

# Leading the fight for lasting change

**Drug Policy Alliance**  
Annual Report



# Contents

- 1 We are the Drug Policy Alliance
- 4 Letter from the President and Executive Director
- 8 The war on drugs drives the overdose crisis
- 11 Interview: DPA Board Member Josiah Rich, MD
- 12 Ending marijuana prohibition and repairing its harms
- 14 Ensuring the promise of Proposition 64
- 16 Shifting away from a criminal justice approach to drug policy
- 19 Lessons learned: DPA partner gathering in Portugal
- 20 Ending the global drug war, starting at home
- 22 Advocacy grants
- 23 Advocacy grants spotlight: VOCAL-NY
- 24 Major contributors
- 25 Board of Directors
- 26 Drug Policy Alliance financials
- 28 Drug Policy Action financials

*The work described herein includes that of the Drug Policy Alliance, a 501 (c)(3) organization, and Drug Policy Action, a 501 (c)(4) organization. References to "DPA" refer to the work of both organizations.*



# We are the **Drug Policy Alliance**

The Drug Policy Alliance envisions a just society in which drug policies are grounded in science, compassion, health and human rights. We fight to advance those laws and policies that best reduce the harms of both drug use and drug prohibition. We work to ensure that officials and the public respect and promote the inherent dignity of all individuals and their personal autonomy.



**Our supporters are individuals who believe the war on drugs must end. Together we work to ensure that our nation's drug policies no longer arrest, incarcerate, disenfranchise and otherwise harm millions—particularly young people and people of color who are disproportionately targeted by the war on drugs.**

## **Our Priorities**

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- Ending the role of criminalization in responding to personal drug use, so that people are no longer punished solely for what they put into their bodies, and removing a common excuse for over-policing, particularly of communities of color.
- Pushing back on the excessive punishment for drug offenses that has contributed to the U.S. incarceration crisis.
- Advocating for responsible and equitable legal regulation of marijuana to reduce and begin to repair the harms caused by prohibition.
- Promoting health-centered drug policies by advocating for services such as access to treatment on demand, supervised consumption services, drug maintenance therapies, and syringe access programs.
- Empowering youth, parents and educators with honest, reality-based drug education that moves beyond inaccurate, fear-based messages and zero-tolerance policies.

## How We Work

We engage in intensive policy advocacy at the federal, state and local levels across the country. We draft legislation and ballot initiatives, and our advocates and networks of funded partners collaborate to mobilize powerful coalitions in support of our priority campaigns.

Through communications and public education efforts, we change public opinion, sometimes dramatically—as has happened with marijuana over the last decade. Our work is grounded in our deep legal and substantive expertise on criminal justice, health and marijuana policy.

## Our Impact

Together, the Drug Policy Alliance and our political affiliate Drug Policy Action have transformed millions of lives.

We are the only organization that has played a role in every successful marijuana legalization ballot initiative to date—Alaska, California, Colorado, Massachusetts, Maine, Nevada, Oregon, Washington and Washington, D.C.—and in the campaign that made Uruguay the first country to legalize adult use.

Since our founding, DPA has been deeply involved in harm reduction and other overdose prevention efforts, playing a pivotal role in increasing access to naloxone, instituting 911 Good Samaritan laws, and establishing legal access to sterile syringes.

We have also been at the forefront of most of the major drug sentencing reforms over the past two decades, including the 2010 federal Fair Sentencing Act, which reduced the crack/powder sentencing disparity.

As a result of our efforts, there are tens of thousands fewer people behind bars and hundreds of thousands who either did not go to jail or prison, or who spent less time there. And there's no telling how many lives we have saved.

# Making the most of this moment

## We have the momentum to end the drug war.

4 | The Drug Policy Alliance is entering a critical chapter in its history. With our transformative role in making marijuana legalization possible, we have changed the national conversation about the war on drugs and brought about a new world of opportunities for reform. The wind is in our sails, and now we need to move swiftly toward our ultimate goal: ending the war on drugs and its devastating harms.

In just the past year, we've made so much progress:

- DPA contributed to Michigan's marijuana legalization victory, medical marijuana legalization in Missouri, and marijuana decriminalization in New Mexico. We secured automatic expungement of marijuana convictions in California. And we changed the conversation in D.C., with numerous presidential hopefuls using our talking points about ending marijuana prohibition and repairing the harms of criminalization.

- DPA drafted and introduced legislation in seven states to allow the establishment of life-saving supervised consumption services. These sites allow people to use pre-obtained drugs without risk of arrest and in the presence of trained health professionals, who are available to reverse overdoses and connect them to services.
- DPA almost single-handedly blocked new efforts to establish harsher federal mandatory minimum sentences for a wide range of synthetic drugs.
- DPA developed the first-ever harm reduction drug education curriculum for high school students and piloted it in New York and San Francisco.

