Drug Policy: State of the Evidence

Presentation to the Task Force on Holistic and Effective Responses to Illicit Drug Use

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Agenda

- About us
- Research Project Genesis
- Methodology
- Findings
- Next Steps
- Questions

About the Researchers

Both interested in the ways that criminalization impacts population health.

- Ari McHenry, MPH
  - Masters of Public Health from Columbia
  - Focuses on drug policy and harm reduction policy
  - Past clients include Harm Reduction International, International Drug Policy Consortium, Elton John AIDS Foundation, Vital Strategies

- Anne Siegler, DrPH
  - Doctor of Public Health from City University of New York, with an MPH from Columbia
  - Focuses on epidemiology associated with drug use and incarceration
  - Past clients include National Council on Mental Wellbeing, Vital Strategies, Physicians for Human Rights, University of MN

Genesis of the project

- Funding allocated in 2023
- Bill sponsors were Rep. Dave Pinto and Sen. Clare Oumou Verbeten.

"The study must include a review of current policies, practices, and funding; identification of alternative approaches utilized effectively in other jurisdictions; and policy and funding recommendations for a response to illicit drug use and the illicit drug trade that **reduces and, where possible, prevents harm and expands individual and community health, safety, and autonomy***"*

- Laws of Minnesota 2023, Chapter 52, Article 2, Sec. 3, Subd. 8(v)

Methodology

- Review of peer-reviewed scientific evidence as well as government reports and other grey literature on drug use, drug policy, and the treatment and care of people with substance use disorders
- All types of illicit drugs, modes of consumption, drug policy, and drug treatment were included in the review.
- In the data analysis, priority was placed on papers with strong quality evidence and rigorous methodology.

Definition of Successful Drug Policy

1. Improved health outcomes, as evidenced by measures of morbidity and mortality at the individual level and the population level, as well as improved access to health care and treatment.

2. Improved safety outcomes, which we define as decreased violent crime and decreased drug-related harms.

3. Improved socio-economic outcomes, such as employment, education, poverty, and housing.

Difficulties in Evaluating Jurisdiction-wide Drug Policy

- Disentangling effects of one policy from changes in other policies and population trends in the same place, across the same period of time

- Heterogeneity in policies and interventions implemented in different places, limiting the ability to aggregate and summarize effects.

- Focusing on instances of reform, like Portugal or cannabis legalization in the US, without analyzing how specific aspects of the policy contributed to the key outcomes.

Difficulties in Evaluating Jurisdiction-wide Drug Policy, continued.

- Research into alternatives to criminalization rarely delves into the political or cultural context of the policy changes.

- Focus on the prevalence of drug use, which is not tightly responsive to drug policy.

- No distinction between problematic and non-problematic forms of use.

Different from evaluating health interventions

- Evaluating jurisdiction-wide policy changes is very different than evaluating medications or clinical interventions, where you can set up a controlled trial and clearly determine that one medicine works better than another.
  - The intervention you're implementing (the "medicine") is not always well-defined or similar across jurisdictions
  - The outcome you're interested in improving or intervening on (the "cure") is often fuzzy or up for disagreement (i.e. reduce arrests? reduce overdoses? reduce addiction? use? and if so, how is this measured? is use, for example, any use? in the last 30 days? the last year? or just "problematic" use?)
- In addition, alternatives to drug criminalization are relatively new and emerging.

With all that said, what did we find?

50+ years of prohibition

Prohibition policies ban the use, sale, possession, production, and cultivation of designated controlled substances in hopes of reducing or eliminating the supply and the demand for drugs. People who violate these policies face criminal and civil sanctions.

