

To: U.S. Programs Board
From: Ann Beeson, Leonard Noisette, Diana Morris and Daniel Wolfe (International Harm Reduction Development Program)
Re: Integrated Drug Policy Reform Strategy–Update
Date: February 8, 2010

Since mid-summer 2009, staff from the Criminal Justice Fund, the national Closing the Addiction Treatment Gap Initiative, OSI-Baltimore’s Tackling Drug Addiction Program, the International Harm Reduction Development Program and OSI-DC have been working to diversify voices in the drug policy debate and to develop a more strategic and integrated approach to our work in this area. We write to update you on our progress and to seek your approval for our plans going forward.

As we shared with the Board last year, Aryeh Neier suggested that we work together to develop potential new directions for this work in light of changing US priorities national and internationally. With the assistance of Daniel Wolfe, director of the International Harm Reduction Development Program, in July 2009 we drafted a working paper on potential new directions and presented it to George Soros and Aryeh Neier, who supported the more strategic and integrated approach of OSI’s various drug policy efforts. Mr. Soros approved limited funding to support two pressing needs outlined in that strategy paper: work at the federal level to mobilize key allies and to remove the ban on federal funding for syringe exchange activities, and the assumption of grants previously made by the Drug Policy Alliance to current Criminal Justice Fund grantees.¹

Mr. Soros requested that we consult a group of experts to assist us in identifying new possibilities, a request he had also made of the Global Drug Policy Program, after which he would consider a request for additional funding. The Board approved a two placeholders in the 2010 U.S. Programs budget for grantmaking activities related to drug policy: \$1 million for the Criminal Justice Fund to increase its drug policy advocacy, and \$2.5 million for the Closing the Addiction Treatment Gap initiative to take advantage of national healthcare reform. There was another budget placeholder of \$1 million for the International Harm Reduction Development program to engage in US work with international implications; this placeholder was in the Public Health Program budget rather than the U.S. Programs budget. The ban on needle exchange was lifted in December, and health care reform proposals include coverage for addiction treatment.

Over the past few months, we have refined the initial policy paper and identified ways that OSI support for advocacy for access to treatment, harm reduction, and sentencing reform can be complementary. In December, we convened a meeting comprising a wide range of experts and perspectives—including Jonathan Soros and Bryan Stevenson from the U.S. Programs Board, representatives from the Drug Policy Alliance, the National Association for the Advancement of Colored People, Faces and Voices of Recovery, and the National Association of Criminal Defense Attorneys, National Advocates for Pregnant Women, and Protestants for the Common

¹ A list of the grants we made is attached.

Good—to begin to explore possibilities for such a strategic integration. While too large for substantive planning, the meeting was the first to bring together various OSI staff working on US drug policy and key partners and provided preliminary feedback on proposed directions. We have identified a few participants to engage periodically to assist us in further developing a new strategy, among them Robert Rooks (NAACP); David Vlahov (Center for Urban Epidemiologic Studies at the New York Academy of Medicine); Lynn Paltrow (National Advocates for Pregnant Women); Deborah Small (Break the Chains); and Carl Hart (Director of the Residential Studies and Methamphetamine Research Laboratories at the New York State Psychiatric Institute).

We have begun working on an integrated strategic framework and have identified some clear principles that will guide us. Meaningful reform of destructive drug policies requires replacing the conceptual framework and policies of the “War on Drugs” with a new paradigm that recognizes:

- 1) Dependence on drugs is a public health problem, and needs to be addressed through harm reduction practices, access to addiction treatment, and sound evidence. Research and policy failure to distinguish between use and dependence and the overemphasis on criminal justice must be challenged.
- 2) Criminal sanctions for use of drugs in the absence of other crime are counter-productive, discriminate against communities of color and the poor and need to be challenged; and,
- 3) 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.

Next Steps

1. Finalizing the Strategy Paper

We will work to develop a strategy on U.S. drug policy reform for discussion and input from Board Advisors Bryan Stevenson, Jonathan Soros, and Aryeh Neier in May 2010, and for discussion and approval by the full Board in September 2010. During this process, we will periodically engage with key external advisors as well as our colleagues in the Global Drug Policy Project.

2. Grantmaking

In the interim, there are immediate grantmaking needs that we feel it is important to address. We seek the board’s authorization to recommend a number of grants against the \$4.5 million in funds

approved as placeholders to advance timely advocacy and capacity building² activities pending final consideration of our overall strategy. These grants would be capped at \$2 million.

