

# Exploring OSF Joint Action on Drug Policy: Collaboration and UNGASS 2016

Wednesday, March 26 | 1:30-4:00 PM | OSF New York

## AGENDA

The goal of the meeting is to surface the richest array of opportunity frames for potential expanded OSF collaboration on drug policy reform. This agenda is designed to address that goal.

1:30 - 1:40 **Introductions & Agenda Review** Johanna Chao Kreilick

1:40 – 2:00 **Opening Remarks, Questions and Response** Chris Stone

*Chris will share perspective on collaboration at OSF and in the realm of drug policy, and invite questions and dialogue with the group.*

2:00 – 2:15 **UNGASS 1998 to 2016: History, Opportunities and Challenges** Ruth Dreifuss

*Ruth will reflect on the climate for drug policy reform, lessons since the 1998 UNGASS review and offer views on the most promising potential areas for collaboration within the UNGASS frame, and independent of UNGASS.*

2:15 – 3:30 **Exploring Scope for Collaboration on Drug Policy Reform in the UNGASS frame**

*Building on the summary sheet discovery and dialogue in this meeting, participants will generate further thinking on specific areas of potential collaboration. This session will focus on goals, roles and potential outcomes for further collaboration.*

3:30 – 3:45 **Next Steps and Action Items**

*Participants will be invited to take ownership of next steps related to specific Opportunities and ideas that have surfaced during the meeting. In addition, next steps for the group as a whole will be discussed and characterized.*

3:45 – 4:00 **Closing**



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### **Background**

For years, drug policy reform has been an area of focused commitment for several OSF programs including the Public Health Program (IHRD and IPCI/PHP), US Programs (CNDP/USP), OSI-Baltimore, OSI- DC, the Global Drug Policy Program (GDPP), the Latin America Program (LAP), and the former Youth Initiative. These programs have pursued their own concepts (operational projects) on drug policy reform, as well as provided significant support through grants to the field. Some of this work has been jointly funded by two or more initiatives, jointly conceived even if funded by one program, or otherwise advanced in collaboration.

### **Purpose of this Meeting: Collaboration and UNGASS 2016**

This March conversation has been organized to explore possible avenues of further coordination and collaboration in light of various mechanisms recently articulated to support joint work (e.g. regional reserve funds, shared frameworks, etc.) and in light of an important upcoming opportunity for global drug policy reform – UNGASS 2016<sup>1</sup>.

Much of the reform community looks with great anticipation to 2016, when the United Nations will convene the first General Assembly Special Session (UNGASS) on drugs since 1998. Advocates including the Open Society Foundations hope the next two years will set the stage for a wide-ranging debate on global drug policy at the UNGASS and the need to move beyond a single-minded emphasis on drug control. It is in light of this window of opportunity that OSF colleagues are exploring opportunities to align work to more effectively drive drug policy reform at the national and international level. An important goal of OSF internal collaboration on UNGASS would be to define ways that our work could add up to more than the sum of its parts and advance meaningful change leading up to 2016.

The 2016 UNGASS is important not primarily for the declaration that will come out of the meeting, which is likely to be a “least common denominator” consensus, but because of the national and regional policy discussions, media coverage and ally recruitment that can build between now and 2016.

These discussions offer a critical opportunity for OSF to help advance a new drugs consensus that

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<sup>1</sup> In 2016, the United Nations will hold an UNGASS on the drug control system for the first time since 1998. Convened under the slogan “A Drug-Free World, We Can Do It,” the 1998 UNGASS on this issue emphasized that the principal goal of drug policy was the eradication of the opium poppy, coca leaf, and cannabis plant. That “war on drugs” approach was, in effect, also a war on drug users, poor farmers, and petty dealers. It has resulted in massive imprisonment, rights violations, destruction of the environment, and impediments to basic health services.

The 2016 UNGASS offers an opportunity to break the old drug war consensus. Multiple developments since 1998—the rise of HIV in Eastern Europe and Asia, the loss of over 60,000 lives in the Mexican drug war, mass incarceration in the United States, and the failure of lavishly financed drug interdiction to decrease available drug supply—have shown the costs and limits of zero-tolerance approaches. Countries like Uruguay (and the US states Washington and Colorado) have moved to regulate cannabis rather than prohibit its use.

