



Task Force on Holistic and Effective Responses to Illicit Drug Use

Date: 04.09.2025

Open meeting law in-person location, staffing, and task force members in attendance:

Task Force members in attendance: Phil Baebenroth, Jillian Dease, Kurt DeVine, Barry Edwards, Lauren Graber, Ryan Kelly, Alex Kraak, Donald Lannoye, Shane Myre, Dziwe Ntaba, Donovan Sather

Absent: Chris Bates, Bradley Ray, Bill Ward

Design team: Jennifer Blanchard (OAR), Cat Rohde (OAR), Stephanie Klein (MAD), Abra Pollock (MAD), Ari Edelman-McHenry (Rise Research), Anne Siegler (Rise Research)

Other: Commander Ryan O'Neill, Sergeant Toy Vixayvong, Sergeant Aaron Schmautz, Ashley Anderson (MDH), Julianna Milhofer, Dave Titus

Agenda items

Welcome and roll call

- **Members and observers were welcomed:** Noted it was a working meeting with (time permitting) public comment at the end, and public can observe and submit comments to the Office of Addiction and Recovery. Noted that the Office of Addiction and Recovery email is located on the [task force website](#).
- **Review of agenda:** Agenda and objectives for the meeting were reviewed.
- **Roll call and introductions:** Roll call was taken
- **Approve of minutes:** Meeting notes for March will be approved at the May task force meeting.

Presentation & discussion

Presentation by Commander Ryan O'Neill, Ramsey County Sheriff's Office, Criminal Investigations Unit

Commander O'Neill shared information about the Violent Crime Enforcement Team (VCET) and his experiences and observations related to law enforcement efforts, the impacts of decriminalization, and relevant research.

- Violent Crime Enforcement team (VCET)
 - Primary law enforcement team dedicated to fighting drug trafficking in the region, including violent crime associated with narcotics and high-level offenders
 - Multi-jurisdictional agency, collaborating with law enforcement agencies throughout the county, National Guard Counter Drug team, DEA and BCA
 - 24 VCETs across MN funded by the Office of Justice programs under the Department of Public Safety; shared mission to target enforcement efforts on upper-level narcotics distributors, violent offenders, gang members and career criminals

- Enforcement is not focused on street level dealers or users; may get involved with street level dealers if discovered during routine traffic stop
- Drug Trafficking Organizations (DTOs) are groups responsible for bringing most of the meth, fentanyl, heroin, opioids, cocaine and marijuana into region. Middle level dealers and then the street level dealers are the ones that get it out to users.
 - Goal to prevent big deliveries and reduce the amount of drugs and illegal firearms coming into region
 - Investigators work to identify drug trafficking organizations and the career criminals involved for arrest and prosecution.
 - Large shipments: vehicles can have 100-250 lbs. of illegal drugs, usually methamphetamine, and marijuana. Fentanyl is in smaller amounts because it is so dangerous. 1.5 lbs. of fentanyl can create 10,000 - 50,000 pills.
- Impact of decriminalization
 - When something is decriminalized, like marijuana, it reduces the amount of law enforcement effort into that enterprise
 - Street level dealers will grab a marijuana enterprise and use firearms and violence to control their area while continuing to sell illegal drugs because they're cheaper than the decriminalized drugs.
- Related research
 - There have been studies that have correlated drug busts with overdoses
 - A causal mechanism between disruption of person's ability to obtain a substance and what they can withstand, makes sense anecdotally
 - Example: Arrest a street level drug dealer and take that source away and now the user must go somewhere else; makes logical sense.
 - VCET
 - Focus is upper-level distributor, not street dealer
 - A large shipment of amphetamine would be distributed throughout the metro; confiscation during an arrest affects the supply of all area dealers... but most dealers have multiple sources. If one runs out, will go to another
 - Most street dealers have more than one source, and so if a source runs out, they'll go to another
 - Belief that that street dealers do not actually know what's in their product and what they're selling. Street dealers only know what they mix in; they always cut their product to make more money.
 - Users do not know what they are actually getting

Narcan and changing views of law enforcement

- Critical accomplishment: getting the Narcan out to both officers and users
 - Recently moved from narcotics to criminal investigation; seeing more street level crimes

- Many calls out to overdoses, give the Narcan, the medics will show up and then the user refuses medical treatment.
- There's a stigma that law enforcement is trying to go after users, but that has changed.
 - In the last 20 years, most people who work in law enforcement, realized that the people that are using drugs are the victims
 - The people that are selling them and bring them into the area are the criminals that law enforcement needs to go after.

