The following policies were passed by the MMA Board of Trustees in December 2022.

DECRIMINALIZATION OF SIMPLE POSSESSION OF ILLICIT DRUGS

Preamble.

The MMA recognizes that criminal penalties for simple possession, or the possession of a small quantity of illicit drug for personal use and/or the possession of drug paraphernalia, are only justified if they yield a net benefit to population health.

Criminal penalties for simple possession yield one potential benefit to population health in its claimed ability to deter drug use. However, there is insufficient evidence to support this claim.

Criminal penalties for simple possession yield numerous, real harms to population health. These harms include, but are not limited to, arrests, convictions, incarcerations, criminal records, and diverted public investment.

Accordingly, the MMA concludes that criminal penalties for simple possession in Minnesota are unjustified.

Decriminalization.

Decriminalization is supported by several national and international organizations including the United Nations, World Health Organization, American Pharmacists Association, and the American Civil Liberties Union. While there is not much data from the United States as of 2022, data from Portugal indicates that the benefits of decriminalization outweigh the harms. Actions taken in Portugal included (a) the removal of criminal penalties for simple possession, (b) creation of administrative panels to refer simple possession offenders to treatment, and (c) expanded access to harm reduction and medication for opioid use disorder (MOUD) programs in 2001. Specifically, data showed significant decreases in HIV prevalence, Hepatitis C prevalence, and drug-related deaths, as well as a significant increase in the number of drug users in treatment. Notably, the introduction of the Portugal Model is not correlated with alarming increases in drug-induced morbidity and mortality–certainly not to an extent which surpasses the health harms imposed by Minnesota's current system of criminalization.

Given the health consequences of criminalizing simple possession, the MMA supports a decriminalization model in Minnesota that includes the following general components:

1. The removal of criminal penalties for the possession of a small quantity of illicit drug for personal use and/or the possession of drug paraphernalia,
2. The creation of administrative panels which may render treatment referrals and civil penalties to offenders of simple possession,
3. An increased investment in statewide harm reduction and medication for opioid use disorder (MOUD) programs,
4. The release of individuals incarcerated for simple possession from detention settings, and
5. The expungement of criminal records for simple possession.

The MMA will support the aforementioned decriminalization model in a variety of ways, including, but not limited to:

1. Educating policymakers of the inefficacy of criminal penalties for simple possession as a deterrent of drug use,
2. Educating policymakers of the health harms associated with imposing ineffective criminal penalties for simple possession,
3. Educating policymakers on the costs of criminalizing drug use (the cost of incarceration) versus the much lower cost of increasing access to treatment for substance use disorders
4. Urging policymakers and state agencies to monitor data out of Portugal, and other jurisdictions which have decriminalized simple possession, that illustrate how decriminalization may or may not correlate with trends in drug-induced morbidity and mortality.

HARM REDUCTION OF ILLICIT DRUG USE

Preamble.

The MMA recognizes that all people who use drugs (PWUD) are deserving of care and respect by Medicine and society at-large. For the entirety of this policy, “drugs” means illicit drugs, or substances for which use, possession, sales, and/or production are prohibited under law, including non-medical narcotics and misused prescription medications.

Reducing Stigma Associated with Drug Use.

The MMA recognizes that stigma associated with drug use leads to discriminatory policies which further harm PWUD. To combat this stigma, the MMA will:

(1) Create an educational campaign to reduce stigma and bias within the healthcare worker community about drug use.

(2) Develop or support campaigns which aim to reduce the stigma associated with drug use among the greater public in partnership with other organizations which represent Minnesota communities. This campaign may consider education on:

(a) the prevalence and impact of drug use and substance use disorder,

(b) the biological basis of substance use disorder as a medical condition,

(c) the narrative accounts of PWUD,

(d) the disproportionate stigmatization, and higher frequency of enforcement of drug-related criminal statutes against people of color who use drugs.

(3) Only use person-centered language when referring to PWUD, or people with substance use disorder, in its own publications and events. Other terminology focuses on a behavior rather than the whole person and detracts from that person's humanity.

(4) Urge external organizations and individuals in power to use person-centered language when referring to PWUD or people with substance use disorder.

(5) Urge health systems to consider the harms associated with protocols which further stigmatize and alienate patients suspected of using drugs, including, but not limited to, room searches, personal belonging confiscation, patient isolation, and bans on visitors. The MMA encourages hospitals to develop patient plans, based on harm reduction principles, aimed at reducing the risk that the patient leaves against medical advice. Hospitals may instead focus on increasing access to Medications for Opioid Use Disorder (MOUD), increasing access to syringe exchanges upon discharge, decreasing stigma associated with substance use disorder (SUD), and decreasing overdose and consequences of injection drug use.