- 1) works to eliminate the involvement of criminal justice and law enforcement in responding to drug use and people who use drugs, while maintaining a criminal justice approach targeted at organized crime, and
- 2) leads to the further development of policies and laws that are consistent with public safety, health and human rights.

### **Why Deeper Collaboration on Drug Policy?**

Each of OSF's programs working in the field of drug policy share a common goal of reducing the impact of drug prohibition. Working together on a shared strategy could offer several benefits:

- **Sharing** of expertise spanning regions, levels of government, and programmatic focus
- **Leveraging** of relationships and networks we've developed over years of work
- **Strategizing** jointly to reduce duplicated efforts and become more efficient at making change
- **Building the field** of allies engaged in the drug policy discussion, and helping to raise their voices in favor of reform
- **Increasing** opportunities for funding effective efforts

### **What might effective collaboration strategies on drug policy in light of UNGASS 2016 include?**

- **Advocacy** for drug policy reform at the national level aiming at: proportionality of sentencing, decriminalization of drug possession and minor offences, elimination of unduly repressive police practices, and regulation of sale and production of illicit substances;
- **Law reform** to eliminate criminal penalties, imprisonment and forced treatment for drug consumption and low-level drug production and trade;
- **Budget monitoring and policy research** to build evidence on costs of drug war and abstinence-only approaches and the viability of alternatives;
- **Support** for voluntary, community-based health services for active drug users (naloxone, needle and syringe programs, crack kits, injecting facilities);
- **Information campaigns, policy briefs and advocacy** to highlight those countries taking a new approach to drug policy and to discredit/neutralize powerful international actors (e.g., Russia and Japan) that support zero-tolerance approaches;
- **Mobilizing and widening bases of support** including in-country and global youth engagement strategies and advocacy;
- **Promoting** efforts to universally eliminate the death penalty for drug-related offenses;
- **Capacity building** for national actors to engage in international discussions; and
- **Promotion** of the efforts of strategically-identified organizations in Washington DC to engage with the Department of State and to a US-based group to begin organizing US civil society.

### **This Conversation**

On March 26<sup>th</sup>, we hope to convene those interested in discussing forms of further strategic collaboration on drug policy reform within the UNGASS context to answer questions we might all have and outline potential next steps. Specifically, this conversation aims to:

- **Develop deeper understanding** among participating programs about the possible opportunities for their work leading up to, and at the UNGASS;
- **Clarify** the aspirations of participating programs/initiatives in drug policy reform related to the UNGASS context, as well as include missing OSF voices;
- **Discuss** potential external and internal obstacles to an UNGASS-oriented effort;
- **Outline** the vision and form for what a successful collaboration on UNGASS might look like: is this a clustered continued partnership between several programs, or a wider collaboration among a broader set of OSF actors (i.e., shared framework)?;
- **Identify next steps and responsibilities** related to fruitful areas for further collaboration identified at the meeting.



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## Participant List:

### Global Drug Policy Program

- Kasia Malinowska-Sempruch, *Director*  
<http://www.opensocietyfoundations.org/people/kasia-malinowska-sempruch>
- Joanne Csete, *Deputy Director*  
<http://www.opensocietyfoundations.org/people/joanne-csete>
- Scott Bernstein, *Program Officer*  
<http://www.opensocietyfoundations.org/people/scott-bernstein>
- Ruth Dreifuss, *UNGASS expert/ Global Drug Policy Advisory Board Member*

### Latin America Program

- Pedro Abramovay, *Director*  
<http://www.opensocietyfoundations.org/people/pedro-abramovay>
- David Holiday, *Senior Regional Advocacy Officer*  
<http://www.opensocietyfoundations.org/people/david-holiday>

### OSI-DC Advocacy Office

- Steve Rickard, *Director of the OSI-DC Office*  
<http://www.opensocietyfoundations.org/people/stephen-rickard>
- Jasmine Tyler, *Senior Policy Analyst*

