



## MEMORANDUM

**TO:** Aryeh Neier  
**CC:** Diana Morris  
**FROM:** Andy Ko and Kima Taylor  
**DATE:** October 18, 2011  
**RE:** Campaign for a New Drug Policy, October 24, 2011, docket meeting

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The Campaign for a New Drug Policy proposes the following three grants for U.S. Programs' Docket IV, scheduled for October 24, 2011. These grants would advance the Campaign's goals of promoting drug policy based on public health principles and promoting alternatives to punishment-based drug policies.

### **Promoting Drug Policy Based on Public Health Principles**

A grant to **California Society of Addiction Medicine (CSAM)** would establish a program, developed in partnership with the California chapters of the American Academy of Pediatrics and Academy of Family Practitioners, that would train primary care doctors in addiction treatment best practices, including an analysis of barriers to care faced by their patients. CSAM intends to use its curriculum as a basis for developing policy recommendations that advance full access to comprehensive addiction treatment and expands the medical community's involvement in addressing harm to their patients caused by current drug policies.

The proposed grant to **AIDS United** would fund the Syringe Access Fund's support for advocacy, technical training, and services at local syringe access programs. This grant would advance the Campaign's general objective of establishing a health based drug policy and, more specifically, support training an advocacy to establish federal support for local harm reduction programs following the lifting of the ban on federal dollars for syringe exchange. This grant would also strengthen harm reduction programs in states, where providers are often the key voice for drug policy reform. This grant would be co-funded with the International Harm Reduction Program.

### **Promoting Alternatives to Punitive Drug Policies**

The proposed grant to **Protestants for the Common Good (PCG)** would advance the Campaign's efforts to engage the faith community in drug policy reform. PCG is an association of progressive individuals and congregations in the Chicago area that was established as a response to the right-wing Christian movement. While PCG works on a number of issues, it is very active in drug policy reform and efforts to reduce overincarceration. This grant would support its outreach to congregations in Illinois, collaborations with drug policy reform advocates nationally, and public education work regarding alternatives to punishment based drug policy.

**Campaign for a New Drug Policy Grant Recommendations**

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**Grant ID:** 200303860

**Legal Name of Organization:** California Society of Addiction Medicine

**Tax Status:** 501(c)(3)

**Name of Fiscal Sponsor:** n/a

**Purpose of Grant:** to establish a model mentoring program to train pediatric and family physicians about addiction medicine in an effort to increase support for access to high quality, evidence-based addiction screening and treatment

**Grant Description:** This grant will provide project support to the California Society of Addiction Medicine to establish a model mentoring program in which addiction medicine specialists train primary care faculty and residents in California about addiction treatment best practices and clients' barriers to care. Participants will also receive the knowledge, skills, and encouragement to develop policy recommendations that advocate for patient access to comprehensive addiction treatment. This grant would advance the Campaign's goal of shifting U.S. drug policy to a health based model by expanding access to addiction treatment and increasing the number of medical professionals advocating for high quality comprehensive treatment.

**Previous OSI Support:** n/a

**Organization Budget:** \$400,000

**Project Budget:** \$150,000

**Major Sources of Support:**

Conference fees	\$300,000
Membership dues	\$ 50,000
Drug Policy Alliance	\$ 30,000

**Amount Requested:** \$150,000

**Is this a contingent grant?** Yes

**Amount Recommended:** \$150,000 (Campaign for a New Drug Policy T1: 21127)  
(\$75,000 from 2011 budget and \$75,000 from 2012 budget)

**Term:** Two years, beginning November 1, 2011

**Matching Requirements:** n/a

**Description of organization:**

The California Society of Addiction Medicine is a state affiliate of the American Society of Addiction Medicine, which was founded in the early 1950's as an outgrowth of the New York Academy of Medicine by a group of doctors interested in alcoholism and its treatment. American Society of Addiction Medicine

has its roots in research and clinical traditions that pre-date its founding. The organization became a voting member of the American Medical Association House of Delegates in June 1988 and, in June 1990, the association added addiction medicine to its list of designated specialties.

The California Society of Addiction Medicine (CSAM) was founded in 1973 and became a state chapter of the national entity in 1989. The executive council comprises 13 addiction medicine professionals from around the state, and the organization boasts 350 members. The organization's five person staff manages research, education, advocacy, and training activities. Although CSAM's office is located in San Francisco, the organization has a statewide membership which helps it to choose yearly educational and advocacy priorities.