- a. Access to Treatment - Congress' deliberations about the next steps for national health reform legislation provides a context of great urgency for advocacy that focuses on expanding opportunities to reach the more than 20 million people in this country untreated for substance use disorders. Specifically advocacy, driven by communication and technical assistance, is needed in four areas: 1) continued presence in the national health reform discussion; 2) implementation of parity regulation (effective January 2010); 3) expanding Medicaid at the state level, particularly important if national healthcare reform stalls; and 4) transforming the treatment system to meet the increased demand for treatment through healthcare reform.
- b. Needle Exchange – With the lifting of the federal syringe exchange ban, there are two critical areas of advocacy to support: state level activity to support policy development and implementation, and continued public education and advocacy efforts to hold onto the victory and fight anticipate efforts to repeal the ban
- c. Renewals to Key Grantees – Grantees we would like to consider for renewal include the Harm Reduction Coalition, a national expert and voice for the increased use of harm reduction principles; Break the Chains, a national drug policy reform organization led by a person of color and explicitly addressing these issues from the perspective of the African-American and Latino communities; and Color of Change, an emerging leader in organizing the communities of color, particularly youth, in support of reform of destructive drug policies in the criminal justice arena.

Also before the board for its consideration at the February meeting will be a recommendation for renewal of a grant to Drug Policy Alliance (DPA) in the amount of \$4,000,000, the amount of funding we have provided for the past several years. As more fully articulated in that grant recommendation, DPA continues to be critical voice and source of expertise in support of drug policy reform. We see it as an important player of our integrated strategy, while at the same time recognizing the need to support other advocates, strategies and approaches more substantially than we have done in the past. The approved 2010 budget includes an allocation of \$4,000,000 for this proposed grant.

² Grants made by the Special Fund for Poverty Alleviation to enhance access to public benefits will complement capacity building efforts of the national treatment initiative to ensure that people now eligible for benefits in fact have access to high quality treatment.

U.S. Programs & International Harm Reduction Development Program 2009 Drug Policy Reform Grantmaking

A Better Way Foundation

www.abwf-ct.org

To provide general support in the amount of \$100,000 over 2 years to A Better Way Foundation, Inc., a Connecticut-based grassroots organization dedicated to shifting current drug policy from a paradigm that prioritizes incarceration to one that prioritizes public health, treatment, and public safety.

Unitarian Universalists for Drug Policy Reform (dba Interfaith Drug Policy Initiative Foundation)

idpi.us

To provide general support in the amount of \$90,000 over 2 years to Interfaith Drug Policy Initiative, which educates and mobilizes religious denominations, congregations, faith-based advocacy groups, and individual people of faith to promote drug policies that are entirely non-punitive and non-coercive.

National Advocates for Pregnant Women

www.advocatesforpregnantwomen.org

To provide general support in the amount of \$85,000 over 1 year to National Advocates for Pregnant Women, which engages in legal advocacy, organizing, broad-based coalition-building, and public education to secure the civil and human rights, health and welfare of women—particularly pregnant and parenting women, low income women, women of color, and drug women who use drugs—and to advance drug policy reform principles as an essential part of the Reproductive Justice and Pro-Choice Movements.

Network on Women in Prison (dba Legal Services for Prisoners with Children)

www.prisonerswithchildren.org

To provide project support in the amount of \$50,000 over 1 year to Legal Services for Prisoners with Children to support its *All of Us or None* program's continued public education and organizing of people directly affected by the drug war to end it and roll back its negative effects in California. OSI funding enables *All or None* to continue its successful voter education work in communities most negatively impacted by the drug war; its organizing to preserve voting rights of people with criminal records, in California; and its organizing and leadership development work with people in drug treatment programs.

**U.S. Programs & International Harm Reduction Development Program
2009 Drug Policy Reform Grantmaking**

**Point Defiance AIDS Project
(dba North American Syringe Exchange Network)**

www.nasen.org

To provide general support in the amount of \$100,000 over 2 years to North American Syringe Exchange Network, which works to: promote the idea that drug use and misuse is a public health issue; eliminate epidemic levels of the transmission of HIV, HCV, and other blood borne pathogens among injecting drug users (IDUs); foster the equitable inclusion of IDUs and sex workers in the healthcare system; and support unrestricted access to the tools and information these populations need to make healthy choices.

Protestants for the Common Good

www.thecommongood.org

To provide project support in the amount of \$100,000 over 1 year to Protestants for the Common Good to educate people of faith in Illinois about and mobilize them to promote treatment, and other non-punitive measures for drug policies in Illinois. OSI funding enables Protestants for the Common Good to conduct outreach to congregations through educational forums and to pursue a media communications strategy in order to reach a public audience.