### Public Health Program

- Daniel Wolfe, *Program Director of International Harm Reduction Development*  
<http://www.opensocietyfoundations.org/people/daniel-wolfe>
- Kathleen Foley, *Medical Director of the International Palliative Care Initiative*  
<http://www.opensocietyfoundations.org/people/kathleen-foley>
- Mary Callaway, *Project Director of the International Palliative Care Initiative*  
<http://www.opensocietyfoundations.org/people/mary-callaway>

### U.S. Programs

***will have two representatives attending, including possibly:***

- Ken Zimmerman, *Director of U.S. Programs*  
<http://www.opensocietyfoundations.org/people/kenneth-h-zimmerman>
- Lenny Noisette, *Director of the Justice Fund*  
<http://www.opensocietyfoundations.org/people/leonard-noisette>
- Andy Ko, *Campaign Manager of the Campaign for a New Drug Policy*  
<http://www.opensocietyfoundations.org/people/andy-ko>
- Kima Taylor, *Director of the National Drug Addiction Treatment & Harm Reduction Program*  
<http://www.opensocietyfoundations.org/people/kima-joy-taylor>
- Diana Morris, *Director of OSI-Baltimore*  
<http://www.opensocietyfoundations.org/people/diana-morris>

**Youth Exchange**

- Maryanne Olson, *Program Coordinator*  
<https://karl.soros.org/profiles/molson/>

**Office of the President**

- Chris Stone, *President*  
<http://www.opensocietyfoundations.org/people/chris-stone>
- Matt Craig, *Presidential Fellow*  
<https://karl.soros.org/profiles/mcraig/>

**Strategy Unit**

- Johanna Chao Kreilick, *Director*  
<http://www.opensocietyfoundations.org/people/johanna-chao-kreilick>
- Lauren Agosta, *Executive Assistant*

**Program:** Global Drug Policy Program      **Name:** Kasia Malinowska-Sempruch & Scott Bernstein

- 1. In a few sentences, how would you summarize your current activities in the drug policy or reform arena?**  
Drug policy reform is the primary focus of our program, and has been so since our inception in 2008. GDPP aims to shift the paradigm of drug policies around the world from today's punitive approach to one rooted in human rights, social justice, social inclusion, and public health. With very few exceptions, national drug laws and policies seek primarily to punish illicit drug production, possession and use. Relying on repression to solve the drug problem is ineffective, expensive and ultimately irrational. Our long-term goal is that states and the global community be open to experimenting with less criminalization of drug use and possession as evidenced by legislative change and rigorous implementation of reformed laws. GDPP's grantees constitute the most important drug policy reform network in the world.
- 2. Distinctive role/niche in the field:** GDPP focuses exclusively on global drug policy reform from a human rights-based perspective, and can offer expertise across regions and provide a global context to the drug policy reform work done through several OSF programs.
- 3. Specific program goals over the next 24 months:** We are engaging with grantees and advocacy around three strategic goals:
  - 1) Drug policy reform advancing in key countries, and national leaders advocating publicly for progressive change to the global drug control regime
    - a. Strengthen and sharpen existing reform movements in key countries
    - b. Bring new voices to drug policy reform debates in key countries, regionally and internationally, including NGOs and international organizations not centrally focused on drug policy;
  - 2) Key policy reform advocates and potential advocates benefitting from high-quality technical capacity-building and knowledge transfer on drug policy
  - 3) Drug production, transit, marketing and use being approached as problems of development, and drug policies being improved by application of the principles of rights-based, sustainable development.
- 4. Geographic focus:** Africa, Europe (East and West), Latin America, US, Canada, Asia, Oceania
- 5. Primary partners:** Within OSF, we primarily collaborate with LAP and IHRD. Our key partners outside of OSF are: Global Commission on Drug Policy, International Drug Policy Consortium, Transnational Institute, and West Africa Commission on Drugs
- 6. Any additional information:** GDPP sees UNGASS as a unique and timely opportunity, and believes that the work of OSF can be coordinated to inspire greater strategic change leading up to 2016.
- 7. Concrete outcome desired from March 26 meeting:** We would like to have clarity around avenues for collaboration and the possibility of a shared framework moving ahead, with an understanding of which programs are open to collaborations and what those might look like.

