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National Coalition for Effective Drug Policies
Washington, D.C.

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Eight Steps to Effectively Controlling Drug Abuse And the Drug Market

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The United States has been fighting a losing war against drugs for decades. Budgets have increased dramatically over the last two decades and drug-related incarcerations consistently reach new records yet drug problems worsen: adolescent drug abuse is increasing, overdose deaths are at record levels, heroin and cocaine are cheaper, more pure and more available than ever before, and health problems related to drugs, especially the spread of HIV/AIDS are mounting. Meanwhile an expensive and ineffective international counter narcotics policy entails growing human rights and environmental costs. Drug problems can be reduced at less cost if we change course and adopt strategies that work. At a time when the federal budget is limited programs need to be re-evaluated. Funding needs to go to programs that work. We need new ideas to save lives – we can't afford to continue to be wrong.

Below are eight steps that are effective methods of controlling drugs and reducing drug-related harms. (To download a copy of this as a PDF, [click here.](#))

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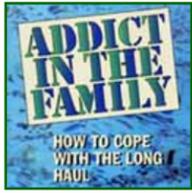
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1. Shift Resources Into Programs That Work:
US drug control strategy has been approached primarily as a law enforcement issue. Police have done their jobs with record arrests, drug seizures and record incarceration of drug offenders yet drug problems continue to worsen. Expensive eradication and interdiction campaigns abroad have brought few results

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and many costs. Two-thirds of the federal drug control budget continues to go to incarceration, interdiction and law enforcement programs while treatment, prevention, research and education divide the remaining third. Government needs to accept that the law enforcement paradigm will never work and shift to treating drug abuse as a health problem with social and economic implications. The solutions are in public health approaches which focus on addicts and abusers – not all users – as well as social services to reduce many of the root causes of abuse, economic strategies to develop alternative markets and also control drug markets. The federal drug budget should recognize this by shifting resources to prevention, treatment and education.

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2. Make Treatment Available on Request Like Any Other Health Service:

Making treatment services widely available undermines the drug market and reduces the harms from drug abuse. Treatment needs to be defined broadly to not only include abstinence-based treatment but also easier access to methadone and other alternative maintenance drugs. In addition it is important to provide mental health treatment, as well as services for victims of sexual abuse, spousal abuse and child abuse in order to resolve the underlying causes of addiction. Treatment also needs to be user friendly, i.e. designed to meet the needs of special populations, especially women, children and minorities. Finally, it needs to be focused on abusers and addicts rather than all drug users. The best way to accomplish this distinction is to allow people who need treatment to choose it, rather than law enforcement choosing treatment for people who happen to get caught.

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3. Prevent Drug Abuse By Investing in American Youth and Providing Them with Accurate Information:

The most effective way to prevent adolescent drug abuse is to invest in youth and keep them interested and involved in life. Government should increase funding for after school programs, mentor programs, skills building/job training programs and summer job programs. The Higher Education Act provisions denying college aid to students convicted of drug offenses should be repealed as barriers to education and employment are counterproductive to preventing drug abuse. Education needs to be fact-based, accurate and taught by trained educators and health professionals, not by police. Resources should be shifted away from ineffective programs like the ONDCP media campaign and the DARE program and toward research to develop more effective drug education approaches and programs to keep youth active.

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4. Focus Law Enforcement Resources on the Most Dangerous and Violent Criminals:

Half of drug arrests in the United States are for

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marijuana offenses and possession cases. Low-level, non-violent drug-using offenders dominate police time, waste the time of courts and fill US prisons. The drug war has resulted in record-breaking prison populations giving the US the highest incarceration rate in the world. Arrest and incarceration also have a devastating impact on individuals and families. The focus of the federal government in drug enforcement should be large cases that cross international and state boundaries. Smaller cases that are intra state should be left to the states. Law enforcement should stop wasting its limited resources on simple possession charges. Small-time dealers who essentially sell to support their habit should be given the choice of treatment instead of prison. Drug offenders, particularly marijuana, should be the lowest law enforcement priority while violent criminals should be priority number one. All correctional systems in the US should be less restrictive in granting parole to bona fide nonviolent drug prisoners at review time, less restrictive in granting compassionate release and less restrictive in allowing family visits. These modest changes would give prisoners a motive for good behavior to earn their way out of prison and back to their families and communities.