We have changed drug laws in dozens of cities, states, and at the federal level, directly improving the quality of life for millions of people. DPA is forging a path to a future where fewer people are arrested and incarcerated for drug offenses, and where those who need help have access to vital health services.

The vast majority of Americans have long believed the drug war to be a failure, but now we're finally seeing a palpable shift in the way these issues are discussed in mainstream politics. The overdose crisis, with its terrible human toll, is also sensitizing even more people to the need for policies that save lives and provide support, not punishment, to those who struggle with problematic drug use.

The challenge now is to build on this momentum with an ambitious and sophisticated agenda to take reform to the next level. That is our focus, and our commitment to you.

DPA is developing innovative state- and municipal-level campaigns with the goal of ending the criminalization of personal drug use and offering non-coercive health interventions when

drug use is problematic. This is a long-term proposition, but one that has the potential for dramatic impact: today, the possession of small amounts of drugs for personal use is the single most arrested offense in the United States, with 1.4 million arrests a year. We intend to do for drug decriminalization what we did for marijuana legalization: bring it into mainstream discourse and turn it into effective policy.

We are doubling down on our efforts to counter the overdose crisis with a suite of policies that have been proven to save lives, instead of the empty rhetoric of so many U.S. leaders. We are fighting in D.C. to oppose the Department of Justice's callous efforts to block the establishment of supervised consumption services pursuant to the anachronistic "crack house statute." We are also leading the charge to expand

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**Of course, our agenda is ambitious. But we have a long history of winning meaningful reforms against long odds, and we are primed to seize these opportunities to build new drug policies grounded in science, compassion, health and human rights.**

access to medications for opioid use disorder, sterile syringes, and the overdose reversal medication, naloxone.

Despite the current administration's attempts to weaponize the overdose crisis to stigmatize immigrants and other vulnerable groups, vast swaths of the public—in the U.S. and in countries around the globe—support ending the drug war policies that gave rise to this crisis.

When it comes to marijuana legalization, DPA is prioritizing legislative campaigns in states like New York and New Jersey that have some of the highest numbers of arrests in the country, as well as severe racial disparities in arrest rates.

Our goal is not just to add another state to the list of those with legal marijuana, but to maximize the real-world impact of those reforms. For the same reason, our ongoing state and federal marijuana legalization

campaigns prioritize provisions to repair the harms of prohibition: automatic record clearing, reinvesting tax revenues in the communities that have suffered the most, and eliminating barriers to market access for small businesses in impacted communities. And we are spurring a debate within and beyond the marijuana industry about their own responsibility to ensure that legalization doesn't compound or perpetuate the harms of prohibition.

We are keenly aware, even as drug policy reform is progressing most rapidly in the West and Northeast, that the drug war rages on in dozens of states that have persistently high rates of criminalization and incarceration, with minimal access to harm reduction. That's why, even as we push the envelope in some states, we are also increasingly investing in reform efforts throughout the South and Midwest, including in Florida,



Georgia, Louisiana, Mississippi, and Missouri, where we will be hosting the 2019 International Drug Policy Reform Conference in November.

Internationally, we are increasingly focusing our efforts on shifting U.S. foreign policy. These strategies remain stuck in the 1980s, with billions of dollars going to international drug enforcement, only further strengthening organized crime and doing nothing to reduce the domestic availability or use of drugs. With Canada legalizing marijuana and Mexico opening a conversation about broader drug reform, our aim is to leverage international developments to increase pressure on the U.S.

The accomplishments detailed in this report would have been unimaginable just a few years ago. Your support of DPA made this dramatic progress possible.

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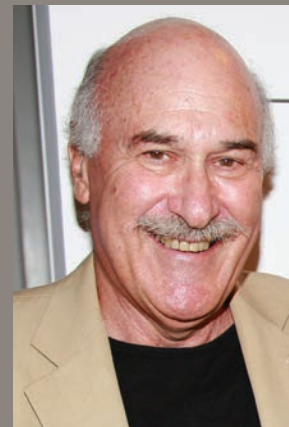
The next chapter of our struggle begins with advocates like you. We can't thank you enough for standing with us.



**Maria McFarland  
Sánchez-Moreno**

Executive Director

A handwritten signature in black ink, appearing to read 'Maria McFarland'.



**Ira Glasser**

President

A handwritten signature in black ink, appearing to read 'Ira Glasser'.



# The war on drugs drives the overdose crisis

**While the current administration continues to invest in the failed policies that fostered the current overdose crisis, DPA is leading the fight to reduce preventable deaths and disease with a comprehensive set of harm reduction, treatment and decriminalization policies.**

If 50 years of the failed war on drugs has taught us anything, it is that prohibition does not work. Overdose claimed more than 72,000 lives in 2017, making it the leading cause of accidental death in the United States.

