



To Whom it may concern:

Minnesota is in the midst of an overdose crisis. Since 2010, there has been a 327 percent increase in opioid-related deaths. HIV outbreaks in Hennepin, Ramsey, and Saint Louis counties, as well as the steady increases in Hepatitis C cases, confirm that our state has the wrong approach to Minnesota's drug epidemic.

Minnesota's "Lock em up first" mentality has resulted in a 370 percent increase in our state's jail population since 1970ii. Our cancerous attitudes towards substance use disorder and people who use substances has resulted in further incarceration, marginalization, and death in disproportionately affected communities. Our communities of color, LGTQIAA+, urban, and rural Minnesotans deserve better.

Harm reduction, substance use, and medical communities continue to have their expertise sidelined by archaic and draconian drug models. It is our belief that evidence-based practice, gold standard treatment, and grassroots level wellness systems should lead the legal landscape behind state-wide drug reform.

We represent a large collective of harm reduction organizations, syringe service providers, state government entities, Minnesota medical professionals, hospital systems, substance use treatment providers, and people with lived experience. Together, we scripted HF2041, a bill to expand access to our syringe services providers and our frontline harm reduction and substance experts so those who use substances can seek wellness, security and recovery in our great state.

HF2041:

- Provides legal protections for our harm reduction health workers and organizations
- Expands drug testing to allow for broader drug checking capabilities beyond singular and outdated modalities
- Allows pharmacists discretion to dispense syringes in a quantity that meets the needs of their local Minnesota communities.
- Decriminalizes drug paraphernalia and contained residues and expands protections for those who use syringe service programs.

What we know:

- Those who visit a syringe service provider are five times more likely to enter chemical dependency treatment than those who do not.
- Syringe service providers help reduce infectious disease by 50 percent.
- There is no evidence showing that paraphernalia laws deter illicit drug use; rather, they reduce access to safe use supplies and contribute to the spread of infectious diseases. ]
- Paraphernalia laws help contribute to the spread of infectious diseases and can prevent people who use drugs from using tools and services that reduce overdose risk.



- Paraphernalia law enforcement disproportionately targets and harms people of color.
- SSP's drastically reduce needlestick injuries among uniformed officers and first responders and DO NOT increase crime in communities that have them.

30 years of research has shown that comprehensive SSPs are safe, effective, and cost saving, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV, and other infections.

Our support for HF 2041 could not be more resolute.

Conversely, Minnesota's current legislative agenda continues to criminalize the disease of addiction and puts Minnesota families at risk. Measures like HF615, a bill that 'right-sizes' the fentanyl thresholds will punish those who use substances, instead of guiding them to care. Criminalizing substance use disorder is the pathology of the war on drugs, and yet, Minnesotans continue to die at record paces. It's not working, and we know it.

HF2041 is a good first step. It is imperative that the law be scripted by harm reduction and substance use experts; we got you.

Thank you for supporting our beautiful wellness communities.

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i Drug Overdose Dashboard - MN Dept. of Health ([state.mn.us](http://state.mn.us))

ii <https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-minnesota.pdf>

iii Syringe Services Programs (SSPs) | CDC

iv Syringe Services Programs (SSPs) | CDC

v <https://www.nejm.org/doi/full/10.1056/NEJMp2207866>

vi <https://pubmed.ncbi.nlm.nih.gov/31536408/>

vii <https://www.nejm.org/doi/full/10.1056/NEJMp2207866>

viii Syringe Services Programs (SSPs) | CDC ix Syringe Services Programs (SSPs) | CDC