

The Drug Policy Alliance envisions 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 punished for what they put into their own bodies but only for crimes committed against others, and in which the fears, prejudices and punitive prohibitions of today are no more.

Our 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.

**DRUG POLICY ALLIANCE**

**10 YEAR REVIEW**

*The work of the Drug Policy Alliance is both all about drugs and ultimately not really about drugs at all.*

We are at the front lines of much larger struggles in American and international society – over the extent and limits of individual freedom, what it means to remain a free society, and how we deal with both real and phantom threats to health, life, and security. The war on drugs is “the new Jim Crow,” providing a contemporary veneer for longstanding prejudices and discriminations. It’s the engine for record-breaking rates of incarceration in this country, the basis for depriving roughly one and a half million Americans of the right to vote, and the justification for threatening and discriminating against tens of millions of Americans who have committed no harm against their fellow citizens. It’s provided the rationale for violating the sovereignty of foreign nations, and for blocking public health interventions that could save millions of people from dying of HIV/AIDS. The work of the Drug Policy Alliance appears to be all about drugs, but it’s really all about reason, compassion, justice, and freedom.

This organization is at the forefront of a growing political movement to end the war on drugs and promote more sensible ways of dealing with drugs and the people who produce, sell, buy, and use them. We see ourselves as following in the footsteps, and standing on the shoulders, of other political movements that fought for political and social justice, most notably those that succeeded in ending legal discrimination on the basis of race, religion, gender, and sexual identity. Each of these movements was initiated and driven by a vision that most citizens initially dismissed as both dangerous and quixotic. Each confronted powerful vested interests. Each gained insight and inspiration from the more rapid progress of parallel campaigns outside the United States. And each struggled with the day-to-day challenges of winning incremental reforms that would both help in the moment and bring ultimate victory that much closer.

The war on drugs seeks to create a “drug-free society.” It defines success or failure primarily in terms of increases or decreases in the number of people who admit to using certain drugs. It takes as a given that certain drugs need to be criminalized, that people can and must be compelled to abstain from them, and that “zero tolerance” policies are a legitimate means toward this end.

We take a different view. Trying to create a drug-free society is both foolish and dangerous. The real challenge is to accept that drugs have been and will always be part and parcel of human civilization, and that we need to learn to live with them so that they cause the least possible harm and the greatest possible good. Criminalization, particularly of drug use and possession, does more harm than good. No one, we believe, should be punished simply for what they choose to put into their body. The optimal drug policy is one that effectively reduces the negative consequences of both drug use and drug control policies.

Most of our accomplishments to date as well as our current work and plans – about which you can read more in the pages that follow – focus on rolling back and reversing the excesses of the past, advocating for harm reduction and other alternatives to current policies, blocking new drug war initiatives, and articulating an alternative vision for dealing with drugs in both American and international society. We’ve played a role in shifting public opinion in favor of drug policy reform, and elected officials are increasingly responsive. We’re fighting and winning battles to provide treatment instead of incarceration for petty drug offenders, to reduce criminal sentences for all nonviolent drug offenses, to curtail abusive asset forfeiture practices by police and prosecutors, and to end unjust discrimination against people who once struggled with drug abuse or were convicted of a drug law violation. Our work has succeeded in increasing access to methadone maintenance and other effective drug treatment, reducing heroin overdose fatalities, curtailing the spread of HIV/AIDS and hepatitis, legalizing cannabis for



Ira Glasser



Ethan Nadelmann

Alternatives  
Responsibility  
Promoting  
Health  
Debate  
Knowledge  
Building

**10 Years of Reason. Compassion. Justice.**

medical purposes, and promoting more honest and reality-based drug education. But we still have to counter politicians' kneejerk tendencies to vote for new drug war penalties every time a new "drug scare" pops up.