### **Description of project for which funding is sought:**

CSAM seeks funding to increase access to and support for comprehensive substance use disorder services by educating and empowering primary care physicians. Even though the morbidity and mortality from harmful substance use surpass that of other chronic diseases, medical schools do not teach screening, diagnosis and treatment of this disease. By creating a primary care workforce knowledgeable in substance use disorder treatment, CSAM expects to improve individual patient care as well as engage and motivate this new group of physicians to fight for eliminating discrimination experienced by people with substance use disorders and increasing their access to in health care and other services.

CSAM, in partnership with the California chapters of the American Academy of Pediatrics and Academy of Family Practitioners, has developed a mentoring framework to achieve these goals. The framework consists of a yearlong mentoring experience, including two formal conferences and one-on-one mentoring opportunities for medical faculty and residents (doctors in training). CSAM will select approximately 20 medical faculty and residents who will participate in a structured set of group and individual interactions with addiction professionals to learn clinical and social aspects of substance use disorders, the successful outcomes associated with integrated care, and the importance of speaking up for this particular patient population, which faces discriminatory barriers to treatment and other services.

In selecting medical faculty and residents, CSAM will look for leaders who understand and recognize the importance of integrated somatic and behavioral health care, but do not have the knowledge or skills to assimilate behavioral health care within their practices. CSAM will choose these leaders from influential residency programs at University of California Davis and University of California Los Angeles.

CSAM expects to accomplish three clinical goals and one advocacy goal with this project:

#### Clinical goals:

- Develop a model of mentored education so that faculty and residents of selected medical schools learn six core competencies around addiction treatment such as screening and diagnosis of substance use disorders
- Recruit and train expert faculty leaders who, in turn, will promote similar curriculum development in their schools and become positive role models, showing that physicians can integrate substance use disorder care within their practices
- Prepare primary care physicians for team based care that includes behavioral health practitioners in order to ensure patients receive the best care possible

Advocacy Goal:

- Give the pediatric and family practice physicians the knowledge, skills, and motivation to develop state and regional policy recommendations that will advocate for patient access to diagnosis and treatment and have the primary care membership academies endorse these recommendations.

**Rationale for recommendation:**

This grant would advance the Campaign for a New Drug Policy's interest in shifting U.S. drug policy to a health-based model by expanding access to addiction treatment and increasing the number of medical professionals advocating for high quality comprehensive treatment. The Campaign has identified access to treatment upon request as an important step in changing the criminal justice paradigm, not only because it gives communities an alternative to incarceration, but also because it can improve individual and public health outcomes related to drug use. This project would be one of the first across the country to have primary care academies, such as the American Academy of Pediatrics, and specialized addiction treatment academies work together to advocate for care. Previously, various groups have held integrated care and physician education trainings, but their efforts were not successful in engaging large numbers of mainstream physicians, as doctors did not participate in the design and planning process of these programs. As a consequence, the programs did not reflect doctors' needs and realities. Doctors, on average, see 20-30 patients a day, screen for hundreds of diseases, and often have no financial incentive to diagnose ailments that they are not trained to treat. This project, in contrast, will be created by physicians for physicians, and, therefore, the design will incorporate the realities described above.

The timing of this project also coincides with systemic changes—i.e., healthcare reform—that will use financial pressures to motivate doctors to change. Health care reform will require insurers to cover addiction treatment and providers to comprehensively care for those with substance use disorders. Financial payments are increasingly being based on patient outcomes rather than on the number of patient visits. People with untreated substance use disorders generally have more hospital readmissions and poorer outcomes for their somatic diseases. The need to improve overall health outcomes creates a financial incentive for doctors to address substance use disorders. This incentive, combined with a true desire to improve patient care, brought the three disciplines—pediatrics, family practice and addiction medicine—together in search of solutions.

