

Memo

To: Aryeh Neier
From: Ann Beeson; Leonard Noisette; and Andrew Ko
Date: 7 March 2011
Re: Campaign for a New Drug Policy Docket I Grant Recommendations

In addition to grants co-funded with the Criminal Justice Fund,* the Campaign for a New Drug Policy recommends one grant on this first docket of 2011, to the **Harm Reduction Coalition (HRC)**, to support this key national partner in its efforts to promote the expansion and institutionalization of programs that provide health care and other life-sustaining services to drug users as an alternative to punitive, abstinence-based policies. Through policy analysis, advocacy, public education, and technical assistance to service providers, HRC supports non-coercive forms of treatment, overdose prevention programs, syringe exchange to prevent transmission of HIV and hepatitis C, and other efforts to reduce the direct and collateral harms of criminalization. This grant complements the grant approved by the U.S. Programs Board for continued support for the Drug Policy Alliance, our other key grantee advocating nationally for drug policy reform.

* In the March 2011 docket, proposed grants to The Defender Association's Racial Disparity Project and The Fortune Society would be co-funded by CJF and CNDP.

Grant ID: #20031460

Legal Name of Organization: Harm Reduction Coalition

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

Purpose of Grant: to provide general support

Grant Description: To provide \$550,000 renewed general support for 2011 with a contingent \$550,000 grant for 2012 to the Harm Reduction Coalition, which engages in policy analysis, advocacy, public education, and technical assistance to service providers to challenge the stigmatization of people who use drugs and to advance policies and programs that help people address the adverse effects of drug use. Its major areas of involvement include syringe exchange to prevent transmission of HIV and hepatitis C, overdose prevention, supporting addiction treatment, and reducing the role of incarceration and other criminal justice responses to drug use. This grant will support HRC's five core programs: 1) technical assistance, training, and capacity building on expanding syringe access, overdose prevention and education, hepatitis C prevention and treatment, and HIV prevention in communities of color; 2) policy analysis and advocacy on drug user health issues in local, regional, and national arenas; 3) instructional publications, reports, and other topical materials; 4) national and regional conferences, community forums, and coalitions; 5) and extensive education/training on harm reduction principles and practice through its Institute. This grant would advance the Campaign for a New Drug Policy's interest in broadening and advancing an alternative view and reconsideration of the appropriate response to the potential harms of drug use.

Previous OSI Support: \$3,592,655 (\$162,500 from Campaign for a New Drug Policy, 2010; \$275,000 from Criminal Justice Fund, 2009-2010; \$200,495 from IHRD, 2009-2010; \$1,440,500 from US Drug Policy Reform, 2009-2008; \$1,514,160 from Lindesmith Center, 1996-1999)

Organization Budget: \$3,002,594 (2010)

Project Budget: Not Applicable

Major Sources of Support: *Government:* Centers for Disease Control: \$1,302,500, AIDS Institute-HRI: \$60,000, NYS DOH-AIDS Institute: \$128,796, NYC-DYCD: \$20,000, NYS-OOP: \$49,000, Public Health Solutions-IDUHA: \$141,595, San Francisco DPH: \$73,336. *Foundations:* H. Van Ameringen Foundation: \$75,000, National AIDS Fund-SAF: \$25,000, National AIDS Fund-Irene Diamond: \$50,000, NYCAF: \$40,000, MACAIDS Fund: \$100,000, Comer Foundation: \$100,000, Ford Foundation: \$75,000

Amount Requested: \$1,100,000
(\$550,000 for 2011 and a contingent \$550,000 for 2012)

Contingency Grant? Yes

Amount Recommended: \$1,100,000
(\$550,000 for 2011 and a contingent \$550,000 for 2012)
\$800,000 Campaign for a New Drug Policy, T1: 21031
(\$400,000 in 2011, \$400,000 contingent 2012);
\$300,000 North American/Int'l Drug Policy, T1: 14880
(\$150,000 in 2011, \$150,000 contingent 2012)

Term: 2 years, second year contingent (April 1, 2011 – March 31, 2013)

Matching Requirements: None

Description of Organization:

