



Evidence-Based Approaches to Drug Policy: A Road Map for Minnesota: Overview

About the Research

In 2023, Minnesota lawmakers funded a research study to develop policy and funding recommendations for drug policy that reduces harm and maximizes community health and safety.

Rise Research submitted two linked reports, the first laying out the state of the evidence, [Drug Policy: State of the Evidence](#) (2024), and the second making recommendations for Minnesota lawmakers, [Evidence-based Approaches to Drug Policy: A Roadmap for Minnesota](#) (2025).

The recommendations were broken into six sections, showing the complexity of the policy problem: Healthcare, Harm Reduction, Social Determinants of Health, Drug Policing, Data Collection and Evaluation, and "Crosscutting"—recommendations that cut across the other five sections.

This brief document highlights the key findings and recommendations from the reports in an easy-to-read format. Links to the original report are provided throughout for additional reading.

Context

Traditionally, we've measured drug policy success by tracking things like illegal drug prices, how easily people can get illegal drugs, how many drug seizures police make, how many people are arrested or jailed for drug crimes, and how many people use drugs overall. However, these measures don't show how drug policies actually affect communities and individuals. Evaluation should also look at broader health, safety, and economic outcomes to get the complete picture.

This project sought to do just that. We reviewed the evidence about the state's predominant approach to drug policy which relies on punishment and law enforcement to prohibit drugs by banning their use, sale, possession, production, and cultivation, and we compared them to drug policies that foreground support and services for people who use drugs and their communities.

¹ This responded to statewide data showing that Minnesota's current drug policy isn't working. The problems include rising overdose deaths, racial disparities in overdose deaths, limited access to evidence-based addiction treatment, high numbers of people jailed for drug crimes, and racial disparities in incarceration.

² Researchers reviewed the academic literature and reports from governments, professional bodies, and non-profit organizations; conducted over fifty interviews with Minnesotan experts in the field; and a statutory analysis to arrive at roughly 100 recommendations

The most effective policies with the strongest evidence expand access to medications for opioid use disorder, harm reduction measures, and access to housing and other social determinants of health. On the other hand, the evidence shows that [*arresting people*](#) for drug use and criminal repercussions for simple possession; [*imprisoning people*](#) for drug use; [*drug paraphernalia laws*](#); [*drug-induced homicide laws*](#); and [*opioid-related drug seizures*](#) do not improve the health or safety of Minnesotans.

The good news is that Minnesota is making meaningful progress toward evidence-based drug policy reform. During the last few legislative sessions, for example, lawmakers increased Medicaid reimbursement rates for certain substance use disorder treatments ([*SSH2*](#)), passed the Comprehensive Drug Overdose and Morbidity Prevention Act ([*Minn. Stat. 144.0528*](#)), legalized cannabis and drug paraphernalia, and removed lifetime bans on Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) benefits for people with drug felony convictions ([*Minn. Stat. 142G.18*](#)).

However, important work remains. For example, Minnesota still needs to connect public safety spending on drug enforcement to measurable public health and safety outcomes, people continue to face incarceration for drug crimes, and Minnesota is still working to provide universal access to medications for opioid use disorder in all prisons and jail settings.

The recommendations below can help guide future drug policy priorities. We've highlighted the most critical recommendations below, and we encourage you to read the full report for all 159 recommendations.

Healthcare Recommendations:

Critical recommendations for expanding access to medications for opioid use disorder

For each of these recommendations, the primary outcome expected is to improve access to medications for opioid use disorder.

#	Abridged recommendation
1	Fund a study to understand and make recommendations to address payment-related barriers to medications for opioid use disorders
12	Require addiction treatment providers to facilitate access to evidence-based care, including medications for opioid use disorder.
13	Expand access to MOUD in pharmacy settings.
19	Study and make recommendations around how current OTP laws could be leveraged to expand MOUD access
20	Expand MOUD access for incarcerated people

Other important healthcare recommendations

For each of these recommendations, the primary outcome expected is to improve access to substance use disorder treatment.

#	Abridged recommendation
33	Expand access to treatment and recovery services for youth, especially services that are not religious
34	Continue to fund traditional healing for substance use disorder across the continuum of care
35	Enhance services for Hmong and East African communities
42	Expand high quality peer support services by addressing professionalization, equitable compensation, and reimbursement issues.