Criminalization stigmatizes people who use drugs, forcing them underground and away from health services, information on safe usage, and drug treatment interventions. It also represents a staggering misallocation of funding and priorities, with the vast majority of resources invested in coercing and punishing people who use drugs, instead of helping them.

And because the supply of drugs is unregulated under prohibition, people are forced to use substances of unknown quality and purity, resulting in a deadly crisis that crosses racial and economic lines as it continues to ravage communities across the country.

DPA is committed to reversing this cycle of failure.

We are the only policy advocacy organization with the expertise and national reach to effectively turn the tide on the overdose crisis. We played an instrumental role in the proliferation of 911 Good Samaritan laws and naloxone access laws, which have been implemented to varying degrees in nearly all 50 U.S. states over the past decade.

We're now leading the national charge to establish the first supervised consumption services (SCS) site in the U.S. Nobody has ever died in any of the scores of SCS sites currently operating around the world, while thousands have been saved from overdose, HIV and hepatitis transmission, and other blood-borne illnesses.

DPA has drafted nearly every piece of state legislation in the country seeking to authorize SCS, including in California, Maine, Maryland, Massachusetts, New

York and Vermont. In California we built support in both houses of the legislature, and successfully passed the first state-level SCS authorization bill. While former Governor Jerry Brown ultimately vetoed our bill in 2018, current Governor Gavin Newsom has publicly criticized the veto and spoken of his support for SCS. We have also made significant progress on bringing SCS to New York City, garnering the support of Mayor Bill de Blasio, who previously opposed SCS.

One of our main challenges is federal opposition to SCS. Last fall, Deputy Attorney General Rod Rosenstein threatened to prosecute anyone who opened an SCS under the "crack house statute." Since then, the U.S. Attorney for eastern Pennsylvania filed a lawsuit to prevent Safehouse, an overdose prevention nonprofit, from opening an SCS in Philadelphia. DPA is working with Safehouse and other allies to respond to the lawsuit.

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DPA is also working in D.C. to eliminate these obstacles. Last year, we worked closely with Senate Democrats behind the scenes to ensure that a potential federal funding ban on SCS was removed from an appropriations bill, a critical victory. Now, we need to go further and establish protections for SCS in the appropriations process, and secure a commitment from the Justice Department to end its persecution of groups trying to open such sites.

### **Shaping Federal Legislation**

In the past year alone, DPA monitored more than 120 federal opioid and overdose bills, and successfully defeated some of the worst elements, such as penalty increases. At the same time, we fought to allow health organizations to use federal funds for naloxone; increase the number of patients to whom doctors can prescribe buprenorphine; improve access to methadone through Medicare; and mandate the DEA to permit doctors to offer medications for opioid use disorder through tele-health services.

### **Increasing Access to Drug Checking**

Drug checking kits and fentanyl test strips can save lives by helping people make informed decisions about what they put into their bodies. Unfortunately, these tools are frequently banned under state drug paraphernalia laws. DPA successfully

legalized drug checking in Maryland and Washington, D.C., and created a pathway toward exemption for drug checking in California. In New Mexico, we led an effort that made it the first state to repeal criminal penalties for all drug paraphernalia.

### **Improving Access to Medications for Opioid Use Disorder**

People recently incarcerated are at 40 times greater risk of dying from an overdose. DPA continues to advance legislation in New Mexico and New York to give people in jails and prisons access to methadone and buprenorphine, considered the gold standard of opioid addiction treatment.

### **Working to Bring Cutting Edge Treatments to the U.S.**

DPA is spearheading the effort to bring injectable opioid treatment, sometimes referred to as heroin-assisted treatment—which has been long proven successful internationally—to the United States. In the fall of 2018 in New York City, we hosted a landmark convening of globally renowned researchers to develop a strategy for the U.S., and are now building the action plan.

With your support, DPA can continue its renowned leadership in promoting harm reduction solutions, advancing meaningful reforms that save lives and, ultimately, end the overdose crisis.

# Interview:

## DPA Board Member Josiah Rich, MD

Josiah “Jody” Rich is a professor of medicine and community health at Brown University, who was elected to the National Academy of Medicine earlier this year.



**What do you see as the unique value that DPA brings to your work?** DPA has been ahead of the curve on so many issues—it’s often been a lone voice, quite strategic in bringing critical reforms from the margins to the mainstream. There’s no other organization connecting so many of the dots between mass criminalization and public health.

**Why is it so significant that medications to treat opioid use disorder are now being offered in Rhode Island prisons and jails?** People are at particularly grave risk for overdose immediately after they’re released from incarceration. But most prisons and jails force people to withdraw from medicated-assisted treatment when they enter the system, and most offer no medication upon release. I worked for over 15 years in Rhode Island to make medications to treat opioid use disorder available behind bars, and we finally were

successful in 2016—we became the first state in the country to do this. Rhode Island now screens all incarcerated people for opioid use disorder and makes all three FDA-approved medications available to all those who need and want it. We’re reaching an extremely vulnerable population at an extremely vulnerable time with the best treatment available. This program decreased statewide post-release overdose deaths by 61%—numbers like this are virtually unheard-of. Now other states, like Massachusetts and Maine, are beginning to follow suit.