The Harm Reduction Coalition (HRC) is a national advocacy and capacity-building organization with offices in New York City and Oakland, California that promotes the health and dignity of individuals and communities impacted by drug use. HRC was founded in 1993 and incorporated in 1994 by a working group consisting of syringe exchange providers, policy reform advocates, and drug users. Today, HRC is a diverse network of community based organizations, service providers, researchers, policy-makers, academics, and activists challenging the persistent stigma placed on people who use drugs and advocating for sensible policy reform. HRC advances policies and programs that help people address the adverse effects of the ‘war on drugs’ and drug use including overdose, HIV, hepatitis C, addiction and incarceration. The organization recognizes that the structures of social inequality impact the lives and options of affected communities differently, and works to uphold every individual's right to health and well-being, as well as in their competence to protect themselves, their loved ones, and their communities.

Since its inception, HRC has advanced public policy by prioritizing areas where structural inequalities and social injustice magnify drug-related harm. HRC operates five core programs: 1) technical assistance, training, and capacity building to expand syringe access, overdose prevention and education, hepatitis C prevention and treatment, and HIV prevention in communities of color; 2) policy analysis and advocacy on drug user health issues in local, regional, and national arenas; 3) instructional publications, reports, and other topical materials; 4) national and regional conferences, community forums, and coalitions; 5) and extensive education/training on harm reduction principles and practice through its Institute.

Harm Reduction Policy and Advocacy

HRC's Policy Department works for the adoption of harm reduction approaches to improve the health of drug users and their communities on the local, state, national, and international levels through public education, policy analysis and development, direct advocacy with policy makers, and coalition-building. In 2009, HRC launched its public education campaign to raise consciousness and support for the practice and expansion of syringe exchange. HRC's leadership in advocating for harm reduction principles and programs stimulated a national discussion on syringe exchange.

National Training and Capacity Building Initiative

The Institute @ HRC is a national training and capacity building initiative that “promotes the health and dignity of individuals and communities impacted by drug use by providing skills-building activities to service providers and other community stakeholders.” The Institute offers technical assistance, trainings, informational workshops, social marketing, and mentoring on harm reduction topics related to substance

use and abuse, opiate overdose, HIV/AIDS, safer injection practices, and comprehensive drug user health. Since 2000, the New York State Department of Health AIDS Institute has designated the Institute as a Center of Expertise and has funded it to provide statewide training and education on harm reduction.

HRC's capacity building work, interestingly, has been supported by the federal Centers for Disease Control and Prevention (CDC) for a number of years. CDC funds HRC to provide Capacity Building Assistance (CBA) services for community-based organizations (CBO) and for communities focused on HIV prevention for high-risk communities of color and people who use drugs. HRC's CBO program is designed to strengthen organizational infrastructure, evidence-based interventions, public health strategies, and monitoring and evaluation. The CBA for Communities Program is focused on the implementation and sustainability of science-based and culturally proficient HIV prevention behavioral interventions and HIV prevention strategies. Last year, HRC was refunded by the CDC to continue its syringe exchange program capacity building efforts.

Syringe Access Expansion. HRC provides technical assistance, training and capacity building to existing syringe access programs (SAPs) and other community-based service providers. The goals of this work include: supporting existing SAPs to enhance programming; fostering communication and collaboration between providers; starting new syringe access programs to prevent injection related HIV and HCV infection; and engaging health departments and local officials to increase funding and institute stronger policies for expanding syringe access. With New York City AIDS fund support, HRC recently completed an assessment of Peer Delivered Syringe Exchange activities in New York City and will be presenting its findings and recommendations for strengthening this service model.

Overdose Education and Prevention Programs. HRC conducts two innovative overdose prevention programs; the SKOOP Project (Skills and Knowledge on Overdose Prevention) in New York City and the DOPE Project (Drug Overdose Prevention and Education) in Oakland. HRC works with syringe access programs to provide overdose prevention training, including prescription and distribution of naloxone, which is an opioid antagonist used in combination with rescue breathing to prevent overdose death. Among HRC's other services are introductory overdose presentations, training of the trainers, and technical assistance for AIDS services organizations, hospitals, community-based organizations, the San Francisco jail, drug addiction treatment facilities and other public health programs to strengthen or establish overdose prevention and treatment programs.

