

Dr. Ryan Kelly  
Director, Addiction Medicine, University of Minnesota Medical Center

Re: HF2890

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<sup>i</sup>. 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 current focus on punishing people with substance use disorders instead of increasing access to support has resulted in a 370 percent increase in our state's jail population since 1970<sup>ii</sup>. This 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 models focused on punitive measures. 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 (including the Minnesota Medical Association), hospital systems, substance use treatment providers, and people with lived experience.

We strongly support the Syringe Service Program language, found in lines 233.21, 235.13, 236.5, 241.22, and the repealer provisions of HF 2041 (line 243.6).

However, we have serious concerns regarding the proposal regarding penalties for fentanyl (line 236-23). Many of our patients with severe Opioid Use Disorder are also housing insecure, and/or face other challenges with resources, and do not have access to addiction treatment. Many of them have developed very high tolerance to opioids, and need to use a high amount daily just to fight off opioid withdrawal. Some patients are using up to 25 fentanyl tabs a day. If they have a several day supply on them due to their OUD, that could lead to a severe criminal penalties and prison time, instead of resources to improve their health. These are not drug dealer kingpins. These are people living on the street struggling with a health condition.

Minnesota's current legislative agenda continues to criminalize the disease of addiction and puts Minnesota families at risk. Measures like this, that 'right-sizes' the fentanyl thresholds will punish those who have substance use disorders, 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. This model is not working. Major medical groups, including the Minnesota Medical Association (the largest group of physicians in the state) support Harm Reduction Models including decriminalizing possession of illicit drugs for personal use, and investing in syringe service programs, Safe Use/Overdose prevention Sites, and other policies that will increase access to much needed supports.

Please reconsider removing this section regarding fentanyl, line 236.23.

Thank you for your time,



Ryan Kelly, MD  
University of Minnesota, Director, Addiction Medicine Consult Team

i Drug Overdose Dashboard - MN Dept. of Health (state.mn.us)

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

iii Syringe Services Programs (SSPs) | CDC

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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>

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