Questions and discussion:

- Comment: Much of what I am trying to do is find resources to help people so they can focus on their substance abuse.
- Question about whether intervention with different response teams has helped people get connected to resources
 - Answer:
 - SPPD has a group of officers that work with any mental health call. Social workers join the call and help connect people with resources. That has been very effective. However, some people do not embrace that help.
 - We need more programs that help on the front side, but that involves money and training as well as personnel.
 - Big fan of drug court because then the person doesn't have a criminal history.
 - Prevention starts with education. When you decriminalize drugs, it says it's OK to children.
- Question whether creating legal narcotic products could eliminate the illegal drug trade
 - Answer:
 - I do not believe so. Personal opinion – It is my experience that once something is decriminalized and legal, the government has to be involved, and it costs money to regulate dispensaries.
 - There is also the problem of regulating where product is coming from, how it is produced, who is dispensing it incorrectly, and who is charging a cheap amount for an unregulated product.
- Question about treating opioid use disorder in the jail system
 - Answer:
 - Most police officers are willing to help facilitate that. There are a lot of repeat offenders and officers want to help break that cycle.
 - Money is a problem. You need a program in place and there needs to be training which costs time and money.
 - The biggest problem with jails is that people don't stay long enough. Many people are released before they finish detoxing. We give them a card with resources on it, but many people do not use that. Keeping people in custody longer costs money.

- I think there is opportunity and law enforcement would like to work with health professionals, it's just the time and costs to setting that up.
- Question about fighting back against drug organizations targeting MN because of its international harbors, international airport, and highway access to Mexico
 - Answer: Until we deal with the demand, we will never win on the supply. Until the demand goes away, we cannot improve the situation.
- Question about getting people the care they need, crucial to addressing demand.
 - Answer: In Hennepin County we have jail diversion. When someone has a misdemeanor that's a Minneapolis charge and is willing to enter diversion, they are transferred to a Behavioral Health Center for treatment.

Presentation & discussion

Presentation by Sergeant Toy Vixayvong, St. Paul Police Department, Office of Public Information

Sergeant Vixayvong shared information about his work in the St. Paul Police Department and his experiences and observations regarding law enforcement, community partnerships, and reducing overdoses among high school students

- Most of career investigating narcotics cases including DEA task force, FBI Task force, and gang unit. Current role: spokesperson.
- Overdoes cases
 - 2022: 132 overdose deaths in St. Paul. Although it's declining, that's still too high.
 - 2023: 127
 - 2024: down to 99.
 - So far in 2025: 27 overdose deaths Paul. That's very high.
- I was working in the gang unit when I got involved in this. I was doing undercover work on catalytic converter thefts. I found those parts were being traded for fentanyl. I got converters from the property room and started trading them for guns.
- Overdoses among high school students; community partnerships
 - While in the gang unit, observed high level of OD's at Humboldt H.S.
 - Gang unit officers sent into the school; started making connections with the school, students, and parents; started making home visits.
 - When students agreed to get help, found a long waiting list to get into that treatment
 - Met Dr Kelly who helped St Paul get access to Suboxone; could only get in Minneapolis.
 - Important to do follow up, make sure kids aren't selling their Suboxone. No new cases at Humboldt H.S. in the past two years.
 - Dr Ntaba presented to members of the city council to ask for Suboxone in St. Paul.
 - City Council called meetings to get Suboxone in our medic rigs. Still need to get Suboxone prescribed to juveniles in St. Paul.
- Can't arrest our way out of the problems, have to think outside the box, do the intervention and

prevention side of things and that's what we're doing in Saint Paul.

