

Raising the stakes

Drug Policy Alliance
Annual Report

A large, diverse crowd of people of various ages and ethnicities are gathered in what appears to be a conference or event hall. They are all smiling and clapping, creating a sense of community and shared purpose. In the foreground, a woman with curly hair is looking towards the camera with a joyful expression. Behind her, a man in a red shirt is also smiling. The background is filled with many more people, some wearing lanyards, indicating they are attendees or participants in the event.

We are
the Drug
Policy
Alliance.

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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.



Letter from the President & Executive Director

Are you ready to step up?

We are at a profoundly challenging—yet enormously hopeful—inflection point in our struggle to end the devastation wrought by the global war on drugs and to build a more just and humane future.

If we don't push back with all our might now, we may be at the threshold of the worst period yet in the drug war. Yet we are also, astonishingly, at our moment of greatest opportunity ever in the United States.

Overdose rates in the U.S. are soaring, while the president and attorney general are stoking fear, hatred and xenophobia to reinvigorate the war on drugs.

The administration is pushing for ever harsher drug sentences, getting “very, very tough” on the southern border, and targeting the “pretty tough hombres” Donald Trump blames for the overdose crisis. Holding out China and Singapore as models, he’s even calling for the imposition of the death penalty for drug offenses.

All this is happening while the drug war continues to spread misery and death around the world, from the extrajudicial killings in the Philippines —whose bloodthirsty president Trump has praised—to the large-scale violence and corruption in Mexico, Afghanistan and Colombia.

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Attorney General Jeff Sessions has increasingly signaled a willingness to enforce marijuana prohibition even in states that have legalized. Meanwhile, prosecutors in multiple states are responding to overdose by pursuing devastating—and utterly pointless—homicide prosecutions against people who use and share drugs, or small-time sellers.

At the same time, our many recent victories are multiplying in states and cities across the country.

Marijuana legalization is continuing to build momentum—and the conversation has evolved beyond *whether* we'll legalize to *how* we should legalize. California's Proposition 64 set a new bar, with its groundbreaking provisions providing redress for past harms. We're now working to build on this model in New York, New Jersey, New Mexico, at the federal level, and beyond.

Harm reduction is entering the mainstream. Driven by our advocacy, policymakers from coast to coast are increasingly embracing naloxone access, syringe exchange, 911 Good Samaritan laws, and even supervised consumption services.

Bipartisan criminal justice reforms are also advancing—from bail to asset forfeiture to sentencing reform, as well as pre-arrest diversion for drug offenses. Our effort is increasingly shifting from not just *reducing* criminal punishment for drug possession, but *ending* it.

None of this would have been possible without DPA and your support.

Perhaps the biggest gain we've made is the dramatic shift in public opinion in the U.S. and beyond. Despite the Trump

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administration's craven use of overdoses to spread fear, the reality is that vast swathes of the public are increasingly looking for alternatives to the failed drug war. Outside the U.S., growing numbers of countries are taking steps towards decriminalizing the personal use of drugs, showing that a different way of approaching drugs is possible.

This new openness, coupled with the record-breaking support for marijuana legalization in the U.S. and abroad, has the potential to fracture the foundation of the drug war.

Our challenge is to rise to the occasion and reveal the ultimate lie—that the trillions of dollars poured into the enforcement of laws criminalizing drug use, production, and distribution since the 1970s have never actually prevented drug misuse.

In fact, prohibition is a root cause of the current opioid overdose crisis in the U.S.—because when people are kept in the dark about drugs, and forced to use them underground, they are far more likely to use drugs in unsafe ways and overdose. And when states prioritize criminalization over social supports, prevention and treatment, those who want help can't find it.

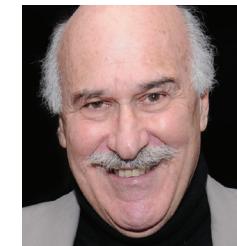
This message, this truth, is resonating more than ever before, and thanks to your support, we are ready to seize the opportunity to amplify our approach to drug policy that is grounded in science, compassion, health and human rights, rather than deception, cruelty, racism and stigma.

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 Sánchez-Moreno".



Ira Glasser
President

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

Addressing a national crisis of preventable deaths

DPA is leading the fight to reduce the death, disease, crime and suffering associated with both drug use and drug prohibition.

This means supporting harm reduction and other public health interventions grounded in science, compassion, health and human rights.

