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Testimony to the New Jersey Opioid Settlement Advisory Council

Submitted by:

New Jersey Harm Reduction Coalition

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New Jersey Policy Perspective

The ACLU of New Jersey

Dear Members of the New Jersey Opioid Settlement Advisory Council,

It's widely recognized that we won't be able to arrest our way out of the overdose crisis and that drug use is a public health issue, not a criminal one. With opioid settlement funds, New Jersey has a generational opportunity to build out the public health infrastructure that we'll need to end the overdose crisis and finally treat drug use as an issue of public and personal health.

We have decades of data, evidence, and experiences showing that a public health approach to drug use, rooted in harm reduction, saves lives, connects people to care, and makes our communities safer and healthier. The missing piece has been funding and, at times, political will.

To seize this generational opportunity and invest in proven solutions, the Opioid Settlement Advisory Council should recommend the following:

**Invest in harm reduction services and infrastructure accessible in every community.**

First and foremost, the Opioid Settlement Advisory Council should build on the success of New Jersey's recent harm reduction expansion law by prioritizing generational funding to operate harm reduction services in every community. This is how New Jersey will accomplish the foundation of public health infrastructure for drug use, and ensure that no one has a barrier to harm reduction services because of where they live.

Additionally, the Advisory Council should make recommendations to invest specifically in the following as part of comprehensive harm reduction-based services for every community:

- Full suite harm reduction services that include tools for safer use to prevent infections like HIV, Hepatitis C, and endocarditis (e.g., sterile pipes and syringes), risk reduction counseling, and connections to medication for opioid use disorder;
- 24/7 "on-demand" evidence-based treatment;

- Community-led overdose response teams;
- Housing First shelter and permanent housing options for people who use drugs and are experiencing homelessness.

**Remove barriers to care by ensuring that all funded treatment services follow best practices.**

Treatment for substance use disorders is most successful when the patient is interested in treatment, and when options are affordable, readily available, and respectful of each individual’s ability to make their own choices about treatment types, timing, and goals. The Council should commit to only funding programs that follow public health best practices, including:

- Removing abstinence requirements to start, continue, or complete a drug treatment program;
- Ensuring that all forms of medication for opioid use disorder (MOUD) are affordable and accessible for all patients;
- Not limiting the frequency with which someone has access to drug treatment;
- Prioritizing culturally competent treatment that is considerate of how experiences of drug use are influenced by identity and life experience, including: racial and ethnic identity; gender; sexuality; nationality; birthplace; pregnancy status; physical and mental health needs; impacts of the legacy of enslavement and exclusion across generations; and experiences of violence, warfare, homelessness, separation from loved ones, incarceration, and other traumatic experiences.

**Fund and evaluate pilots for tactics that have worked in other states and countries, such as Heroin-Assisted Treatment (HAT) and Overdose Prevention Centers.**

If there’s a tool or service out there that’s proven to save lives and connect people to care, we should consider it. Fortunately, we have national and international models like Heroin-Assisted Treatment (HAT) and Overdose Prevention Centers (OPCs) that are shown to save lives, The Opioid Settlement Advisory Council should recommend funding and evaluation of pilots of these proven models, and explore other proven lifesaving models.

- Heroin-Assisted Treatment: After Switzerland launched its HAT program in 1994, overdose deaths fell by 64 percent; thefts related to drug use decreased by 98 percent; HIV infections dropped by 84 percent; and 75 percent fewer people were prosecuted for drug arrests. Three U.S. cities are piloting Stimulant-Assisted Treatment options.
- Overdose Prevention Centers: In November 2021, New York City became the first jurisdiction in the U.S. to authorize OPCs. After a year and a half in operation, there were over 68,000 site visits, and staff had reversed nearly 850 overdoses.

**Prioritize and fund fact-based, accurate drug education for New Jersey’s young people.**

Studies show that not only do “just say no” education tactics not reduce drug use among young people, but that drug use may actually increase. New Jersey should implement an evidence-based drug education curriculum for youth and young adults, such as Stanford REACH Lab’s Safety First: A Comprehensive, Harm-Reduction-Based, Drug Intervention Curriculum. Fact-based drug education helps young people make autonomous decisions if peer pressure, apply accurate information when making decisions, and reduce their risks.

**Invest in a thorough and publicly-available audit of existing state expenditures related to supporting people who use drugs and preventing and treating substance use disorder.**

New Jersey has what the *New York Times* called “some of the toughest drug laws in the nation,” and continues to fund state programs and initiatives that do not use best practices for preventing harms associated with drug use or connecting people who want help to care.

The state should invest in an audit of all public agencies, along with the Governor’s Commission on Alcohol and Substance Abuse, to identify and reform policies, practices, programmatic funding, and regulations that are not aligned with best practices of nonjudgmental harm reduction-based care that does not require abstinence. These audits should be conducted in partnership with residents who use services provided by each public agency, community stakeholders, and national experts in overdose prevention and equitable drug policy. All findings should be accompanied by action plans to replace punitive practices with ones based on harm reduction, healing, and trauma-informed care.

**Substantially invest in Black and Hispanic/Latinx communities most harmed by the drug war**

As a result of New Jersey’s \$11.6 billion investment in the drug war over the past decade, many of New Jersey’s communities need an influx of restorative investments. These investments should include: community-led economic and housing development, education, employment options, community-led alternatives to policing, as well as harm reduction, drug treatment, and mental healthcare programs that prioritize healing over punishment.