Drug Policy State of the Evidence: About the Recommendations

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A. It's clear after the last meeting that we have a "square peg in a round hole" situation, where the Task Force is being asked to review recommendations that weren't crafted with a task force in mind. We see two many areas of tension.

1. There are a *lot* of recommendations. Why?

- Our task as researchers, as conceived in 2023, was to provide a "holistic" list of recommendations to address drug policy in Minnesota. Statute specified that we look across areas including public safety, racial equity, health services, social services, mental health, housing, child welfare, and employment when making recommendations.

- And, as Task Force members know well, there are many aspects of our state's drug policy response that need reform.

2. The recommendations range from very broad to very specific. For example, the health care recommendations include both passing a multi-part model act to increase access to MOUD at pharmacies, as well as the very narrow recommendation to ensure there is adequate funding for translation services in in-patient treatment services. Why?

- This is a result of the methods used for the second report.

B. Methodology for the recommendations and the second report.

★ Review of the literature

○ Academic literature, including early findings from recent policy and program innovations (Oregon's Measure 110, OnPoint in New York City)

○ Gray literature

○ Recommendations from expert groups (i.e. American Medical Association)

○ Model laws and policies (i.e. Legislative Analysis and Public Policy Association, the National Academy for State Health Policy, the Network for Public Health Law)

○ Government reports

○ Non-academic findings from innovative programs

★ Key informant interviews

○ Process

- Experts from 4 domains (healthcare, harm reduction, drug policing, and social determinants)

- Expertise from metro Twin Cities and outer MN

- Experts on how drugs/the Drug War disproportionately impacts special populations

- Interviews were 1 hour over Zoom

- Guided by semi-structured questionnaire

- 49 interviewees total

  - Drug policing = 13

  - Harm reduction = 10

  - Healthcare = 18

  - Social determinants = 13

- Interviewees came from government agencies (state and local levels), trade groups, hospitals and clinics, non profit service providers, and advocacy groups

- Analysis

  - Each interview was transcribed, coded for themes as they relate to recommendations

  - Aided by AI program CoLoop and hand reviewed

  - Findings/themes combined with review of literature and published recommendations (see Methods Slide #1)

  - Technical support and expert advice provided from lawyers and epidemiologists at the national technical assistance provider, Vital Strategies' Overdose Prevention Program

★ Statute analysis

  - Mapped all statutes related to drug policy in state law

  - Crosswalked with the domains in the report

  - Highlighted places where Minnesota's approach diverges from best practices

  - Also highlighted potential areas for future interventions and collaboration

  - Technical assistance from lawyers at Vital Strategies' Overdose Prevention Program

C. Deriving the recommendations

★ Recommendations follow closely from the gold standards laid out in the initial report, while taking into account MN's current policy landscape.

- ○ Example: The initial report describes how medications for opioid use disorder (MOUD) are the gold standard of care for people with opioid use disorder; the final report proposes policies to expand access to MOUD, such as leveraging pharmacies and emergency room settings.

★ Recommendations are situated in the context of current laws and regulations, as well as concurrent state task forces, working groups and processes happening across the state.

- ○ Example: for the recommendations to expand access to MOUD in detention settings, we reference the state working group that is working on this issue.

★ Reminder: Challenges inherent to evaluating real world policies

- ○ Intervention is not always well defined (i.e. a medicine or treatment)
- ○ The outcome you're interested in improving or intervening on (the cure) is often fuzzy or up for disagreement (reduction in arrest? Reduction in overdose death? Reduction in incidence of addiction? Frequency of use?)
- ○ Alternatives to drug criminalization are relatively new and emerging – sometimes not yet well understood
- ○ Some innovations evaluated elsewhere (internationally, other US states) - unclear how it would fare in MN

Appendix: Legislative Mandate

"…mak[e] policy and funding recommendations for a **holistic** and effective response to illicit drug use and the illicit drug trade."

"Recommendations must consider impacts on public safety, racial equity, accessibility of health and ancillary supportive social services, and the intersections between drug policy and mental health, housing and homelessness, overdose and infectious disease, child welfare, and employment."

"…shall submit an initial report by February 15, 2024, and a final report by March 1, 2025."

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