The overdose crisis has placed the United States at a crossroads. Despite occasional mentions of public health policies, the Trump administration seems intent on using the crisis as an excuse to double down on the war on drugs and demonize vulnerable groups—particularly immigrants—whom it portrays as responsible for the crisis.

To stem the rising tide of opioid overdose deaths, DPA is working to advance innovative and effective public health interventions focused on access to evidence-based treatment, harm reduction, prevention and education, and—critically—reducing the role of criminalization. Many of these interventions have already been implemented successfully in other countries.

Much recent progress can be credited to our efforts. All 50 states have now passed legislation to increase access to naloxone, the overdose reversal medication, and over 40 states have passed “911 Good Samaritan” laws to stop arresting and prosecuting people for drug possession when they call 911 to report an overdose. We also played a pivotal role in securing federal funding for community-based organizations who provide naloxone.

DPA has also been instrumental in expanding access to replacement therapies such as methadone and buprenorphine, which extensive research has unequivocally and repeatedly proven to be the most effective treatment for long-term recovery and reduction of overdose fatality risk.

But it’s clear that much more needs to be done. For one thing, we’ve shone light on the fact that overdose is not only a white problem, but also one that has long affected communities of color—yet been ignored.

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Our work building support for the first supervised consumption facility in the U.S. is especially promising. Thanks to your support, San Francisco will open the first licensed facility in the U.S. this summer. We've also drafted and advised on legislation in several other cities and states to implement such facilities; we are hoping that the US will follow the example of Canada, which has authorized over 30 supervised consumption sites in response to their rise in overdose rates, and many other countries. There is overwhelming evidence from over 100 facilities operating in dozens of cities worldwide that they drastically reduce new HIV infections, overdoses, and public nuisance without increasing drug use or criminal activity.

We are simultaneously advancing the implementation of heroin-assisted treatment (HAT), a critical intervention for those who have not found success with methadone or buprenorphine. Despite its historical success and strong evidence base from nine other countries, HAT has never been studied or implemented in the U.S. In 2017, DPA organized a convening of researchers and advocates to build the foundation for establishing a HAT trial in the United States.

Between all the policy victories and the groundswell of press coverage, it's clear that there is a growing opportunity to not only address overdose, but also to change public opinion on drug policy more broadly. It is now up to us to ensure the nation's focus on overdose does not lead to a backlash, and that instead we build on the momentum to push for more effective, public health-centered approaches to problematic drug use in society.

Many thanks to you for making all of this possible. Your support is helping save lives every day, all over the country.

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Safety first: real drug education for teens

The lack of meaningful public education about drugs, their real effects, and the concrete dangers around them—for example, that mixing opioids with alcohol or benzodiazepines can lead to an overdose—means that those who try drugs are likely to do so in riskier ways.

That's why DPA is pioneering an innovative approach to drug education. In 2017 we completed the development of a new, first-of-its-kind curriculum, *Safety First: Real Drug Education for Teens*. The curriculum, based in principles of harm reduction, is designed to supplant the decades-long failures of abstinence-only programs like D.A.R.E.. It comports with National Health Education Standards and is currently being piloted and evaluated in a prestigious New York City high school.

While it introduces abstinence as a key strategy for teens, DPA's *Safety First* curriculum does recognize the reality that some youth will choose to use drugs. The lessons empower students to make healthier decisions by helping them evaluate information about alcohol and other drugs, understand the impact of drug policies on personal and community health, and develop personal and social strategies to manage the potential harms and benefits.



Ending mass criminalization in the name of fighting drugs

DPA has been at the forefront of many of the United States' major drug sentencing reforms over the past two decades.

There are many tens of thousands fewer people behind bars today as a result of DPA's efforts—and hundreds of thousands who either did not go to jail or prison, or who spent less time there, because of our work.

As support for criminal justice reform grows around the country, drug policy reform is at the cutting-edge of broader efforts to end mass criminalization and re-envision the criminal justice system.

Our focus is increasingly on ending criminal punishment for drug possession for personal use. Last summer, DPA released a groundbreaking report, *It's Time for the U.S. to Decriminalize Drug Use and Possession*, which lays out a roadmap for how U.S. jurisdictions can move toward ending the criminalization of personal drug use, which is now responsible for more than a million arrests per year, dwarfing the number of arrests for all violent crimes combined.