Our struggle will take time, as do all struggles for freedom and social justice, but our objectives for the next decade are ambitious. We will know we are successful when no one is incarcerated simply for using or possessing a drug, absent harm to others. Our aim is to regulate cannabis more or less like alcohol, and to reduce the role of the criminal justice system in dealing with most other illegal drugs; at the very least, penalties for nonviolent drug offenses should be commensurate with those for other nonviolent offenses. Health authorities, not criminal justice officials, will exercise principal responsibility over those drugs that remain illegal. And governments' drug policies will be evaluated according to "a new bottom line" – one that focuses on reducing the cumulative death, disease, crime, and suffering associated with both drug use and prohibitionist policies.

The Drug Policy Alliance is a non-partisan organization that works with citizens and politicians across the political spectrum. We publish in both left- and right-wing publications, and are well received by both liberal and conservative audiences. Our state legislative campaigns are largely bipartisan, with Republican legislators often sponsoring our bills and Republican governors enacting laws to reduce drug sentences, legalize cannabis for medical purposes, authorize sterile syringe programs, and otherwise reverse drug war excesses. The fact that much of our advocacy focuses on cutting wasteful government expenditures and promoting cost-saving measures (such as treatment instead of incarceration) is part of our appeal. But what's most important is that we're speaking to core American values – freedom, responsibility, and compassion – that resonate deeply among both liberals and conservatives, as well as many who fall in between.

Ethan Nadelmann founded The Lindesmith Center in 1994 as the first U.S. project of George Soros' Open Society Institute. In 2000, the growing Center merged with the Drug Policy Foundation, a membership organization founded in 1987 by Arnold Trebach and Kevin Zeese, to create the Drug Policy Alliance. The Alliance is a 501c(3)(h) organization that has worked in tandem with various 501c(4) affiliates, including the Drug Policy Alliance Network, the Center for Policy Reform, the Campaign for New Drug Policies, and Americans for Medical Rights. The work of "the Alliance" described in this report highlights the accomplishments of all these organizations since 1994. We rigorously conform with all federal and state statutes regarding 501c(3) and 501c(4) organizations and are proud of our ability to advocate successfully through public education, litigation, and political action.

Sincerely,



**Ira Glasser**  
President, Drug Policy Alliance



**Ethan Nadelmann**  
Executive Director, Drug Policy Alliance

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“Locking a person up is not a solution to the problem of drug abuse,” said **Terry Brown**, a life-long Maryland resident, formerly incarcerated person, and father of two. “It may look good on the evening news and make society think they’re in a safer place, but when you look in the faces of these people they look just like you and me.” A passionate advocate for alternatives to incarceration, Terry has worked with the Maryland Justice Coalition since it was started by the Alliance in 2004 to promote treatment instead of jail. Terry’s activism with the 43-member grassroots coalition has involved organizing marches and rallies as well as testifying before the Maryland Congress. For the past five years he has worked at Baltimore Behavioral Health, a center that treats patients suffering from mental illnesses, many of whom also struggle with substance abuse. Terry also co-chairs the Baltimore City Commission on HIV/AIDS and is the chair of Addiction Advocates of Maryland.

## Alternatives to Incarceration

Roughly half a million people convicted of drug offenses will sleep in prisons and jails tonight, often far away from their families and communities. For many, their only crime was to possess or sell an illegal drug. They are overwhelmingly African American or Latino. It costs tens of billions of dollars annually, in direct and indirect costs, to incarcerate this population.

The Alliance’s approach to drugs is grounded in three principles: freedom, compassion, and responsibility. We believe people should not be punished solely for what they put into their bodies. We believe that when people get into trouble with drugs, the response should be one of compassion, not punishment. And we believe people need to be held responsible for their actions insofar as they hurt others. Drug addiction can be an explanation, but not an excuse.

The Alliance has led the way in promoting alternatives to incarceration for drug possession and other low-level drug offenses. Our efforts have resulted in legislative reforms through the ballot initiative process in Arizona (1996), California (2000), and Washington, D.C. (2002). We’ve also worked with local advocacy groups to advance reforms through state legislatures in Hawaii (2002), Washington (2002), Connecticut (2004), and Maryland (2004), and we are currently working in New Jersey, New Mexico, and Wisconsin.