**From a public health perspective, why is decriminalization important?** Punishment does not work to treat addiction. What treatment capacity we do have isn’t utilized effectively because of criminalization. A lot of people who want help are scared to ask for it, because of the punishment and coercion associated with criminalization.



# Ending marijuana prohibition and **repairing its harms**

**DPA is at the forefront of the movement to end marijuana prohibition and is the only organization with roles in every successful legalization ballot initiative to date.**

Marijuana prohibition remains at the heart of the war on drugs. While states that have legalized have seen a steep decline in arrests, marijuana arrests remain near their all-time high nationally, at 659,700 in 2017. This demonstrates the urgent need to end prohibition in more states, particularly those that have the highest rates of arrest.

Our latest victories include the November 2018 election wins in Michigan, which became the 10th state to legalize marijuana for adult use, and Missouri, which became the 32nd state with a workable medical marijuana law.

In another sign of progress, voters ousted Texas incumbent Pete Sessions from his U.S. House seat. As chair of the Rules Committee, Sessions single-handedly blocked Congress from holding any votes on marijuana reform for more than a year. His successor, Colin Allred, is a civil rights lawyer and supporter of medical marijuana and decriminalization. In addition, at least 12 gubernatorial candidates who support marijuana legalization won their November 2018 elections, including two long-time DPA allies, Gavin Newsom (California) and Jared Polis (Colorado).

The shift on marijuana in D.C. may best be measured by the number of presidential hopefuls that are coming out in support of marijuana legalization. They include Senators Cory Booker, Kirsten Gillibrand, Kamala Harris, Bernie Sanders and Elizabeth Warren; Governor Jay Inslee; former Governors John Hickenlooper and Bill Weld; Pete Buttigieg, Julián Castro and Beto O'Rourke. The issue is also gaining increasing bipartisan support, with a majority of Republicans favoring legalization and Colorado Senator Cory Gardner securing a commitment

from President Donald Trump to sign a legalization bill if it makes it to his desk.

The advances we made toward ending marijuana prohibition and repairing its harms also include:

### **Drafting and Influencing Federal Legislation**

As the leading drug policy reform advocate in D.C., DPA has made significant progress in fostering momentum for federal marijuana legalization. We drafted and have secured widespread support for the Marijuana Justice Act, which would legalize marijuana and include provisions to repair prohibition's harms. And we have played a key role in securing continuation of the Rohrabacher-Blumenauer Amendment, which protects states with legal medical marijuana from federal interference.

We also worked closely with members of the Senate on the STATES Act, a bipartisan effort to affirm the rights of states to determine their own marijuana laws; the RESPECT Act, aimed at promoting racial and gender diversity in the marijuana industry; and Sen. Chuck Schumer's bill to effectively decriminalize marijuana at the federal level.

In addition, we supported budget amendments to prevent the Veterans Administration from punishing doctors who recommend medical marijuana to patients and to stop the Treasury from punishing banks that do business with legal marijuana companies.

### **Implementing Prop. 64 Reforms in California**

Since legalizing marijuana in California, one of DPA's most urgent priorities has been ensuring the expungement

of marijuana convictions from criminal records. In September 2018, we succeeded when Governor Jerry Brown signed into law a DPA-supported bill creating a process for automatic expungement throughout the state, a critical step forward.

Prop. 64 set a new bar for marijuana legalization, with a wide range of restorative justice provisions. We're now building on this work as we lead campaigns for marijuana legalization in New York, New Jersey and New Mexico. We're gaining momentum for thoughtful legalization models that not only end marijuana prohibition, but begin to repair the drug war's harms through community reinvestment and fair access to the new legal marijuana market.

# Ensuring the promise of Proposition 64

As a staff attorney for DPA, **Rodney Holcombe** focuses on implementing aspects of Prop. 64, the historic ballot initiative that legalized marijuana in California.

In addition to legalizing marijuana use for those 21 and over, Prop. 64 was the first legalization initiative to designate that those with convictions for certain marijuana offenses prior to the change in law—estimated to be in the hundreds of thousands—would have their records expunged of those charges. Such convictions can follow individuals for the rest of their lives, preventing access to education, employment, housing and social services.

“Everyone has the right to lead a healthy, normal life, despite their criminal record history,” Rodney recently stated.