Criminal Justice Fund

Memo

To: Aryeh Neier; U.S. Programs Board

From: Ann Beeson; Leonard Noisette; Daniel Wolfe; William Johnston; Jill Sowards

Date: February 8, 2010

Re: Drug Policy Alliance General Support Grant Recommendation

U.S. Programs staff recommends renewing general support funding in the amount of \$4,000,000 over one year to the **Drug Policy Alliance**. As detailed in a separate memo to the Board (“Integrated Drug Policy Reform Strategy—Update,” dated February 8, 2010), staff of the Criminal Justice Fund, the International Harm Reduction Development Program, OSI-DC, the national Closing the Addiction Treatment Gap Initiative, and OSI-Baltimore’s Tackling Drug Addiction Program are working together to develop a coordinated strategy for drug policy reform. In the meantime, we recommend renewed funding to enable the Drug Policy Alliance to continue its leadership role in promoting a just society in which the use and regulation of drugs are grounded in science, compassion, health, and human rights; in which people are no longer criminalized and punished for what they put into their own bodies; and in which the fears, prejudices, and punitive prohibitions of today are eliminated. This grant would advance the Criminal Justice Fund’s goals of reducing the U.S. reliance on incarceration and harsh punishment in the United States by fostering new approaches to drug policy; decriminalizing vulnerable populations; and strengthening civil society investments and infrastructure. The grant would also support the Equality and Opportunity Fund’s interest in prohibiting arbitrary and discriminatory government action and lifting barriers that prevent people from participating fully in economic, social, and political life.

Name of Organization: Drug Policy Alliance

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

Purpose of Grant: To provide general support

FPOS Grant Description: To provide \$4,000,000 general support over one year to the Drug Policy Alliance, which works to end to the war on drugs by promoting a just society in which the use and regulation of drugs are grounded in science, compassion, health, and human rights; in which people are no longer criminalized and punished for what they put into their own bodies; and in which the fears, prejudices, and punitive prohibitions of today are eliminated. Its mission is to advance those policies and attitudes that best reduce the harms of both drug misuse and drug prohibition and to promote the sovereignty of individuals over their minds and bodies.

Previous OSI Support: \$47,035,756.66

Organizational Budget: \$9,099,568

Project Budget: Not Applicable

Sources of Support: \$3,155,000 Individual Contributions; \$1,000,000 Membership Revenue; \$427,990 Earned Income; \$220,000 Anonymous Contributions; \$100,000 MAC AIDS Fund; \$150,000 Public Welfare Foundation; \$50,000 Fund for Nonviolence; \$40,000 Daniels Fund; \$30,000 Working Assets—Credo Mobile; \$25,000 Krieger Fund; \$50,000 New York City AIDS Fund; \$25,000 Syringe Access Fund; \$20,000 Libra Foundation; \$17,500 San Francisco Foundation; \$15,000 Walbridge Foundation; \$10,000 Angelica Foundation; \$15,000 Herb Block Foundation

Amount Requested: \$4,000,000

Amount Recommended: \$4,000,000 (U.S. Programs Drug Policy Reform, T1: 21030)

Term: 1 year

Matching Requirements: None

Description of Organization:

The Drug Policy Alliance (DPA) formed in July 2000 when The Lindesmith Center, the activist drug policy think-tank established as OSI's first U.S. Program in 1994, merged with the Drug Policy Foundation, a membership and grantmaking organization established in 1987. The objective of the merger was to create a powerful advocacy organization capable of informing the mainstream public and political discourse about much-needed drug policy reform in the United States. DPA has since become the leading national organization advocating for an end to the war on drugs and promoting a just society in which the use and regulation of drugs are grounded in science, compassion, health, and human rights; in which people are no longer criminalized and punished for what they put into their own bodies; and in which the fears, prejudices, and punitive prohibitions of today are eliminated. Its mission is to advance those policies and attitudes that best reduce the harms of both drug misuse and drug prohibition and to

promote the sovereignty of individuals over their minds and bodies. Today, DPA has seven offices, 43 staff, 26,000 dues-paying members, 65,000 subscribers to its online communications, and a growing track record of success at the local, state, and federal levels.