**Program:** Latin America Program

**Name:** David Holiday

- 1. How would you summarize your current activities in the drug policy or reform arena?** We provide support to civil society actors working the drug policy field as well as in support of a concept that seeks to improved evidence-based analysis of drug policy experiments (such as Uruguay marijuana regulation). Thematically, we are focused on the following: decriminalizing drug consumption through legal challenges or legislative means, including implementation of decriminalization decisions or measures; fostering policy experimentation with harm reduction initiatives at the local and national levels; advancing regional (OAS) and international (UN) drug policy reform debate, especially: follow-up on the 2013 OAS synthesis report and drug-policy scenarios report, and the preparatory process leading up to the 2016 United Nations General Assembly Special Session (UNGASS) meeting on drug policy; and stimulating research and advocacy on reducing drug-related violence in the transit countries of Mesoamerica.
- 2. Distinctive role/niche in the field:** OSF is the only major donor on drug policy reform in the region; without OSF support, the basic infrastructure of civil society groups working on these issues would be fundamentally weaker.
- 3. Specific program goals over the next 24 months:** Over the coming two years, we will support organizations seeking to influence national, regional (OAS), and international (UN) debates on drug policy, leading up to the 2016 UNGASS. At the national level, change is on the horizon but will be slow (e.g., Colombia and Mexico), while in other places the goal is to support efforts to resist moves toward more regressive policies (Brazil). As part of work on our concept, we will work to ensure a rigorous monitoring and evaluation process regarding the implementation of marijuana implementation in Uruguay.
- 4. Geographic focus:** We are supporting projects in nearly every country in Latin America (with only a few exceptions), and beginning to do so in the Caribbean.
- 5. Primary partners:** Apart from OSF colleagues (GDPP & IHRD), we work closely with WOLA/TNI (they often work in tandem), the Wilson Center, CIDE/CUPIHD/ESPOLEA/MUCD in Mexico, DeJusticia/UNIANDES/FIP in Colombia, and Igarape and an emerging consortium on drug policy reform in Brazil.
- 6. Any additional information:** It is important to note several strands of work that are not as advocacy-oriented and not co-funded by other but relate to research and investigative journalism that provide basic information about drug policy developments in the region. This includes co-funding half a dozen online independent journalism outlets in Central America, Colombia and Peru; support for InsightCrime, which focuses more on drug trafficking developments; support for a multi-year academic fellowship program through the SSRC; and support for discreet research projects throughout the region. In addition, we have a good and emerging partnership with IHRD on a variety of harm reduction projects in the region, including needle and syringe program in Colombia; work highlighting abusive drug detention centers and their lack of regulation; and other human rights abuses related to crackdowns on drug users (e.g. state response to crackolandia in Sao Paulo).
- 7. Concrete outcome desired from March 26 meeting:** To determine whether or not there are new areas of synergy that we have not yet discussed, given our already deep level of engagement with each other.



**Program:** Open Society Policy Center (OSPC)      **Name:** Jasmine Tyler

**1. How would you summarize your current activities in the drug policy arena?**

- Reducing the role of law enforcement and the criminal justice system in the U.S. and developing countries, while promoting health policies to deal with the harms associated with drug use and misuse.
- Increasing financing for harm reduction services in the U.S. and abroad.
- Improving U.S. international drug policy to prevent the proliferation of failed supply- and demand-reduction policies.

**2. Distinctive role/niche in the field:** I bring substantive knowledge to many issues as well as a talent for coalition-building and waging successful public education campaigns aimed at changing policy.

**3. Specific program goals over the next 24 months:**

**Harm Reduction:** I have convened a coalition of drug policy and HIV/AIDS groups to develop short- and long-term strategies to lift the federal appropriations bans on syringe exchange program (SEP/SSP) funding.

**Diversion:** I will be convening coalitions to redirect federal law enforcement expenditures to promote opportunities for expanding diversion (pre-arrest, pre-conviction, and pre-sentencing) programming around the country at the federal and state levels.

**States' Rights:** This work focuses on allowing the states to be the laboratories of democracy on marijuana regulation and includes strategic guidance on building co-sponsorship for legislation in the House and obtaining a Senate cosponsor. It also includes public education to broaden support for the issue.