The report establishes that there is no rigorous evidence base to support the use of [involuntary treatment](#), including both civil commitment and mandated treatment. Neither do the following healthcare policies improve health and safety for Minnesotans: [policies](#) requiring prior authorization, abstinence, drug screening, and/or counseling before initiating HIV, HCV or SUD treatment; prescription drug take-back programs, and [residential rehabilitation houses](#).

Harm Reduction Recommendations:

#	Abridged recommendation	Primary outcome expected
48	Add protections to "Steve's Law," Minnesota's Good Samaritan law, and create funding to educate people who use drugs and law enforcement about the protections in Steve's Law.	Improve access to healthcare, Reduce arrest, Reduce incarceration
53	Ensure adequate, sustainable, flexible funding for community-based syringe services programs.	Improve access to harm reduction service
54	Increase funding for a broad range of safer smoking supplies to encourage transitions from injecting to other modes of administration or prevent initiation of injecting.	Improve access to harm reduction service
58	Provide funding for statewide drug checking programs. Allowable expenditures should include FTIR (Fourier transform infrared spectroscopy) machines, training, and confirmatory/complementary testing through a reputable lab (potentially at the University of Minnesota).	Improve access to harm reduction services

A key recommendation of the report was to adequately fund the state's [naloxone portal](#) (recommendation # 49) in order to keep it fully stocked for organizations seeking the opioid overdose antidote. This has been accomplished by the Department of Human Services since the report was published.

Social Determinants of Health Recommendations:

Housing Recommendations

For each of these recommendations, the primary outcome expected is improving housing and reducing homelessness.

#	Abridged recommendation
61	Continue to oversee the implementation of the Department of Corrections' Homeless Mitigation Plan.
62	Consider the recommendations issued by the Minnesota Advisory Committee to the U.S. Commission on Civil Rights to expand equitable access to housing.
63	Expand Harm Reduction, Health, and Housing grants program administered by MDH and other programs that facilitate access to treatment for substance use disorders and other social supports for people experiencing homelessness.
64	Ensure the availability of Housing First models, including for people with warrants, with severe mental health issues, and with severe substance use disorders.
67	Enact and enforce legislation that prohibits the criminalization of homelessness.

Employment Recommendations

For each of these recommendations, the primary outcome expected is to improve employment and reduce poverty.

#	Abridged recommendation
77	Establish minimum wage laws to a level sufficient to allow a full-time worker to rise above the poverty line and obtain stable housing.
78	Implement findings from the DHS background study task force.
79-85	Policy related to expanding "ban the box" provisions that increase employment access for people with criminal histories.

Children and Families, Immigration Recommendations

#	Abridged recommendation	Primary outcome expected
101	Create state policies that enable pregnant and postpartum people to seek supportive, non-punitive treatment and address the needs of families, including in family care plans by passing a "Model Substance Use During Pregnancy and Family Care Plans Act."	Improve access to substance use disorder treatment, Keep families together
102	Pass legislation removing prenatal substance exposure from the definition of child neglect in Minn. Stat. Sec. 260E.03, subdv. 15; and providing that prenatal substance exposure on its own may not be the basis of investigation by child welfare.	Keep families together
103	Pass a statewide policy around toxicology screening and testing of pregnant people, to create consistency across the state in terms of what substances are screened/tested for and what the threshold is for reporting where the test is positive for an infant	Keep families together
107	Create and fund culturally specific grant programs to prevent drug use among immigrant youth and youth from refugee families	Prevent people from developing substance use disorders

The report establishes that the following policies related to the social determinants of health do not improve the health or safety of Minnesotans: [restricting access to housing](#) based on criminal history; [placing children in the foster care system](#) for parental drug misuse; policy barriers to [employment, education](#), and [public benefits](#) based on criminal history or drug use; laws that prohibit public behaviors associated with [houselessness](#), like sleeping or camping in public, begging, and loitering; and [fines, fees, and debt](#) associated with criminal-legal system involvement.