Drug treatment is demonstrably more effective than incarceration in reducing substance abuse and crime and helping people improve their lives. It’s also cost effective. In California, it costs an average of \$31,000 to incarcerate a person for a year but only about \$3,300 to provide treatment.

Our outstanding victory was California’s landmark Proposition 36, approved by 61% of California voters in 2000. It allows first- and second-time nonviolent drug offenders the opportunity to receive substance abuse treatment instead of jail time. It’s the most significant piece of sentencing reform – in terms of the number of people diverted from prison and dollars saved – since the repeal of alcohol Prohibition. We initiated it, co-drafted it, raised almost all the funding, and led the successful campaign. Now we’re responsible for ensuring that it is implemented in accordance with harm reduction principles. More than 125,000 people were diverted from jail or prison to drug treatment in the first four years after Prop 36 became law, saving taxpayers at least \$500 million.

In drafting Prop 36, we tried to take what’s good about drug courts while correcting the problems that occur when the criminal justice system becomes overly entangled with drug treatment. Drug courts can prove beneficial when they result in people getting help rather than spending time behind bars. But we are deeply concerned by

The U.S. incarcerates more people for drug offenses than the European Union, with 100 million more people, incarcerates for all offenses.

the sacrifice of patient confidentiality, the diversion of funding from voluntary and community-based programs into coerced treatment, the over-reliance on urine testing to evaluate clients’ success or failure, the use of arbitrary and inconsistent eligibility criteria, and the propagation of the myth that treatment does not work unless it is backed by the state’s coercive powers. All our efforts to promote alternatives to incarceration are shaped by concerns such as these.

We also believe that people who sell drugs – but do not otherwise engage in illegal behavior – should not receive the same punishment as violent and other predatory criminals. We’re working around the country to eliminate mandatory minimum sentencing (in Alabama, New York, Maryland, and Wisconsin), and to end racially biased crack/cocaine sentencing schemes (in Connecticut, California, and Congress).

# Alternatives

## Marijuana: Toward Responsible Regulation

Marijuana prohibition is unique among American criminal laws. No other law is both enforced so widely and harshly and yet deemed unnecessary by such a substantial portion of the population. It has resulted in close to 15 million arrests, given millions of Americans a criminal record, deprived responsible people of their jobs, educational opportunities, housing, and freedom, and put the government in the business of lying to our children. We think marijuana prohibition makes even less sense than alcohol Prohibition did.

Our marijuana policy reform efforts focus on making marijuana legally available for medical purposes and reducing criminal penalties for possession. Roughly three out of four Americans support these objectives. But our ultimate goal is for marijuana to be taxed, controlled, and regulated more or less like alcohol, with criminal sanctions for driving while intoxicated and distribution to children.

The Alliance was primarily responsible for legalizing marijuana for medical purposes in California (1996), Alaska (1998), Oregon (1998), Washington (1998), Maine (1999), Colorado (2000), and Nevada (1998 and 2000). As a result, tens of thousands of people who suffer from cancer, AIDS, multiple sclerosis, and other serious illnesses and use marijuana as medicine are no longer criminals under state law. We're now working with local activists and state legislators to enact medical marijuana bills in Alabama, Connecticut, New Jersey, New Mexico, and Wisconsin.

We've complemented these efforts with actions in the courts and Congress to prevent the federal government from arresting and prosecuting patients, caregivers, and doctors. Our most significant victory to date was *Conant v. Walters*, which we initiated with the ACLU in 1997 and pursued until our victory in 2003. It established the unequivocal First Amendment rights of doctors and patients to discuss the medical value of marijuana. We have also worked with the Marijuana Policy Project and others on congressional legislation to prohibit federal spending on medical marijuana prosecutions in states that have legalized marijuana for medical use.

Most of our ballot initiative efforts have focused on medical marijuana, but not all. In Oregon, the first of 11 states to decriminalize marijuana in the 1970s, we helped voters reject an effort by state legislators in 1997 to re-criminalize marijuana. More recently, we assisted local ballot initiative campaigns in Seattle (2003) and Oakland (2004) to require police to treat marijuana possession as their lowest priority. The successful Oakland initiative, Measure Z, also endorsed the full legalization of marijuana – a symbolic measure but significant insofar as it



Government-appointed commissions in the United States, Canada, England, Portugal, and the Netherlands have unanimously urged

lawmakers to reduce or even eliminate penalties for marijuana possession. The U.S. is the only nation which has not subsequently done so.

represented the first time a major city or state in the United States had taken this step.

