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Roper: Is now the right time for Minneapolis to loosen its drug laws?

Rampant open drug use in some areas of the city reflects a problem with our local response to opioids. But there could also be logic to legalizing paraphernalia.

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A needle on the ground in south Minneapolis, photographed in 2020. (Richard Tsong-Taatarii/The Minnesota Star Tribune)

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Soon after Uptown residents sounded alarm bells about rampant public drug use in their neighborhood, Minneapolis City Council members pushed last week to … legalize drug paraphernalia.

The move toward more permissive drug laws, which the council will vote on later this month, appeared out of step with the need to tackle real livability issues in some parts of town. Flagrant drug usage makes it feel like something is already askew with our local approach to the scourge of fentanyl and other mega-powerful modern drugs.

"A growing chorus of residents are fed up with this failure of the council to take a commonsense approach, one that understands true compassion comes with boundaries," new Council Member Elizabeth Shaffer, who represents part of Uptown, said at a City Hall hearing on April 7.

And yet, as I sat through the hearing and made phone calls to people in the field, I heard compelling arguments for legalizing drug paraphernalia. In particular, people who dole out government-subsidized syringes in the streets say the paraphernalia prohibition drives people to reuse needles rather than their services – thereby spreading HIV.

Minnesota became the first state to legalize drug paraphernalia in 2023, under the reasoning that "criminalizing people who have a substance use disorder doesn't help" – as explained by the proposal's chief House author. Many cities, including Minneapolis, St. Paul and Bloomington, still have prohibition laws on the books.

Progress has been made on fatal and non-fatal overdoses from opioids in Hennepin County since the height of the crisis during the pandemic, despite some worrisome recent numbers. And the number of new HIV cases has been declining.

That's good. But now that we are stabilizing the worst health outcomes, local leaders should talk more about how to also nudge people into treatment.

A volunteer holds instructions used in opioid antidote kits at Abbott Northwestern Hospital in 2018. (Leila Navidi/The Minnesota Star Tribune)

Look at San Francisco, where the fentanyl crisis made the city a poster child for urban disorder. A new mayor has taken a tougher stance toward reclaiming the streets – and getting people help.

"When you swing so far that there are no consequences, that you're allowing this many people to use and to die on your streets, something has gone wrong," Mayor Daniel Lurie told the New York Times in a recent column, headlined "San Francisco Sobers Up," that one testifier read aloud to the Minneapolis City Council last week.

Among the new San Fran initiatives: Requiring city-funded programs doling out drug-use supplies to also steer recipients toward treatment, and having police take intoxicated people to a new center to sober up and find treatment services. The city is also investing in more residential treatment beds.

We've seen locally how thoughtful law enforcement around disorderly activity can improve public spaces, with Metro Transit's successful push to improve safety on the transit system. Notably, the agency's police department issued more than 450 citations

last year under one of the ordinances that Minneapolis is now considering repealing about drug paraphernalia in public places.

There's no shortage of Twin Cities attention to the opioid problem, especially since governments are receiving settlement funds from opioid-related industries. Hennepin County in recent years doled out nearly $9 million in settlement funds to about 40 organizations, for example, with services ranging from treatment programs to educating the public.

One of the recipients was the Aliveness Project, a nonprofit organization based in south Minneapolis that's focuses on HIV. Their HIV prevention and harm reduction manager, Jay Orne, testified at City Hall in support of repealing the paraphernalia law. I got in touch with him to better understand how my thinking jibes with his real-world experience.

Orne runs a mobile harm-reduction van, which he compares to a food truck that offers health supplies. People can pick up injection or smoking kits, as well as get tested for HIV and hepatitis. (The smoking supplies are intended as a less-risky alternative to injection.)

Aliveness has a dedicated person who connects users to care – including drug treatment, as well as medical and mental health care – which happens about two to three times a week. But apart from treatment information slipped into the bag of supplies, they're not pushy about it. Orne frames their role as helping people "accomplish their goals, whatever their goals are."

Most of the people Orne encounters who are using the strongest drugs want to stop. And everyone has been telling them to go to treatment.

"For most people, it's that, 'I don't want to do this anymore, but the [treatment] that I've tried before didn't work. And so I feel hopeless,'" Orne said.

He said we need more investment in affordable housing and shelter options, in particular, to help solve the problem.

It's clear that simply asking people to seek treatment isn't some magic bullet. But there's also a kid-gloves element of this that leaves me uneasy, since ultimately our goal should be to move people *off* these programs and onto their feet.

People living under a bridge in the Cedar-Riverside neighborhood in Minneapolis prepared to inject heroin in 2019. (David Joles/The Minnesota Star Tribune)

Unfortunately, though, we also have work to do reforming the treatment system.

That was my takeaway after speaking with Dr. Gavin Bart, former director of the addiction division at Hennepin Healthcare, who told me that accessing treatment remains very challenging. Options are limited for people with children or medical problems or who lack stable housing, for example.

“Simply saying we’re going to do some form of coercion to get people into treatment – but it’s the same old treatment system that hasn’t worked very well for the last 50 years – is not going to be a very good solution," Bart said. He also worries that coercive measures will drive drug use further underground, which fuels the spread of disease.

There are some hopeful developments in treatment. Orne sees a lot of promise in the growing number of peer recovery services, where people who have struggled with addiction help others on a similar journey.

My conversations with Orne and Bart reinforced that this is a problem without easy solutions.

But the first step to fixing it is admitting we have a problem. As Minneapolis considers loosening its drug laws, I'd like to see a bit more concession from local leaders that conditions on the streets reflect some failure of our current strategies.

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