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5. **International Drug Control Efforts Should Be Demilitarized and Focus on Economic Development:**

Focus international drug control efforts on economic development to undermine the incentives for producing drugs and rely on civilian institutions, not militaries, for eradication and interdiction. We must get serious about alternative development initiatives for drug-producing regions with community-based programs including attention to marketing so farmers have real choices. The US must stop all aerial fumigation programs because of their unacceptable environmental and human costs. Law enforcement aid should be channeled where it belongs, through police and other civilian institutions rather than the military. Human rights concerns must be attended to in all international drug control programs. Finally we must recognize that reducing demand at home is the most effective international strategy because supplies will develop as long as there is a demand.

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6. **Restore Justice to the US Justice System:**

Drug enforcement is racially unfair at every stage of the justice system. Police profiling of communities and individuals consistently favors whites, as does prosecutorial discretion. False testimony by police to justify searches and convict suspects is too widespread. We must acknowledge the racial unfairness, document it and make it illegal to restore justice. Sentencing discretion must be returned to judges by repealing mandatory minimum sentencing at the state and federal level and by making the Sentencing Guidelines discretionary. The disparity between crack and powder cocaine sentencing has also had a racially unfair impact. End the disparity in crack and powder sentencing by reducing crack sentences to the same as cocaine powder.

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7. Respect State's Rights and Allow New Approaches to Be Tried:

The Federal government should work with states. State-initiated reforms have included treatment instead of prison, medical use of marijuana, marijuana decriminalization and stopping abuse of forfeiture laws. The federal government has opposed many of these reforms and taken steps to block them from being implemented. Yet the states are laboratories for new approaches that should be tried and if effective duplicated in other parts of the United States.

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8. Make Prevention of HIV and Other Blood Borne Diseases a Top Priority:

HIV/AIDS, Hepatitis-C and other blood borne diseases are rapidly spread through the sharing of contaminated syringes. Needle exchange and syringe deregulation have been shown to be effective ways to reduce the spread of disease without increasing drug abuse. Also these services often lead to reductions in drug abuse by getting hard-core users into treatment.

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End Notes

1. In 1969, \$65 million was spent by the Nixon administration on the drug war; in 1982 the Reagan administration spent \$1.65 billion; and in 2000 the Clinton administration spent more than \$17.9 billion. The drug control budget is now approaching \$20 billion annually and two-thirds go to interdiction, eradication and law enforcement. Sources: U.S. Congress, Hearings on Federal Drug Enforcement before the Senate Committee on Investigations, 1975 and 1976 (1976); Office of National Drug Control Policy, National Drug Control Strategy, 1992: Budget Summary (Washington DC: US Government Printing Office, 1992), p. 214; Office of National Drug Control Policy, National Drug Control Budget Executive Summary, Fiscal Year 2002 (Washington DC: Executive Office of the President, April 9, 2001), p. 2, Table 1. While the FBI reports record drug arrests of 1.6 million people annually (736,000 for marijuana offenses), and the drug prisoner population is approaching 500,000 people, drug-related problems are getting worse adolescent drug use has increased since 1990, overdose deaths are at record highs, emergency room mentions of drugs are at record highs and heroin and cocaine are cheaper and more pure than ever before. Thus the drug war is meeting its law enforcement goals, yet drug-related problems are getting worse. Sources: Federal Bureau of Investigation, Uniform Crime Reports for the United States 2000 (Washington DC: US Government Printing Office, 2001); Beck, Allen J., Ph.D., and Paige M. Harrison, US Department of Justice, Bureau of Justice Statistics, Prisoners in 2000 (Washington DC: US Department of Justice, August 2001), p. 1-2.; Johnston, L., Bachman, J. & O'Malley, P., Monitoring the Future: National Results on Adolescent Drug Use Overview of

Key Findings 1999, (Washington, DC: NIDA, 2000);
Murphy, Sheila L., Centers for Disease Control,
"Deaths: Final Data for 1998," National Vital Statistics
Reports, Vol. 48, No. 11 (Hyattsville, MD: National
Center for Health Statistics, July 24, 2000), pp. 1, 10.