**4. Geographic focus:** Washington, DC

**5. Primary partners:**

OSF's drug policy staff in IHRD, CNDP, GDPP, and LAPP  
Drug Policy Alliance  
Brennan Center for Justice  
ACLU  
Harm Reduction Coalition

**6. Any additional information:** As a recent addition to the dedicated and highly-skilled OSF staff working on drug policy issues, I find myself both with a lot of ideas but also learning a lot about OSF's work vis-à-vis our allies and the international drug policy work in general.

**7. Concrete outcome desired from March 26 meeting:** I would like to have an initial sense of the role OSF played in the most recent 2008/2009 UNGASS review. I also hope we can come to a consensus on goals for the upcoming review and begin to develop an initial sketch of a long-term strategy to guide our efforts. An assessment of resources will also be helpful.

**Program:** International Harm Reduction Development Program (IHRD)      **Name:** Daniel Wolfe

**1. How would you summarize your current activities in the drug policy arena?**

**Mission:** IHRD works to advance the health and rights of people who use illicit drugs, with emphasis on approaches that do not require abstinence as a precondition for support. Our 2014-2017 strategy has four areas of focus:

- 1) Justice (reform of laws and law enforcement practices that impede access to health services, including criminalization of drug use, personal possession and possession of sterile injecting equipment; bans on methadone/buprenorphine; denial of access to legal support; arbitrary detention; etc.);
- 2) Health establishment (challenging forced institutionalization or denial of care /discrimination against people who use drugs in health settings, and piloting/advocating for community based, community-driven services)
- 3) Power (creating spaces for participation of people who use drugs and their community allies in decisions about and delivery of health programming); and
- 4) Funding (increasing international and national funding for health and human rights interventions to benefit people who use drugs)

**2. Distinctive role/niche in the field:** We focus on policies and interventions to improve health of drug users, and on advocacy to support community-based alternatives to abstinence-only approaches. IHRD frequently identifies key harm reduction issues and cuts the channel into which larger funding flows. Areas of work have included drug detention; women and harm reduction; naloxone; hepatitis C treatment; and access to justice. We also give fealty grants to leading int'l, regional, and national harm reduction advocates (39% percent of grant making).

**3. Specific program goals over the next 24 months (partial list):**

- Reform of police practice, including through “carrot” (police training and incentives reform) and “stick” (accountability mechanisms, monitoring of rights abuses)
- Increased access to justice, and decreased pre-trial detention and imprisonment, through support for paralegals, street lawyers, and virtual legal aid
- Forced drug detention ended and community based harm reduction for stimulant users piloted in Latin America, with models benefitting SE Asia and other low- and middle-income countries
- Laws and funding changed to allow for naloxone distribution and use by drug users and others to reverse fatal overdose

**4. Geographic focus:** Eastern Europe/Central Asia (43%); East and SE Asia (13%); Global (13%); Latin America (10%); East Africa (8%); US (8%); EU (5%);

**5. Primary partners:** Within OSF: GDPP, LAP, OSI-DC (US ban on needle/syringe funding); USP, foundations in Ukraine, East Africa. Outside: Eurasian Harm Reduction Network; Harm Reduction International; national harm reduction networks/orgs in Ukraine, Kenya, Kyrgyzstan, Georgia; UN Special Envoy on HIV in Eastern Europe; Canadian HIV/AIDS Legal Network (work on Eastern Europe)

**6. Any additional information:** Advances in cannabis policy may, paradoxically, result in hardening of policies on harder drugs without advocacy on those issues. Government commitment to treating drugs as “health problem” can still be punitive and abstinence-only oriented, particularly in Latin America.

**7. Concrete outcome desired from March 26 meeting:** Clarity on balance between value of shared framework (board endorsement) and transaction costs, and sense of whether there is enthusiasm for it.

