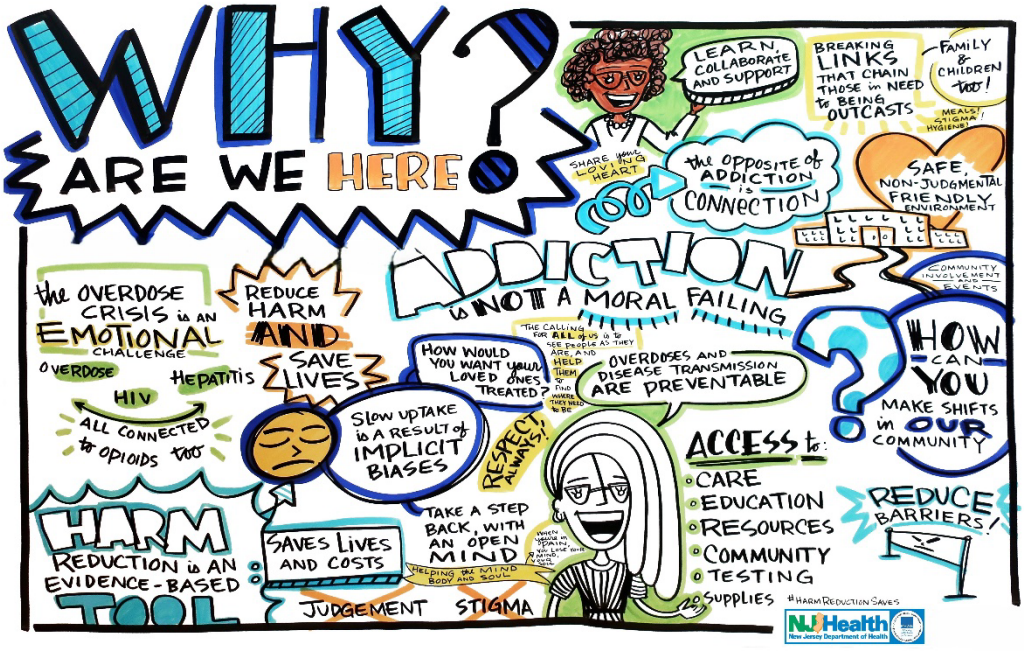
NEW JERSEY HARM REDUCTION CENTERS BIENNIAL REPORT

2022–2024

ISSUED AUGUST 2025



This report satisfies the legislative requirements of both a biennial and annual report summarizing services and impact as a result of the "Bloodborne Disease Harm Reduction Act" N.J. Stat. § 26:5C-25 through 31.

Introduction

In accordance with New Jersey statute P.L.2006, c.99 (C.26:5C-29) Section 5, the New Jersey Department of Health (NJDOH) is providing this report on the status of harm reduction services across the state. This report details the activities and impact of entities authorized to provide harm reduction services under sections 3 and 4 of P.L.2006, c.99 (C.26:5C-27 and C.26:5C-28). It includes data submitted to NJDOH by these authorized entities, as required under paragraph (11) of subsection b. of section 4 of P.L.2006, c.99 (C.26:5C-28).

Key Findings

- As of December 31, 2024, there were 52 Harm Reduction Center (HRC) sites in New Jersey (inclusive of fixed, mobile, and mail-order formats) operated or planned for operations by 24 NJDOH authorized entities. There were only seven sites preceding the legislative change on January 1, 2022. This reflects the historic growth in harm reduction services infrastructure between 2022 and 2024.
- During 2022–2024, several significant legislative reforms were enacted and implemented to make harm reduction supplies more accessible and to formalize processes for authorizing new Harm Reduction Centers.
- As of December 31, 2024, all 21 counties in New Jersey have harm reduction services supported through NJDOH, using a mix of State and opioid settlement funds.
- The distribution of fentanyl and xylazine test strips has become a key initiative, allowing individuals to detect the presence of these adulterants and take precautions to prevent overdose and other health complications.
- By 2024, the first full year of expansion, the number of HRC participants was 122% greater than the number served in 2022.
- For the first time in a decade, data shows overdose deaths decreased across all racial and ethnic groups in New Jersey from 2022 to 2023. While recent data are promising, overdoses remain a critical public health challenge in New Jersey and across the country. In 2023, more than seven New Jersey residents per day died from an overdose.
- Expanding services for younger populations, addressing racial disparities in overdose prevention efforts, and integrating health care support for aging participants will be crucial in strengthening harm reduction initiatives across New Jersey.
- Nearly two million syringes were safely distributed through New Jersey's HRCs in 2024.
- The successful linkage to medical and social referral services has steadily increased from 64% in 2022 to 70% in 2023 to 78% in 2024.
- By integrating health care services—including HIV, sexual transmitted infections (STI) and hepatitis testing; wound care; and low-threshold buprenorphine programs—HRCs continue to address the broader health needs of their communities.

What is Harm Reduction?

The World Health Organization (WHO) states in the preamble to its Constitution that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." People who inject or use drugs (PWID/PWUD) are often unable to access adequate care services because of discrimination and certain social determinants of health (i.e., poverty, homelessness, inaccessible transportation) (Jin et al., 2022; Muncan et al., 2020). PWID are also more likely to engage in higher-risk behaviors like using non-sterile syringes, equipment sharing, and unprotected sexual activity; these behaviors can result in increased prevalence of blood-borne pathogens and communicable diseases among PWUD (Degenhardt et al., 2023). Additionally, the negative health outcomes associated with these illnesses are often more severe for PWUD (Degenhardt et al., 2023; Lim et al., 2022; Vasylyeva et al., 2020).

Harm reduction is a public health approach that emphasizes engaging directly with people who use drugs to prevent infectious disease transmission and overdose; improve the physical, mental, and social well-being of those served; and offer low-threshold options for accessing substance use disorder treatment and other health care services.

Harm reduction is part of the continuum of care for substance use disorder. Confirmed by the National Harm Reduction Coalition, CDC, National Institutes of Health (NIH), Substance Abuse and Mental Health Services Administration (SAMHSA), and the WHO, it is proven to reduce the incidence of death, injury, disease, overdose, and substance misuse. Harm reduction is effective in addressing the public health epidemic involving substance use as well as infectious diseases and other harms associated with drug use (National Center for HIV, Viral Hepatitis, STD, and TB Prevention, 2024). It is critical to keep people who use drugs alive and is a key pillar in the multi-faceted U.S. Department of Health and Human Services Overdose Prevention Strategy, as issued in October 2021. This approach broadly aims to reduce the harms associated with drug use without stigma, judgment, or requiring behavioral changes, such as abstinence.

Research shows that harm reduction increases public health and well-being, without increasing drug use, violence, or crime. Additionally, nearly 30 years of research shows that comprehensive syringe services programs (SSP) are safe, effective, cost-saving, and do not increase illegal drug use nor crime (National Center for HIV, Viral Hepatitis, STD, and TB Prevention, 2024). Individuals with access to harm reduction services at Harm Reduction Centers (HRCs) are less likely to die from an opioid-related overdose, more likely to stop substance use that causes them problems, more likely to stop substance use altogether, and less likely to acquire human immunodeficiency virus (HIV) or hepatitis C virus (HCV). HRCs benefit communities and public safety by reducing needlestick injuries and overdose deaths, without increasing illegal injection of drugs or criminal activity.

Harm Reduction is globally recognized as a best practice in public health. It is endorsed by the World Health Organization, the American Medical Association, the American Public Health Association, the U.S. Centers for Disease Control and Prevention, and NJDOH.

HRCs are programs that offer a safe, trauma-informed, non-stigmatizing space for people who could benefit from services to reduce the harm associated with their substance use, often people who inject drugs (PWID), by providing access to sterile syringes and other safer use supplies, facilitating the safe disposal of used syringes, and providing counseling on safer use. HRCs integrate behavioral

interventions and access to services to prevent and reduce the transmission of HIV, viral hepatitis, and other blood-borne diseases, and the risk of overdose deaths. HRCs can offer services through mobile units, fixed sites, or provide individuals with safer supplies via postal mail or other delivery services. Some HRCs are housed in drop-in centers that provide clients with access to food, telephone, laundry services, restrooms, showers, and/or computer services.

HRCs can provide a bridge to substance use disorder treatment, other health care services, and social support services for people who use drugs. Harm reduction is a known, evidence-based, best practice to improve the health of people who use drugs and their communities.