Drug Checking.

The MMA recognizes that drug checking, or the ability of PWUD to measure the presence and/or quantity of dangerous adulterants in substances they intend to consume, is a crucial tool for reducing drug-related injury and overdose associated with consuming unknown substances. To increase access to drug checking, the MMA will:

(1) support the exclusion of any equipment which detects the presence and/or quantity of dangerous adulterants in illicit drugs for personal use from the statutory definition of drug paraphernalia.

(2) amplify the efforts of, and advocate greater funding for, community-based drug-checking equipment distribution programs and community-based advanced chemical analysis programs.

Access to Safe Drug Use Supplies and Infection Control Supplies

The MMA recognizes that access to safe drug use supplies, including, but not limited to, syringes, cookers, tourniquets, antibiotic ointment, and cotton balls, is crucial for reducing harm associated with people who use injectable drugs. To increase access to safe drug use supplies, the MMA will:

(1) Advocate for the decriminalization of all drug paraphernalia, including, but not limited to, syringes, hypodermic needles, pipes, test strips, and disposable cookers.

(2) Support state legislation which would allow any pharmacy or licensed pharmacist to sell sterile syringes and hypodermic needles in quantities greater than 10, including, but not limited to, an amendment to Minnesota Statutes Chapter 151.4, Subdivision 2, Part (a).

(3) Amplify the efforts of, and advocate greater funding for, community-based safer drug use programs, including, but not limited to, syringe service programs.

The MMA also recognizes that access to infection control supplies, including, but not limited to, condoms, take-home infectious disease tests, pre-exposure prophylaxis (PrEP), and bleach, is crucial for reducing harm associated with injection drug use. To increase access to infection control supplies, the MMA will advocate that community-based harm reduction programs continue to offer infection control supply distribution services.

Drug Testing.

The MMA recognizes that drug testing requirements of current and prospective employees, students, and public program beneficiaries are barriers to an array of social determinants of health for PWUD. Drug tests determine the presence of a drug metabolite in a person's system, not the immediate or general capacity of a person to perform safely and effectively as an employee or student, nor their deservingness of education or public benefits.

Except for specific types of drug testing imposed on employees in select safety-sensitive positions, there is insufficient empirical evidence that drug testing affects drug use or drug-related injury in workplaces and in schools. Furthermore, employers have ample means to discipline or terminate employees who do not perform safely and/or effectively, regardless of that employees' drug use.

The MMA urges organizations that adopt drug testing policies to be cognizant of the unintended harms of drug testing and to confirm positive test results by confirmatory tests. In cases which yield positive test results, the MMA recommends the results be used as an indication for assessment and evaluation for potential treatment, instead of being used for punitive measures, including the withdrawal of scholarships and public benefits.

Medication for Opioid Use Disorder (MOUD).

The MMA recognizes that Medication for Opioid Use Disorder (MOUD) is the main treatment for patients with Opioid Use Disorder. MOUD can reduce withdrawal and cravings, prevent opioid overdose, decrease use of non-prescribed opioids, decrease infections secondary to injection drug use, and save lives. To increase access to all three FDA-approved forms of MOUD (i.e., methadone, buprenorphine, and naltrexone), the MMA will:

(1) Create an educational campaign to reduce stigma and bias associated with MOUD, increase awareness of MOUD, and decrease MOUD-related prescriber hesitancy within the healthcare worker community.

(2) Develop or support a campaign which aims to reduce the stigma associated with MOUD, and increase awareness of MOUD, among the greater public, in partnership with other organizations which represent Minnesota communities.

(3) Consistent with AMA policy D-95.972, advocate for the elimination of buprenorphine waivers required by the Drug Enforcement Administration (DEA) because it perpetuates stigma and reduces access to MOUD.

(4) Advocate that private and public health insurance entities impose cost-sharing for MOUD services and medications consistent with other medical conditions.

(5) Advocate for state legislation which would require commercial and public plans in Minnesota to cover all MOUD medications and services without prior authorization.

(6) Advocate for legislative, regulatory, and financial actions which increase access to all MOUD medications in Minnesota jails and prisons, including, but not limited to, legislation which would require all jails and prisons in Minnesota to provide all MOUD medications and ensure referrals to outpatient MOUD services.