**Program:** International Palliative Care Initiative (IPCI)      **Name:** Mary Callaway

1. **How would you summarize your current activities in the drug policy arena?** IPCI supports efforts to increase access and availability of essential medicines specifically opioids and palliative care medicines for patients with serious life limiting illnesses.
2. **What is the distinctive role you are playing in the field?** We provide technical assistance to reform regulatory barriers and support advocacy efforts using a human rights framework.
3. **What are 2-3 specific program goals you are pursuing in the next 24 months (2-3 sentences)?**
  - 1) Acceptance at WHA of the pending WHO resolution on palliative care with emphasis on opioid availability;
  - 2) model opioid drug legislation with CND and INCB;
  - 3) dedicated budgets to support balanced opioid drug policy at WHO, UNODC, CND, and INCB
4. **Geographic focus:** CEE, FSU, Africa, Latin America
5. **Primary partners:** WHO, WPCA, IAHP, PPSG, UICC/Treat the Pain, ACS; Human Rights Watch
6. **Any additional information:** We've collaborated on the ATOME Project to assess regulatory barriers in 11 countries in Europe and CEE and now have a clear assessment of the legal restrictions for access to opioids for pain relief and substitution treatment. ([www.atome-project.eu](http://www.atome-project.eu)). We have also collaborated with ESMO on the Global Opioid Policy Initiative (GOPI) that provides detailed evidence on a regional basis on access to opioids for pain relief. ([Http://www.esmo.org/Press-Office/Press-Releases-ESMO-Press-Release-Untreated-Cancer-Pain-a-Scandal-of-Global-Proportions-Survey-Shows](http://www.esmo.org/Press-Office/Press-Releases-ESMO-Press-Release-Untreated-Cancer-Pain-a-Scandal-of-Global-Proportions-Survey-Shows)). Since 2006, we have supported the International Pain Policy Fellowship at the Pain and Policy Studies Group ([www.painpolicy.wisconsin.edu](http://www.painpolicy.wisconsin.edu)) at the WHO Collaborating Center at the University of Wisconsin-Madison. Twenty-six fellows from 20 countries have received training and mentoring to review and revised the regulatory framework for opioid availability in their countries.
7. **Concrete outcome desired from March 26 meeting:** Inform everyone of pending WHA resolution and engage their support.

**Program:** Campaign for a New Drug Policy (USP)      **Name:** Andy Ko

- 1. How would you summarize your current activities in the drug policy arena?** The Campaign for a New Drug Policy’s grantmaking and programmatic work is intended to achieve the overall goal of eliminating “the war on drugs” as the default paradigm for American drug policy. Our grantmaking and programmatic work are organized in three broad categories: (a) support to leading organizations (e.g., Drug Policy Alliance, Harm Reduction Coalition and others); (2) expansion of health based approaches to drug use and addiction and the integration of drug user health as a component of the overall health care system; and (3) fostering community level alternatives to punitive drug policies. In addition, we collaborate with OSF network partners – particularly IHRD, GDPP and LAP – to take/give advantage of opportunities outside/within our geographic focus.
- 2. Distinctive role/niche in the field:** CNDP plays two distinctive roles: (a) in a field with very few funders, our distribution of OSF resources provides a foundation for sustained effort; and (b) our targeted grantmaking and programmatic work in the areas of health and community level alternatives moves the field toward concrete action.
- 3. Specific program goals over the next 24 months:** On the health side, we will continue our ongoing efforts to incorporate drug user health into existing health care systems and those being built through implementation of the Affordable Care Act. Support for community level alternatives to punitive drug policies will continue to promote “upstream” diversion of drug users and subsistence drug sellers away from the criminal justice system into health and social services and a restructuring of the role of law enforcement in setting and implementing drug policy. Underlying all of our work is the promotion of broad principles of harm reduction and the reconciliation of individual and community interests.
- 4. Geographic focus:** CNDP work is focused on the United States and its territories. We have made grants to groups working at the state and municipal level. We also fund national and international work that directly affects our overall objectives.
- 5. Primary partners:** Within the OSF network, we collaborate primarily with the Global Drug Policy Program, International Harm Reduction Development Program, OSF-DC and the Latin America Program – and, of course, our USP colleagues within the Justice Fund and OSF-Baltimore. In the broader field, we work closely with the Drug Policy Alliance, Community Catalyst, the Harm Reduction Coalition, and various university based (e.g., George Washington University) and local groups (e.g., Community Advocates in Minneapolis and the Seattle Public Defender Association).
- 6. Any additional information:** We believe that the current challenge in American drug policy reform is to move from conversation to action. The “rhetorical stage” of drug policy reform was (and still is) critically important. But, with the vast majority of Americans having lost confidence in the effectiveness of drug policies of the past four decades, we are faced with the task of establishing better alternatives that simultaneously provide greater security and order, address the problems caused by drug use and unregulated drug markets, and reduce the harm caused by punitive responses to individuals and communities. With many opportunities to advance policy alternatives, CNDP chose what we believe are the two most relevant areas of focus in terms of immediate opportunity and long-term relevance: (a) capitalizing on health care reform to establish health services (including both treatment and harm reduction) as the default response to drug use and (b) supporting locally determined alternatives to arrest, prosecution and imprisonment of drug users and subsistence level drug sellers.
- 7. Concrete outcome desired from March 26 meeting:** Agreement on the core challenge(s) encountered across OSF’s drug policy reform network and an initial conversation toward a shared set solutions.