Perhaps the greatest challenge we face is widespread misinformation about marijuana, much of it promulgated by the federal government. Our publication, *Marijuana Myths, Marijuana Facts: A Review of the Scientific Evidence*, by Drs. Lynn Zimmer and John P. Morgan, is the best-selling scholarly book on the subject (50,000 sold to date), and is available in six languages. The book dissects twenty common claims about marijuana – that it is a “gateway” to harder drugs, suppresses the immune system, destroys long term memory, and so on. Myths about punishment for marijuana offenses (that no one is arrested for marijuana, that marijuana law offenders do not get jail time) are also debunked. Ethan Nadelmann’s articles on marijuana policy in *Rolling Stone*, *National Review*, and other publications also help set the record straight.

**Valerie and Mike Corral’s** odyssey with medical marijuana began in 1973, when Valerie was in a car accident that left her with a brain injury causing up to five seizures a day. Years of traditional medicine put her in a stupor, but after her husband Mike read about medical marijuana in a medical journal, she tried it. Within four years she had stopped using pharmaceuticals, and later founded the Wo/Men’s Alliance for Medical Marijuana (WAMM) in Santa Cruz. In 1996, Valerie and the Drug Policy Alliance were instrumental in the passage of Proposition 215, which allows California patients with a doctor’s recommendation to use marijuana. Despite years of persecution by the federal government – including a violent 2002 raid in which gun-wielding federal drug enforcement agents destroyed WAMM’s entire garden – the Corrals remain the nation’s most outspoken advocates for sick and dying Americans’ right to use marijuana for medical purposes. Valerie has also been a plaintiff in several pivotal suits the Alliance has filed against the federal government. The Alliance is currently representing Valerie and several other WAMM patients, along with the City and County of Santa Cruz, in the landmark case *Santa Cruz v. Gonzalez*.



## Reducing Harm, Promoting Health

We advocate “a new bottom line” in drug policy – one that focuses on reducing the cumulative death, disease, crime, and suffering associated with both drug use and drug prohibition. This means supporting harm reduction interventions that are grounded in science, compassion, health, and human rights.

The Alliance is committed to expanding the availability of methadone, scientifically proven to be the most effective pharmacological treatment for opiate dependence. (Methadone is to heroin more or less what nicotine patches and chewing gums are to cigarettes.) We’ve championed its destigmatization and supported ending harmful and unnecessary restrictions on its availability in many states. We played a pivotal role in the successful campaign to make this treatment available in Vermont. But the Alliance’s primary role in methadone advocacy is public education. Since 2000, we’ve distributed more than 250,000 copies of our booklet, *About Methadone*, to individuals and treatment centers across America.

None of the Alliance’s work has saved so many lives as our efforts to increase access to sterile syringes for people who inject drugs illegally. Virtually all scientific studies have found that improving access to sterile syringes – through pharmacies and syringe exchange programs – reduces the spread of HIV/AIDS and other infectious diseases without increasing drug use. (More than a third of all AIDS cases in the U.S. are directly or indirectly attributable to injection drug use.) Between 1995 and 2002, grants programs initiated and directed by the Alliance were the greatest private source of funding for syringe exchange in the U.S. We also took the lead in successful efforts to make syringes legally available in New York (2000), California (2004), and New Jersey (2004), and we’ve supported successful efforts in Connecticut, Illinois, and other states.

Heroin and other opiate overdoses result in thousands of deaths each year in the U.S. We organized, in early 2000, the first international conference on preventing heroin overdoses. We then initiated a grants program for the specific purpose of supporting innovative overdose prevention efforts around the country, and began working to change state laws and regulations to make a proven antidote (naloxone) more readily available to police, emergency responders, and drug users.