There is no guarantee of a large scale success. Even with financial pressures and incentives, doctors are often slow to change. Medicine is an art as much as it is a science, and many doctors resist change. The academies are prepared for such intransigence and are purposefully looking to select leaders among project participants who have the status, personalities and desire to overcome their colleagues' skepticism in promoting change. These leaders, according to selection criteria, will be doctors who are already interested in the issue, but need skills training. It will be important for the project to select doctors who are able to motivate and influence their colleagues and the academies to consider policy recommendations. USP Campaign staff feels CSAM will try to address these concerns as it selects the project participants. If the CSAM project is successful, they will share this with the larger American Society of Addiction Medicine, and will provide technical assistance to other state chapters wishing to duplicate the work.

In addition to its clinical knowledge, CSAM has a history of effective advocacy. CSAM was the first among state chapters to engage meaningfully in state health care reform implementation. CSAM was also very active in last year's marijuana debate. The group is supportive of marijuana legalization as long as it remains illegal for minors and that a portion of the taxes fund prevention, treatment, and recovery services. CSAM has chosen its partners thoughtfully; this project rightly engages pediatricians and family

practitioners, as adolescence is the age during which many substance use disorders emerge. And strategically, children are a more sympathetic group, so changes that are needed in the system can be more easily achieved by starting with them. CSAM will judge its effectiveness by seeing if the local California Academy of Pediatrics and the California Academy of Family Practitioners release policy statement supporting drug policy reform.

Finally, this grant will address a priority expressed at the OSF drug policy meeting in London, which was to engage medical practitioners to become advocates to change drug policy. For these reasons, and others listed above, the staff of the Campaign for a New Drug Policy recommends project funding of \$150,000 over two years to the California Society of Medicine.

**Grant ID:** 20033862

**Legal Name of Organization:** AIDS United

**Tax Status:** 501(c)(3)

**Name of Fiscal Sponsor:** n/a

**Purpose of Grant:** to bolster advocacy for syringe exchange programs at the state and local level

**Grant Description:** to provide project support to AIDS United’s Syringe Access Fund, which provides operational funding to community-based syringe access programs and supports local advocacy and assistance to help programs access federal funding. Despite the removal of the ban on federal funding for syringe exchange programs, few programs have the technical capacity to access federal money or to increase local advocacy necessary to convince authorities to reprogram funds. This grant would advance the Campaign’s goal of shifting U.S. drug policy to a health based model by expanding access to evidence-based harm reduction services.

**Previous OSF Support:** n/a

**Organization Budget:** \$19,855,275

**Project Budget:** \$2,000,000

**Major Sources of Support:**

Elton John AIDS Foundation	\$1,000,000
Levi Strauss Foundation	\$ 100,000
Tides Foundation	\$ 100,000

**Amount Requested:** \$300,000

**Is this a contingent grant:** No

**Amount Recommended:** \$278,000  
(\$158,000, from the International Harm Reduction Program T1: 14880;  
\$120,000 from the Campaign for a New Drug Policy T1: 21127)

**Term:** 1 year, beginning January 1, 2012

**Matching Requirements:** n/a

**Description of Organization:**

In 2011, two national organizations, the National AIDS Fund and the AIDS Action Foundation, merged to become AIDS United, a new organization that has carried on the legacy of both organizations. As an independent organization, the National AIDS Fund managed the Syringe Access Fund, which supported community-based organizations that provided sterile needles to injection drug users as an evidence-based approach to decreasing the transition of HIV and hepatitis. The AIDS Fund had an intimate knowledge of the field and a demonstrated track record of both technical assistance and re-granting to AIDS organizations.



AIDS Action Foundation, in turn, advocated for people living with or affected by HIV/AIDS in United States and the organizations that served them to ensure accessible, affordable, and high quality treatment and care. The merger of these two organizations created a wealth of knowledge for AIDS United, now one of the leading national AIDS advocacy organizations.

AIDS United's mission is to end the AIDS epidemic in the United States. It seeks to achieve this goal through national, regional, and local policy advocacy, strategic grant making, and organizational capacity building. With partners throughout the country, AIDS United works to ensure that people living with and affected by HIV/AIDS have access to the prevention and care services they need and deserve.

AIDS United is guided by a 19 member Board of Trustees, with a significant representation from the corporate sector. It is based in Washington, DC, with member organizations across the country. Through a Community Partnerships program AIDS United is able to support more than 400 local AIDS organizations. It has a focus on underserved individuals and populations most impacted by the HIV/AIDS epidemic, including communities of color, women, and people living with HIV/AIDS in the southern United States.