Even after Prop. 64 was signed into law in November 2016, less than 10% of eligible Californians applied for record expungement. “The burden was placed on the individual,” he explained. “Parole officers and judges wouldn’t tell people. And even for those that were aware, the process was very difficult to navigate and very expensive. The system was essentially stacked against people of color and those with limited incomes.”

With an eye on reversing the harms of marijuana prohibition, Rodney worked directly with lawmakers to draft legislation to





automate record expungement, and organized free expungement clinics to help serve those impacted in the interim.

“I visited communities all over the state and met so many people just looking for a path forward,” he recalled. “The clinics brought out way more people than we could help and at times it was overwhelming. I spent many long nights answering requests and helping to guide people through the process. But knowing that there were more people out there who looked like me, unable to find work or a place to live because of their record, that’s what kept me going.”

Clinic participants came from all walks of life, from college students to day laborers trying to support their families to senior citizens still hopeful for a new beginning. In addition to pro-bono legal services, the clinics also provided wrap-around

services that most often elude those carrying records, including information on accessing healthcare, immigration consultation and voter registration.

“People were so excited to see *food* at the clinics. They were coming to us for much more than just legal advice.”

Rodney has kept in touch with some of the individuals he worked with directly. “I’ve heard from a few that they were finally able to get jobs and even vote for the first time.”

In September 2018, Governor Jerry Brown signed the auto-expungement bill into law and the implementation has finally begun.

“It’s a step forward, but the tremendous need reflects a larger humanitarian crisis around how we as a society deal with people with convictions,” Rodney explained. “The ability to clear one’s

record can mean the difference between having housing and being homeless; having access to food and being hungry; living in poverty and being gainfully employed.”

“Policy is an incremental process; we need to identify ways to address the larger, systemic issues,” he continued. “We need to keep going. This kind of reform is way overdue, but it needs to be made simple and accessible to truly serve those most harmed.”

“When California is a free and accepting place that does not continue to punish people over and over for their past. And a place where people are no longer forever burdened by their mistakes, or things that should never have been a crime in the first place. That’s when we know the work is done.”



# Shifting away from a **criminal justice approach** to drug policy

## DPA is leading the charge to decriminalize the possession of drugs for personal use

Drug possession is the single most arrested offense in the U.S. In 2017, law enforcement made more than 1.63 million drug arrests, of which 85 percent (1.4 million) were for simple possession. Black people are more than two-and-a-half times as likely as white people to be arrested for possession for personal use, despite similar rates of use. Arrest does nothing to help those who may be struggling with problematic drug use. Meanwhile, those convicted then face the risk of incarceration, as well as tremendous barriers to finding jobs, housing, education and even voting.

A significant piece of our work over the past year has focused on developing workable policy concepts to end this disastrous cycle of drug criminalization.

In November 2018, in partnership with the Open Society Foundations, DPA convened a group of 34 policy and legal experts from the U.S. and 16 other countries including Australia, Colombia, the Czech Republic, Ghana and Ireland. Each of these experts shared their experiences in implementing various decriminalization models and attempting to advance decriminalization in their home countries. With this new coalition, DPA is developing guidelines for how smart and effective decriminalization could be implemented at the local, state and national levels in the U.S.

Based on our findings so far, we believe an ideal drug decriminalization measure would seek to accomplish the following:

- Eliminate criminal penalties for drug use, possession for personal use, and possession of paraphernalia.
- Eliminate punitive, abstinence-based or coercive approaches to drug treatment.
- Avoid “net-widening” such as fines and fees that result in poor people being criminalized.
- Avoid loopholes through which law enforcement could seek to criminalize the same people (disturbing the peace, public nuisance ordinances, etc.).
- Include a criminal record expungement and resentencing component.
- Expand harm reduction information and healthcare access for people who need

it by reinvesting the money saved from law enforcement and incarceration.

- Increase access to wraparound services such as housing support, which are critical to people who are struggling with problematic drug use.

DPA is exploring potential decriminalization ballot initiative campaigns for 2020 in various states. California, Oregon and Washington—all of which were leaders in marijuana legalization—show the greatest promise. We are also examining the potential for legislative campaigns in states worst impacted by the overdose crisis, though these will move more slowly.

Meanwhile, we have continued to press for reforms that pave the way for decriminalization. Given that 30 states still punish drug possession

(excluding marijuana) as a felony, this work includes our efforts to “de-felonize” drug possession in numerous states, as California, Oklahoma, Oregon and Connecticut have done in recent years. It also includes our ongoing work at the local level to initiate and implement Law Enforcement Assisted Diversion (LEAD) programs—which, instead of arresting people for drug use, diverts them to other services and supports—in numerous cities such as New York City, Los Angeles, Ithaca, Denver, Santa Fe and San Francisco. LEAD is the closest thing so far to decriminalization in the U.S.

