



## Task Force on Holistic and Effective Responses to Illicit Drug Use

**Date:** 03.12.2025

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

**Task Force members in attendance:** Kurt DeVine, Ryan Kelly, Phil Baebenroth, Jillian Dease, Barry Edwards, Alex Kraak, Donald Lannoye, Bradley Ray, Donovan Sather, Bill Ward

**Absent:** Chris Bates, Lauren Graber, Shane Myre, Dziwe Ntaba

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

**Other:** Dr. Bradley Ray

### Agenda items

#### Welcome and roll call

- Members and observers were welcomed
  - Noted it was a working meeting with time held at the end for public comment, and public can observe and submit comments to the Office of Addiction and Recovery. Contact information was provided.
- **Roll call and introductions:** Roll call was taken
- **Review of agenda:** Agenda and objectives for the meeting were reviewed.
- **Approve of minutes:** Meeting notes for February were approved.

#### Rise Research presentation and discussion

Presentation on Rise Research second report, Evidence Based Approaches to Drug Policy: A Roadmap for Minnesota.

- Follow up to 2024 report, Drug Policy: State of the Evidence: Initial Report on Approaches to Illicit Drug Use in Minnesota.
- Distinct from Task Force report, Task Force on Holistic and Effective Responses to Illicit Drug Use: Legislative Report.
- Both are now available in the MN Legislative Reference Library.
  - [Task Force report](#)
  - [Rise Research report](#)

Presentation on Rise Research full report with a crosswalk to the TF report to ground and point to where the policing recommendations are.

- Question/discussion of whether two sets of reports create confusion. Included:

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- Statute is clear; should be straightforward for those compiling documents for the legislation.
- Legislators aren't likely reading the reports. They're tools being used by lobbyists. Best attempt to be clear what are the recommendations of the Task Force (TF) versus Rise Research. There are instances of people are referencing the TF report and saying, "These are the opinions of the Task Force."
- Question whether the number of recommendations is the same in both reports
  - Yes, but TF report has the 20 prioritized recs in the body of the report.
  - There's also an appendix that says, "These recs were not approved by TF to forward/recommend to the legislature."
- Question to clarify: Is it accurate to say that these recommendations are separate from the Task Force's recommendations?
  - Yes, these are the recommendations Rise Research presented to the Task Force. The recommendations that the Task Force would like to advance appear in the TF report.
  - Originally the timelines for the researchers and the Task Force were not intended to overlap. It was supposed to be researchers' report first, then Task Force work second (not concurrent).
  - Feels like it minimizes the work of our Task Force if legislators are getting two sets of recommendations.
- Question: The email we got this week with four appendices—is that the Task Force report or the Rise Research Report?
  - It's the Rise Research Report.
- Process discussion
  - There are multiple other groups putting forward recommendations similar to what we're doing. When all these reports go to the legislature, they do need to sort it all out and figure out what is the best way of stating it. Sometimes they have to merge the recommendations or decide which one is best.
  - Could we merge the recommendations between Rise Research and the Task Force?
  - I thought the legislation said that the Task Force would put forward the recommendations based on Rise Research's findings.
  - It was unique legislation. But there's also separate legislation that guides Rise Research responsibilities. It was passed a year before the Task Force. In a subsequent legislative year, the Task Force was developed, guiding it to analyze their recommendations. So legislators across the continuum look at A) who is on the Task Force, B) what is important to them, and then C) how do the recommendations do or do not align (with researchers' recommendations). It's not uncommon for legislators to be grappling with a number of ideas and proposals as they're trying to get their laws passed.
  - Will it be obvious for people who receive both sets of recommendations that the Task Force's recommendations are distilled down and are items that we suggest move forward? That way, they can do their extra reading to understand how we [Task Force] got to our recommendations.
- Question: Is there an opportunity to write up a short blurb on what each of these reports is, how they were created, and where they came from? We can then post those blurbs to the OAR website.
  - We can't change what's on the Legislative Law Library website, but it is clear where they are posted.
  - May be helpful to have a table comparing the two sets of recommendations so readers could

understand the differences.

## **Dr. Bradley Ray presentation & discussion**

Dr. Ray presented his slides on Law Enforcement and Overdose Prevention.