DPA seeks to shift the U.S. response to drugs from a punitive criminal justice model to one based on public health and human rights. While its work addresses the wide range of social, political, and economic issues implicated by the war on drugs, its efforts largely target four substantive goals, including:

Reforming the Criminal Justice System. DPA seeks to reduce the number of people arrested, convicted, and incarcerated for nonviolent drug offenses, and to decrease incarceration sentence lengths. Its objectives include diverting people convicted of nonviolent drug law offenses—particularly possession offenses—from prison and into drug treatment programs, when appropriate; eliminating racial disparities in the application of drug laws; increasing judicial discretion and promoting awareness of the harms caused by mandatory minimum sentencing; and reforming parole and probation so people who test positive for drugs or are involved in other nonviolent technical violations are not incarcerated or re-incarcerated.

Advancing Public Health Approaches. To help minimize the negative health consequences of drug use and current drug policy, DPA advocates harm reduction policies and practices. DPA supports the expansion of syringe exchange programs and the sale of syringes through pharmacies, and the expansion of effective drug treatment programs, including opioid substitution therapies such as methadone and buprenorphine. It supports overdose prevention strategies, such as distribution of naloxone, which counters the lethal effects of opioid overdoses, as well as “Good Samaritan” policies that give incentives for people to call 911 when they witness an overdose. DPA also promotes safer injection facilities to provide medical supervision and access to support services for people, mostly indigent, who inject drugs.

Changing Cannabis Policy. DPA advocates for removing cannabis control as much as possible from the criminal justice system, with the Dutch “coffeeshop” system and its de facto legalization of retail sales of cannabis as a model. DPA also promotes the notion of ultimately taxing and regulating cannabis, similar to the ways in which alcohol is controlled in states and other countries with relatively strict systems. Much of DPA’s current work focuses on reducing the number of cannabis arrests—particularly in New York City, the “marijuana arrest capital of the world.” Both because the persecution of people who use cannabis for medical purposes represents one of the most pernicious aspects of the drug war, and because the debate favorably transforms the broader public and political dialogue around cannabis issues, DPA also focuses on educating the public about the social benefits of legalizing the use and distribution of cannabis for medical purposes.

Advancing Realistic Approaches to Youth and Drugs. Modeled on comprehensive sexuality education, DPA promotes a more realistic approach to teens and drugs by stressing that abstinence is the only way to avoid the dangers of drug use but that complementary approaches are required for the majority of teens who do use alcohol, cigarettes, and various prescription and illicit drugs. DPA’s work in this area is not only important to reducing the harms of drug use among adolescents but also in responding effectively to critics who claim that drug policy reform puts young people at greater risk. Its “Safety First” and “Beyond Zero Tolerance” projects are embraced by the California PTA and are attracting increasing attention, nationally.

To advance its objectives in these areas, DPA employs three main strategies:

Public Policy Reform. DPA engages in policy advocacy and litigation to bring about incremental policy reforms at the local, state, and federal levels that can be accomplished over the next few years, with the goal that each reform 1) creates real and measurable benefits for people who have been or would be unjustly victimized by the war on drugs, thereby reducing the death, disease, crime, and suffering associated with both drug use and drug prohibition; 2) builds political consciousness among other organizations and the public regarding the need to reform drug policies; and 3) advances its long-term vision of a society in which criminalization and criminal justice institutions play a minimal role in dealing with drugs, drug users, and drug markets.

Public Education. DPA initiates and shapes local, national, and international dialogue on drug policy reform, exposing the public to its messages through earned media. Its public relations efforts support DPA's local and national programs and projects, help smaller organizations promote their own campaigns, and capitalize on breaking news to provoke debate framed by its mission and vision. DPA publishes booklets and other materials on cutting edge drug policy issues, and collaborates with allied organizations in producing assessments of state and federal drug and crime policies. While its public education priority is to build support for short-term state campaigns, DPA also engages in longer-term campaigns to educate people more broadly about its vision and mission and promotes its "brand" as the leading organization advancing alternatives to the war on drugs, two areas it plans to expand in the coming years.

Movement Building. DPA works to cultivate a sustainable movement for drug policy reform. Through its Advocacy Grants Program, DPA funds, mentors, and provides leadership training for other reform-minded, state based, constituency-based, single-issue focused, and smaller national organizations. DPA uses its biennial International Drug Policy Reform Conference and its public policy reform process to build coalitions with non-drug policy groups on specific issues such as syringe access, alternatives to incarceration, access to pain medication, treatment of pregnant women who use drugs, among other issues. More broadly, DPA engages other prominent organizations across the political spectrum to persuade them to prioritize and embrace its perspectives, concerns, and priorities.