### **Fighting back against harsh penalties for drug offenses**

A critical part of our work remains reforming and fighting back against overly harsh policies, including recent federal bills seeking to increase

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sentences for opioid-related offenses. In a crucial victory last year, DPA played a leading role in stopping the passage of SITSA, a sweeping bill that would have given the DEA and Justice Dept. free reign to criminalize more drugs and create new draconian sentencing policies, without any oversight. We expect similar proposals to emerge this year, in response to fentanyl in particular.

We're also pushing back on "drug-induced homicide" laws, which prosecutors are increasingly using to charge people with murder or manslaughter for selling or sharing drugs that result in a death. We were successful in helping block new such laws in over a dozen states, including New York, Illinois, Massachusetts and Maryland last year.

At the same time, we played an instrumental role in ensuring that the federal First Step Act, signed into law in December, included drug sentencing reform provisions and did not merely tinker around the edges of the issue. While this bill has significant weaknesses and was a tough compromise for us, it has the potential to lead to the release of thousands of people serving disproportionately long sentences for drug law violations.

DPA also helped obtain a significant win in the U.S. Supreme Court in *Indiana v. Timbs*, establishing new limits on police departments' ability to seize personal assets without due process.

With your support, we are working to transform the way this country responds to drug use, by ending the criminalization of millions and restoring hope and promise to hundreds of thousands of individuals.


## Lessons learned: DPA partner gathering in Portugal

In March 2018, DPA hosted our annual gathering of our funded partners (grantees) in Lisbon, Portugal. These groups represented more than 30 community-based and advocacy organizations from across the U.S.

Over three intensive days, participants learned firsthand about Portugal's decriminalization model from government officials, local activists, medical professionals and law enforcement, as well as current and former drug users, who shared their experiences with the system.

Partners learned about the model—which emphasizes the improvement of health and public safety outcomes over punishment—and the positive outcomes it has yielded, including more people opting to receive treatment and drastic declines in HIV/AIDS and drug overdose rates.

DPA developed a briefing paper and companion video on the benefits of the Portugal model to encourage further discussion on what a health-focused decriminalization model could look like in the U.S. • **Learn more at [drugpolicy.org/portugal](https://drugpolicy.org/portugal)**

A portrait of Susan Burton, a Black woman with long dreadlocks, wearing glasses and a colorful patterned top. She is looking directly at the camera with a slight smile. The background is a solid blue color.

**“I visited Portugal as part of a delegation of advocates led by the Drug Policy Alliance...As I met with public health officials, visited treatment facilities, and heard from law enforcement agents, as well as current and former drug users, what struck me most was the humanity of this approach. The focus is on supporting people and their health.”**

—**Susan Burton**, Founder and Executive Director of A New Way of Life Reentry Project and DPA Funded Partner



# Ending the **global drug war**, starting at home

**ALTO A LA  
GUERRA  
CONTRA LAS  
DROGAS**

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CONTRA LAS  
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For decades, the United States has poured billions of dollars into fighting a global war on drugs in countries like Mexico, Colombia, Afghanistan and the Philippines.

In the name of cutting off the supply of drugs, the U.S. has financed militaries and police around the world, shaped their criminal justice and drug laws, provided equipment and supplies, and even directly intervened on the ground. More recently, the administration of President Donald Trump has attempted to build a wall on the southern border of the U.S. and further restrict immigration, in part in the name of blocking the entry of drugs.

These efforts have been a spectacular and expensive failure. Neither supply nor demand have meaningfully decreased throughout the U.S.-led drug war. Instead, the drug war has contributed to a dramatic escalation of violence and corruption in the countries targeted.

DPA has worked on global drug policy reform for years, including our successful efforts to legalize marijuana in Uruguay—the first country to do so. We are continuing this work, helping to advocate for cutting-edge reforms like all-drug decriminalization abroad, and bringing lessons to the U.S. from other countries, like Portugal.

We are increasingly focusing our international work on the United States' foreign policy concerning drugs—an area on which few, if any, organizations focus systematically, and where we have tremendous value added. We have started to closely examine U.S. appropriations to countries like the Philippines, where the U.S. is supporting a police force that has been implicated in thousands of extrajudicial killings of people alleged to use or sell drugs. We are working with allies in Mexico

to shape the drug war debate there, including by supporting their efforts to legalize marijuana, and educating U.S. lawmakers about the harms of the current approach. And we are calling out the administration on the deep flaws in its narrative about immigrants and drug trafficking.

As we deepen this work, we intend to develop a comprehensive assessment of the waste and devastation caused by U.S. global drug policies, so that reform at home also translates into reform abroad.

# Advocacy grants

DPA's Advocacy Grants Program promotes policy change and advances drug policy reform at the local, state and national levels by strategically funding smaller, geographically limited or single-issue projects. Funded annually at a level of roughly \$1.2 million, the program raises awareness and promotes policy change through two vehicles: the Special Opportunities Program and the Promoting Policy Change Program.

