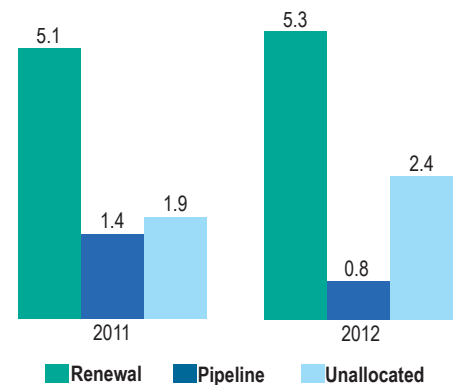
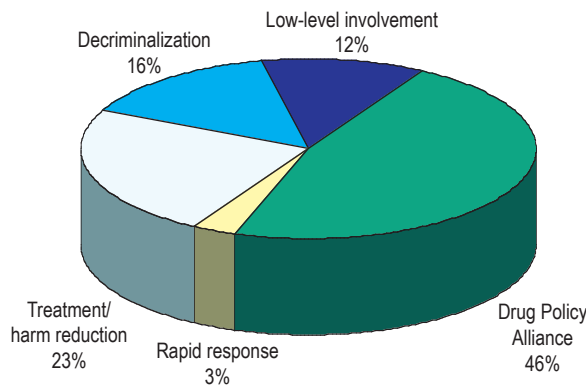


Campaign for a New Drug Policy

The Campaign for a New Drug Policy seeks to generate the political will to move from a “War on Drugs” framework to one that embraces public health, including harm reduction; protects public safety; and supports economically sound communities. Four core principles include: 1) the current “War on Drugs” framework causes inequity at odds with U.S. shared values of fairness, justice, and opportunity, and its policies and practices have a disproportionate and destructive impact on people of color and the poor; 2) dependence on drugs is a public health issue and should be addressed through evidence-based harm reduction practices and access to addiction treatment; 3) criminal sanctions for use and/or possession of drugs for personal use are counter-productive and discriminate against communities of color and the poor; and 4) there is a critical need for structural reforms that will reduce the excessive incarceration of low-income individuals and people of color who enter the illicit drug market for economic reasons.

Goals	2010	2011	2012
Increase access to treatment and promote harm reduction practices Support advocacy for access to effective treatment; promote effective advocacy and technical assistance for implementation of healthcare reform; support effective implementation of needle exchange following the lifting of the federal funding ban; promote adoption of other harm reduction strategies.	\$2.6	\$2	\$2
Decriminalize addiction and non-dependence drug use Challenge ineffective drug court models and coerced treatment policies and practices; support advocacy for effective implementation of emerging criminal law/sentencing reform actions (e.g., Rockefeller Drug Law Reform in New York); promote advocacy and innovative programs for decriminalization and diversion efforts.	\$1	\$1.25	\$1.25
Promote effective policies to address low-level involvement in illicit drug trade Promote public education and advocacy about policies and practices encouraging decriminalization and/or regulation of drugs; engage in strategic communications to elevate the discussion around how prohibitionist practices encourage development of illicit drug trade; promote reinvestment of resources currently devoted to enforcement and interdiction into strengthening low-income, vulnerable communities.	\$0	\$1	\$1
Drug Policy Alliance	\$4	\$4	\$4
Rapid response	\$0	\$0.25	\$0.25
	Grantmaking: \$7.6	Grantmaking: \$8.5	Grantmaking: \$8.5
	Program Development: \$1.4	Program Development: \$0.6	Program Development: \$0.9
	Total Budget: \$9	Total Budget: \$9.1	Total Budget: \$9.4



Campaign for a New Drug Policy in Context: 2010-2012

The External Climate for Reform

With the passage of national healthcare reform, there are unprecedented opportunities to expand the availability of and access to addiction treatment – provided that federal and state regulations implementing the reform are drafted in ways that maximize the new benefit. The lifting of the federal needle exchange ban after years of advocacy was followed almost immediately by erosion of support for its removal as elected officials quickly grew concerned about being labeled “soft on crime,” with the consequence that there exist de facto barriers to effective implementation. The release of the new national drug control strategy was long on rhetoric about recognizing drug use as a public health problem, but the accompanying budget had virtually no new funding for treatment. While economic pressure on states to address the excessive cost of imprisonment has led to greater access to treatment in lieu of incarceration, the infatuation with drug courts risk little reduction of criminal justice involvement of those accused of illegal drug activity. However, increased support for medical marijuana, debates about eliminating the crack/powder disparity and legalizing marijuana in California, and the repeal of harsh sentencing laws suggest that the country is indeed open to a meaningful conversation about reforming our drug policies.

Supporting the Field

CNDP is bringing under one umbrella different elements of work supported within the foundation – sentencing reform, access to treatment, and adoption of harm reduction principles. As a result, CNDP will have the ability to foster conversations and build coalitions among groups who to date have not frequently worked with one another. CNDP will also help build the capacity of constituencies who presently do not have a substantial voice within the drug policy reform arena, for example groups representing the interests of communities of color and others substantially impacted by current policies, active drug users, and faith-based groups.