Harm Reduction Legal Framework and Evolution in New Jersey

Various legislative changes across multiple administrations have significantly molded the landscape of harm reduction services in New Jersey.

On December 19, 2006, Governor Christie signed the "Bloodborne Disease Harm Reduction Act" (P.L. 2006, c. 99) into law, allowing for the establishment of up to six demonstration Syringe Access Programs (SAPs) in New Jersey. The Act mandated that the municipality provide local ordinances before a site was authorized to provide sterile syringes. The NJDOH Division of HIV, STD, and TB Services (DHSTS) was tasked with implementing the provisions of the law, including identifying municipalities that were most in need and capable of implementing an SAP program. Local ordinances subsequently authorized seven municipalities to operate SAPs:

Table 1. Jurisdictions Approved for SAPs under *"Bloodborne Disease Harm Reduction Act"* before January, 2022

Municipality	Date
Atlantic City	November 27, 2007
Camden	January 5, 2008
Paterson	January 30, 2008
Newark	February 19, 2008
Jersey City	July 6, 2009
Asbury Park	August 16, 2017
Trenton	January 1, 2018

These seven SAP sites (now known as Harm Reduction Centers) are referred to as the "legacy sites."

Under the leadership of Governor Murphy, New Jersey has prioritized harm reduction efforts throughout the state as a key strategy to addressing the overdose crisis. This includes expanding access to harm reduction supplies like life-saving naloxone and medications for opioid use disorder in a variety of settings, in addition to support for expanding HRCs through regulatory reforms and funding. For example, by the end of 2024, New Jersey had expanded access to lifesaving opioid antidotes to nearly 700 pharmacies statewide through the New Jersey Department of Human Services' Naloxone365 initiative and to over 1,400 entities participating in the Naloxone DIRECT program.

In January 2022, to address limited access to harm reduction services, the Legislature passed, and Governor Murphy enacted these reforms:

1. P.L.2021, c.396 – Authorized expanded provision of harm reduction services to distribute sterile syringes and provide certain support services to persons who use drugs intravenously.
2. P.L.2021, c.403 – Permitted expungement of possession or distribution of hypodermic syringe or needle offense in cases of previous expungement; repealed criminal offense of possession of syringe
3. P.L.2021, c.430 – Established local overdose fatality review teams (OFRTs)

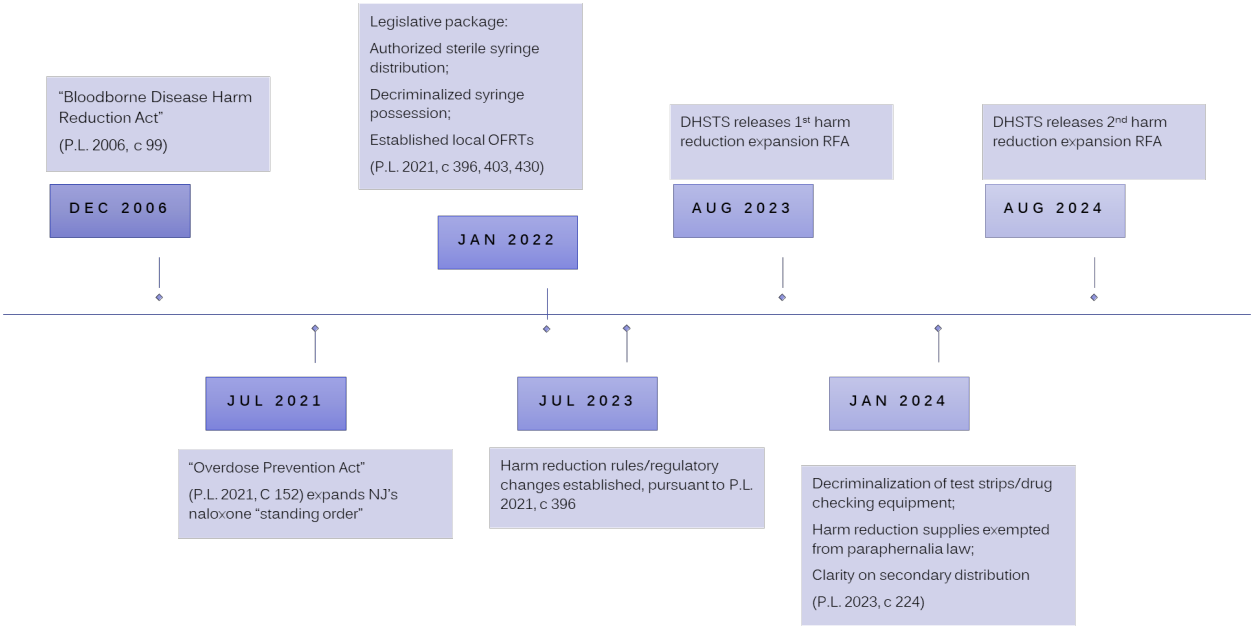
Among these, P.L.2021, c.396 removed the municipal ordinance requirement, which had been a significant barrier to harm reduction expansion in New Jersey. Through this package, more Harm Reduction Centers could be authorized to offer a comprehensive array of services in a compassionate and welcoming environment.

Subsequently, in July 2023, harm reduction regulatory changes were established pursuant to P.L. 2021, c.396, formally establishing the procedures entities must follow when applying to register as Harm Reduction Centers with NJDOH, as well as the operational requirements by which an authorized center may provide harm reduction services. The new rules also clarified various rights of the centers, including the ability to provide authorized harm reduction services at fixed and/or mobile locations.

Finally, in January 2024, Governor Murphy signed into law P.L.2023, c.224, which included provisions for the following:

1. Decriminalized all test strips, including xylazine test strips, and other drug-checking equipment.
2. Exempted 'harm reduction supplies' from the drug paraphernalia definition, allowing authorized HRCs to distribute a much wider range of supplies without conflicting with the paraphernalia law.
3. Fully decriminalized syringes (expanded to include intent to distribute and distribution), which helped clarify any confusion regarding 'secondary distribution.' Secondary distribution refers to the practice of individuals obtaining sterile syringes from a Harm Reduction Center and then redistributing them to their peers who may not have direct access to such services.

Figure 1. Timeline of legislative and related changes



Authorization vs. Funding

A crucial distinction to note is the difference between authorized and funded HRCs. Authorization is a process in which the New Jersey Department of Health provides regulatory oversight per N.J.S.A. 26:5C-25 through 31. and N.J.A.C. 8:63, with additional details available via the Harm Reduction Rules document listed on the NJDOH HRC website. NJDOH began accepting new applications for Harm Reduction Centers in July 2023. Through this process, Federally Qualified Health Centers, substance use treatment programs, AIDS service organizations, public health agencies, and other entities can now apply on a rolling basis to be registered as a State-authorized Harm Reduction Center. As of the end of December 2024, 52 harm reduction sites were authorized to operate and provide harm reduction services by 24 authorized entities. Of these sites, 30 were operational in 2024.