Severe racial disparities

Figure 1. Map of Minnesota drug overdose deaths by county per 100,000 population, 2019-2022
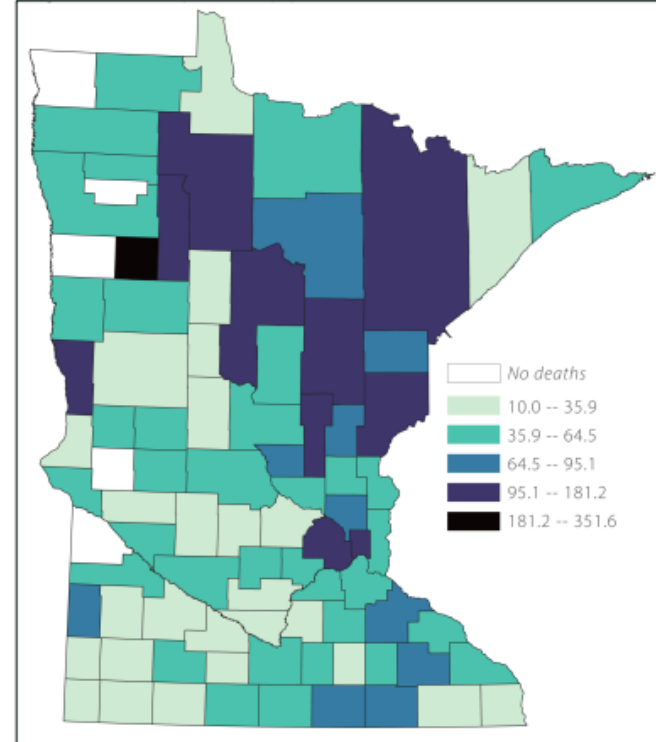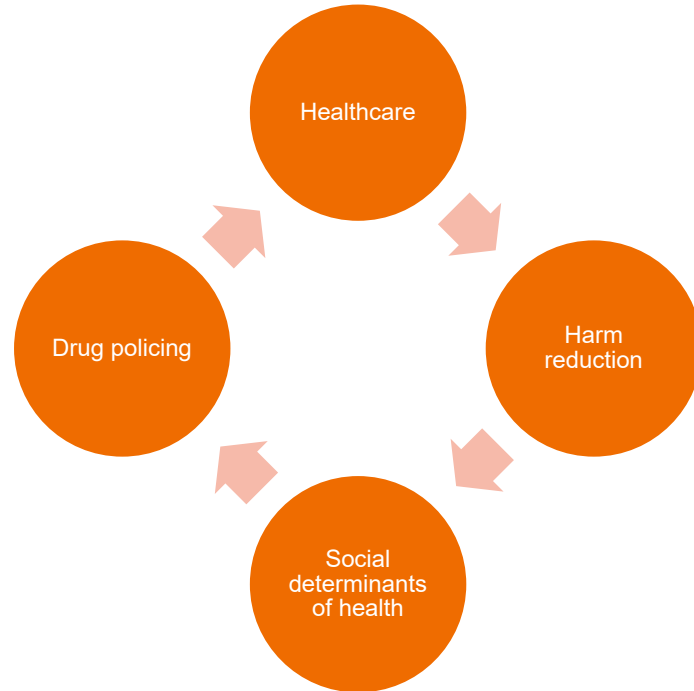
	No deaths
	10.0 -- 35.9
	35.9 -- 64.5
	64.5 -- 95.1
	95.1 -- 181.2
	181.2 -- 351.6

Would alternatives to prohibition create different outcomes?

Four domains of drug policy

# Healthcare

Four domains of drug policy: Healthcare

- Medications for opioid use disorder

- Substance use disorder treatment that is voluntary, available on demand, culturally appropriate, and geographically accessible

- Medicaid coverage for treatment for SUD

- Peer support/recovery coaching

- Across provider types, increased competency working with people who use drugs, including harm reduction techniques and expanding training and education curricula

Four domains of drug policy: Healthcare

- Compulsory treatment
- Involuntary civil commitment
- Policies requiring prior authorization
- Policies requiring abstinence, drug screening, and/or counseling before initiating HIV, HCV or SUD treatment
- Prescription drug take-back programs.