Questions and discussion:

- Comment: Getting off fentanyl, using suboxone, is very hard. Many people stop using the suboxone. Appreciate the hands-on approach from SPPD.
- Comment: We do hear that a lot, Suboxone makes people feel sick, but we encourage them to keep with it.
- Comment: metro adolescent substance use providers are trying to build capacity and networking for adolescents. Need all hands on deck working on how to connect kids with the supports that they need so that they can have a life that offers opportunity to flourish.
- Question about what getting connected to medical/mental health looks like out of the twin cities?
 - Answer: Many kids are afraid of getting in trouble and getting arrested. We are interested in helping them get off drugs. It is a lot of relationship building. Doing follow-up is important, especially reiterating that we are there to help.
- Comment about the drug policies in Portugal.
 - Portugal did not legalize illicit drugs, but they decriminalized. First, they invested resources in treatment options. Rather than arresting people for low level drug use, people were sent to a dissuasion committee who would decide if there was a drug problem and if the person needed to be connected to treatment.
- Question about this idea of removing criminal penalties associated with personal use of drugs
 - Answer:
 - Personally, I go after dealers, cartel members. For street users, they get arrested but that is when the court becomes involved. When people are on probation, can we up our prevention? We all have to come together to come up with a solution.
- Comment: Patrol officers respond to 911 calls for a service and that often ends up involving discovery of drugs at the scene. Street cops are not out to bust drug users.
- Question about youth fearing arrest and whether fear is an effective means of prevention
 - Answer: The addiction is so strong, that some forget the fear. They get arrested, they get released, and then they become repeat offenders.
- Comment: It's not until age 25 that the prefrontal cortex is fully developed. Kids are a unique group. That makes our intervention strategies so important. Some kids understand how devastating an arrest can be. Some don't resonate with that.
- Question about how partnerships among law enforcement and others come together in ways that have worked
 - Answer: The partnerships are so important, SPPD cannot do it alone. Working with healthcare, schools, parents, etc. is vital.
- Comment: Improving access to resources is so important. We are coming up with recommendations that hopefully will lead to legislation to help improve lives.

Presentation & discussion

Presentation by Sergeant Aaron Schmautz, Portland Police Dept, President of the Oregon Coalition of Police and Sheriffs, and of the Portland Police Association

Sergeant Schmautz shared his experiences and observations in Oregon and Portugal, and reactions to the 2025 Rise Research report.

- Addiction is a health issue; like the homelessness crisis and mental health issues facing communities, we cannot arrest our way out of it.
- Have observed reluctance from service providers to partner with law enforcement across the country which leads to bad outcomes.
- Measure 110 in Oregon was about addressing the perceptions of over-policing of certain communities. It was not about a health-based approach to addiction.
 - Police were identified as a cause of societal concern. Concern with frequency of interaction with people with addiction issues.
 - In 110, the way to get into services was to get a ticket from a police officer, but it was up to the individual to follow up and make contact; law enforcement ability to engage in that way was diminished.
 - The officers interacting with users did not have quick access to services; officers needed partnership with providers
- Impact of Measure 110, noting that drug policy is not the sole driver for increases or decreases in crime
 - Overdoses in Oregon skyrocketed after the passing of Measure 110. In Portland:
 - 2020: 86 overdose deaths in 2020; measure 110 went into effect later that year
 - 2021: 134
 - 2022: 159
 - 2023: 303
 - 110 destroyed law enforcement's ability to indict dealers. They adjusted their strategy to make them immune to prosecution. Led to a just mass spread of quantities of narcotics, particularly fentanyl, in community.
 - Crime and economic decline
 - Many factors contributed, but crime exploded in Portland between 2020 and 2024. Violent crime, shooting, homicides all increased by more than double. City of Portland has become less safe
 - Billions of dollars of economic growth have fled Multnomah County
 - Leading to what economists refer to as a doom loop
 - Critical services decline, leading to declining tax revenue to pay for those services, leading to further decline.
- Changes to support for Measure 110