Figure 2. Number of Authorized Harm Reduction Centers by County*, 2022 and 2024

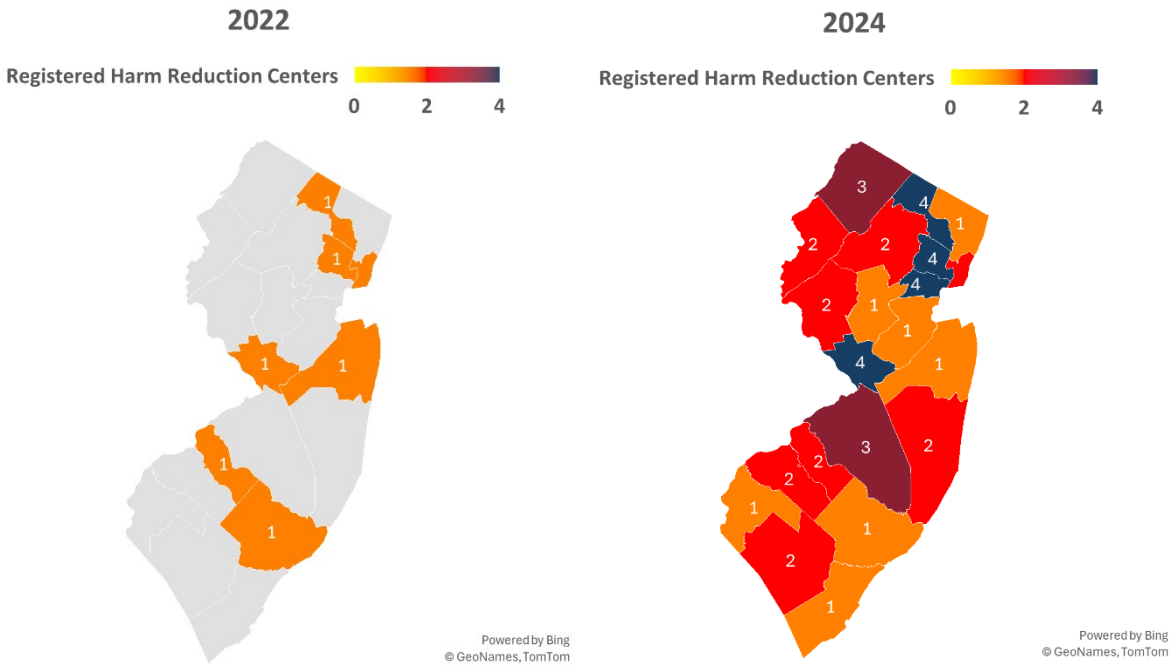


**Figure 2 does not distinguish between funded and unfunded services and organizations.*

Table 2. Authorized Harm Reduction Centers by County Service Jurisdiction, 2024

HRC Name	County/Counties with HRC site
Black Lives Matter Paterson	Bergen, Passaic, Statewide
Camden Area Health Education Center (AHEC)	Camden
Center for Prevention and Counseling	Sussex
Chosen Generation Community Corporation aka Tier 1 Recovery	Passaic
CompleteCare Health Network	Gloucester, Cumberland
EDGE New Jersey, Inc.	Morris, Passaic, Essex, Warren, Sussex
Hyacinth AIDS Foundation	Hudson, Passaic, Mercer, Union
Imperfect Village, Inc.	Burlington, Mercer
Integrity, Inc.	Essex, Union
Maryville, Inc.	Burlington
New Jersey Harm Reduction Coalition	Middlesex, Statewide
Newark Community Street Team	Essex
North Jersey Community Research Initiative (NJCRI)	Essex
Prevention is Key	Morris, Warren, Essex
Prevention Resources Inc.	Hunterdon
PROCEED, Inc.	Union, Essex

Richard Hall Community Health and Wellness Center aka HEAL Somerset Van	Somerset
Sea Change Recovery Community Organization	Ocean
South Jersey AIDS Alliance	Atlantic, Cape May, Cumberland, Salem
Spectrum Health Care,	Hudson
The Agape Project	Camden, Gloucester, Burlington
The KIND Collective	Mercer
The Rescue Mission of Trenton	Mercer
Visiting Nurse Association of Central Jersey, Prevention Resource Network	Monmouth, Ocean

Contact information and hours of operation for all authorized Harm Reduction Centers is maintained here: https://www.nj.gov/health/hivstdtb/documents/Public-Registered-Harm-Reduction-Centers.pdf.

Authorized HRCs are not required to seek funding from the NJDOH to provide harm reduction services, and funding available from the State for these services is limited.

Considering New Jersey's legislative changes, the DHSTS, HIV Services Unit sought to expand the availability of funded harm reduction services throughout the State via a Request For Applications (RFA) released in August 2023. It is important to note that all 21 counties are eligible for this funding; however, counties with data demonstrating increased need are prioritized. A total of 12 agencies were selected for funding, resulting in an increase in service availability from the seven legacy sites to 27 sites.

DHSTS then issued a second RFA for harm reduction expansion in July 2024, which sought to establish a Harm Reduction Center in each of New Jersey's 21 counties, with a focus on expanding services to areas with limited or no harm reduction services, including Bergen, Burlington, Gloucester, Hunterdon, Morris, Salem, Somerset, and Warren. This initiative aimed to make essential harm reduction services more accessible statewide and resulted in 10 additional agencies being selected for funding. As of December 31, 2024, all 21 counties in New Jersey now have harm reduction services supported through an NJDOH RFA. Services are funded through a combination of State appropriations and allocations of opioid settlement funds.

Looking ahead, the goal is to continue to increase the availability of harm reduction services throughout New Jersey, to mitigate further the harms related to drug use.

Harm Reduction Centers Summary of Services

Harm Reduction Centers (HRCs) provide critical, low-barrier services to support the health and well-being of people who use drugs. HRCs operate through various models—including fixed-site locations, mobile units, mail-based services, and delivery options—to ensure accessibility for diverse communities across the state. These flexible approaches enable HRCs to meet people where they are, thereby reducing barriers to care and fostering trust within the communities they serve.

Between 2022 and 2024, seven HRCs in New Jersey were co-located with comprehensive community nursing services, offering essential healthcare interventions. These included health screenings, HIV testing, access to PrEP and PEP, referrals for STD treatment, vaccinations, and wound care services.

Some HRCs also function as drop-in centers, providing a broader range of supportive services such as access to food, telephones, laundry facilities, showers, and/or computers. By addressing social determinants of health alongside harm reduction efforts, these centers create a safer, more supportive environment for people who use drugs.

In response to the increasingly toxic drug supply, HRCs have expanded their harm reduction strategies to include drug checking services. The distribution of fentanyl and xylazine test strips has become a key initiative, allowing individuals to detect the presence of these substances and take precautions to prevent overdose and other health complications. Fentanyl test strips (FTS) empower individuals to make informed choices by identifying fentanyl contamination in different kinds of drugs and drug forms, enabling them to adjust their use or ensure naloxone is available. As xylazine, a potent animal sedative associated with severe wounds and prolonged sedation, became more prevalent over the 2022–2024 time period, HRCs introduced xylazine test strips to help individuals identify contamination and seek appropriate care.

Beyond these services, HRCs also provide access to: sterile syringes, safer smoking and injection supplies, naloxone, safer sex supplies, overdose prevention education, and referrals to medical, mental health, and substance use treatment programs. Through these and a myriad of other offerings, HRCs play a vital role in reducing the harms associated with drug use while promoting dignity, autonomy, and overall community well-being.

NJDOH solicited applications for innovative harm reduction services and strategies at HRCs. These initiatives include, but are not limited to, harm reduction vending machines, overdose prevention sensors, a mobile shower program, and regional community drug-checking programs. These efforts were made to launch innovative programming in 2024 and beyond.

HRCs Performance Summary

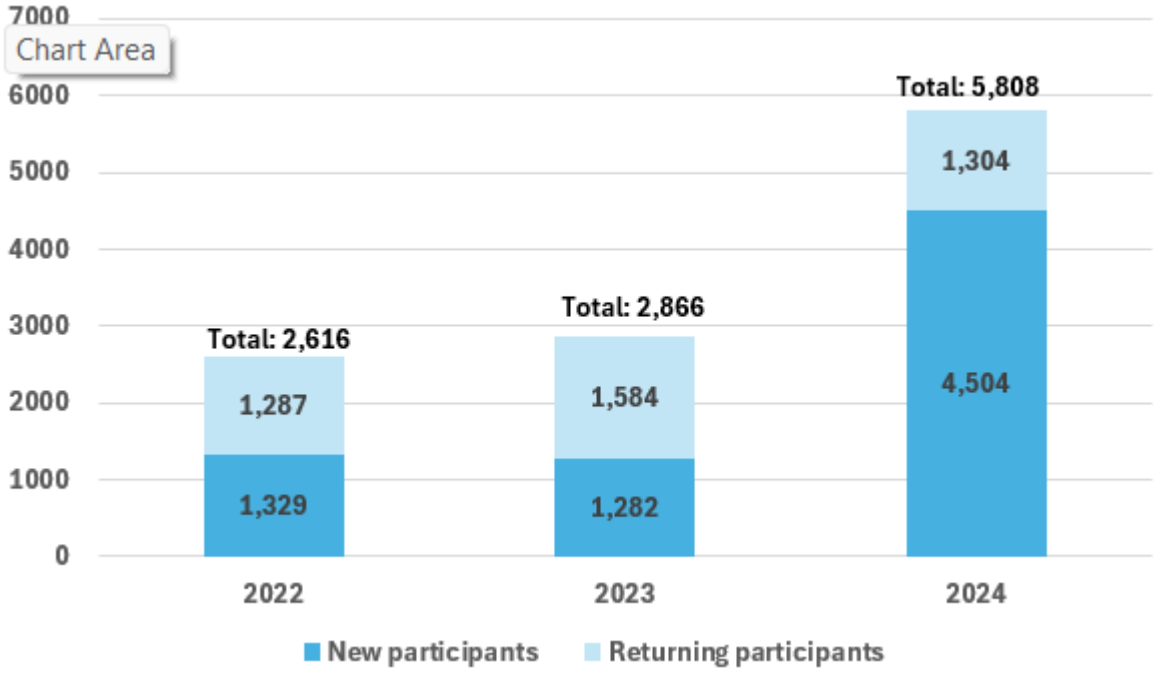
Below are highlights of HRC operations during calendar years 2022–2024. Data from this reporting period reflect the lingering effects of the COVID-19 pandemic in 2022, as HRCs and participants alike slowly found their way to a “new normal.” Following the regulatory changes in 2023, the New Jersey harm reduction landscape saw rapid growth in both the number of authorized HRCs and the number of participants accessing harm reduction services through the end of 2024.