Harm Reduction
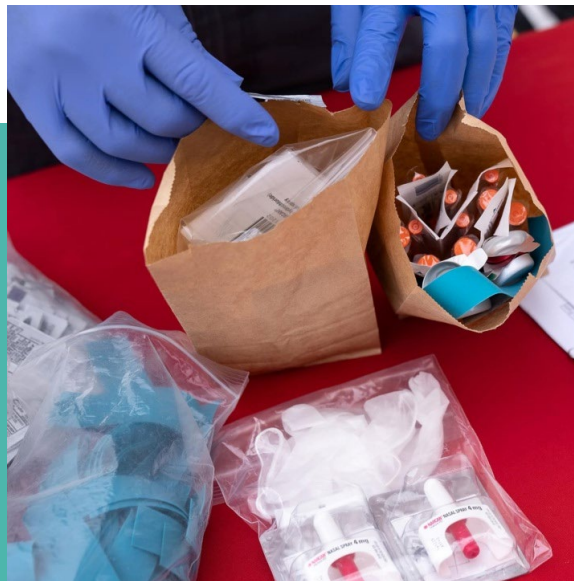
Four domains of drug policy: Harm Reduction

- Safer drug use supplies

- Overdose prevention centers

- Access to naloxone, including distribution directly to people who use drugs.

- Fentanyl test strips

Social Determinants of Health

Social Determinants of Health

Community Conditions -
Social, Economic, and Environmental
Determinants of Health

Behaviors

Physical and Mental
Health Outcomes

Criminal Justice System Involvement /
Criminal Justice Policies

HIP
HUMAN IMPACT PARTNERS

Image Source: Human Impact Partners (2016). Available at https://humanimpact.org/a-framework-connecting-criminal-justice-and-public-health/

- Housing First and other programs that ease access to housing for people who use drugs
- Criminal record expungement
- Supporting families to remain together in cases of caretaker drug misuse
- Ensuring access to employment opportunities, public benefits, higher education for people with criminal histories
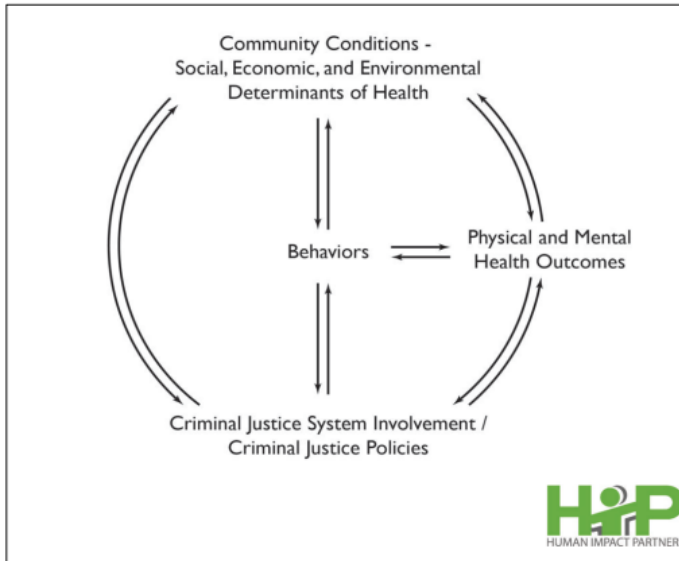
Social Determinants of Health

- Restricting access to housing based on criminal history
- Removing children to the foster care system solely 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
- Fines, fees, and debt associated with criminal-legal system involvement.

Drug Policing

Drug Policing: Public Safety Impacts

- Violence results from a system where people are without legal recourse
- Arresting people for drug use does not deter future use, crime recidivism, arrest, or incarceration
- Imprisonment does not impact rates of drug use or arrest. Critically, however, release from prison is positively associated with heightened overdose risk.
- Opioid-related drug seizures by police are associated with increased drug overdose clusters in the same geographic areas, compared to periods without drug seizures.

Drug Policing: Health Impacts

- Increased risk of use in secluded areas
- Creates higher risk behavior and forces isolation
- Undermines HIV prevention work
- Hurts community health
- Leads to imprisonment, which is associated with myriad poor health outcomes
- Accelerates introduction of synthetics and contaminants like fentanyl, which drives up overdose rates