- Public support for Measure 110 crumbled in 2023; it was altered September 2024
- The decision to change measure 110 was unilateral and bipartisan.
- 2024: decline in overdoses down to 274
- 2025 to date: 63, so on pace for 240
- Learnings from delegation to Portugal
 - Trip stemmed from issues and discussions about how to navigate Measure 110
 - Approx. 20 delegates including Democrats, Republicans, drug policy experts, peers, and two police officers, including Sergeant Schmautz
 - Learned there was strong societal accord around the fact that drug use in 2001, primarily heroin use, was having a significant and negative impact on their society. Concerns included the spread of AIDS and HIV due to needle use.
 - They said about 1% of their population at the time was using heroin.
 - We were told that there is a significant social stigma around drug use in Portugal but they also recognize that the solution is not incarceration.
 - A major effort within their legislation was to create a huge school police system. Almost 300 police officers placed into schools to teach robust abstinence, facing education around drug use.
 - The interface between law enforcement and particularly young people, was huge and critical.
 - The author of this whole movement in Portugal said policing is a partner in the solution.
 - Portugal teaches their young people about the harm and dangers of use. They acknowledge that the addiction and health issue exists and they look to address it.
 - Portugal as a country has strict gun laws and has not seen fentanyl or meth wash through the way that we have in America, making it a flawed comparator to America.
- Reaction to 2025 Rise Research report
 - Discussion of Measure 110 in Oregon does not represent what Sergeant Schmautz experienced first hand; other officers also surprised by the findings
 - Goal to help Minnesota avoid making the same mistakes as were made in Oregon
 - Thesis presented regarding Measure 110 is that policing is at the core of the discord when, in reality, the deepening of connection between law enforcement and service communities is clearly the only pathway forward
 - Report includes a statement that no studies have linked Measure 110 to an increase in crime or overdoses – however, no studies have disassociated Measure 110 with these increases either
 - Case study regarding Portugal states that the population was concerned about societal exclusion and marginalization of drug users. At no time did any person in Portugal say this to us.
 - Shared the Portugal case study from the Rise Research report with other Portugal

delegates. All were surprised by the case studies finding and agreed that it did not align with what we as a delegation heard, saw and experienced.

- Drug consumption rooms are problematic for a myriad of reasons.
 - They are regional, leading to people coming to specific areas to use drugs.
 - Oregon saw the same kind of thing during Measure 110 and refers to it as drug tourism, specifically from border cities.
- Rollback of Measure 110
 - Done by a supermajority of Democratic leadership in Oregon by fall of 2023.
 - Democrat and Republican caucuses in Oregon began forming two options, a full repeal and a rollback.
 - Police lobby was concerned about a repeal
 - Would lead to the loss of important services opened up by Measure 110,
 - Would place the concerns and issues of addiction back at the feet of law enforcement in an environment where all our solutions, detox facilities, etc. were gone.
 - Very vocal advocacy groups made it clear that a voter petition would be sent to the voters if legislators did not act and they did by passing a highly negotiated pivot to a deflection concept.

Questions and discussion:

- Q: Resources were not set up before decriminalizing. Where is Oregon now with access to treatment?
 - A: the policing model we used to use did not work. Once a person is released there needs to be care available. Measure 110 imagined replacing jail with care but none of it was set up. The rollout was flawed. When dealing with overt societal discord we need to abate acute crisis on the street. In measure 110 there was no way to abate. A) you must have services available, B) those services must change the environment.
- Q: Are there any pockets in Portland or other cities where those partnerships are developing?
 - A: Eugene, OR is aligning their service providers with law enforcement. The biggest reason people believe there is a problem between service providers and police is because providers are saying there is. There are deep trust issues. We must decide, globally, how to build that system. We have to all work together to find a solution.
- Q: When it comes to stigma and substance use, do policy interventions do more harm than good?
 - A: The mistakes of measure 110 created a new perspective on addiction. It was so complicated. We have created a lot of different perspectives. There is no one political party that has gotten this right. Our failures in policy created a new stigma that is difficult to navigate.
- Comment: law enforcement has more touchpoints than is necessary because we get the most calls. We are not the solution. There is stigma around what law enforcement represents in the

community and it has caused a lot of discord.