HRC Participants

As shown in Figure 3, the number of participants (defined as individuals utilizing one or more harm reduction services) at HRCs across the state was 2,616 in 2022, 2,866 in 2023, and 5,808 in 2024. While there was a modest increase between 2022 and 2023, this period preceded the expansion of HRCs. By 2024, the first year of expansion, the number of participants surged by 122% compared to 2022, reflecting the significant impact of increased access to harm reduction services. The number of new participants were 1,329 in 2022; 1,282 in 2023, and 4,504 in 2024 (Figure 3). In 2024, NJDOH saw the highest percentage of new HRC participants: 51% in 2022, 45% in 2023, and an impressive 78% in 2024. This may have been due to the expansion, which provided many New Jerseyans who had previously lacked access to harm reduction with new opportunities, highlighting the importance of convenient statewide and regional access.

Figure 3. Number of Unduplicated* HRC Participants 2022–2024

Source: NJ HIV Data System - Integrated System for HRH, HRC and PrEP within DHSTS.

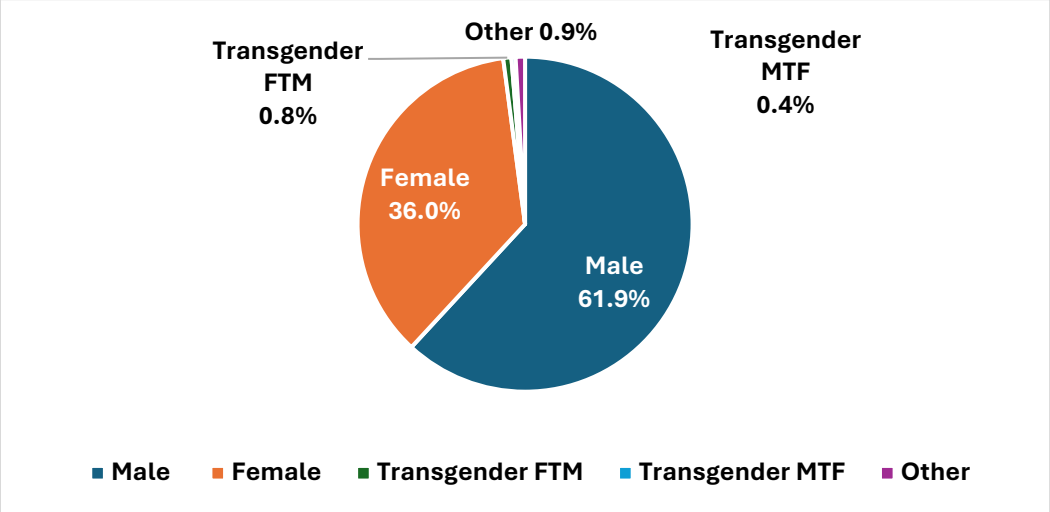


**HRC data are typically collect by "Unduplicated" and "New". Returning participants are defined as the difference between "Unduplicated" and "New".*

Between 2022 and 2024, males represented the majority of HRC participants, accounting for 61.9%, while females made up 36.0% (Figure 4). Transgender individuals, including female-to-male (FTM) at 0.8% and male-to-female (MTF) at 0.4%, along with those identifying as "Other" at 0.9%, reflect the diversity of people seeking harm reduction services. The "Other" category here would represent Gender fluid, Genderqueer/non-binary, questioning or unsure, agender, and other gender categories/identities. Some additional clients (6%) were not asked or preferred not to disclose their gender and are not included in this analysis.

Figure 4. Gender Breakout of HRC Participants 2022–2024

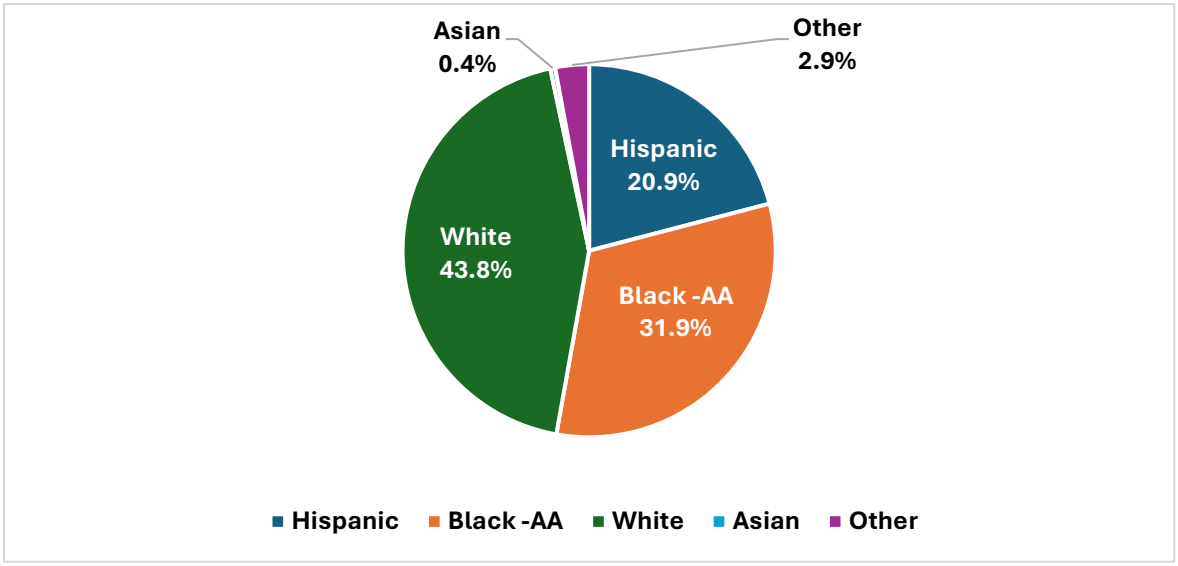
Source: NJ HIV Data System - Integrated System for HRH, HRC and PrEP within DHSTS.



HRCs serve a diverse population; according to the data, non-Hispanic white individuals make up the largest share of participants at 44%, followed by non-Hispanic Black/African American (Black-AA) individuals at 32%, and Hispanic individuals at 21% (Figure 5). Meanwhile, non-Hispanic Asian individuals account for less than 1%, and those identifying as "Other" less than 3%.

Figure 5. Race/Ethnicity Breakout of HRC Participants 2022–2024

Source: NJ HIV Data System - Integrated System for HRH, HRC and PrEP within DHSTS.



This racial breakdown aligns with national overdose trends, where white individuals have historically accounted for the highest number of opioid-related fatalities. Yet, Black and Hispanic communities continue to experience unacceptably high disparities in overdose rates. The significant representation of Black/African American participants suggests that harm reduction efforts are reaching populations disproportionately affected by structural barriers to care, stigma, and disparities in health care access.

Despite this representation, overdose rates among Black and Brown populations have not declined proportionally to white populations, emphasizing the need for sustained and increased harm reduction services to address this ongoing crisis.

HRCs have played an integral part in New Jersey's response to addressing opioid overdoses, which remain at a crisis level. There were 2,816 suspected overdose deaths in 2023, down from 3,171 confirmed in 2022. The drop comes just two years after New Jersey saw a record-high number of overdose deaths, with 3,137 in 2021 during the COVID-19 pandemic. Statewide 2024 preliminary data are showing promise for supporting a continued downward trend.

The dashboard also shows the racial gaps in drug-related fatalities. While overall deaths dropped by 11% between 2022 and 2023, fatalities among Black people dropped by only 5% and 6% among Hispanic people, according to the data (Figure 6).

