



# Evidence-Based Approaches to Drug Policy: a Roadmap for Minnesota: *Harm Reduction*

## 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.

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## Harm Reduction Context

[Harm reduction](#) is a public health approach that aims to reduce negative consequences of drug use while recognizing that some people cannot stop using drugs. It is also a movement built on a belief in, and respect for, the rights of people who use drugs. There is extensive evidence supporting harm reduction measures like [syringe services programs](#), [naloxone distribution](#), [drug checking programs](#), and [overdose prevention centers](#) (in Minnesota referred to as "safe recovery sites").

In some ways, Minnesota leads other states in harm reduction policy: it has fewer barriers to syringe services programs than most states—a best practice. Minnesota also uses state funding to support these programs, unlike many other states. In the last couple legislative sessions, lawmakers allocated funding for [safe recovery sites](#) ([Session Laws 2023, Chapter 6I, Subd. 18\(b\)](#)) and passed the Comprehensive Drug Overdose and Morbidity Prevention Act ([Minn. Stat. 144.0528](#))

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<sup>1</sup> This was in response to population-level outcomes that indicate that our current approach is not working, including continued rising rates of overdose mortality in Minnesota and racial disparities in overdose mortality, the lack of access to evidence-based treatment for substance use disorder, the number of people incarcerated for drug crimes, and racial disparities in incarceration.

<sup>2</sup> Researchers reviewed the academic and gray literature, conducted over fifty interviews with Minnesotan experts in the field, and a statutory analysis to arrive at roughly 150 recommendations.

However, more work remains, including providing sustained funding for organizations that offer harm reduction services and naloxone access. The recommendations below can help prioritize future harm reduction efforts. We highlight some of the most important recommendations from the harm reduction section—please read the full section for all I2 policy recommendations.

## Recommendations

#	Abridged recommendation	Primary outcome expected
<a href="#">48</a>	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
<a href="#">53</a>	Ensure adequate, sustainable, flexible funding for community-based syringe services programs.	Improve access to harm reduction service
<a href="#">54</a>	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
<a href="#">58</a>	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.