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2. A study by the RAND Corporation found treatment is 10 times more cost effective than interdiction in reducing the use of cocaine in the United States and that every additional dollar invested in substance abuse treatment saves taxpayers \$7.46 in societal costs. Source: Rydell, C.P. & Everingham, S.S., Controlling Cocaine, Prepared for the Office of National Drug Control Policy and the United States Army (Santa Monica, CA: Drug Policy Research Center, RAND Corporation, 1994). The National Treatment Improvement Evaluation Study (NTIES) found that with treatment: drug selling decreased by 78%, shoplifting declined by almost 82%, and assaults (defined as 'beating someone up') declined by 78%. Furthermore, there was a 64% decrease in arrests for any crime, and the percentage of people who largely supported themselves through illegal activity dropped by nearly half - decreasing more than 48 percent. Source: Center for Substance Abuse and Treatment, National Treatment Improvement Evaluation Study 1997 Highlights. A recent study by researchers at Substance Abuse Mental Health Services Administration has indicated that 48% of the need for drug treatment, not including alcohol abuse, is unmet in the United States. Source: Woodward, A., Epstein, J., Gfroerer, J., Melnick, D., Thoreson, R., and Wilson, D., "The Drug Abuse Treatment Gap: Recent Estimates," Health Care Financing Review, 18: 5-17 (1997). It is important to note that most drug users do not need treatment: 87 million Americans have used illegal drugs; 27 million used them last year but only 3.6 million are dependent on an illegal drug. Source: "Summary of Findings from the 1999 National Household Survey on Drug Abuse," Office of Applied Studies, Substance Abuse and Mental Health Services Administration, US Dept. of Health and Human Services (Washington, DC: SAMHSA, August 2000), p. 36. ("In 1999, an estimated 3.6 million Americans [1.6 percent of the total population age 12 and older] were dependent on illicit drugs.")

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3. A federal report by the U.S. Center on Substance Abuse Prevention stated "alternative programming appears to be most effective among those youth at greatest risk for substance abuse and related problems." According to the report, alternatives are defined as, "those that provide targeted populations with activities that are free of alcohol, tobacco, and illicit drugs." Source: Maria Carmona and Kathryn Stewart, A Review of Alternative Activities and Alternatives Programs in Youth-Oriented Prevention (National Center for the Advancement of Prevention, under contract for the US Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention, 1996), p. 21, 3. Federal research shows that the ONDCP's anti-drug media campaign is ineffective. According to NIDA's 1998 Household Survey, "exposure to prevention messages outside school, such as through the media, was fairly widespread but appeared to be unrelated to illicit drug use or being drunk." NIDA goes on to report, "Nearly

80% of youths who used illicit drugs and more than three-fourths of youths who were drunk on 51 or more days in the past year reported being exposed to prevention messages outside school." Source: Office of Applied Studies, National Institute on Drug Abuse, National Household Survey on Drug Abuse: Main Findings 1998 (Rockville, MD: SAMHSA, US Department of Health and Human Services, March 2000), p. 174. A federally funded Research Triangle Institute study of Drug Abuse Resistance Education (DARE) found that "DARE's core curriculum effect on drug use relative to whatever drug education (if any) was offered in the control schools is slight and, except for tobacco use, is not statistically significant." Source: Ennett, S.T., et al., "How Effective Is Drug Abuse Resistance Education? A Meta-Analysis of Project DARE Outcome Evaluations," American Journal of Public Health, 84: 1394-1401 (1994). A recently completed six-year study of 1,798 students and found that "DARE had no long-term effects on a wide range of drug use measures"; DARE does not "prevent drug use at the stage in adolescent development when drugs become available and are widely used, namely during the high school years"; and that DARE may actually be counter productive. According to the study, "there is some evidence of a boomerang effect among suburban kids. That is, suburban students who were DARE graduates scored higher than suburban students in the Control group on all four major drug use measures." Source: Rosenbaum, Dennis, Assessing the Effects of School-based Drug Education: A Six Year Multilevel Analysis of Project DARE, Abstract (April 6, 1998).