Figure 6. New Jersey SUDORS Overdose Mortality Data 2022–2023

Source: NJ SUDORS

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<tr><th>2022</th><th>2023</th></tr>
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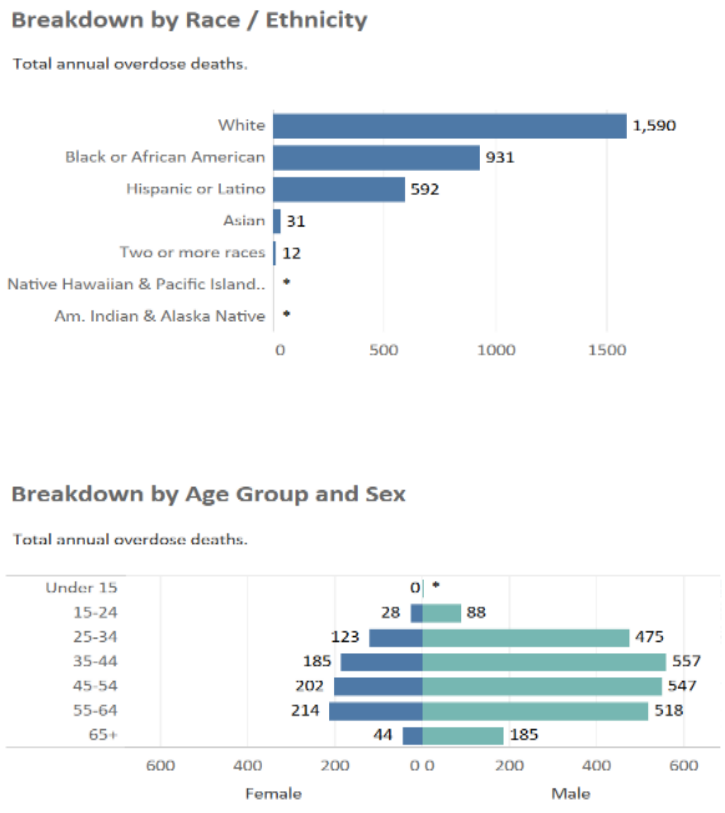
<td> 
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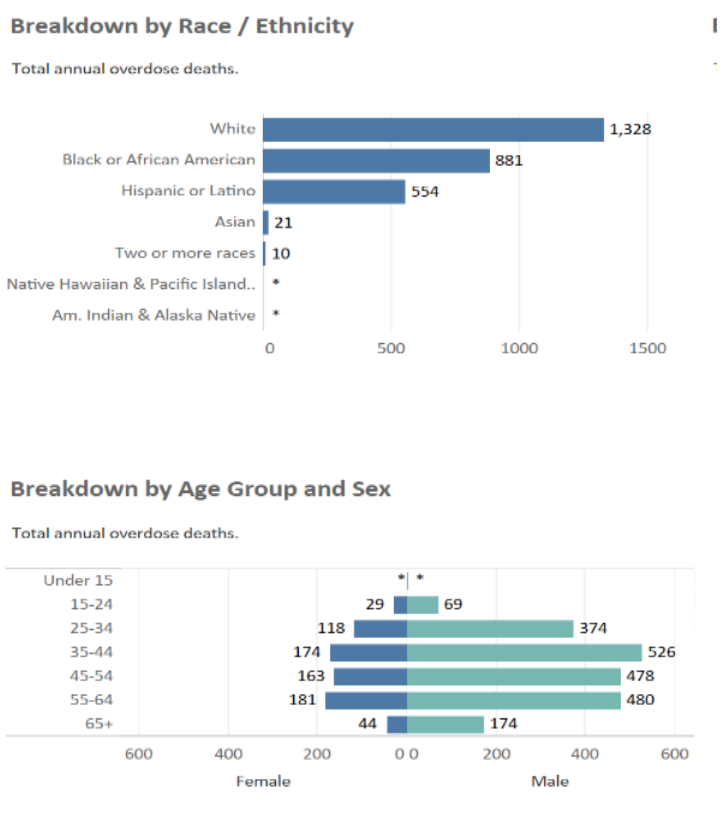
<td> 
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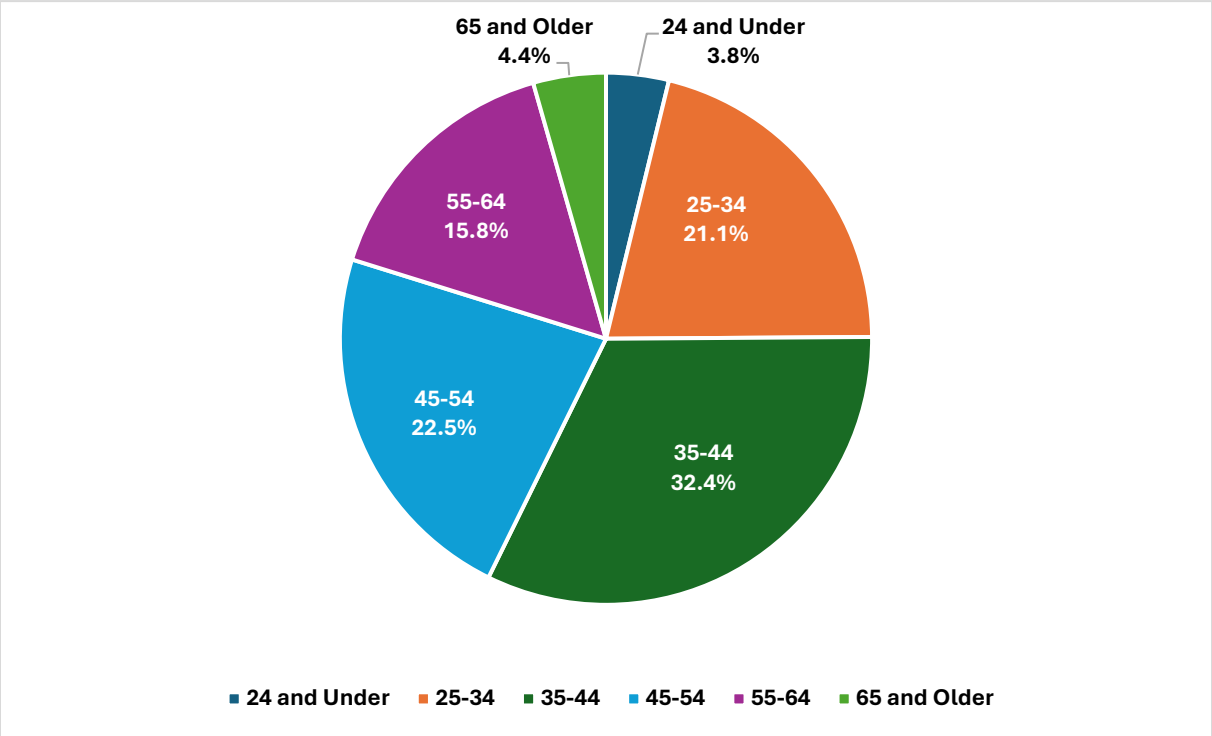
When examining the age distribution during this reporting period, most participants fall within the 25-34 years old (21%), 35-44 years old (32%), and 45-54 years old (23%) age groups, indicating that harm reduction services are most frequently utilized by middle-aged adults (Figure 7). This aligns with national

public health data, including reports from the CDC and the National Institute on Drug Abuse (NIDA), showing that overdose rates are highest among individuals in these age ranges, who may have long-term substance use histories or face barriers to treatment. The 55-64 years old age group makes up 16% of participants, reflecting an aging population of people who use drugs, many of whom may require additional healthcare services related to chronic conditions and long-term substance use.

Youth engagement is limited, with only 4% of participants under 25 years old, suggesting that younger individuals may not be accessing harm reduction services. This could be due to limited awareness, a lack of youth-specific services, or social stigma preventing younger individuals from accessing resources. Conversely, the 65-year-old and older group represents 4% of participants, highlighting the need for harm reduction strategies tailored to older adults who may face unique health concerns related to aging and substance use.

Figure 7. Age Breakout of HRC Participants 2022–2024

Source: NJ HIV Data System - Integrated System for HRH, HRC and PrEP within DHSTS.