Internationally and domestically, an unprecedented and wide-ranging coalition of powerful stakeholders with whom we have engaged over the years is now calling for decriminalization. These include the United Nations, World Health Organization, International Red Cross, Human Rights Watch, the NAACP, Movement for Black Lives, and American Public Health Association. And policymakers in France, Norway, Ghana, Ireland and Canada are actively examining the possibility of decriminalizing the personal use of drugs.

In the U.S., we've conducted polls and comprehensive messaging research to determine how best to move public opinion on decriminalization. We're working with legislators, most notably in Maryland, to end the criminalization of drug possession. And we're exploring ways to work with new District Attorneys to reduce prosecutions for drug possession and low-level sales. We are actively working to educate our partners and allies about the benefits of decriminalization—including through a site visit

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to Portugal, which has successfully decriminalized—and we are exploring possible routes to decriminalizing all drugs in specific states and cities.

At the local level, we're leading efforts to initiate and implement Law Enforcement Assisted Diversion (LEAD) programs—in which, instead of arresting people for drug use, law enforcement diverts them to other services and supports—in numerous cities across the country 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. and an important step toward our ultimate goal of ending criminal penalties for drug use and possession.

In response to the overdose crisis, some policymakers are introducing punitive, counter-productive measures. A critical part of our work is fighting back against problematic policies, including federal bills that seek to increase harsh sentences for opioid-related offenses.

One such set of regressive policies is the significant rise we have documented in prosecutions for “drug-induced homicide,” in which prosecutors pursue murder or manslaughter charges against those who sell or share drugs that result in a death. In November 2017, DPA released a report on this law enforcement response, which evidence suggests is aggravating, rather than helping, the problem. DPA was successful in blocking legislation to increase such prosecutions in 13 states in 2017 alone.

Our focus is increasingly on ending criminal punishment for drug use and possession.



With your support, DPA is transforming the way people think about drugs and prohibition—from a matter of fear, stigma, and punishment, to one of fundamental justice, truth, health and human rights.



Responsible & equitable marijuana legalization

In recent years we have seen a sea change in public attitudes toward marijuana legalization, leading to our growing collection of victories.

In turn, the spread of marijuana legalization is sparking new conversations that may ultimately open the door to broader drug policy reforms, including decriminalization of personal use of drugs.

DPA is leveraging marijuana policy reform to help communities most impacted by prohibition and criminalization. As we continue to build on the gains we've made, we're making sure we legalize marijuana in a way that recognizes and repairs the disastrous, decades-long harms of the drug war and mass incarceration.

California's Proposition 64, which DPA played a key leadership role in drafting and passing, set a new bar for marijuana legalization. California's new law has provisions for record expungement, equity in licensing, and reinvestment in the communities that have been most harmed. That's what we're now trying to replicate in our resident states of New York, New Jersey, and New Mexico, and on upcoming ballot initiatives in the works for 2018 and 2020.

The past year marked another breakthrough in our work on Capitol Hill to reform federal marijuana policy. We worked closely with Senator Cory Booker, Representative Barbara Lee, and other members of Congress to introduce the Marijuana Justice Act, which would end federal marijuana prohibition and contains a broad range of provisions to repair the communities most devastated by the war on drugs, which are disproportionately Black and Brown.

And we're finding new allies in our efforts to keep Attorney General Jeff Sessions from undermining state marijuana laws. We played an instrumental role in renewing legislation to prevent interference with state medical marijuana laws, and we're actively working to expand those protections to all legal marijuana states, as well as tribal lands in those states.

As we continue to build on the gains we've made, we're making sure we legalize marijuana in a way that recognizes and repairs the disastrous, decades-long harms of the drug war and mass incarceration.



Our work goes well beyond legislative and ballot initiative campaigns. Ensuring effective implementation is essential. We work closely with government agencies to devise regulations even as we mobilize external pressure to ensure laws are implemented in good faith. Our public relations work has generated earned media coverage valued at tens of millions of dollars over the years, shaping national and international perception in ways that advance our agenda. Our work has contributed to a growing conversation on marijuana reform internationally, starting with Uruguay's legalization and now spreading to numerous other countries.

Despite all our progress, there's a long way to go. Police continue to use the suspicion of minor marijuana offenses to profile, harass, arrest and even lock up massive numbers of people, especially in Black and Latino communities. With each passing year, over 600,000 people continue to get branded with a lifelong criminal record simply because they got caught with a small amount of marijuana. Young Black and Latino people are arrested for marijuana use at much higher rates than white people, even though white people use marijuana at similar rates. Families are being ripped apart as minor drug offenses such as marijuana possession are being used as an excuse to deport people who have lived in the U.S. for years and even decades.