## Special Opportunities Program

A New P.A.T.H.  
ACLU Foundation of Oregon  
Atlanta Harm Reduction Coalition  
California Society of Addiction Medicine  
Canadian HIV/AIDS Legal Network  
Disability Rights Legal Center  
El Punto en la Montaña  
HIPS  
Hood Incubator  
Interfaith Movement for Human Equity  
Iowans for Safe Access  
Johns Hopkins Bloomberg School of Public Health  
People for the American Way Foundation  
People's Harm Reduction Alliance  
Race Forward  
Suncoast Harm Reduction Project  
Trinity United Church of Christ  
VOCAL-NY

## Promoting Policy Change Program

A New P.A.T.H.  
A New Way of Life Reentry Project  
Atlanta Harm Reduction Coalition  
Baltimore Harm Reduction Coalition  
Brotherhood/Sister, Sol  
California Society of Addiction Medicine  
Center for Living and Learning  
Chicago Urban League  
Colorado Criminal Justice Reform Coalition  
Down East AIDS Network  
DRCNET Foundation  
Drug Policy Forum of Hawai'i  
Drug Truth Network  
Harm Reduction Action Center  
Independent Media Institute (IMI)  
Institute of the Black World 21st Century  
Intercambios Puerto Rico  
Interfaith Movement for Human Integrity  
Justice Strategies

LatinoJustice PRLDEF  
Legal Services for Prisoners with Children  
New York Academy of Medicine  
New York Harm Reduction Educators (NYHRE)  
North Carolina Harm Reduction Coalition  
Partnership for Safety and Justice  
People's Harm Reduction Alliance  
Protect Families First  
Public Defender Association  
Samuel DeWitt Proctor Conference  
San Francisco Drug Users' Union  
The Ordinary People Society  
Truth Pharm  
VOCAL-NY  
William C. Velasquez Institute  
Women With A Vision



# Advocacy grants spotlight: VOCAL-NY

**Voices Of Community Activists & Leaders (VOCAL-NY) is a grassroots membership organization that builds power among low-income people affected by HIV/AIDS, hepatitis C, the drug war, homelessness, and mass incarceration. VOCAL-NY has been a DPA funded partner since 2006. Through the Promoting Policy Change and Special Opportunities Grants programs, DPA has provided more than \$550,000 to date in support of the organization's vital community organizing, direct action, and leadership development work.**

**Our relationship with VOCAL-NY goes far deeper than fiscal support. DPA's partners are essential allies in advancing the drug policy reform movement on the grassroots level.**

**Jeremy Saunders, Co-Executive Director of VOCAL-NY, provides additional insight into the powerful alliance between his organization and DPA's New York State Office.**

## **Our history as campaign partners**

Beyond the grant program, VOCAL-NY and DPA have been working together for nearly a decade. Our first joint campaign was getting the Good Samaritan Act passed in New York in 2011. This life-saving legislation allows people to call 911 if they experience or witness an overdose without fear of arrest or criminal prosecution for possessing small quantities of drugs or alcohol. Since that winning campaign, we have gone on to partner on many more victories that save and improve the lives of drug users throughout the state.

## **Bringing the strength of grassroots mobilization to DPA's work**

DPA also contracts with VOCAL-NY as a consultant when the political climate in New York presents us with special opportunities to win. Our expertise lies in the grassroots. For 20 years, we have been mobilizing marginalized New Yorkers impacted by the war on drugs, developing their leadership, and uplifting their

voices to change the narrative for both legislators and the general public. Most recently, we worked with DPA to help organize low-income New Yorkers who have been impacted or criminalized by drug use in Western New York, as well as in Los Angeles.

## **Significant victories & more to come**

Legislative accomplishments achieved through this partnership start with the 2011 Good Samaritan Law, and have continued with expanding access to naloxone, passing the Compassionate Care Act to establish medical marijuana in New York State, decriminalizing syringes, and pushing the NYPD to reduce marijuana arrests by 90% in New York City.

But the work is not done! Right now, our organizations are looking to establish Overdose Prevention Centers and push for medications for opioid use disorder in prisons and jails. The road is long, but we look forward to continuing this important journey with DPA.

# Major contributors

DPA would like to acknowledge the following people and institutions who contributed financially to us in 2018.  
Thank you for believing in our mission and supporting our work.