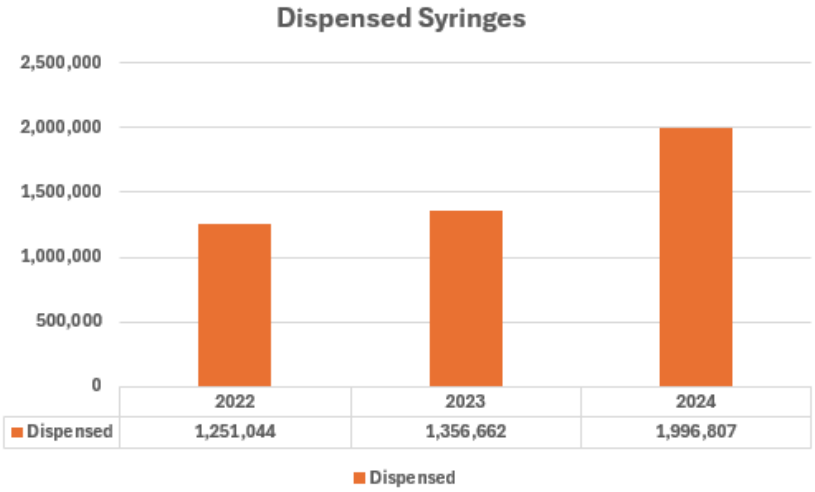
These demographic insights underscore the importance of culturally competent, age-specific interventions to enhance the effectiveness of harm reduction outreach. Expanding services for younger populations, addressing racial disparities in overdose prevention efforts, and integrating health care support for aging participants will be crucial in strengthening harm reduction initiatives across New Jersey.

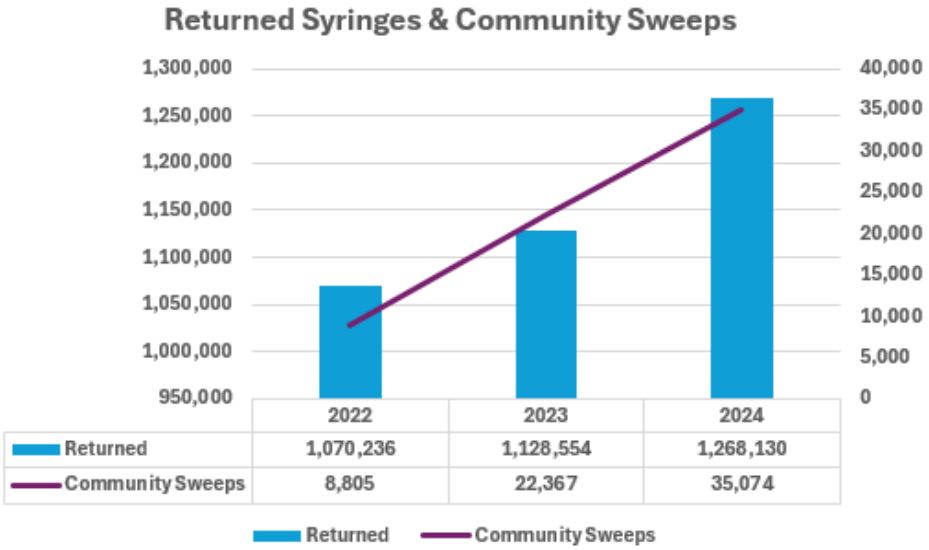
Syringe Access Services

The distribution of sterile syringes is a core service provided by authorized HRCs in New Jersey. In 2022, HRCs dispensed 1,251,044 sterile syringes, increasing to 1,356,662 in 2023. Following the program's expansion in 2024, syringe distribution rose significantly to 1,996,807—a 60% increase from 2022 (Figure 8).

Figure 8. Syringes Dispensed, Returned, and Community Sweeps 2022–2024

Source: NJ HIV Data System - Integrated System for HRH, HRC, and PrEP within DHSTS





Syringe disposal is another essential component of harm reduction services. In 2022, 1,070,236 used syringes were returned to HRCs, with returns rising to 1,128,554 in 2023 and 1,268,130 in 2024. In addition to in-center disposal, many HRCs conduct community "sweeps," where staff actively collect and properly dispose of used syringes found in surrounding areas, further promoting public health and safety. The returned data does not account for syringes and other potentially biohazardous objects that are safely disposed of at home, nor those disposed of through licensed healthcare facilities and pharmacies across New Jersey that offer free and confidential syringe disposal.

Naloxone Access

Naloxone is widely disseminated by HRCs. Naloxone is an opioid overdose reversal agent that can prevent or delay overdose-related fatalities. Naloxone is available as both an intranasal spray and an

intramuscular injection. Some HRCs offer both forms of naloxone in various dosages. HRCs have dispersed a growing number of Naloxone kits; 9,348 in 2022, 12,280 in 2023, and 16,274 in 2024. In addition to dispensing naloxone throughout New Jersey, HRCs also provide education and training on how to administer naloxone. Naloxone is disseminated through multiple other programs in New Jersey, including the Hot Spot and EMS Initiatives sponsored by the NJDOH Office of Opioid Policy and Response, the Naloxone 365 initiative at participating pharmacies, as well as various programs supported via the Naloxone DIRECT portal, which is supported by the New Jersey Department of Human Services (NJDHS).

Referrals to Supportive Services

Harm Reduction Center participants receive referrals to support services tailored to their individual needs. For participants who are interested, harm reduction specialists will provide referrals to substance use disorder (SUD) treatment and encourage completion of the admission process. However, the harm reduction model does not assume that abstinence from drug use or engaging in substance use treatment is a goal for all participants. Harm reduction specialists provide referrals to other services that can help clients achieve their goals, as defined by the individual. Examples of such services include case management, food pantries, housing assistance, and medical and dental services. In 2022, 1,370 referrals were provided for all service types. In 2023, a total of 484 referrals were made to all services, and in 2024, 1,296 referrals were provided (Table 3). The successful linkage to referral services to participants has steadily increased from 64% in 2022 to 70% in 2023 to 78% in 2024.

Table 3. Harm Reduction Center Referrals, 2022–2024**

Source: NJ HIV Data System – Integrated System for HRH, HRC and PrEP within DHSTS.

Referrals	2022	2023	2024
HIV and STD Services	168	58	269
Clinical Services	542	202	487
Social Support	351	59	311
Counseling Services	309	165	229
Total Referrals	1,370	484	1,296

***All Referrals include referrals made to prevention, social and medical services such as screening and linkages for HIV, HCV, STIs, PrEP, support groups, housing services, vaccination, naloxone, and Harm Reduction Health (HRH) services.*

Low-Threshold Buprenorphine Programs and Drug Treatment Referrals

The low-threshold buprenorphine induction program at HRCs provides access to non-stigmatizing care and mitigates certain barriers to accessing medication-assisted treatment. This program is a joint effort between the Division of HIV, STD, and TB Services (DHSTS) and the NJDHS, Division of Mental Health and Addiction Services (DMHAS). DMHAS provides federal State Opioid Response (SOR) funds to legacy HRC sites in support of these services

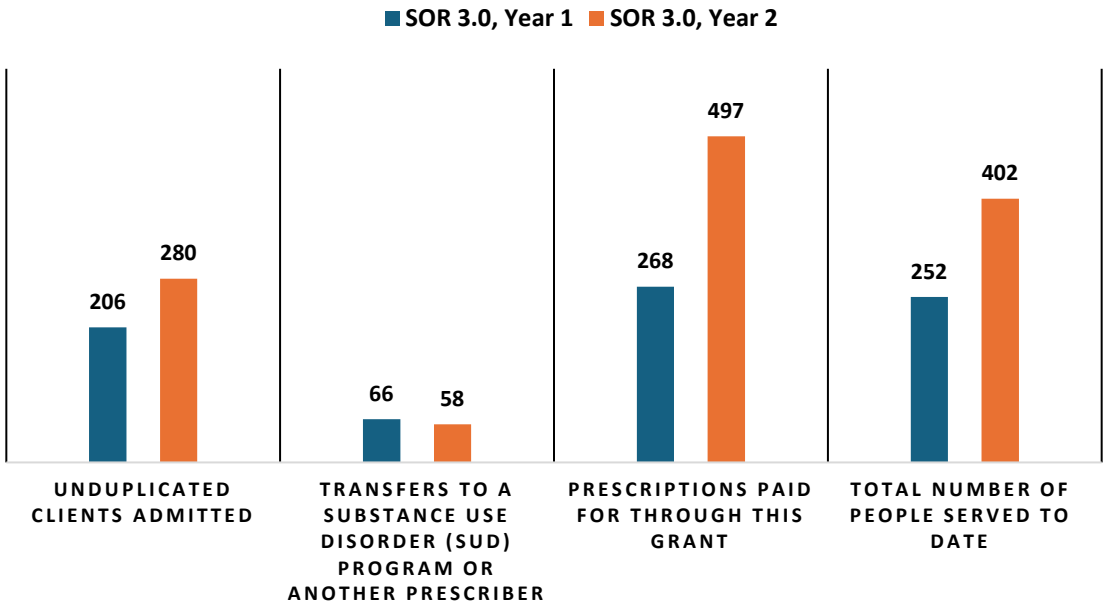
Low-threshold buprenorphine induction programming was initially piloted at one HRC site in 2019, before being expanded to all seven legacy HRC sites in June 2022. During the pilot phase, 312 unduplicated clients were admitted to induction services. Figure 9 illustrates the number of unduplicated clients across all seven legacy sites for the third fiscal year of SOR funding, which encompassed Year 1 (September 30, 2022-September 29, 2023) and Year 2 (September 30, 2023 – September 29, 2024) of the project. Starting in Year 1 of the low-threshold buprenorphine induction