**Program:** Youth Exchange    **Name:** Maryanne Olson & Gladys Onyango

- 1. How would you summarize your current activities in the drug policy or reform arena?** Prior to the closure of the Youth Initiative, we worked in direct partnership with the Global Drug Policy Program and the Latin America Program to identify and fund youth partners to supplement OSF drug policy work at large. Youth bring innovative new techniques particularly around on-the-ground advocacy work using new media and grassroots organizing on university campuses, in night clubs, and in local communities. Young people are also the most directly affected by drug policies that criminalize users and small-time dealers; drug policies that are rooted in criminalization contribute to high rates of imprisonment of young people and harmful interactions between youth and police for example. As the Youth Exchange, we are in discussions with GDP about the best ways to continue to engage youth in the global drug policy field.
- 2. Distinctive role/niche in the field:** Our support for youth-led, grassroots organizations involvement in policy discussion as opposed to simply service-provision and/or advocacy among their peers is distinctive in the field.
- 3. Specific program goals over the next 24 months:** Our main goal in the next 24 months is to directly address the following challenges to
  - 1) the continued perception of young people as either “perpetrators” or “victims” of drug use only rather as change makers, and the lack of space in policy discussions to include youth as effective advocacy partners: how do we continue to bring youth-led organizations to the policy table through opportunities like UNGASS in order to counteract the limiting common approach to young people and drugs.
  - 2) Because many youth-led campaigns are organized by students at universities, it is often difficult to sustain organizations beyond specific campaigns and many of the youth-led organizations we’ve worked with in the past have faced significant sustainability challenges, most often due to frequent changes in leadership. Moving forward we have discussed with GDP the possibility of using existing GDP resources to supplement youth campaigns (for example media/advocacy training) and arranging mentorships for student-led movements that are interested in forming more organized structures.
  - 3) We have also begun discussions with GDP on how to integrate learning about drug policy into more academic settings. This would supplement the work of active student-led movements by encouraging and informing policy-based discussions
- 4. Geographic focus:** We are working mostly in Europe and Latin America.
- 5. Primary partners:** Global Drug Policy Program; Harm Reduction International (who recently completed a report and accompanying toolkit on working with injecting drug users under the age of 18 and helped organize a series of debates on drug policy in Europe and Africa with the University of Essex); Release (London-based organization who have hosted youth and student-led drug policy programs in the past and also host TalkingDrugs.org, a youth-friendly online compendium of drug policy reports); YODA (a new student-led movement in Europe)
- 6. Any additional information:**
- 7. Concrete outcome desired from March 26 meeting:** Identification of spaces where youth might best be involved in discussions around the shared framework to inform a mapping exercise and development of a work plan.

**Program:** OSI-Baltimore Drug Addiction Treatment Program and Criminal & Juvenile Justice Program

**Name:** Diana Morris

- 8. In a few sentences, how would you summarize your current activities in the drug policy or reform arena?** OSI-Baltimore serves as a social justice laboratory for US Programs, allowing us to address the root causes of problems common to urban centers across the country. One of the office's three substantive programs is our Drug Addiction Treatment Program, recognizing the need to make treatment readily available both to provide health care to the many people with substance use disorder and to provide a sensible community-based alternative to arrest and incarceration. At the city and state level, there is general openness to developing a full continuum of addiction treatment and to harm reduction programs (e.g., needle exchange, methadone, buprenorphine, interim methadone, naxolone). Nevertheless, progress has been stymied by inadequate public funding for treatment, irrational and inefficient governmental and practitioner policies and practices, stigma associated with addiction, misperceptions about treatment, and the continued use of a criminal justice, rather than a public health, approach to addiction. In a relatively encouraging environment, the Drug Addiction Treatment Program works with government, advocates and practitioners to build systems and develop policies that will address these barriers and recognize addiction as a chronic disease, providing models for other cities and states to emulate.