Much of our work promoting health came together in New Mexico, where Governor Gary Johnson provoked a firestorm in 1999 by calling for the legalization of marijuana and other drugs. We contacted the governor, educated him about harm reduction, and established a non-partisan presence in Santa Fe to promote pragmatic reforms. Nine of our proposals became law during the following two years. We decided to retain our office in the capital

Syringe exchange programs reduce HIV transmission without contributing to any increase in drug use. This is the unanimous conclusion of the

World Health Organization, the National Academy of Sciences, the Centers for Disease Control, and numerous government-appointed commissions.

**Kristen Ochoa, Shoshanna Scholar, and Dyhan Cardona** have worked in coalition with the Alliance for years educating the public and policy-makers about the life-saving importance of clean syringes. Through their work with Los Angeles syringe exchange programs, these three women have saved thousands from deadly infections such as HIV/AIDS and hepatitis C, always with an emphasis on respecting and valuing the lives of people who use drugs. Kristen’s longtime commitment to working with Clean Needles Now – where Shoshanna is now the executive director – led her to enter medical school. Shoshanna works with city officials, mobilizes volunteers, and collaborates with other advocacy organizations, including the Alliance. Dyhan, who has struggled with drug abuse, was inspired to get clean through the services provided by Bienestar Human Services’ syringe exchange program. She now helps run a syringe exchange program for Homeless Health Care L.A.

when Bill Richardson became governor in 2003, with the objective of transforming the state into a model for harm reduction policies.

Our principal work on harm reduction internationally has been in Central and Eastern Europe. In 1995 we founded the Open Society Institute’s International Harm Reduction Development Program (IHRD) to promote syringe exchange, methadone maintenance, and other harm reduction initiatives in the region. We co-directed this program through 2000 and continue to play an advisory role. IHRD has since expanded its efforts to Central Asia, providing crucial funding and technical assistance.

# Knowledge

## Just Say Know: Parents and Teens

Dear Johnny,

...Despite my advice to abstain, you may one day choose to experiment [with drugs]. I will say again that this is not a good idea, but if you do, I urge you to learn as much you can, and use common sense.

**Marsha Rosenbaum**, director of the Safety First Project and self-described “Mom with a PhD,” in a letter to her teenage son published in *The San Francisco Chronicle*, September 7, 1998

For the past two decades, America’s young people have been warned, scared, and threatened with abstinence-only messages and programs, costing upwards of \$2 billion per year. Despite receiving more drug education than any generation in history, national surveys indicate that over half of American teenagers have experimented with an illegal drug and 80% have tried alcohol before they finish high school.

Every parent would prefer their child abstain from drugs, but a fallback strategy is needed for those teens who just say, “yes” or “maybe.” We created the Safety First Project in 1999 to provide American parents with honest information about marijuana and other drugs, as well as realistic options for dealing with drug use. This project promotes reality-based models, based on comprehensive sex education, that help young people make safer choices.

We have distributed 160,000 copies of our booklet, *Safety First*, and our brochure, *Getting Real*, in all 50 states and 30 countries, and it has been translated into seven languages. Thousands have seen our 13-minute video about drug education, *Let’s Talk*.

One tenet of our Safety First Project is that trusting relationships between adults and young people are key in preventing drug misuse. That’s just one reason why we have taken a strong stance against the Bush Administration’s campaign for random student drug testing. In President Bush’s 2004 State of the Union speech, the only mention of drugs – besides steroids – was his call for random student drug testing. The Alliance responded immediately with press conferences and opinion pieces highlighting the fact that drug testing is humiliating for students, creates



Our *Safety First* booklet has been embraced and handed out by the California PTA, translated

into seven languages, and distributed to more than 160,000 parents and teachers around the world.

an environment of mistrust, and may discourage teens from participating in extracurricular activities that have proven effective in deterring drug use. Perhaps most significantly, there is a near-total lack of evidence in favor of random student drug testing.