program, DHSTS began collecting additional metrics (Figure 9). In Year 1, 66 participants transferred to a substance use treatment program or maintenance provider. In Year 2, 58 participants were transferred.

The low-threshold buprenorphine programs also cover the cost of buprenorphine prescriptions for participants. Out-of-pocket costs can be a significant barrier to seeking medications for opioid use disorder (MOUDs). Covering prescription costs improves client interest, retention, and medication adherence (Dunphy et al., 2021). In Year 1, 268 prescriptions were covered. In Year 2, 497 prescriptions were paid for through Low-Threshold Buprenorphine Programming at legacy HRC sites.

In addition to the low-threshold buprenorphine induction program, in 2022, 141 referrals to drug treatment were made, as well as 29 referrals to drug assessments. In 2023, 60 referrals to drug treatment were made, as well as six referrals to a drug assessment. Finally, in 2024, there were 97 referrals to drug treatment and 22 referrals to a drug assessment.

Figure 9. Low-Threshold Buprenorphine Induction Services at Authorized Harm Reduction Centers***



****SOR 3.0 Year 1 ran from September 30, 2022 – September 29, 2023*
SOR 3.0 Year 2 ran from September 30, 2023 – September 29, 2024

The transition from harm reduction to conventional treatment is often too challenging for most clients without low-threshold solutions. To help people have more options and succeed with drug treatment access and readiness, the bridge of a low-threshold option is essential.

Injection Drug Use (IDU)-Related HIV Diagnoses in NJ 2022–2023

Table 4 below shows the number of new HIV diagnoses in New Jersey during 2022 and 2023 that can be attributed to injection drug use. The data are reported by two transmission categories: 1) persons who reported injection drug use (IDU) and 2) men who have reported having sex with men and engaging in

injection drug use (MSM/IDU). Both transmission categories are consistent with CDC surveillance reporting on new HIV diagnoses and rely on self-reporting by clients regarding their risk behaviors. The IDU category is not inclusive of MSM/IDU, as the latter is captured via clients who identify both risk factors upon testing and diagnosis. People who inject drugs and are HIV-positive are at a higher risk of fatal overdose than those who inject drugs and are HIV-negative (Genberg et al., 2019).

Table 4. IDU-Related HIV Diagnosis: 2022–2023

Source: eHARS (Enhanced HIV/AIDS Reporting System)

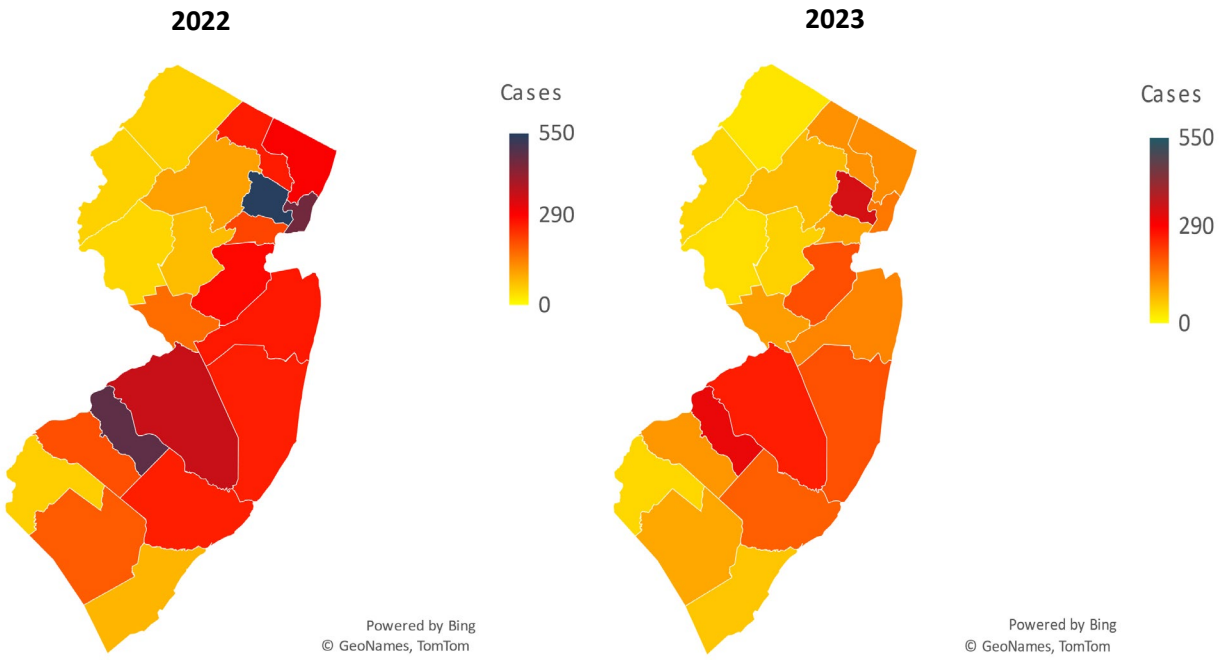
IDU-Related HIV Diagnoses: 2022-2023*			
Year	**Transmission Category**		
	IDU	**IDU/MSM**	**Total**
2022	40	16	56
2023	20	5	25
Total	**60**	**21**	**81**
**2024 data is not yet available*			

Viral Hepatitis C Cases in NJ

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), a blood-borne virus. Today, most people become infected with HCV by sharing needles or other equipment for injection drug use. For some people, HCV is a short-term, or acute illness, but for 70-85% of people who become infected with HCV, it becomes a long-term, chronic infection (NJDOH, n.d.b). The difference between acute and chronic hepatitis C lies in the duration and progression of the infection. Acute hepatitis C is the initial, short-term phase of the infection, typically occurring within the first 6 months after exposure to the hepatitis C virus, while chronic hepatitis C refers to the long-term, persistent infection that can lead to serious liver complications if not treated.

In 2022, there were 4,674 cases of chronic hepatitis C in New Jersey. Essex County had the greatest number of cases at 546 (Figure 10). In 2023, there was a significant decline in the number of chronic hepatitis C cases, with a 66% decrease. From 2022 to 2023, Hudson County experienced the largest decline in chronic hepatitis C cases, with a decrease of more than 198%.