The end of marijuana prohibition in the U.S. is finally within our sights. It's up to us to ensure it happens as soon as possible—and to shape new policies grounded in the best interests of public health, justice, and human rights.

We work closely with government agencies to devise regulations even as we mobilize external pressure to ensure laws are implemented in good faith.





A matter of life and death: global drug policy

Globally, drug policy reform is in a similar place to where it is in the U.S. We face tremendous challenges, with some leaders using the drug war as an excuse for horrific abuses.

But we're also at a time of great opportunity, as the global drug war consensus continues to dissolve and more nations take steps toward reform.

Some of the most grotesque atrocities being committed in the name of the drug war today are the extrajudicial killings in the Philippines, where death squads, police and vigilantes alike have murdered more than 12,000 people suspected of using or selling drugs. There is a risk this approach will spread: in Indonesia, government leaders have spoken of copying the Philippines, and in the U.S., President Donald Trump has praised the Philippines' drug war. In a potentially positive development, the International Criminal Court has opened a preliminary investigation into the killings in the Philippines. Countries such as China and Singapore continue to apply the death penalty for drug offenses, though in a positive move that will have to be monitored, Iran has announced it will be moving away from that practice. Meanwhile, in Mexico, we're seeing deaths connected to the drug war skyrocket yet again.

In countries around the world that target people suspected of using or selling drugs, much of the focus is on marginalized communities, not least of whom are immigrant communities or migrant workers. By accusing foreigners of being responsible for drug trafficking—as the Trump administration is now doing in the U.S.—governments try to excuse xenophobic rhetoric and practices and deny the rights of immigrants.

It is critical that we keep working with our allies globally to oppose and end these abuses, while preventing them from turning into models that are copied in the U.S. and elsewhere.

Simultaneously, we're seeing a growing number of countries move in positive directions. Marijuana law reform efforts in the U.S., which undercut the crude prohibitionist posture of the federal government, has helped to capture the public imagination abroad, galvanizing public support for reforms.

By accusing foreigners of being responsible for drug trafficking—as the Trump administration is now doing in the U.S.—governments try to excuse xenophobic rhetoric and practices and deny the rights of immigrants.



Canada is poised to become the second country in the world to approve the legal regulation of marijuana—Uruguay was the first to do so, in 2013—and more are sure to follow. Medical marijuana, meanwhile, is rapidly expanding in numerous regions, especially Latin America. Colombia, which legalized medical marijuana through an Executive Order, is now in the process of awarding licenses and is making efforts to guarantee that small-scale growers are included in the new system. Peru also legalized medical marijuana last year, and Mexico has taken steps in the same direction.

And as we work toward ending the criminalization of drug use and possession in the U.S., we're drawing inspiration from the success of decriminalization in countries like Portugal—which a delegation of DPA staff, partners, and allies recently visited—and the Czech Republic. Norway, France, Canada, Ghana, and Ireland have recently started conversations at senior levels about decriminalizing the personal use of drugs.

These reforms are turning the tide globally on the war on drugs, creating health-centered models for new policies, and helping to build momentum for reform in the U.S. as well. And it's only possible because of the work of DPA and our many allies and partners around the world. Thank you for helping to make this possible.

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Major contributors

DPA would like to acknowledge the following people and institutions who contributed financially to us in 2017. Thank you for believing in our mission and supporting our work.

ACLU Campaign for Smart Justice	Jason Flom	Phil Harvey
Adam Schoenfeld	Jockey Hollow Foundation	PSEG Foundation
Andrew Tobias	Jodie Evans	Public Welfare Foundation
Angela and Matt Stone	Joseph Padula Living Trust	Mr. René Ruiz and Dr. Susan Ruiz
Aria Foundation	Joshua Mailman	Richard Dennis
Brightwater Fund	Kathy Jaharis	RiverStyx Foundation
California Wellness Foundation	Ken and Teri Hertz	Robert W. Wilson Charitable Trust
Candace Carroll and Len Simon	Ken Miller and Lybess Sweezy	Rockefeller Family Fund
Change Happens Foundation	Kovler Family Foundation	San Francisco Foundation
craigslist Charitable Fund	Laura and John Arnold Foundation	Santa Fe Community Foundation
Curtis W. McGraw Foundation	Lawrence and Suzanne Hess	Selvitelle Foundation, a Donor Advised Fund of the U.S. Charitable Gift Trust
David and Elizabeth Sherman	Leafly	The Selz Foundation
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The Eric and Cindy Arbanova Fund	Lisa and Josh Tane	Susan Pernick
Fund for New Jersey	MAC AIDS Fund	Terra Tech Corporation
Fund for Policy Reform	Marijuana Business Daily	Vital Projects Fund
Good Ventures	Marsha Rosenbaum	
Green Lion Partners	McCune Charitable Foundation	
Greenbridge Corporate Counsel	New Rachel Foundation	
H. van Ameringen Foundation	Open Philanthropy Project	
J.K. Irwin Foundation	Open Society Foundations	
	Padosi Foundation	