Drug Policing Recommendations:

Recommendations to remove criminal and civil penalties associated with personal and social use and possession

#	Abridged recommendation	Primary outcome expected
118	Remove criminal and civil penalties for the personal and social use and possession of illicit drugs by adults (i.e. sharing) after investing in health, harm reduction, and social supports. People using drugs should be offered all available health resources and social supports but should not be criminalized for not participating in offered services.	Reduce arrest, Reduce incarceration, Improve access to substance use disorder treatment
119	Consider policies and fund programs to discourage and reduce drug consumption in public areas that do not rely on criminalization or exacerbate disparities for people who are experiencing homelessness and who lack private spaces to use drugs.	Improve community safety, reduce arrest
122	Provide training and clear guidelines to law enforcement to operate under decriminalization.	Reduce arrest, reduce incarceration

Recommendations that can take place concurrently with the recommendations above or precede them.

#	Abridged recommendation	Primary outcome expected
126	Mandate that localities implement 988/911 interoperability to enhance opportunities for alternative crisis response to behavioral health matters; Allocate funding for implementation and technical assistance to localities	Improve access to healthcare
127	Expand access to alternative, non-law enforcement responses to substance use and behavioral health issues (for example, overdose, mental health crises, post-overdose response) by requiring localities to implement these programs or incentivize local jurisdictions to create new or expand existing crisis response programs by providing funding, evaluation support, and/or other technical assistance	Reduce arrest, Improve community safety, Improve access to healthcare, Improve utilization of healthcare

128	Create a state-run certification to compel drug treatment courts to follow the standards maintained by the Minnesota Judicial Branch	Reduce incarceration, Improve access to substance use disorder treatment, Improve utilization of medications for opioid use disorder
130	Create a statutory pathway to enable and fund evidence-based "off ramps" from the criminal-legal system at intercepts 0 (community) and 1 (law enforcement) of the Sequential Intercept Model .	Reduce arrest

The report establishes that the following policies related to drug policing do not improve the health or safety of Minnesotans: [arresting people](#) for drug use and criminal repercussions for simple possession; [imprisoning people](#) for drug use; [drug paraphernalia laws](#); [drug-induced homicide laws](#); and [opioid-related drug seizures](#).

Data Collection and Evaluation Recommendations

For each of these recommendations, the primary outcome expected is to increase our understanding of overdose risks to inform our response strategy.

#	Abridged recommendation
139	Legislate a periodic strategic planning process and review of all statewide drug policies, including the impacts of drug policing policies on public health, public safety, and social determinants of health. This should include attention to racial disparities in all outcomes of interest.
140	Mandate that the appropriate state agencies track and make publicly available the costs related to drug law enforcement.
143	Collect more granular epidemiological overdose data on race and ethnicity, and use this data to allocate funding to inequitably impacted communities.

Crosscutting Recommendations

"*Crosscutting*" recommendations address multiple policy areas at once, rather than fitting neatly into a single domain. This section includes recommendations that are specific to certain populations, relate to funding mechanisms, or span several policy areas simultaneously.

#	Abridged recommendation	Primary outcome expected
<u>149</u>	Implement the twelve legislative recommendations from the 2023 American Indian Substance Use Disorder Summit, including around access to treatment, funding, and culturally specific resources for people leaving detention settings.	Improve access to substance use disorder treatment, improve access to naloxone, improve access to healthcare
<u>150</u>	Expand services for youth experiencing homelessness and using drugs, including drop-in centers, support groups, and therapy that don't mandate sobriety or limit their freedom.	Improve access to substance use disorder treatment, Improve access to harm reduction services, Improve housing/Reduce homelessness
<u>153</u>	Identify methods of meaningfully integrating the voices of people with lived and living experience at every level of the drug policy development process and funding distribution process, including opioid settlement funds.	Improve access to harm reduction services, improve utilization of harm reduction services
<u>155</u>	Re-invest savings and revenue from the criminal-legal system into community-based supports, like job placement and mental health services.	Improve access to healthcare, Improve access to harm reduction services, Improve employment
<u>156</u>	Create sustainable, flexible, and equity-focused funding opportunities for organizations whose missions include advancing the health of BIPOC communities and who can demonstrate a track record of doing so in a way that is inclusive of directly impacted communities	Improve access to substance use disorder treatment, Improve access to harm reduction services
<u>157</u>	Plan for the eventual end of opioid settlement funds by deploying funds to establish evidence-based, effective policies and practices, rather than funding only programs. (Find sustainable funding sources for programs.)	Improve access to healthcare, Improve access to harm reduction services, Improve employment, Improve access to substance use disorder treatment