Description of the Project for Which Funding Is Sought:

Drug Policy Alliance requests general support funding.

Rationale for Recommendation:

This grant would advance the Criminal Justice Fund's goals of reducing the reliance on incarceration and harsh punishment in the United States by fostering new approaches to drug policy; decriminalizing vulnerable populations; and strengthening civil society investments and infrastructure. The grant would also support the Equality and Opportunity Fund's interest in prohibiting arbitrary and discriminatory government action and lifting barriers that prevent people from participating fully in economic, social, and political life.

With its abstinence-only ideology and emphasis on punitive, prohibitionist approaches, the "war on drugs" has failed to reduce drug use and abuse in the U.S., becoming, instead, a war on people and communities and on public health, civil liberties, and human rights. Its self-reinforcing policies have provided the rationale and excuse for allowing millions to suffer, and hundreds of thousands to die, rather than permit medications and public health interventions common elsewhere in the world. Federal, state, and local governments spend over \$40 billion each year in hopes of realizing a "drug-free" America. Yet, many illicit drugs are cheaper, purer, and more available than ever before and rates of drug-related death, disease, and crime persist at catastrophic levels.

As such, the war on drugs provides a contemporary veneer for longstanding racial prejudices and discrimination. Although the United States accounts for roughly five-percent of the world's population, about 25-percent of the people incarcerated on Earth are incarcerated in the United States. The U.S. incarceration rate—now around one out of 100 adults¹—is unprecedented among democratic societies, ranking it first among all other nations in per capita incarceration. With the number of people behind bars for drug law violations having increased from roughly 50,000 in 1980 to about half a million in recent years and additional hundreds of thousands incarcerated for drug-related violations of parole and probation, as well as for other crimes related to drug addiction, the war on drugs has become a principal force driving the incarceration of people convicted of nonviolent offenses. Although recent research found that the number of African Americans in state prisons for drug crimes dropped 21.6 percent from 1999 to 2005—the last year for which data are available—people of color and poor people continue to be imprisoned on drug charges at vastly disproportionate rates.²

Over fifteen years ago, with the goal of fostering a debate over the wisdom of the criminal justice response to drug use and abuse and with the hope that opening discussion would propel the advocacy agenda, OSI established the Lindesmith Center to initiate programming and grantmaking to support drug policy reform in the U.S. Since that time, OSI staff has consistently stressed the need to treat addiction through the public health system rather than the criminal justice system; to reduce the harm of drug use, drug abuse, and drug policy on individuals and communities; to reform drug-law enforcement and sentencing practices; and to reduce the drug policy-related incarceration, which drives prison expansion, drains public resources, and contributes to racial disparities in imprisonment and disenfranchisement. OSI staff is committed to the notion that reform of the nation's drug policies is an important strategy—among other strategies we fund—for reducing the nation's reliance on incarceration.

Staff remains sympathetic with DPA's orientation and supportive of its overall drug and criminal justice policy goals and strategies for bringing about reform. Through tactics including developing and analyzing policy proposals; mobilizing grassroots supporters; media outreach; public education; litigation, when necessary; and policy advocacy, DPA addresses a wide range of drug and criminal justice policy issues, racial disparities in the enforcement of drug laws, drug treatment, harm reduction interventions, youth drug education, among others. DPA's movement building efforts have increasingly sought to "connect the dots" of drug policy issues—among people coming to drug policy reform from diverse political perspectives, among people and organizations working on distinct drug policy reform issues, and among organizations working on broader political agendas that overlap with its own. It prioritizes its geographic focus based on the need for reform, the likelihood of success, and the potential for national or regional impact and is currently directing campaigns in Alabama, California, Connecticut, The District of Columbia, Maryland, New Jersey, New Mexico, New York, and Wisconsin. In all of these places, DPA works to build a sustainable reform movement by engaging the grassroots and cultivating and supporting local leadership and advocacy capacity. DPA's Advocacy Grants Program supports a large number of smaller drug policy reform organizations around the country, reaching and cultivating local efforts often inaccessible to national foundations. Moreover, DPA's biannual International Drug Policy Reform Conference is attended by drug policy reformers from around the world and provides a forum for organizations funded by OSI's Global Drug Policy Program and International Harm Reduction Development Program to draw ideas and strength from drug policy reform leaders in the United States.

As described in a separate memo to the Board ("Integrated Drug Policy Reform Strategy—Update," dated February 8, 2010), since July 2009, at the suggestion of Aryeh Neier, staff from the Criminal Justice

¹ The Pew Center on the States. "One in 100: Behind Bars in America 2008." Washington, DC: The Pew Charitable Trusts, 2008.

