



As Social Workers and Change Agents, We Must Show Up to Expand Syringe Services in New Jersey

by Sandy Gibson, Ph.D., LCSW, LCADC, & Jenna Mellor, MPA

"New Jersey's restrictive syringe access law is rooted in discrimination and stigma, not public health."

As we learn in our most basic Introduction to Social Work class, our values lead us to “meet the client where they’re at.” Meeting someone where they’re at does not preclude supporting positive changes in their life — it simply means the person in front of us sets the goals, and we provide support. This stance is also embodied in 1.02 of the NASW Code of Ethics, which states: “Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.”

A CLINICIAN’S PERSPECTIVE

As a new social worker in my very first job working for a local government agency serving people who use drugs, I (Sandy) immediately learned the work of my agency was inconsistent with two tenants that we claim to hold so deeply.

At this agency, our clients did not have the right to identify and clarify their own goals, at least not entirely. Most of my clients were forced to participate in substance use disorder treatment by the criminal legal system. Their goals were chosen for them, beginning always with mandated abstinence. I reflected on how I had learned about

the Transtheoretical Model’s stages of change, yet we were forcing determination and action on people who were deeply in a stage of precontemplation, and at times even worse, forcing it on people who did not have a problem with their substance use at all!

The entire design of substance use treatment programming was inconsistent with my values, and the declared social work values of service, social justice, dignity and worth of the person, importance of human relationships, and integrity (NASW Code of Ethics 1.01, 1.02, 6.01, 6.04). So I quit.

I soon became involved with harm reduction programs that did in fact meet people where they are and prioritized their well-being and quality-of-life over abstinence from all drug use. I can only imagine how many lives were saved by this service through the provision of new syringes at a time of high rates of HIV.

The evidence from the U.S. Centers for Disease Control and Prevention, building on decades of research, is clear. When people have access to harm reduction services that includes new, sterile syringes, they are:

- Five times more likely to start drug treatment

- Three times more likely to stop chaotic drug use altogether
- 50 percent less likely to acquire HIV and Hepatitis C
- Less likely to die from an overdose

As we now struggle under the weight of our overdose crisis, the expansion of harm reduction programming in New Jersey is essential. These programs offer new syringes, which often motivate people to get through the door, and also offer much more — fentanyl test strips, naloxone, and relationships! It is through these relationships that people who use drugs receive their essential services and most commonly their referral source for eventual treatment.

A POLICY-MAKER'S PERSPECTIVE

Sandy and I work together on the Abolish the Drug War Coalition and to expand harm reduction services in New Jersey. As someone who works every day to change harmful policies and end the racist drug war, uniting forces with clinical providers who are committed to change has been invaluable.

Unfortunately, not many clinicians realize how dire the harm reduction policy situation in New Jersey is. Currently New Jersey has one of the worst records in the country for access to harm reduction services. New Jersey has seven harm reduction centers. If we had the same number of harm reduction centers per capita as Kentucky, we would have over 160 such programs!

Local health officials, public health experts, and people who would benefit from harm reduction services are desperate to open new programs in New Jersey to prevent overdose deaths and the often hidden impacts of reusing syringes. And overdose rates are rising fastest for Black and Hispanic/Latinx residents, despite the media narrative that overdose deaths are primarily impacting white people.

The single biggest barrier to harm reduction expansion is an outdated and restrictive New Jersey law that requires local municipal approval before any new programs can be opened. For local elected leaders, even if they want a program to help their community, this is an often insurmountable barrier that puts politics ahead of public health. Every day we wait to expand syringe services and harm reduction, we're accepting more preventable overdose deaths. Morally, we cannot wait any longer.

Join Us to Modernize New Jersey's Syringe Access Law New Jersey's restrictive syringe access law is rooted in discrimination and stigma, not public health. And, as social workers and people committed to social justice, it is incumbent upon us to change this law.

The NASW Code of Ethics (6.04) calls for us to "be aware of the impact of the political arena on practice and [...] advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice."

As social workers and change agents, it is our ethical commitment to be social justice advocates as well and, wherever policies or practices stand in the way of justice and person-centered care for our clients, to take action. We would be honored to be in action with you as we uphold our social work ethical commitments.

UPDATE:

The Syringe Access Bill (S-3009/A-4847) and the Syringe Decriminalization Bill (S-3493/A54-58) both passed the Senate and Assembly on January 10 and now head to Governor Murphy to be signed.

Thanks to all those who helped support this important legislation.

About the Authors:

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Jenna Mellor, MPA, is Executive Director of the New Jersey Harm Reduction Coalition and has over ten years of experience at the intersection of direct service and public policy. She holds a BA from Harvard College and completed her Master's in Public Affairs at Princeton in 2020, focusing on drug and housing policies that promote public health and human dignity.