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4. The FBI reports record drug arrests of 1.6 million people annually (736,000 for marijuana offenses). As of yearend 1999, the US had 2,071,686 persons incarcerated. Sources: Federal Bureau of Investigation, Uniform Crime Reports for the United States 2000 (Washington DC: US Government Printing Office, 2001); Beck, Allen J., Ph.D., and Paige M. Harrison, US Department of Justice, Bureau of Justice Statistics, Prisoners in 2000 (Washington DC: US Department of Justice, August 2001), p. 1-2. The public supports treatment instead of prison. This is shown in state-wide votes on voter initiatives in California and Arizona as well as in national and state-level polling. Sources: The Pew Research Center on the People and the Press, "74% Say Drug War Being Lost," February 2001. Ridder/Braden, Inc., July 2001. More information: contact The Rocky Mountain Peace and Justice Center, POB 1156, Boulder, CO 80306; CA Prop 36, 2000 election; AZ Prop 200 in 1996 and 1998 elections.

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5. The international illicit drug business generates as much as \$400 billion in trade annually according to the United Nations International Drug Control Program. That amounts to 8% of all international trade and is comparable to the annual turnover in textiles, according to the study. Source: United Nations Office for Drug Control and Crime Prevention, Economic and Social Consequences of Drug Abuse and Illicit Trafficking (New York, NY: UNODCCP, 1998), p. 3. Thirteen truckloads of cocaine is enough to satisfy U.S. demand for one year. The United States has 19,924 kilometers of

shoreline, 300 ports of entry and more than 7,500 miles of border with Mexico and Canada. Stopping drugs at the borders is like trying to find a needle in a haystack. Source: Frankel, G., "Federal Agencies Duplicate Efforts, Wage Costly Turf Battles," The Washington Post (June 8, 1997), p. A1; Central Intelligence Agency, World Factbook 1998, 1998. Interdiction and eradication programs are not economically viable. The international illicit drug business generates as much as \$400 billion in trade annually according to the United Nations International Drug Control Program. That amounts to 8% of all international trade and is comparable to the annual turnover in textiles, according to the study. Source: United Nations Office for Drug Control and Crime Prevention, Economic and Social Consequences of Drug Abuse and Illicit Trafficking (New York, NY: UNODCCP, 1998), p. 3. "Despite 2 years of extensive herbicide spraying [source country eradication], U.S. estimates show there has not been any net reduction in [Colombian] coca cultivation - net coca cultivation actually increased 50 percent." Source: US General Accounting Office, Drug Control: Narcotics Threat from Colombia Continues to Grow (Washington, DC: USGPO, 1999), pgs. 2. In spite of US expenditures of \$625 million in counter narcotics operations in Colombia between 1990 and 1998, Colombia was able to surpass Peru and Bolivia to become the world's largest coca producer. Additionally, "there has not been a net reduction in processing or exporting refined cocaine from Colombia or in cocaine availability within the United States." Source: US General Accounting Office, Drug Control: Narcotics Threat from Colombia Continues to Grow (Washington, DC: USGPO, 1999), pp. 3, 4, 6. One of the major problems with supply reduction efforts (source control, interdiction, and domestic enforcement) is that "suppliers simply produce for the market what they would have produced anyway, plus enough extra to cover anticipated government seizures." Source: Rydell, C.P. & Everingham, S.S., Controlling Cocaine, Prepared for the Office of National Drug Control Policy and the United States Army (Santa Monica, CA: Drug Policy Research Center, RAND, 1994), p. 6. Regarding human rights, the United States is providing several hundred millions dollars per year primarily in counternarcotics training and equipment for the Colombian army (for FY2003, the administration proposes \$374 million to Colombia's security forces in the foreign operations budget, with more likely in the defense budget ("Budget estimates for FY2003, Department of State," "Budget Estimate for FY2003, International Assistance Programs.") Yet rightwing paramilitary forces responsible for multiple massacres and assassinations of civilians are "so fully integrated into the [Colombian] army's battle strategy, coordinated with its soldiers in the field, and linked to government units via intelligence supplies, radios, weapons, cash, and common purpose that they effectively constitute a sixth division of the army," according to Human Rights Watch ("Sixth Division," September 2001, www.hrw.org; see also Human Rights Watch, Amnesty International and Washington Office on Latin America's report giving Colombia a failing grade on 2002 human rights conditions, "Colombian Human Rights Certification III," February 5, 2002, www.hrw.org. Regarding the environmental impact: World Wildlife Federation's President Kathryn S. Fuller states that the biological richness of Colombia "faces a serious threat from the application of Glyphosate (the active ingredient in the herbicide better known by its trade name of Roundup) to

eliminate coca plants. Glyphosate is acutely toxic to virtually all plants and trees, and in combination with other ingredients in Roundup, to humans as well. Aerial fumigation of Roundup, in the manner in which it is occurring in Colombia, is illegal in many parts of the United States because of environmental and human health risks." Letter to Congress, July 13, 2001.