- Q: May we have written material from Sgt. Schmautz for us to reference and reflect on?

Presentation & discussion

Presentation by Rise Research on Drug Policing Recommendations based on research in medical scientific evidence from peer reviewed journals.

- In the Year 1 Report, surveyed scientific literature to determine the strongest and best drug policies when considering health outcomes, public safety outcomes and social determinants of health outcomes.
- Prioritized the strongest academic studies with the most rigorous study designs like systematic reviews.
 - A systematic review is a study that synthesizes all of the available evidence on a topic and, along with meta-analysis, it's one of the strongest types of research.
- Also prioritized research published in well-respected peer reviewed academic journals like The Lancet, the New England Journal of Medicine, and the International Journal of Drug Policy.
- Articulated primary outcomes and primary impacts associated with our recommendations and introduced those to you at the March meeting.
 - A primary outcome is the most important outcome that a study is designed to evaluate. The result of the primary outcomes are used to determine whether the thing that you're studying is considered effective or not.
 - Primary impact refers to the broader long-term effects and consequences that arise from the intervention (recommendation) and these are not often directly measured in studies. They are bigger things, i.e. - reducing overdose mortality.
- Simply, we have a recommendation which we think will lead to an outcome, and which we think will lead to an impact.
- An example of studies used when we were doing research to develop our recommendations include the Lancet HIV - The aim of this study was to look at all prior studies that looked at the impact of laws criminalizing drug use on HIV prevention and treatment among people who use drugs.
 - This study looked at 106 unique studies and the intervention they were looking to evaluate was laws that criminalized Drug use and the primary outcomes they were looking to see affected was HIV prevention and treatment, including things like receiving HIV testing, accessing drug treatment and sharing used syringes.
 - When summarizing primary outcomes of the studies in the systematic review, recall that primary outcome is the most important measure that a study is designed to evaluate using specific metrics and indicators.
 - In the Lancet study, the authors concluded by saying the evidence base provides clear support for moving away from the use of criminalization as a strategy to try to limit the harms of drug use, and advises global policy makers to urgently reform the current approach to drug policy in order to end the HIV epidemic.
 - The authors are not making broad, sweeping claims about the ability of reform to fix all

drug problems, but instead are very specific about the need to reform laws that criminalize drug use in order to end the HIV EP.

- Anne and I replicated that concrete, explicit intended outcome in our recommendations. This paper was a key input into our recommendations. (#118 about removing criminal penalties associated with personal drug use).
 - Along with the Minnesota context interviews with Minnesota Experts Agency reports.
- We are trying to reduce arrest, reduce incarceration, and improve access to substance use disorder treatment with expected primary impacts of reducing drug related infectious disease transmission, shifting towards a public health approach, and reducing overdose mortality
- Another example of a paper that we reviewed and included in the development of our recommendations, is a paper published in 2023 in the International Journal of Drug Policy, and it looks specifically at this Measure 110 In Oregon.
 - The intervention is the passing of that law. That's what's being evaluated.
 - The outcome of interest in this study is arrests for drug possession. The overall impact that the authors looked at is reduction of harm associated with arrests.
 - The study used a comparative model, an interrupted time series, where you take two different places or (in their situation) they used comparative data arrest data from four different places to compare to Oregon over a period of time.
 - Charts show the rates of arrest per 100,000 people before and after Measure 110 was implemented.
 - After implementation you can see that violent arrests declined very briefly and then started increasing slightly but leveled off.
- A note we want to highlight from the research is which is that, in news media and anecdotes about what happened in Oregon, people talk about how the rate of overdose shot up after Measure 110, which is true. But we also know from the research that it's not because of 110.
- RTI did a vigorous study, looking at the impact of fentanyl overdose mortality in Oregon before and after Measure 110.
 - Fentanyl made its way across the country from east to west, and overdose rates are rose alongside with them. Overdose rates were rising before Measure 110 because of the way that fentanyl has proliferated the country.
 - Oregon's large increase in opioid overdose mortality started once fentanyl entered the market in 2020.
 - The intent of Measure 110 was never to end the overdose crisis, it was to reduce arrests and reduce racial disparities.
- What we have from these few studies is:
 - Very strong evidence about the ways arrests and incarceration for drug crimes can negatively impact HIV treatment and prevention.
 - We have evidence from Oregon about how removing criminal penalties for possession