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 Promoting Policy Change Program and the Special Opportunities Program.

Promoting Policy Change

A New P.A.T.H.	Latino Justice
A New Way of Life Re-Entry Project	Legal Services for Prisoners with Children
AlterNet	Los Angeles Regional Reentry Partnership
BOOM!Health	Maine Harm Reduction Alliance
Brotherhood/Sister Sol	New York Academy of Medicine
Californians United for a Responsible Budget	North Carolina Harm Reduction Coalition
CANGRESS	Oakland Community Organizations
Center for Law and Justice	One Voice Mississippi
Center for Living and Learning	Partnership for Safety and Justice
Colorado Criminal Justice Reform Coalition	Protect Families First
DRCNet Foundation	Public Defender Association
Drug Policy Forum of Hawaii	Samuel DeWitt Proctor Conference
Drug Truth Network	San Francisco Drug Users' Union
Harm Reduction Action Center	Southern Coalition for Social Justice
Illinois Consortium on Drug Policy (Roosevelt University)	Texas Criminal Justice Coalition
Impact Network	The Ordinary People Society
Institute of the Black World, 21st Century	VOCAL-NY
Intercambios Puerto Rico	Women With A Vision
Justice Strategies	Young Women United

Special Opportunities Program

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

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Chairman, Soros Fund Management

Ilona Szabó de Carvalho

Director, Igarapé Institute

Drug Policy Alliance financials

Statement of Financial Position, June 1 2016–May 31 2017

Assets	
Cash and cash equivalents	\$ 1,590,930
Investments	\$ 722,237
Grants receivable	\$ 3,400,957
Prepaid expenses and other assets	\$ 142,008
Deposits	\$ 98,946
Property, equipment and leasehold improvements (net)	\$ 5,379,080
Total Assets	\$ 11,334,158

Liabilities and Net Assets	
Liabilities	
Accounts payable and accrued expenses	\$ 562,640
Compensated absences	\$ 349,028
Note payable	\$ 7,000,000
Mortgage payable	\$ 2,713,213
Total Liabilities	\$ 10,624,881
Net Assets	
Unrestricted	\$ (3,727,855)
Temporarily restricted	\$ 4,437,132
Total Net Assets	\$ 709,277
Total Liabilities and Net Assets	\$ 11,334,158

Statement of Activities 2017



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.

Support & Revenue	
Contributions unrestricted	\$ 14,126,747
Contributions temporarily restricted	\$ (1,289,462)
Total Income	\$ 12,837,285

Change in Net Assets	
Unrestricted	\$ (485,751)
Temporarily restricted	\$ (1,414,462)

Change in Net Assets	
Net assets, beginning of year	\$ 2,609,490
Net assets, end of year	\$ 709,277

Drug Policy Action financials

Statement of Financial Position, June 1 2016–May 31 2017

Assets	
Cash and cash equivalents	\$ 13,786,356
Investments	\$ 5,961,255
Note receivable	\$ 7,000,000
Prepaid expenses	\$ 7,420
Grants receivable, net	\$ 13,657,291
Total Assets	\$ 40,412,322

Liabilities and Net Assets	
Liabilities	
Accounts payable and accrued expenses	\$ 26,051
Net Assets	
Unrestricted	\$ 26,728,980
Temporarily restricted	\$ 13,657,291
Total Liabilities and Net Assets	\$ 40,412,322

Statement of Activities 2017



Support & Revenue	
Contributions unrestricted	\$ 9,397,133
Contributions temporarily restricted	\$ (5,538,365)
Total Income	\$ 3,858,768

Change in Net Assets	
Unrestricted	\$ 3,174,757
Temporarily restricted	\$ (5,538,365)

Change in Net Assets	
Net assets, beginning of year	\$ 42,749,879
Net assets, end of year	\$ 40,386,271

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