Drug Policing

Table 8. Summary of advantages and disadvantages of different models

	Model	Start-up requirements	Prevalence of recent use	Criminal-legal system burden	Treatment/harm reduction service access	Drug-related health harm	Social reintegration	Net-widening	Differential application
1	Depenalization	Low	No change	↓	↑(v)	No change	No change	High	High
2	Police diversion (de facto)	Moderate	No change	↓↓	↑↑↑	↓↓	↑↑	Low	High
3	Police diversion (de jure)	High	No change	↓↓	↑↑↑↑↑	↓↓↓	↑↑	??	Low
4	Decriminalization with civil or administrative sanctions	Moderate	No change	↓↓↓	↑↑(v)	↓	↑↑	High	Moderate
5	Decriminalization with targeted diversion to health/social services	Very high	No change	↓↓↓↓	↑↑↑	↓↓↓	↑↑↑↑	Low	Low
6	Decriminalization with no sanctions attached	Moderate	No change	↓↓↓↓	↑↑(v)	↓↓	↑↑↑	Low	Low

V= voluntary access.

Regulation

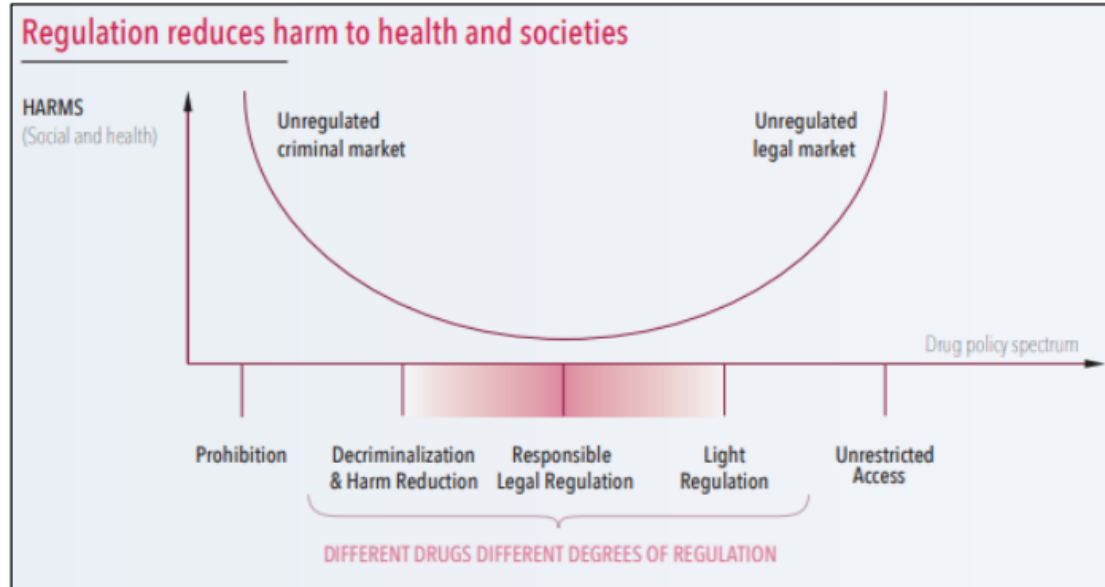Figure 5. Regulation reduces harm to health and society

Regulation reduces harm to health and societies

HARMS (Social and health)

Unregulated criminal market

Unregulated legal market

Drug policy spectrum

Prohibition | Decriminalization & Harm Reduction | Responsible Legal Regulation | Light Regulation | Unrestricted Access

DIFFERENT DRUGS DIFFERENT DEGREES OF REGULATION

In conclusion

- Drug use is pervasive.
- The risk of drugs is not correlated to their legality or illegality.
- Prohibition-based drug policy has led to poor health and safety outcomes with extreme racial inequities.

Evidence-based drug policies in MN from the last few sessions

- Extending medical assistance's coverage of telehealth services, which will support more people's ability to access medications for opioid use disorder in street outreach settings;
- Creating funding dedicated to culturally specific recovery communities;
- Removing barriers to public assistance for people who commit drug offenses
- Establishing the Task Force on Holistic and Effective Responses to Illicit Drug Use

What's next? Recommendations from the second report

- October meeting: Recommendations for the health care and social determinants of health domains will be available ahead of your second meetings and presented to the task force for discussion and consideration for inclusion in the report to the legislature.

Reach out with questions…

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- Anne Siegler
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...and read the report!