Working with the ACLU, we have distributed more than 27,000 copies of our booklet *Making Sense of Student Drug Testing: Why Educators Are Saying No* to educators around the country. We’ve supported parents and administrators who need help in opposing current or planned student drug testing in their children’s schools. We worked with legislators in California to pass legislation restricting random, suspicionless drug testing in schools (vetoed, unfortunately, by Governor Schwarzenegger) as well as with members of Congress to cut federal funding for this purpose. We’ve also filed legal briefs in the country’s most critical student drug testing cases.

**Pat Klotz**, stylish Orange County mother of three and grandmother of four, has been married to her pharmacist husband for 32 years and active in the Parent Teacher Association (PTA) for 30 years. She’s now the Vice President for Community Concerns for the California State PTA. Pat’s support has been crucial in the PTA’s partnership with the Alliance’s Safety First Project, which focuses on providing parents of adolescents with honest, science-based information about alcohol and other drugs. Using her practical, common sense approach, Pat convinced her fellow PTA members to look at the Safety First Project with an open mind, urging them to “get their heads out of the sand.” Thanks to Pat’s work – and that of our staff and several other PTA members – *Safety First* booklets and *Getting Real* brochures have been distributed to all of the state PTA’s middle and high school chapters.



# Debate

## Provoking Debate

Ignorance and apathy. Fear and prejudice. Those are the greatest obstacles to sensible drug policy reform, for which the antidote can only be public education that engages the media and excites the public. We're pitching stories every day to reporters and columnists, blasting out press releases, drafting op-eds, debating on talk radio, appearing on TV, publishing in popular and professional publications, and speaking to audiences all around the country and abroad. Many of the best editorials, columns, and radio and TV programs about illicit drugs are shaped and informed by Alliance staff and materials. We react to breaking news and make our own news, always with an eye toward advancing new ways of thinking about drugs and drug policy.

Our award winning website, [www.drugpolicy.org](http://www.drugpolicy.org), is the world's leading resource on drug policy, with over a million visits each year. The Lindesmith Library, our 10,000 volume collection, is the nation's principal repository of drug policy literature. It also serves as the *de facto* archive of the drug policy reform movement.

Provoking debate takes many forms. It's the thousands of news stories generated by our successful efforts to reform New York's draconian Rockefeller Drug Laws, make marijuana legally available for medical purposes, and require treatment instead of incarceration for nonviolent drug law offenders. It's advising and educating editorial boards and syndicated columnists like Arianna Huffington, William Buckley, William Raspberry, Bob Herbert, and Walter Cronkite. It's seizing the media opportunities presented when a politician speaks out in favor of reform, or when the hypocrisies of a Rush Limbaugh or a William Bennett are exposed.

It's also joining forces with other advocacy organizations to raise issues too often ignored in conventional debates, as we did with the Shadow Conventions in 2000. It's publishing serious articles in *Foreign Affairs* and *Foreign Policy* as well as *Rolling Stone* and *Playboy*. It's stirring up debate at political gatherings of the left, the right and the center – from the World Economic Forum to the World Social Forum, and from the Socialist Scholars Conference to the Conservative Political Action Conference.

Alliance staff are interviewed for or mentioned in more than 100 radio, TV, and print

stories every month, and our award-winning website boasts more than a million visits a year.

In one of the most stunning upsets in contemporary New York politics, prosecutor **David Soares** was elected as district attorney of Albany County in November 2004. David's campaign focused on his opposition to the draconian Rockefeller Drug Laws, which imprison 16,000 drug law offenders – 93% of whom are African American or Latino – in New York today. In a hotly contested primary race, he ousted the incumbent D.A., Paul Clyne, one of the most powerful and vociferous supporters of the Rockefeller Drug Laws. The Drug Policy Alliance advised David throughout his campaign, and our Political Action Committee provided crucial funding. This is the first time in contemporary American history that voters have elected a politician primarily because of his support for drug policy reform.

Our greatest success occurred in June 1998, when we drafted and published in *The New York Times* an open letter to United Nations Secretary General Kofi Annan as world leaders gathered at the U.N. General Assembly Special Session on Drugs. Signed by former presidents, prime ministers, Nobel Prize winners, and other leaders from around the world, the letter urged the U.N. to end its "failed and futile" policies and initiate "honest dialogue regarding the future of global drug control policies." The letter and its critique dominated global media coverage of the U.N. event, demonstrating for the first time the breadth and legitimacy of drug policy reform sentiment around the world.