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6. According to the federal Household Survey, "most current illicit drug users are white. There were an estimated 9.9 million whites (72 percent of all users), 2.0 million blacks (15 percent), and 1.4 million Hispanics (10 percent) who were current illicit drug users in 1998" And yet, blacks constitute 36.8% of those arrested for drug violations, over 42% of those in federal prisons for drug violations. African-Americans comprise almost 58% of those in state prisons for drug felonies; Hispanics account for 20.7%. Source: Substance Abuse and Mental Health Services Administration, National Household Survey on Drug Abuse: Summary Report 1998 (Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999), p. 13; Bureau of Justice Statistics, Sourcebook of Criminal Justice Statistics 1998 (Washington DC: US Department of Justice, August 1999), p. 343, Table 4.10, p. 435, Table 5.48, and p. 505, Table 6.52; Beck, Allen J., Ph.D. and Mumola, Christopher J., Bureau of Justice Statistics, Prisoners in 1998 (Washington DC: US Department of Justice, August 1999), p. 10, Table 16; Beck, Allen J., PhD, and Paige M. Harrison, US Dept. of Justice, Bureau of Justice Statistics (Washington, DC: US Dept. of Justice, August 2001), p. 11, Table 16. In 1986, before mandatory minimums for crack offenses became effective, the average federal drug offense sentence for blacks was 11% higher than for whites. Four years later following the implementation of harsher drug sentencing laws, the average federal drug offense sentence was 49% higher for blacks. Source: Meierhoefer, B. S., The General Effect of Mandatory Minimum Prison Terms: A Longitudinal Study of Federal Sentences Imposed (Washington DC: Federal Judicial Center, 1992), p. 20. At current levels of incarceration, newborn Black males in this country have a greater than 1 in 4 chance of going to prison during their lifetimes, while Latin-American males have a 1 in 6 chance, and white males have a 1 in 23 chance of serving time. Source: Bonczar, T.P. & Beck, Allen J., Bureau of Justice Statistics, Lifetime Likelihood of Going to State or Federal Prison (Washington DC: US Department of Justice, March 1997). A report by the Leadership Conference on Civil Rights concludes: "Our criminal laws, while facially neutral, are enforced in a manner that is massively and pervasively biased. The injustices of the criminal justice system threaten to render irrelevant fifty years of hard-fought civil rights progress." Source: Welch, Ronald H. and Angulo, Carlos T., Justice On Trial: Racial Disparities in the American Criminal Justice System (Washington, DC: Leadership Conference on Civil Rights /Leadership Conference Education Fund, May 2000), p. v.

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7. Voters have voted against the drug war and approved reforms calling for: treatment instead of incarceration for drug offenders (CA Prop 36, 2000 election; AZ Prop 200 in 1996 and 1998 elections); allowing medical marijuana

(AK, AZ, CA, CO, ME, NV, OR, and WA, in the 1996, 1998, and 2000 elections); opposing making marijuana possession a criminal offense (OR 1998 election) and reforming civil forfeiture of property by police (OR and UT in the 2000 elections).

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8. "After reviewing all of the research to date, the senior scientists of the Department and I have unanimously agreed that there is conclusive scientific evidence that syringe exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs." Source: US Surgeon General Dr. David Satcher, Department of Health and Human Services, Evidence-Based Findings on the Efficacy of Syringe Exchange Programs: An Analysis from the Assistant Secretary for Health and Surgeon General of the Scientific Research Completed Since April 1998 (Washington, DC: Dept. of Health and Human Services, 2000). According to Dr. Harold Varmus, Director of the National Institutes of Health, "An exhaustive review of the science in this area indicates that needle exchange programs can be an effective component in the global effort to end the epidemic of HIV disease." Source: Varmus, H., Director of the National Institutes of Health, Press release from Department of Health and Human Services, (April 20, 1998).

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