For 15 years in California, DPA has sponsored and supported some of the nation’s most progressive drug policy reforms. We sponsored landmark ballot initiatives that legalized medical marijuana (Prop. 215 in 1996), created the largest treatment-instead-of-incarceration program in the country (Prop. 36 in 2000), and sought to reduce criminal penalties for drug use and dramatically expand access to drug treatment (Prop. 5 in 2008). DPA was also a major supporter of Prop. 19, the landmark initiative to end marijuana prohibition in California, which drew 4.6 million votes in 2010. Our two state policy offices – in San Francisco and Los Angeles – and our national Office of Legal Affairs in Berkeley are instrumental in the success of many of California’s drug policy reforms.

In 2011, DPA’s California team, with critical support from allies, won two important legislative victories that will significantly expand access to sterile syringes. Governor Jerry Brown signed two life-saving, DPA-sponsored bills – one that allows people to buy syringes at pharmacies without a prescription; one that allows the California Department of Public Health to authorize new syringe exchange programs, after consultation with local public health and law enforcement leadership. Together, they constitute the most important HIV/AIDS and hepatitis C prevention policy change in California in a decade.

“‘This is a huge victory for public health and common sense. Now all Californians will have the same access to proven, effective HIV and hepatitis C prevention.’
– Laura Thomas, Deputy State Director, San Francisco, quoted in San Jose Mercury News, October 2011

Legalizing Marijuana for Adults in California

The Drug Policy Alliance has been active in California since 1996, when it spearheaded the campaign to pass Proposition 215, which legalized medical marijuana in California. Since the passage of Prop. 215, DPA has worked through both legislative advocacy and litigation in federal and state courts to expand, protect, and defend medical marijuana in California. DPA was also instrumental in making marijuana the lowest law enforcement priority in San Francisco and Oakland.

With a devastating economic downturn and increasing violence associated with illicit drug syndicates, DPA believes it is time to end marijuana prohibition and replace it with sensible regulations for adult marijuana consumption, sales, and cultivation. We play a leading role in efforts to highlight the wasteful, punitive, racist effects of marijuana prohibition and to make California the first state to legalize marijuana for adults. In 2012, DPA will vigorously defend safe, reliable access to medical marijuana in this state. The federal government’s multipronged assault on patients and providers sharply undermines responsible local and statewide regulation. It must be halted and reversed.

“You can’t say that medical marijuana is legal in general but not provide the legal means to access it.”
– Stephen Gutwillig, California State Director, quoted in Time Magazine, October 2011

Preventing Overdose Deaths

California has the highest number of overdose deaths in the country, they are on the rise, and DPA is working to promote effective prevention efforts. We are sponsoring legislation, for the third consecutive year, that would address the new reality that prescription opioids – such as Vicodin, OxyContin, and methadone – account for an increasingly large number of preventable overdose deaths.

911 Good Samaritan legislation provides limited criminal immunity to individuals who seek medical attention to save the life of someone experiencing an overdose. Similar reforms have already been enacted in other states, including DPA-sponsored bills in New York and New Mexico. By protecting witnesses who call emergency services from arrest for drug
possession, California can prevent many drug-related overdose deaths.

“We need to hold officials accountable not just for the skyrocketing overdose death rate but for their refusal to advocate proven, low-cost solutions that go beyond simply making it harder for people to get prescription drugs.”
– Meghan Ralston, Harm Reduction Coordinator, quoted in Los Angeles Times, September 2011

Advocating for Supervised Injection Facilities

Supervised injection facilities (SIFs) are legally protected places where people who inject drugs can consume pre-obtained drugs with sterile equipment. SIFs are designed to address some of the individual and community harms related to drug use. They prevent of hepatitis C and HIV transmission, reduce overdose deaths, effectively link people to treatment, and reduce public drug use and discarded syringes. Despite the overwhelming evidence of effectiveness, SIFs still face legal and political barriers in the U.S.

DPA works with a community coalition in San Francisco to educate key stakeholders and policy makers about SIFs. Earlier this year, the San Francisco Hepatitis C Task Force recommended opening a SIF to better address hepatitis C transmission among people who inject drugs. More recently, several mayoral candidates endorsed SIFs for San Francisco. In 2012, DPA will work to build political support for San Francisco to open the first legal SIFs in the U.S.

Reducing Penalties for Drug Law Violations

In 2000, DPA sponsored Proposition 36, which created the largest treatment-instead-of-incarceration program in the nation. Under this law, people convicted for the first or second time of a nonviolent, low-level drug possession offense must be offered community-based drug treatment instead of jail or prison. In ten years of Prop. 36, over 300,000 people have been diverted to drug treatment, state costs have been reduced by over $2.5 billion, and the number of people in prison for personal drug possession has fallen by 40%.

Following years of DPA’s insistent promotion of alternatives to incarceration, California adopted a historic policy shift (“Realignment”) in 2011 that could further significantly reduce incarceration of drug users. We are currently working to reduce the criminal penalty for drug possession in California from a felony to a misdemeanor (or an infraction) in order to move our drug policies toward a health-centered approach, to cut wasteful drug war spending and to reduce the life-long barriers that follow a drug conviction.

As part of this work, DPA commissioned – with the ACLU of California and the Ella Baker Center – a Lake Research survey of 800 California voters in March 2011 that found 72% support for reducing the penalty for personal drug possession from a felony to a misdemeanor. Support crosses all the partisan, regional, and demographic lines that normally divide California voters. Solid majorities of Democrats (79%), Independents (72%), and Republicans (66%) from every corner of the state overwhelmingly agree that it’s time for a new approach.

“Both for public safety and for cost concerns, it’s time for California to reduce criminal penalties for some low-level, non-serious offenses. It should start with petty drug possession.”
– Margaret Dooley-Sammuli, Deputy State Director, Southern California, quoted in California Progress Report, February 2011

Reforming Civil Asset Forfeiture

California’s asset forfeiture laws provide better protections to property owners compared to most other states in that they don’t provide as strong a profit incentive to law enforcement to take property. However, California law enforcement aggressively participates in “equitable sharing” with the federal government, through which state law enforcement turn over seized assets to the federal government, or seize them jointly with federal officers, in order to retain a larger share of the property than California rules would otherwise allow.

In 2012, DPA will sponsor legislation to require law enforcement agencies in California to adhere to state law regarding asset forfeiture, unless they can show due cause in a court for taking a case to federal authorities. Compared to the overly aggressive federal standards, California has higher evidentiary standards, generally requires conviction before loss of property, and protects guiltless spouses and family members from loss of home and property.

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