National Harm Reduction Conferences

HRC sponsors and organizes regional conferences and the only national harm reduction conference in the United States, which is held biannually and alternates with the Drug Policy Alliance conference as the major annual gathering of drug policy reform advocates in the U.S. The HRC conference focuses on key public health issues, targeted geographic regions, cross-disciplinary approaches, and the needs of specific populations. HRC conferences serve as crucial networking opportunities for individuals working in harm reduction and drug policy generally. It provides a unique forum for the exploration and development of harm reduction practice, theory, and policy. HRC's 8th National Harm Reduction Conference was held November 18-21, 2010 in Austin, Texas and attracted over 800 participants from 38 states and 17 countries. HRC's 9th National Harm Reduction Conference will be held in Portland, Oregon on November 15-18, 2012.

Publications and Resources

Through brochures, bulletins, manuals, newsletters and online resources and training materials, HRC provides authoritative bi-lingual information on methods for reducing drug-related harm, and current

information on regional, national, and international activities. HRC most recently published a comprehensive syringe access manual, “Developing and Managing Syringe Access Programs.”

Description of the Project for Which Funding Is Sought:

The Harm Reduction Coalition requests renewed general support.

Rationale for Recommendation:

This grant would advance the Campaign for a New Drug Policy, OSI-Baltimore and the International Harm Reduction Development Program’s shared interest in broadening and advancing an alternative view and reconsideration of the appropriate response to the potential harms of drug use. HRC’s work offers an ongoing opportunity to engage public health and medical experts in establishing a new drug policy that, unlike current policy, has a *primary* goal of minimizing the damaging impact of drug use and preventing drug related harm and death. With existing drug policy determined almost exclusively by law enforcement officials and political actors, pressing the public health, medical and social services communities to take an active role in policymaking is essential. Justice centered organizations, such as the Drug Policy Alliance, and local advocates developing non-punitive models for establishing public order (e.g., Seattle’s LEAD program) might succeed in ending the criminalization of drug users, but those vulnerable individuals would continue to face a bleak future without the advocacy of HRC and its partners. The durability of drug policy reforms in the criminal justice system would also remain in question, absent effective programs to reduce the negative impacts of drug use.

For 2010, HRC requested and received a 1-year grant of \$400,000. This year, HRC Executive Director Allan Clear met with CNDP Manager Andy Ko and IHRD Director Daniel Wolfe to request an additional \$150,000 in OSF’s annual grant. While this is a request for general support funding, Mr. Clear explained that he is hoping to increase HRC’s capacity in order to maintain an ongoing organizational presence in Washington, DC for non-lobbying educational work, inter-organizational relations and administrative advocacy that are necessary to strengthen support for harm reduction nationally. For example, following the lifting of the ban on federal funding of syringe exchange programs, HRC’s work to implement the legislative reforms further increased both the burden on and opportunity for HRC to engage in work at the federal level. A very recent example of this has been the post-ban designation of syringe exchange programs as an addiction treatment activity by the Obama Administration, which makes these services eligible for existing funding streams. A presence in Washington, DC will also allow HRC to establish ongoing relationships with various national groups working to reduce incarceration, promote racial equality, and strengthen the role of healthcare in drug policy. This is a further step toward the building of a cohesive national drug policy reform movement.

After consulting with OSI-DC staff, we agree that HRC should have capacity to establish a more permanent presence in Washington, DC. HRC is a voice that is not heard in Washington with adequate regularity, the organization has the expertise to effectively present health-oriented messages in favor of drug policy reform, and our own work in the capital and that of other grantees would be greatly enhanced by this increase in support for HRC.

For these reasons, staff recommends an increase in general support funding for the Harm Reduction Coalition to \$550,000 for 2011 and on a contingent basis at the same level for 2012. Contingency funding is appropriate given the amount of the recommended annual grant and will provide efficiency, given the likelihood of continued support to this key grantee, while allowing staff greater flexibility in managing its grantmaking budget.