Discarded Needles in Communities and Soaring Overdose Deaths Yet Harm Reduction Programs Remain Inactive or Non-Existent

Details
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PHOTO: Discarded syringes are common site in Jersey Shore communities.

ASBURY PARK, NJ – Drug overdose deaths at three times the national average, discarded syringes in communities and public consumption of drugs in New Jersey are all solvable issues with proven harm reduction strategies. The problem: these programs don’t exist or worse, they sit inactive, as is the case of Asbury Park’s Syringe Access Program.

Randy Thompson, the Founder of Help Not Handcuffs a non-profit organization which works to eliminate failed drug criminalization policies through community education and engagement stated, “There are several harm reduction models which don’t promote drug use but address and often eliminate the harms of existing injection drug use. Syringe Access Programs, Supervised Injection Facilities and Poly-Morphine Programs all have decades long proven success records; It’s a bit of a mystery but with everyone screaming “Heroin/Opiate Epidemic,” especially with the understanding that criminalization and forced treatment polices have failed, how are these tools not part of the solution?”

Syringe Access Programs (SAPs): SAPs help reduce risk of blood borne disease transmission and offer a safe disposal for used syringes so they do not end up on the street (as displayed by the attached photos), they also link individuals to other services including one in five participants willingly going to drug treatment. The New Jersey Blood borne Disease Harm Reduction Act was passed in 2006 and authorized six municipalities to operate SAPs.
Asbury Park is authorized to have a SAP but it is the only municipality to not activate its program in the ten years since the law was passed.

PHOTO: Randy Thompson, the Founder of Help Not Handcuffs displays wrapper for heroin.

Supervised Injection Facilities (SIFs): SIFs have been in operation in over 40 cities since the 1980's. The National Institute of Health reaffirms that SIFs are effective in taking nuisance public drug use that already takes place and moves it into a medicalized environment. SIFs are highly effective in reducing injection risks, link participants to health services, detox and treatment. InSite, a SIF in Vancouver has had over 2 million visits and was successful in having ZERO drug overdose deaths.

Poly-Morphine Program/Heroin Assisted Treatment (HAT): Poly-Morphine/HAT Programs are made available for individuals who already have a heroin use disorder and are resistant to regular drug treatment. Available in multiple countries, these programs are successful in getting people off of street heroin and improving their health outcomes. As stated by the National Institute of Health “… HAT is feasible, effective, and safe as a therapeutic intervention.”

Maryland recently introduced a package of bills to decriminalize all drugs, allow drug consumption rooms and create poly-morphine program — all proven models of harm reduction. “With needles on our streets and beaches, three times the national overdose death rate and first responders running in every direction to reverse
overdoses, why aren’t we considering these proven models that avert these harms and don’t promote arrest or coerced treatment, or waiting for an overdose to help?” said Randy Thompson.

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