### **Description of the Project for Which Funding Is Sought:**

AIDS United seeks project support to enable the Syringe Access Fund to conduct strategic grantmaking to support syringe exchange programs nationwide. Approximately one-third of all HIV infections in the U.S. are due to injection drug use, and syringe exchange is the most effective means to prevent HIV and other blood borne infections among injection drug users. Most syringe exchange programs also provide other services, such as STD testing, condom distribution and counseling, in addition to referring people to treatment for addiction. The exchanges often serve as the only point of contact between injection drug users and the health care system. Since its establishment in 2004, the Syringe Access Fund has granted over \$8.5 million to expand access to sterile syringes across the country. During the 20 year long ban on federal funding of syringe exchanges, the Syringe Access Fund has been the primary source of funding for state and local harm reduction programs. A grant from OSF will allow it to continue its work at a time when fiscal crises have made relatively stable programs face severe cutbacks. In past years, the fund has raised \$2 million a year and provided around 45 grants to community based syringe exchange programs. This year, due to decreased funding, the fund will make approximately 35 grants, down from 45 last year. However, the mix of grants will remain largely the same—75 percent for services and technical assistance and 25 percent for advocacy.

The 25 percent for advocacy funding will allow the fund to provide technical assistance to teach community based programs how to access federal funding for syringe exchange programs, contributing to their long term stability. Congress lifted the ban on federal funding for syringe exchange in late 2009, presenting new opportunities for syringe exchange expansion and integration into somatic healthcare. Unfortunately, few groups have the capacity to take advantage of this policy change. Federal funding cannot be used for technical assistance such as that proposed by AIDS United. Rather, it can only be used if local programs applied and followed certain guidelines, including working with the police to determine exchange sites. Most local groups, however, have often avoided and do not have formalized relationships with state governmental structures, which could have eased the application process. AIDS United is committed to using part of its monies to help local programs learn ways to access federal funds, manage government monies, and build local political and community support for syringe exchange programs.

### **Rationale for Recommendation:**

This grant would advance the Campaign for a New Drug Policy's interest in shifting U.S. drug policy to a health based model by expanding access to evidence-based harm reduction practices. Access to syringe exchange improves individual and public health outcomes related to drug use, such as the spread of HIV

and hepatitis B and C. This service has also been shown to increase access to and interest in treatment services. Scaling up harm reduction programs has been a long-standing goal of the Open Society Foundations globally, and strengthening harm reduction programs is part of the mandate of the Campaign for a New Drug Policy. OSF has engaged in campaigns both domestically and abroad to ensure access to syringe exchange and other supportive services for people who are unable to stop using drugs. This grant would not only allow the Syringe Access Fund to increase short term access to syringe exchange services by providing grants, but also to mount advocacy and technical assistance efforts to help local programs tap federal support and thereby increase government spending on these programs.

The Syringe Access Fund is one of the major sources of funds for local syringe exchange programs. The Irene Diamond Foundation has been the major driver and largest donor of the Syringe Access Fund, providing \$1 million a year, but is unable to contribute this year. The Diamond Foundation, however, anticipates renewing its funding and making a legacy grant as soon as it is able to do so. Because the federal ban was lifted and is in danger of being reinstated, this is a key year for syringe exchange advocacy, and AIDS United needs as much support as possible. Thus, OSF's contribution is essential to keep syringe exchange programs alive until the Irene Diamond Foundation renews its funding.

Congress lifted the ban on federal funding of syringe exchange programs in 2009, for the first time since the beginning of the AIDS epidemic. While this change did not result in new federal funding, states now have the option to use federal substance abuse services block grants for syringe exchange. A handful of states have taken this option, but local harm reduction programs need a lot of help to make the transition from private to public funds. The new federal regulations also provide an opportunity for renewed efforts to conduct public education and advocacy in those states that have resisted implementing syringe exchange programs. The Syringe Access Fund has the capacity to help organizations advocate for increased funding and set the stage for community acceptance.