Discussion included:

- Changes in practices related to enforcing drug laws mean changes to the way law enforcement officers do their jobs.
- Importance in inviting law enforcement to the table. Example that teaching police officers how to use Naloxone saves lives.
- Having crisis responders available when police officers are responding to calls related to drug overdoses is very helpful, especially when in person. Less helpful when the officer has to call the crisis responder on the phone from the location.
- Overdoses are very difficult calls for law enforcement to go to. And conversations with people about their family member's drug overdose are stressful.
- Rates at which police officers use Naloxone is troubling, and an indicator of frequency with which overdoses are happening. With a reminder that police officers respond to all sorts of calls, not just overdose.
- Criticism of the idea that decriminalization would save lives, with a desire to see more evidence that it would.
- Recognition that law enforcement officers mostly see the individuals who continue to struggle with substance use disorder, while health care practitioners are more likely to see the success stories.
- Recognition that many people in recovery from addiction to drugs or alcohol have had contact with law enforcement

## **Consensus poll results**

TF members were asked to complete a consensus poll (of the drug policing recommendations) and select those that TF members believed may reach consensus (with discussion and modification).

- 8 Task Force members responded.
- The number in the green box (attached to each recommendation) on mural shows how many respondents selected that recommendation as one that could reach consensus among the task force members.
- The recommendations had between 3 and 7 TF members indicating that they believed consensus could be reached

TF members were prompted to offer reactions, ask questions, share context, or bring individual recommendations forward for recommendations.

These prompts led into the next agenda item and discussion of the recommendations.

## **Discussion of recommendations**

Recommendations 130-132 were touched on very briefly, as they were discussed in the prior TF meeting.

### ***Rec 134***

Included discussion of use of vague terms that would be open to interpretation. Some TF members felt the terminology was fine. Discussion of the fact that currently, jurisdictions can vary widely in how they interpret and enforce statutes, and belief that this terminology would not measurably change the local societal norms that drive these differences.

### **Recs 135 and 136**

Included discussion of the need for a definition of “decriminalization.” Agreement that training is needed. Recognition that frequently, law enforcement training is mandated, without funding or implementation support.

### **Recs 137**

Needs definition of what “personal or social amounts” means.

### **Rec 138**

Several TF members expressed support. Individuals who have it by prescription often have it seized and destroyed before it’s determined that they were legally permitted to have the medication. Then their insurance will not allow an early refill and they face risk of facing withdrawal and relapsing. Discussion also included clarification that buprenorphine is a Schedule 3 substance. TF members were reminded that they could consider implementation factors, for example what the recommendation would need from both a medical and law enforcement perspective to be effectively implemented. Reference to prior conversation about funded training for law enforcement, e.g., to ensure they know what suboxone strips look like. Sense that this recommendation would receive wide support as long as it is not in the context of wider decriminalization, rather limited to this medication.

### **Rec 139**

Further discussion about lack of evidence to support that decriminalization will help law enforcement or prevent death or overdose. Perspective offered that with treatment courts available, the system does help people get into treatment. Rise Research clarified that the claim is that decriminalization would reduce arrests and incarceration and increase access to substance use disorder treatment, not that it would reduce overdose. Differing perspectives were shared, including the following (noting that these bullets are individual perspectives not the opinion of the TF as a whole):

- Not seeing that reducing arrests and incarceration is desirable or would increase the public good
- Viewing drug use as a health problem and not wanting to criminalize health problems
- Can’t arrest our way out of the situation; medications and treatment will help people, while jail will not help them.
- Most people arrested on drug crimes in multiple jurisdictions in Minnesota are put on probation with the understanding that they pursue treatment, rather than incarcerated. Concern that decriminalization would eliminate this path to people completing treatment
- Positive touchpoints with systems create change, and criminal justice is usually not a positive touchpoint, and that many people’s substance use disorder can resolve without formal treatment.
- Incarceration has a lot of negative effects. People get clean or sober because their lives are falling apart. Maybe jail or prison accelerates that, but people pursue treatment because they want to get their lives back on track.
- People who get arrested have a high risk of death; they are not getting the chance to go to treatment because they’re dying after release from jail.
- Dr. Ray: The people who are getting arrested have a high risk of death. They’re not getting the chance to go to treatment because they’re dying after they’re released from jail.

### **Rec 140**

Comment that there is existing legislation that focuses on clarifying and closing a loophole on existing statute

## **Future meetings**

Noted that some TF members had to leave the meeting, so this segment is a conversation with ideas as opposed to anything that might be decision making. No longer have quorum

- Discussion of retaining 75% (strong supermajority) to support pushing recommendations forward
- Looking forward to having law enforcement representatives from Oregon and locally, and others involved in this work, coming to April and May meetings
- Opportunity for TF members to weigh in on what they would like Dr. Del Pozo to focus on if he can be confirmed for the May meeting.
- Logistical note that depending on who is confirmed for April, there may be a trade-off, more time spent on presentations and discussion about them, and less time for general discussion of the remaining drug policing recommendations.

### **Public comment**

No members of the public provided comment.

### **Next meeting and adjourn**

- The next meeting is scheduled for Wednesday, April 9 and will be a fully virtual meeting.