² Mauer, Marc. "The Changing Racial Dynamics of the War on Drugs." Washington, DC: The Sentencing Project, 2009.

Fund, the International Harm Reduction Development Program, OSI-DC, the national Closing the Addiction Treatment Gap Initiative, and OSI-Baltimore's Tackling Drug Addiction Program have been working together to develop an integrated approach to OSI's drug policy reform efforts and to develop a strategy for diversifying voices in the drug policy debate. We are now working on finalizing the new strategy for integrating OSI's support for advocacy for access to treatment, harm reduction, and sentencing reform, which we plan to present to you in September. Because of OSI's past history with DPA, the pivotal role the organization will continue to play in the growing movement to end the war on drugs, and because its work is consistent with the strategy we are developing, U.S. Programs staff believes funding for DPA remains an important investment priority.

For these reasons, staff recommends continued general support funding for the Drug Policy Alliance in the amount of \$4,000,000 over one year.

Post War: Toward a New Drug Policy Paradigm

December 7, 2009

Attendee List

Ann Beeson

Director of U.S. Programs, Open Society Institute

Victor Capoccia

Program Director, National Initiative to Close the Addiction Treatment Gap

Amanda Deaver

Communication Consultant, Prism Public Affairs

Arthur C. Evans Jr, Ph.D.

Director, Philadelphia Department of Behavioral Health and Mental Retardation Services

Angelyn C. Frazer

State Legislative Affairs Director, National Association of Criminal Defense Lawyers

Ana Garcia-Ashley

Community Organizer

Françoise Girard

Director, Public Health Program, Open Society Institute

Dr. Carl Hart, Associate Professor of Psychology, Departments of Psychiatry and Psychology, Columbia University; and Director, Residential Studies and Methamphetamine Research Laboratories, New York State Psychiatric Institute.

Zoe Hudson

Senior Policy Analyst, Open Society Institute

Albert Jacquez

Partner, Strategic Solutions Washington DC

William J. Johnston, Jr.

Program Officer, Criminal Justice Fund for U.S. Program, Open Society Institute

Lorenzo Jones

Executive Director, A Better Way Foundation

Alexandra Kirby
Consultant, Global Drug Policy Program, Open Society Institute

David C. Lewis, M.D.
Professor Emeritus of Community Health and Medicine, and the Donald G. Millar
Distinguished Professor of Alcohol and Addiction Studies, Brown University

Diana Morris
Director, Open Society Institute-Baltimore

Ethan Nadelmann
Founder and Executive Director, Drug Policy Alliance

Leonard Noisette
Director, Criminal Justice Fund for U.S. Programs, Open Society

Lynn M. Paltrow, J.D.
Founder and Executive Director, National Advocates for Pregnant Women,

Robert Rooks
Director of Criminal Justice Programs, NAACP

Debra Rubino
Director of Strategic Communications, OSI-Baltimore.

Paul N. Samuels
Director and President, Legal Action Center

The Rev. Alexander E. Sharp
Executive Director, Protestants for the Common Good,

Dasha Shkurpela OSI's International Harm Reduction Development Program one-and-a-half year ago as an administrative assistant

Deborah Peterson Small
Founder and Executive Director, Break the Chains

Jonathan Soros
President and Deputy Chairman of Soros Fund Management LLC

Jill Sowards
Program Associate, Criminal Justice Fund for U.S. Programs, Open Society Institute

Bryan Stevenson
Executive Director, Equal Justice Initiative and Professor of Law at the New York
University School of Law

Nkechi Taifa
Senior Policy Analyst, Open Society Institute and Open Society Policy Center

Kimá Joy Taylor, MD, MPH
Director, Tackling Drug Addiction Program at the Open Society Institute–Baltimore.

Patricia Taylor
Executive Director, Faces & Voices of Recovery.

Dr. David Vlahov
Senior Vice President for Research and Director for the Center for Urban Epidemiologic
Studies at the New York Academy of Medicine, and Professor of Clinical Epidemiology
at the Mailman School of Public Health at Columbia University.

Dan Werb, BA,
Graduate student, School of Population and Public Health at the University of British
Columbia and Senior Research Assistant at the Urban Health Research Initiative of the
BC Centre for Excellence in HIV/AIDS.

Daniel Wolfe
Director, International Harm Reduction Development program, Open Society Institute

Ana Yáñez-Correa
Executive Director, Texas Criminal Justice Coalition