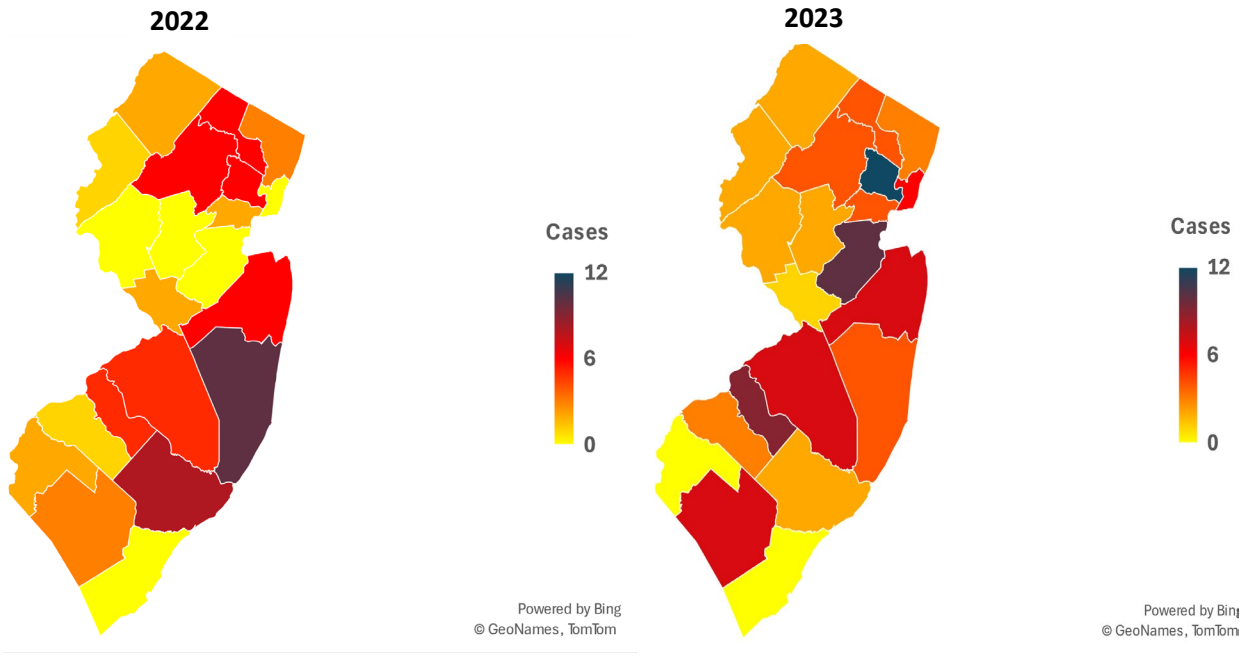
Figure 10. Chronic Hepatitis C Incidence by County, 2022–2023



According to the CDC, injection drug use and sexual contact remain key risk behaviors for the acquisition of acute hepatitis C (CDC, 2020). In addition, a study published by the National Institutes of Health reveals that individuals living with HCV are more likely to die of drug-related deaths than their HCV-negative counterparts (Samji et al., 2020).

There were 68 reported cases of acute hepatitis C in New Jersey in 2022. In 2023, there was a 34% increase in reported acute HCV cases. Of the 159 cases reported in 2022 and 2023, 66% were males. Figure 12 illustrates the number of acute hepatitis C cases in each county, for both 2022 (on the left) and 2023 (on the right).

Figure 11. Acute Hepatitis C Incidence by County, 2022–2023



Harm Reduction Health (HRH) Programs

In 2010, the NJDOH launched the Access to Reproductive Care and HIV Services (ARCH) Program to integrate selected health services in Harm Reduction Centers. ARCH nurses were initially placed at the seven HRCs and later deployed to select local health departments. The services included counseling on safer injection, overdose prevention, HIV, HCV, and Sexually Transmitted Infection (STI) prevention; testing for HIV, HCV, and STIs; naloxone distribution and training; and wound care. Clients were referred and linked for additional acute and routine health care as well as drug treatment services.

In 2022, alongside the shift in Harm Reduction Center authorization and expansions, DHSTS decided to expand health services offered, taking examples and lessons learned from national Drug User Health Models. and This led to a rebranding of ARCH and its health care services, which are now delivered under the name Harm Reduction Health (HRH).

NJDOH is currently working with its in-state technical assistance provider, the Rutgers François-Xavier Bagnoud (FXB) Center, as well as with global public health organization Vital Strategies Inc. and In The Works, a training and consulting firm, to better understand what it is doing well, where gaps exist, and what participants want in terms of health care services at harm reduction sites. The project also explores how HRCs and HRH practitioners can help participants access services in more traditional health care settings, where stigma and systemic barriers too often prevent individuals from seeking care and sometimes leads to poor health outcomes or even death. Further, In The Works specifically is “supporting the expansion of healthcare services for people who use drugs by supporting harm reduction centers

(HRCs) to partner with healthcare entities, build out their own services, and/or explore healthcare financing strategies for sustainability."

The data below show services provided between 2022 and 2024. (Figure 12). It is important to note that, through HRH, 56 referrals to drug treatment were made in 2022 with 96% successful linkages to those treatment facilities; 13 made in 2023 with a 69% successful linkage rate; and 57 made in 2024 with a 65% successful linkage rate (Table 5).

Figure 12. Harm Reduction Health Participant Summary: 2022–2024

Source: NJ HIV Data System - Integrated System for HRH, HRC and PrEP within DHSTS.

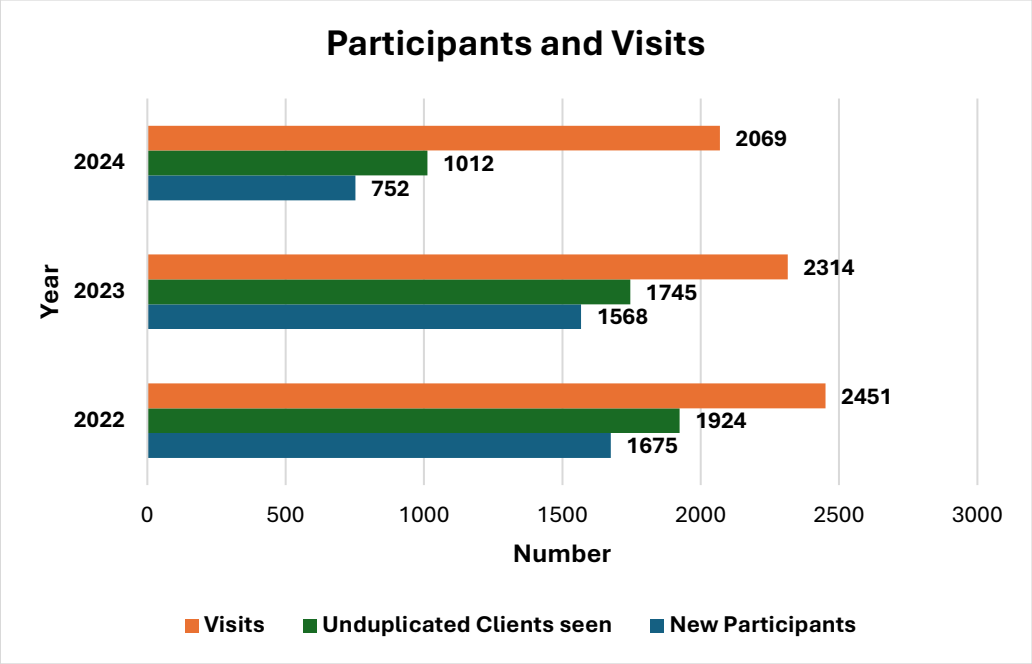


Table 5. Harm Reduction Health Referrals, 2022–2024**

Source: NJ HIV Data System – Integrated System for HRH, HRC and PrEP within DHSTS.

Referrals	2022	2023	2024
HIV Prevention & Care	102	239	271
STD Testing & Treatment	34	98	168
Social Support	7	41	10
Clinical Services	38	21	66
SUD Treatment	56	13	57
Mental Health	25	16	34
Other	121	55	117
Total Referrals	345	483	689

***All Referrals include referrals made to prevention, social and medical services such as screening and linkages for HIV, HCV, STIs, PrEP, support groups, housing services, vaccines, Naloxone, and HRH services.*

Note: NJDOH is exploring the possibility of expanding the existing model in the coming years by adding prescribers and other essential primary care services. These improvements are currently underway and will be reflected in the next report.

Conclusion

The expansion and evolution of Harm Reduction Centers in New Jersey over the past three years has significantly increased access to critical services for people who use drugs. Legislative changes have removed barriers to harm reduction services, allowing for the authorization of Harm Reduction Centers in all 21 counties and expanding the availability of services such as syringe access, overdose prevention education, and drug-checking. State fiscal year 2025 (July 1, 2024 – June 30, 2025) was the first year that DHSTS was awarded $12 million in Opioid Settlement Dollars to fund new and expanded HRCs. With continued support from the State of New Jersey and the Opioid Settlement Funds, HRCs will continue to be funded and services expanded upon, thus ensuring services are accessible to the New Jerseyans who desperately need them. Data from 2022 through 2024 show substantial growth in the number of participants utilizing harm reduction services. By integrating health care services—including HIV, STI and hepatitis testing; wound care; and low-threshold buprenorphine programs—HRCs continue to address the broader health needs of their communities.

NJDOH remains committed to strengthening harm reduction efforts, expanding innovative services, and ensuring equitable access to care for individuals most impacted by the overdose crisis and unsafe drug supply.

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