led to a significant reduction in arrests and did not lead to increased arrests for violence.

- We have evidence about how measure 110 did not increase overdose rates in Oregon, but how, in fact, it was the natural movement of the infiltration of the of fentanyl into the market, moving east to west, that was the driver of increased overdose.
- We have extremely strong evidence about incarceration increasing the risk of death in the weeks after release, including the very high rate of overdose death.
- These papers are just a fraction of the scientific research we surveyed. Our first report has over 400 citations.
- When we talk about decriminalization, it's important to look specifically at what our recommendations are saying will happen.
 - What removing these criminal penalties cannot do is end an overdose crisis that's driven by an adulterated, toxic drug supply.
 - It cannot end homelessness in cities and towns where there's not enough high-quality supportive housing.
 - It can't end public behavioral health crises when these providers are closing across the state, especially in rural areas, which is why we have all those other sections of the report talking about how to do these things.
- The evidence strong when it when it talks about what removing these criminal penalties for personal drug use CAN do.

Questions and discussion:

- Comment: Our previous speaker from Portland OR Police Department has their overdose numbers and it shows a clear trajectory moving around Measure 110 before and after. That shows that the data is there, and I want to make sure we're accounting for all that different type of data.
 - Response: It is hard to track. Non-fatal ODs are not always reported. I will look at it for Oregon
- Comment: We talk about data and reports, but we are using anecdotal data.
- Comment: MDH has some data showing a flattening of non-fatal overdoses reported in the metro area through 911 activation during the same time where fatal overdoses are increasing. I think the most important data to keep in mind is the fatal overdose rate because death certificates are much more reliable measure and also suggest a better measure of impact on society if it's an intervention like Narcan distribution or broader policy intervention.

Final discussion/comments

- Comment: What is seen on the ground is often different than what we see when we research things.
- Comment: Research is key and vital to really helping us understand and paint a picture.
- Comment: When it comes to institutionalization and OD deaths, the same is true of hospital settings. Once leaving the hospital, they may not have the tolerance they used to have. Regarding policy recommendations around decriminalization, how do we avoid mistakes made

by other states?

- Comment: The key to recommendation 132 is that it says “remove criminal civic penalties for personal use...after investing in health harm reduction and social support.”

Next steps

- Sgt. Schmautz will be asked if he can provide written material from his presentation.
- Task force members will be sent an online poll asking (for each drug policing recommendation), *“if they were to vote today, would they opt to include that recommendation in the final report?”*
 - Results of the poll will be shared prior to May meeting.
- Task force members will be emailed the following:
 - A legislative update
 - A crosswalk/side by side comparison of the top 20 prioritized recommendations from the 2025 Task Force Legislative Report and the 2025 Rise Research Report
 - A list of the Drug policing recommendations
 - [MDH Overdose Data \(PDF\)](#)

Future meetings

- The May meeting will include:
 - Time for further debrief/discussion on presentations from the April meeting.
 - A presentation from Dr. Del Pozo
 - Final discussion of recommendations, including if any edits are needed
 - Recommendations must be finalized
- After the May meeting:
 - Task force members will be sent an online form to cast a final, formal vote on Drug Policing recommendations
- The June meeting will include:
 - Voting to adopt recommendations

Public comment

Public comment was provided in person, at the onsite location.

Next meeting and adjourn

- The next meeting is scheduled for Wednesday, May 14 and will be a fully virtual meeting.