Collaborating with Other U.S. Programs

CNDP has been designed as a collaborative effort. It is housed within the Criminal Justice Fund, with whom it will work closely, and it will also work with colleagues in OSI-Baltimore addressing access to treatment issues, and with OSI-DC staff working on criminal justice reform and public health/harm reduction policies. Staff from the International Harm Reduction program will also continue to serve in an advisory capacity, and CNDP will collaborate with the Global Drug Policy program as appropriate.

New Drug Policy and Open Society

Current drug policy in the United States has been a key driver of the explosion of incarceration, with a disproportionate impact on racial minorities and low-income people with limited political and economic power. Moreover, U.S. drug prohibitionist policies have contributed to the international dimensions of illicit drug trade, and have led to destabilization of nations across the globe, often with devastating effects on already marginalized communities.

Variances from 2010 to 2011-12

CNDP does not anticipate any significant variance in the allocation of grant dollars across its programmatic priority areas. As a new stand-alone campaign, 2011-12 is the first budget cycle in which CNDP will have a program-development budget.

As we continue to develop the strategies for CNDP, in close consultation with leaders in the field and within the OSI networks, we anticipate that we may make some minor budget adjustments during the year. These adjustments will not change the total spending on grants or program development for CNDP.

Goals	Lead Grantees	2010 Accomplishments and Program-Development Activities
<p>Increase access to treatment and support harm reduction practices</p>	<ul style="list-style-type: none"> • Harm Reduction Coalition • State Associations of Addiction Services • Legal Action Center • University of Wisconsin Network for the Improvement of Addiction Treatment 	<ul style="list-style-type: none"> • Implementation of consumer-friendly mental health and substance use disorder parity regulations. • Inclusion of access to treatment in national healthcare reform. • Community education efforts supported removal of federal needle-exchange ban.
<p>Decriminalize addiction and non-dependence drug use</p>	<ul style="list-style-type: none"> • A Better Way Foundation • National Advocates for Pregnant Women • NAACP • Defender Association 	<ul style="list-style-type: none"> • Succeeded in building public will to reform New York’s Rockefeller drug laws. • Community education efforts supported substantial modification of federal crack/powder cocaine disparity. • Creation of innovative pre-arrest diversion project for low-level drug offenders in Seattle, Washington.
<p>Promote effective policies to address low-level involvement in illicit drug trade</p>	<ul style="list-style-type: none"> • Drug Policy Alliance 	<ul style="list-style-type: none"> • Strategies were in development in 2010. • Successful community education efforts related to benefits of medical marijuana in several states. • Key player in coalition supporting reform of New York’s Rockefeller drug laws.

Continuing Challenges

Continued opposition to healthcare reform may make more challenging the effective development of regulations, while varied state Medicaid regulations and practices of State Health Insurance Exchanges risk that localities will create barriers to any “benefit.” Recently issued guidance related to the lifting of the federal syringe exchange ban has left many barriers to exchange implementation. The federal government has failed to support research into effective approaches to reduce the harm of drug use.

Success in reforming drug policy practices has largely been limited to achieving broader support for treatment of addiction in lieu of, or during, incarceration. Meanwhile, expanding reliance on drug courts serves to reinforce the criminalization of addiction. Failure to develop policies from a public health and harm reduction framework has led to coerced and unnecessary treatment for drug users without dependence issues.

There is a continuing failure to discuss policy reforms needed to promote more effective ways to address street-level involvement in illegal drug activity driven by financial incentives. Simultaneously, there is an unwillingness to acknowledge how prohibitionist practices help create the competitive market forces that drive the violence associated with illicit drug trade.

2011-12 Forecast

Strategies

- Support advocacy for access to treatment, technical assistance in implementation of healthcare reform, and efforts to ensure a safety net for the uninsured
- Advance communications (especially among under-served communities) underscoring that addiction is a disease and that treatment and harm reduction strategies exist
- Ensure effective local implementation of needle exchange programs
- Spur research to demonstrate continuum between harm reduction and treatment services and support advocacy for continued research

Impact

- Increased admissions to effective addiction treatment services for the newly insured and those who remain uninsured
- More voices calling for addiction to be treated as a chronic disease and thus calling for the removal of educational, employment, housing, and other barriers for those with histories of addiction
- Increased access to/enrollment in needle exchange and other harm reduction services
- Decreased public health consequences of addiction (spread of HIV, overdoses, etc)

- Support efforts to decriminalize low-level drug possession
- Assess drug court practices; challenge overreliance on these courts
- Support effective implementation of emerging criminal law and sentencing reform actions
- Educate the public about racial disparities and ineffectiveness of the prohibitionist approach, and of alternatives to current practices

- Reduced incarceration of people convicted for drug possession
- Increased support for decriminalization and diversion practices
- Increased voices within communities of color and among others directly affected, calling for reform of policies that have racially discriminatory impact

- Support innovative programs that demonstrate decriminalization alternatives and that divert out of the criminal justice system individuals involved in low-level drug sales
- Help elevate the discussion around how prohibitionist practices encourage the development of illicit drug trade and destabilize communities
- Support public education and advocacy around the practical implementation of decriminalization, regulation, and/or legalization of currently illegal drugs

- Enhanced public support for alternatives to drug prohibition practices
- Increased diversion for those accused of low-level drug sale or possession

- Identify issues on which CNDP can strategically partner with DPA to enhance advocacy efforts
- Better align CNDP grant activities with the DPA Advocacy Grants Program

- Better coordinated drug policy reform efforts between OSI and DPA