). We need a “yes, *and*” approach to public health where residents in and out of Atlantic City have access to harm reduction services in their communities.

What’s more, harm reduction programs are nimble and effective at adapting to community health needs during public health crises like overdose deaths and the COVID-19 pandemic, ensuring “hard-to-reach” community members have access to support from people they trust. That trust is earned by embracing clients as full people — with needs, wants, goals, and inherent human dignity and value — regardless of what drugs they use, where they sleep, or whether or not they seek drug treatment at that moment.

We are writing with the message that New Jersey’s harm reduction programs should be not merely tolerated, but embraced. Not merely conceded to as necessary, but celebrated as putting into practice the moral value that every human being is of inherent dignity and worth and that — rather than trying to eradicate drug use itself from our communities — we are trying to eradicate injustice, anti-Black and anti-Hispanic/Latinx racism, and the very concept of human disposability.

The historic nature of this moment, and this opportunity for New Jersey, is not lost on us. It is the 40th anniversary of when the first five cases of what later became known as AIDS were officially reported to the CDC, the month in which we honor fighters for LGBTQ rights and freedom like Marsha Johnson and Sylvia Rivera, and the 50th anniversary of President Nixon declaring a failed, racist War on Drugs. To truly end the overdose crisis and support people who use drugs, all evidence points toward expanding harm reduction programs, not closing them or pushing them to the margins. Right now, that means keeping the Oasis Drop-In Center open.

Thank you for your consideration.

Sincerely,

African American Office of Gay Concerns

ACLU-NJ

AIDS United

Angels in Motion, New Jersey Chapter

Best Practices Policy Project

Black Lives Matter Paterson

Blue Water Counseling

BlueWaveNJ

Camden AHEC (*Camden Harm Reduction Center*)

Cape Atlantic Integrated Network for Kids

Cherry Hill Women's Center

Court Appointed Advocates for Children (CASA) of Union County

Dr. Aakash Shah

Dr. Amesika Nyaku, *Ass. Professor at Rutgers University Medical School*

Dr. Ellen Jacobs

Dr. Erin Zerbo, *Ass. Professor of Psychiatry at Rutgers University Medical School*

Dr. Guia Calicdan-Apostle, *Ass. Professor of Social Work at Stockton University*

Dr. Igna Robbins

Dr. Jenny Dunkle, *Ass. Professor of Social Work at Stockton University*

Jessica Tilley, *New England Users Union*

Rev. Dr. Leslie Harrison, *Mt. Zion AMEC and New Jersey Harm Reduction Coalition*

Dr. Lisa Cox, *Professor of Social Work at Stockton University*

Loretta Dutton, *NJDOH DHSTS Director of HIV Care and Treatment (Ret.)*

Louise Vincent, *NC Survivors Union*

Dr. Rachel Kirzner, *Assistant Professor Social Work at Stockton University*

Dr. Ricky Bluthenthal, *Professor of Preventive Medicine/Associate Dean for Social Justice, Keck School of Medicine, University of Southern California*

Dr. T Stephen Jones

Drug Policy Alliance

Gateway Playhouse

Henry J. Austin Health Center, Inc.

Hepatitis C Mentor and Support Group

Hope One of Atlantic County

Hyacinth AIDS Foundation (*Jersey City, Paterson, and Trenton Harm Reduction Centers*)

IBW—ACTION

KCKB Productions, LLC

Latino Action Network

NASTAD

National Center for Advocacy and Recovery for Behavioral Health (NCAAR-BH)

National Harm Reduction Coalition
National Viral Hepatitis Roundtable
Newark Community Street Team
New Jersey Association on Correction
New Jersey Citizen Action
New Jersey Harm Reduction Coalition
New Jersey Organizing Project
New Jersey Policy Perspective
New Jersey Prison Justice Watch
NJ Coalition for Addiction Recovery Support (NJ-CARS)
NJCRI (*Newark Harm Reduction Center*)
Next Harm Reduction
Opioid Crisis Response Fund
Parent to Parent
Prevention Point Philadelphia
Salvation and Social Justice
Seasons of Giving
Seton Hall Center for Health and Pharmaceutical Law
South Jersey AIDS Alliance (*Atlantic City Harm Reduction Center*)
South Jersey NOW Alice Paul Chapter
Students for Sensible Drug Policy
Supporting Homeless Individuals Loving Others (S.H.I.L.O.)
The Levenson Foundation
The Sidewalk Project
Silent Epidemic
Trenton Anti-Violence Coalition
Visiting Nurse Association of Central Jersey (*Asbury Park Harm Reduction Center*)
VOCAL-NY
Woodbridge Township Health Department Division of Addiction Services