Finally, a closer relationship with the Syringe Access Fund will enable OSF to develop a stronger knowledge of the state of the field outside Washington, DC. While OSF has supported an extensive expansion of harm reduction efforts by providing funds to the Drug Policy Alliance, most of OSF's other harm reduction work has, to date, focused on reforms in Baltimore and at the federal level. The proposed grant will allow the Campaign to expand access to syringe exchange/harm reduction initiatives in local communities across the nation. The Fund welcomes the opportunity to connect local harm reduction programs with OSF grantees working on access to addiction treatment and other issues. For these reasons, the staff of the Campaign for a New Drug Policy and the International Harm Reduction Development Program jointly recommends project funding in the amount of \$278,000 over one year for AIDS United.

**Grant ID:** 20034353

**Legal Name of Organization:** Protestants for the Common Good

**Tax Status:** 501(c)(3) public charity

**Name of Fiscal Sponsor:** n/a

**Purpose of Grant:** to build support for a nonpunitive alternative to current drug policy and enforcement in Chicago and statewide through network building and public education with the faith community, the media, and law enforcement officials.

**Grant Description:** to provide a project renewal grant over one year to Protestants for the Common Good (PCG) to build support for a nonpunitive paradigm of drug policy and enforcement in Illinois. PCG will continue its work with Illinois Adult Redeploy, which provides fiscal incentives for local communities to divert non-violent offenders from state prisons to community-based services. It will also expand a community discussion regarding alternative systems, including pre-booking intervention in Cook County and statewide. Working toward the goal of establishing a local alternative to the current punishment oriented drug policy paradigm, PCG will engage in public education and networking activities. These will include congregational forums and training within the Illinois faith community, media outreach, engagement of law enforcement, and design and implementation of a national conference in Chicago, highlighting best diversion practices. This grant advances the Campaign's interest in engaging a broad range of constituencies, in this case the faith community, in drug policy reform and in establishing alternative approaches to punitive drug policy.

**Previous OSI Support:** \$110,000

- \$100,000 from Campaign for a New Drug Policy, 2009
- \$10,000 from Independence of the Judiciary Program, 2002

**Organization Budget:** \$452,500

**Project Budget:** \$122,300

**Major Sources of Support:**

Individual Contributions	\$35,883
Contributions from Churches	\$20,600
Board Contributions	\$12,000

**Amount Requested:** \$75,000

**Is this a contingent grant?** No

**Amount Recommended:** \$75,000 (Campaign for a New Drug Policy T1: 21129)

**Term:** 1 year, beginning January 1, 2012

**Matching Requirements:** n/a

**Description of Organization:**

Founded in 1995, Protestants for the Common Good (PCG) is a network of progressive clergy and lay leaders in Illinois that encourages individuals of faith and their congregations to apply their beliefs to issues of public concern. The organization was, in part, formed as a response to the activities of the Christian political right (e.g., the Christian Coalition of America). PCG continues to challenge claims and perceptions that the religious right speaks for all Protestant Christians on social and political issues. PCG seeks to bring an informed and alternative Christian voice to public life and to offer educational resources and advocacy opportunities to people of faith on matters of public policy. PCG work is founded on the principle that the separation of religion from government does not bar—or even excuse—people of faith from taking action to protect human and civil rights or challenge threats to racial justice and social equality. The organization addresses a range of issues, including freedom of religion, speech, assembly, and due process and equal protection under law. PCG also supports expansion of work opportunities, access to health care and education opportunity. In its 16-year history, PCG has developed a constituency base of individuals and congregations throughout Illinois, including more than 400 churches across various denominations.

**Description of the Project for Which Funding Is Sought:**

Protestants for the Common Good seeks project funding for one year to build support through education and networking to establish a new paradigm concerning drug policy and enforcement in Illinois. PCG hopes to build a base of support for keeping individuals charged with low level drug offenses out of prison and for establishing a pre-booking diversion and intervention model outside of the criminal justice system. The project will build on its work around Illinois's Adult Redeploy program, which provides fiscal incentives for local communities to divert non-violent offenders from state prisons by providing community-based services. PCG's staff will continue to serve on the Adult Redeploy Oversight Board and expand its education and networking activities to increase support and state funding for alternative approaches to drug use and substance involvement in the drug economy in Illinois. Its work will seek to build a broad constituency of public officials, law enforcement, individuals from the faith community, service providers, and activists.