(7) Advocate for legislative, regulatory, and financial actions which increase access to all MOUD treatments across all healthcare and community settings, especially in settings where patients most frequently present (e.g., Emergency Departments and Acute Care Hospitals).

(8) Advocate for legislative, regulatory, and financial actions which increase access to MOUD treatment through telemedicine or mobile health care teams composed of professionals representative of the communities they serve.

Naloxone Access

The MMA recognizes that access to naloxone, a drug which reverses opioid overdose, is a crucial tool for reducing drug-related overdoses. To increase access to naloxone, the MMA will:

(1) Advocate for policies which reduce or remove cost-sharing burdens for Minnesotans who seek naloxone through individual prescriptions or the state protocol order, including, but not limited to:

(a) supporting legislation which would require health insurers to include at least one form of naloxone on the lowest tier of an insurer's drug formulary;

(b) supporting the launch of a statewide program which would make naloxone free to all Minnesotans who seek it and oppose tracking those who seek it;

(2) Amplify the efforts of, and advocate greater funding for, community-based overdose education and naloxone distribution programs;

Good Samaritan Laws.

The MMA recognizes that good samaritan laws, or laws which offer legal protections for people experiencing overdose and for bystanders who seek medical attention, are crucial tools for preventing overdose deaths. Research confirms that the primary deterrent for seeking medical assistance at an overdose scene is fear of police involvement, and legal repercussions thereafter, for both the person experiencing the overdose and the bystander seeking medical assistance.

The MMA recognizes that the efficacy of any good samaritan law is dependent on the breadth of protections offered by, and public awareness of, the law. Accordingly, the MMA advocates for a good samaritan law in Minnesota with the following features:

(1) Immunity from arrest, not just prosecution, for the following crimes:

(a) All non-violent drug-related crimes;

(b) Trespassing as provided in MN Statutes Chapter 609.605;

(c) Drug-Induced Homicide as provided in MN Statutes Chapter 609.19;

(2) Protections from parole and probation violations.

(3) Protections from immigration violations.

(4) Protections from child welfare violations.

(5) Protections from outstanding warrants for non-violent crimes.

(6) No stipulation that parties must cooperate with authorities for immunities or protections offered by the law.

Additionally, the MMA will amplify the efforts of, and advocate greater funding for, strategic public education campaigns about the good samaritan law.

(3) Advocate for the legal and financial infrastructure necessary for jail- and prison-based overdose education and naloxone distribution (OEND) programs across the state of Minnesota.

Opioid Overdose Prevention Training

The MMA recognizes that opioid overdose prevention training programs are crucial tools for equipping friends and families of PWUD, and the broader public, with the knowledge to identify, respond to, and seek help for opioid overdoses.
To increase access to opioid overdose training, the MMA will:
(1) Inform its members of online and in-person opioid overdose prevention training opportunities;
(2) Amplify efforts of, and advocate greater funding for, online and in-person training, especially those based in Minnesota communities.

Overdose Prevention Centers.

The MMA recognizes that overdose prevention centers (OPCs; i.e., supervised injection sites, drug consumption rooms), or facilities which allow PWUD to use previously obtained substances under the supervision of healthcare professionals, are powerful tools for reducing drug-related overdose morbidity and mortality. Research on OPCs in other countries confirms that the introduction of OPCs is associated with lower rates of overdose-induced mortality and morbidity, safer injection behaviors (decreasing infections related to injection technique), greater access to addiction treatment programs, and constant, or lower, rates of crime and drug-related public nuisance. Notably, there has not been a single overdose death reported at an OPC worldwide. While this evidence may not be generalizable to OPCs which may open in the United States, it supports the argument that U.S.-based OPC pilot programs and evaluations should be sanctioned and performed.

Accordingly, the MMA adopts the following policy language based on AMA policy “Pilot Implementation of Supervised Injection Facilities H-95.925:”

The MMA supports the development and implementation of OPCs in Minnesota that are designed, monitored, and evaluated to generate data to inform policymakers on the feasibility, effectiveness, and legal aspects of OPCs in reducing harms and health care costs related to injection drug use.

Additionally, the MMA will:

(1) Submit a resolution to the AMA to amend their policy on SIFs to advocate for the removal of federal barriers to SIFs/OPCs.

(2) Educate state and municipal legislators and executives of the evidence basis of OPCs in other countries and the status of federal sanction for U.S.-based OPC pilot programs and evaluations;

(3) Amplify and circulate results of U.S-based OPC pilot program evaluations once published.