



Evidence-Based Approaches to Drug Policy: a Roadmap for Minnesota: *Drug Policing*

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.

Drug Policing Context

Drug use is closely connected to what we refer to as [Drug Policing](#), a term that describes how the US has handled drug use and sales for the past fifty years. This approach relies on punishment and law enforcement to prohibit drugs by banning their use, sale, possession, production, and cultivation. The goal has been to reduce or eliminate both the supply of and demand for drugs.

The research shows that this approach has not been effective at reducing drug use and instead has contributed to rising overdose deaths and other negative outcomes for both [public safety](#) and [health](#). Public safety problems include increased drug-related violence, a growing illegal drug market, and the rise of drug cartels. Public health problems include riskier drug use behaviors, setbacks to HIV prevention efforts, and more synthetic drugs and dangerous contaminants in the drug supply—all of which contribute to rising overdose rates.

Recognizing these problems, Minnesota lawmakers—like those in many other places—have started pursuing a new evidence-based approach. This includes legalizing cannabis, legalizing drug paraphernalia, and exploring new approaches to psychedelic medicines.

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 150 recommendations

However, more work remains. These evidence-based recommendations can help prioritize future drug policing policy efforts. We highlight some of the most important recommendations from the drug policing section below—please read the full report for all 20 policy 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 |

| | | |
|-------------------|---|---|
| <p><u>128</u></p> | <p>Create a state-run certification to compel drug treatment courts to follow the standards maintained by the Minnesota Judicial Branch</p> | <p>Reduce incarceration, Improve access to substance use disorder treatment, Improve utilization of medications for opioid use disorder</p> |
| <p><u>130</u></p> | <p>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 <u><i>Sequential Intercept Model</i></u>.</p> | <p>Reduce arrest</p> |

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*.