# Building the Movement

The growing political movement to end the war on drugs stands today roughly where the gay rights movement stood in the 1960s, the civil rights movement in the 1940s, the women's rights movement in the 1890s, and even the movement to abolish slavery in the 1830s. Despite their differences, each of these movements sought to advance individual freedom and social justice. Each confronted status quo defenders willing to play on visceral, popular fears, particularly those involving women and children. Each challenged powerful vested economic interests and argued in favor of the broader economic benefits of reform. Each took heart from the earlier success of reform movements in Europe and elsewhere. And each proved increasingly successful as it mobilized large numbers of Americans through all sorts of public education, litigation, and coordinated political action.

The Alliance is at the vanguard of the burgeoning drug policy reform movement. We “connect the dots” among the many issues that constitute drug policy reform and build consensus around the core principles and basic organizing strategies of the movement. We initiate, advise, and sometimes manage the major grants programs that fund drug policy reform projects and organizations around the country and abroad. We help start and mentor local drug policy reform organizations and provide media, organizing, and funding support. We organize the strategic retreats of drug policy reform leaders. Our international conferences – in New Mexico (2001), New Jersey (2003), and California (2005) – are the principal gatherings of drug policy reformers from around the world and across the political spectrum.

Our leadership role requires building a powerful national advocacy organization able to shape drug policies at the state, national, and international levels. Our paid membership has increased fivefold since 2002, to almost 30,000 members. More than 100,000 people currently receive our e-newsletter and action alerts. We can, on short notice, generate thousands of faxes or phone calls to media or elected officials. The Alliance increasingly is viewed as a model in integrating grassroots and grassroots mobilization, litigation, lobbying, paid and earned media, and public education to change popular opinion and effect legislation.

Much of our day-to-day work involves organizing and leading political coalitions to advance specific policy objectives: reforming New York's draconian Rockefeller Drug Laws; legalizing syringe access in California and New Jersey; promoting sentencing reform in Maryland and Alabama; curtailing abuses of asset forfeiture laws in Oregon, Utah, and New Mexico; and legalizing medical marijuana in states around the country. We've also

Twenty-nine states, 13 countries, and more than 85 organizations were represented at our 2003 International Conference.

filed 26 *amicus* briefs since 1997, representing more than 100 organizations ranging from the American Public Health Association to the Gay and Lesbian Medical Association. Our most substantial efforts have focused in two areas: educating and mobilizing African Americans and Latinos (including the National Black Caucus of State Legislators, which recently passed an Alliance-drafted resolution), and building coalitions with and among fiscal conservatives at the state and national level. We specialize in bringing together unfamiliar bedfellows.

We are proud to have taken an issue that hovered at the fringes of American politics just 15 years ago and brought it into the mainstream without sacrificing our passion, our vision, or our core principles.

In 1983, New York City resident **Elaine Bartlett** was set up by an informant to sell drugs upstate. Under the Rockefeller Drug Laws, she was sentenced to 20 years in prison – even though she had never been arrested before and had four young children, ages one, three, six, and 10. While in prison, Elaine became involved with an organization for family members of those incarcerated called Mothers of the Disappeared. Her case began to get media attention, and she was granted clemency by Governor George Pataki in 1999, after 16 years, two months, two weeks, and four days in prison. Since getting out, Elaine has been an outspoken voice for ending the Rockefeller Drug Laws. She frequently gives lectures about her experience and promotes her new book, *Life On the Outside: The Prison Odyssey of Elaine Bartlett*, written by Jennifer Gonnerman. Elaine and the organization she founded, Life On the Outside, continue to collaborate with us and a broad coalition of organizations working to end the Rockefeller Drug Laws.



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Dr. Beny J. Primm

Dennis Rivera

Former Mayor Kurt Schmoke

Judge Robert Sweet

# DRUG POLICY ALLIANCE

Reason. Compassion. Justice.