Andrew Tobias

Angela and Matt Stone

Anonymous

Aria Foundation

Arnold Ventures

Candace Carroll and Len Simon

craigslist Charitable Fund

Curtis W. McGraw Foundation

Doris Goodwin Walbridge Foundation

Dr. Bronner's Magic Soap

The Eric and Cindy Arbanovella Fund

Fund for New Jersey

Fund for Policy Reform

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M&T Charitable Foundation

MAC AIDS Fund

Marijuana Business Daily

Marsha Rosenbaum

McCune Charitable Foundation

Mort and Leora Rosen

New Rachel Foundation

Open Philanthropy Project

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Padosi Foundation

Phil Harvey

PSEG Foundation

Mr. René Ruiz and Dr. Susan Ruiz

Robert W. Wilson Charitable Trust

Santa Fe Community Foundation

The Selz Foundation

Stanford Center for Philanthropy and  
Civil Society

Susan Kane

Threshold Foundation

Vital Projects Fund

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# Drug Policy Alliance financials

Statement of Financial Position, June 1 2017–May 31 2018

## Assets

Cash & cash equivalents	\$ 1,154,736
Investments	\$ 721,986
Grants receivable (net)	\$ 3,379,288
Prepaid expenses & other assets	\$ 99,540
Deposits	\$ 109,205
Property, equipment & leasehold improvements (net)	\$ 5,159,659

**Total Assets** **\$10,624,414**

*\*The Drug Policy Alliance, a 501c3 organization, works closely with Drug Policy Action, a 501c4 affiliate organization, especially on ballot initiative campaigns. In some years, Drug Policy Action has raised more money than the Drug Policy Alliance, and has loaned funds to the Drug Policy Alliance to cover 501c3 expenses. This year, the loan shows up in the Drug Policy Alliance's Statement of Financial Position as a \$5.16 million deficit. Please note that Drug Policy Action forgave this loan after the fiscal year reporting period, and there is no actual deficit. Both organizations are in strong fiscal health.*

## Liabilities and Net Assets

### Liabilities

Accounts payable & accrued expenses	\$ 225,682
Interest payable	\$ 213,167
Accrued compensated absences	\$ 322,907
Note payable	\$ 12,400,000
Mortgage payable	\$ 2,627,349

**Total Liabilities** **\$15,789,105**

### Net Assets

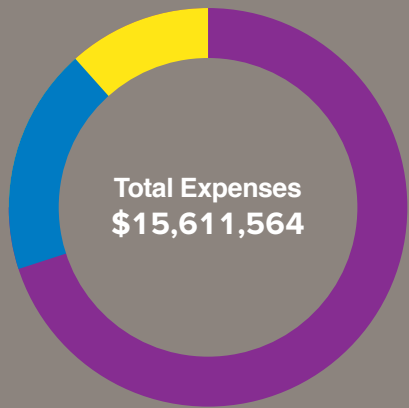
Unrestricted	\$ (9,946,280)
Temporarily restricted	\$ 4,781,589

**Total Net Assets** **\$ (5,164,691)\***

**Total Liabilities and Net Assets** **\$10,624,414**

Statement of Activities 2018

Expenses



Program expenses	\$ 10,918,366
Management	\$ 2,895,616
Fundraising	\$ 1,797,582

**Total Expenses** **\$15,611,564**

Support & Revenue

Contributions unrestricted	\$ 9,393,139
Contributions temporarily restricted	\$ 344,457

**Total Income** **\$ 9,737,596**

Change in Net Assets

Unrestricted	\$ (6,218,425)
Temporarily restricted	\$ (344,457)

Change in Net Assets

Net assets, beginning of year	\$ 709,277
Net assets, end of year	\$ (5,164,691)

# Drug Policy **Action** financials

Statement of Financial Position, June 1 2017–May 31 2018

## Assets

Cash & cash equivalents	\$ 12,151,626
Investments	\$ 5,958,669
Prepaid expenses	\$ 11,140
Grants receivable (net)	\$ 10,098,495

**Total Assets** **\$28,219,930**

## Liabilities and Net Assets

### Liabilities

Accounts payable & accrued expenses	\$ 22,755
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### Net Assets

Unrestricted	\$ 18,098,680
Temporarily restricted	\$ 10,098,495

**Total Net Assets** **\$28,197,175**

**Total Liabilities and Net Assets** **\$28,219,930**

*Several Drug Policy Alliance and Drug Policy Action donors have made multi-year pledges to these organizations. These unfulfilled pledges are projected future revenue that will be received within one to nine years and does not constitute an endowment. These donor commitments reflect a strong current and future financial outlook for the Drug Policy Alliance and Drug Policy Action.*

Statement of Activities 2018

Expenses



Program expenses	\$ 269,123
Management	\$ 172,831

**Total Expenses** **\$441,954**

Support & Revenue

Contributions unrestricted	\$ 4,424,821
Contributions temporarily restricted	\$ (3,558,796)

**Total Income** **\$866,025**

Change in Net Assets

Unrestricted	\$ (8,630,300)
Temporarily restricted	\$ 3,558,796

Change in Net Assets

Net assets, beginning of year	\$ 40,386,271
Net assets, end of year	\$ 28,197,175



We are  
the **Drug**  
Policy  
Alliance.

## Drug Policy Alliance Headquarters

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