This project will pursue four core strategic objectives:

- *Community Education*—PCG will conduct informational forums in at least six congregations during the winter and early spring, using educational resources and programs developed for its April 2011 drug policy reform conference. A PCG speakers' bureau, "When Mercy Seasons Justice," will take advantage of other opportunities to present personal testimonies concerning the need for changes in drug policy. Drug policy and criminal justice issues will also be the topic of a curricular program on leadership, communication, and advocacy skills that was originally developed for PCG's Academy for the Common Good. As part of this educational component of PCG's work, communications activities will continue through meetings with editorial boards of print media, religious publications, and letters and opinion editorials in local newspapers. PCG also plans radio programming through the Public News Service, religious talk shows and African American stations. Its bi-monthly members' journal, *The Common Good News*, will also provide an ongoing critique of drug policy reform, and one complete issue of *The Common Good Network* will be dedicated to drug policy reform.

- *Network Building*—PCG proposes to develop a cadre of reform advocates through training in the six targeted congregations, focusing on decriminalization of low-level marijuana possession. It will expand its existing group of faith community leaders, with the goal of establishing a network of 75 advocates/outreach workers trained and equipped to engage their congregations, communities and elected officials on drug policy reform and alternatives to punishment based drug laws. PCG will also conduct individualized outreach to faith leaders who have already expressed commitment to drug policy reform in Illinois but have not yet mobilized into an effective advocacy network and convene meetings with clergy, PCG network members, and local officials throughout the state.
- *Engaging Law Enforcement on the Issue of Drug Policy Reform*—PCG will meet with local law enforcement officials in at least five of the jurisdictions that have already decriminalized low level marijuana use<sup>1</sup> to explore possible collaborations and develop at least five additional contacts. PCG’s longer term goal is to establish a network of law enforcement professionals willing to speak publicly about the need for drug policy reform. In this effort, PCG will work with OSF grantee Law Enforcement Against Prohibition (LEAP) to coordinate possible clergy/law enforcement engagements in Illinois.
- *Design and Implement New Paradigm for Drug Policy Reform Conference*—A centerpiece of PCG’s project will be its Wilcox Drug Policy Reform Symposium in April 2012. PCG proposes to expand this event to a national consideration of options for pre-arrest diversion and other steps toward establishing a new drug policy outside of the criminal justice system.

**Rationale for Recommendation:**

This grant would advance two Campaign priorities: 1) education and mobilization to strengthen public support for nonpunitive drug policy reform; and 2) demonstration of alternatives to the criminalization of drug users and low-level sellers.

PCG has a number of ambitious goals for itself. Its peer outreach to the faith community is clearly within its core capacities. Judging from its 2011 drug policy forum in Chicago, which Campaign Manager Andy Ko attended, the organization has already generated substantial interest in reform among its constituency, established relevant connections in the advocacy and treatment communities, and has the sophistication and perseverance to be successful in this area of its work. The director of the program, Reverend Al Sharp, is also an accomplished communicator and Walter Boyd, the primary project staff person, appears to be well respected in official and informal circles.

PCG is a small organization, but it is tenacious and increasingly well connected on a national level. The organization has already partnered with the Drug Policy Alliance and is increasingly in contact with LEAP and other long-time reform advocacy groups. Its proposal to host a conference on alternative to punitive drug policies with national reach is ambitious. But, bringing together a group of advocates from around the country working to establish pre-arrest/pre-arrest diversion models appears within PCG’s capacity. Such an event would help seed new ideas among the groups and could be a springboard for

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<sup>1</sup> Twelve states, Alaska, California, Colorado, Maine, Minnesota, Mississippi, New York, Nebraska, Nevada, North Carolina, Ohio, and Oregon have altered laws to reduce penalties for personal marijuana possession. On a local level, several cities have decriminalized marijuana including: Berkeley, Oakland and San Francisco, California; Breckenridge, Colorado; Amherst, Massachusetts; Madison and Milwaukee, Wisconsin; Urbana and Carbondale, Illinois; and Columbia, Missouri.

more organized and purposeful advocacy in the nation's third largest city—which has been relatively quiet in terms of drug policy reform activity until recently.

Lastly, PCG's work has the potential to lead crossover reform advocacy—i.e., foster collaborative action among the faith community and secular reform groups, white and African American activists, and law enforcement professionals and civil rights advocates. PCG staff has the capacity to reach into all of these communities in Illinois.

For these reasons, the Campaign for a new Drug Policy recommends renewed project support to Protestants for the Common Good in the amount of \$75,000 for one year.