The OSI-Baltimore Criminal and Juvenile Justice Program, focused primarily on reducing Baltimore City's pre-trial detention population and Maryland's prison population, has launched the Public Safety Compact, a public financing mechanism. The Compact enables people who are drug dependent to leave prison three years early after completing drug addiction treatment while incarcerated and voluntarily agreeing to continue treatment, along with receiving other re-entry services, upon release. The re-entry services are now supported through the re-allocation of savings from incarcerating program participants for shorter periods. The Program also focuses on reducing disproportionate arrests of people of color, including youth, many of whom are charged with drug offenses.

- 9. Distinctive role/niche in the field:** With few private funders in this field, the office employs staff with significant technical expertise in the field—serving as a source of information on addiction as a chronic disease, the effectiveness of treatment, the city and bureaucracies relating to addiction treatment, and the integration of addiction treatment into behavioral health and somatic care. It focuses both on encouraging other funders to enter the field or support complementary (e.g., recovery) activities and, through grantmaking and technical assistance, on deepening the expertise and impact of the advocacy community and building public support for treatment. Educational forums, publications and grantmaking also work to introduce innovative approaches in treatment and harm reduction, drawing on the expertise of staff and connections to experts throughout the country. Knowledge of two bureaucracies—corrections and public health—positions us to launch initiatives that require significant inter-agency cooperation, such as the Public Safety Compact and enrolling prisoners in Medicaid so that they will be insured upon release.
- 10. Specific program goals over the next 24 months:** We are engaged in grantmaking, education, technical assistance, program related investments and advocacy to support three goals, listed below. During the past two years, we have redirected much of our work to take advantage of the watershed opportunities that healthcare reform in the United States (the Affordable Care Act) offers to remove financial barriers to treatment and greatly increase access to care. This has caused us to focus more on statewide activities rather than on those related to Baltimore City as this is the primary venue for designing and implementing healthcare reform.

- a) **Close the addiction treatment gap for low-income patients by taking advantage of the opportunities of health care reform** (e.g., support the sound implementation of Medicaid expansion—including for criminal justice involved individuals, the essential health benefits, and parity legislation; and support a program related investment to offer affordable health care, including addiction treatment, in the Health Exchange for low-income people);
- b) **Support the availability of addiction services not covered by health care reform** (e.g., advocate for the preservation of the block grant funds and the use of alcohol tax revenue to provide flexible funds for non-reimbursable addiction services, identify the health care needs of undocumented immigrants and other uninsured individuals; support approaches to increase patients' retention in treatment and access to training/services critical to their recovery);
- c) **Decrease the harms of drug use** (e.g., through overdose prevention and SBIRT), **lower the threshold to treatment** (e.g., through the expanded availability of buprenorphine, including at non-clinical, community venues), **and reduce the stigma associated with addiction** (e.g., educational activities to establish addiction as a chronic disease that responds to treatment).

**11. Geographic focus:** Baltimore City and the state of Maryland

**12. Primary partners:** In addition to the Campaign for a New Drug Policy, we partner with National Council on Alcohol and Drug Dependence-Maryland Chapter; Women's Health Coalition; University of Maryland School of Law Drug Policy Clinic, Maryland Department of Health and Mental Hygiene; Baltimore Behavioral Health System, Maryland Civil Liberties Union, Justice Policy Institute

**13. Any additional information (in a few sentences):** On the occasion of USP's tenth anniversary, OSI-Baltimore was allocated \$10 million in additional funds to launch the Closing the Addiction Treatment Gap (CATG) initiative. Drawing on the Baltimore experience, we granted funds to eight sites over three years to close the treatment gap in their states or regions. The initiative had significant, measureable success and, internally, paved the way for establishing a national drug addiction treatment and harm reduction component in USP's newly established Campaign for a New Drug Policy.

**14. Concrete outcome desired from March 26 meeting:**