Drug use is now commonplace in the United States and other Western countries and will undoubtedly increase. Numerous myths and fallacies have gathered around the subject, with the result that an issue which, contrary to the general impression, is a comparatively small matter as far as public health is concerned has taken on a critical social importance.

The social importance of drugs does not lie in their capacity to injure and reduce the capabilities of drug users, though when misused drugs can inflict psychological and physical harm. These casualties are a small minority, and in most cases they could be treated if a less punitive legal policy were operating. Indeed, the worst effects of drugs, such as the crimes committed by addicts and their deaths from overdoses, are a direct result of the law. Certainly casualties occur often enough among drug users to warrant some form of control: Individuals are hurt by the drugs themselves and by the law, or they suffer from a damaged sense of usefulness. But the loss to society of such members may be of less importance than the loss of the quality of wholeness that comes from broad agreement on critical issues.

Most of the controversy arises because at present we have only two categories for all the ways of altering by chemical means inner and outer reality. The first category is socially approved: one can be dependent on a drug, suffer its physical and psychological ill effects or enjoy its aftermath, and escape all condemnation so long as the drug has been prescribed by a doctor. (There is a niche in this category for alcohol, caffeine, nicotine, and similar palliatives.) All other drug-taking falls into the second category—the pursuit of self-destruction, pleasure, insight, or relaxation by means of a drug that has not been prescribed, is not socially acceptable, and is usually illegal.

There is obviously some loose thinking here (and it is not merely on a semantic level) in defining exactly what a drug problem is and working out whether substances in common use like alcohol and nicotine should be classified with drugs. It arises out of our hazy ideas about individual and social goals, how to attain them, and who has the right to decide the means. In a socialistic society the goal is obvious: the individual exists to serve society, and personal satisfaction takes second place. But in a democratic society, especially one officially dedicated to life, liberty, and the pursuit of happiness, there is endless room for conflict between an individual's desires and society's right to control.

Drug users may be grouped into three categories. The first consists of dependency-prone persons who, because of psychological and personality problems, have become heavily immersed in drug use and drug subcultures. The heroin and barbiturate addict, the speed freak,
and some chronic marijuana users are in this group. Their drug use is merely incidental; personal and social maladjustments, not drugs, have set them on a course of self-destruction. In a different age they might have chosen another avenue of destruction (alcohol, delinquency, violence), but the powerful drugs, so much in public consciousness, were a natural choice. The ghetto dweller, suffering the shock of cultural displacement and the hopelessness of a filthy slum, is in this category. So are the twenty-four youngsters who died in 1968 from inhaling the fumes of aerosol containers. So are those street people of 1970, who will smoke, eat, or inject any substance for a kick. They present society with the tasks of preventive medicine, rehabilitation, and comprehensive medical care—tasks that society so far has been reluctant to perform.

The second group, although continually identified by the public with the first, differs markedly in number, motivation, and drug choice. A decade ago this group did not exist. The psychedelic and marijuana explosion of the past eight years, however, has thrust them into the center of the drug controversy. This group uses marijuana, and many of its members have tried LSD, amphetamines, and, to a lesser extent, heroin and cocaine. Though officially labeled drug abusers, they are strictly speaking drug experimenters. This group consists mostly of young people—who from time immemorial have indulged in some mild form of deviant activity to the horror of their outraged parents. In the present social setting, when drugs are readily available, the young are most likely to turn to marijuana or another drug.

Since the marijuana explosion of the mid-1960s, every young person growing up in America has had to make a conscious decision on whether or not to smoke "grass." He knows that the option to drop mescaline (currently somewhat more popular than LSD) or even to sniff "smack" (heroin) is open. At present our official policy, backed by all possible social pressure, insists that he reject this option. This policy fails entirely to take into account what the general public's black-and-white view of the situation suggests to him, and what he makes of our hostile and self-righteous rejection on his behalf of practices that seem to him reasonable, or at least worth investigating.

The third group of drug users consists of people who at first seem to blend with the drug-experimenting group. They are disturbed youngsters who express their difficulties in drug use and find the support they need in the drug subculture. They can be pushed into the first, dependency-prone group by exaggerated public reaction to their dabbling in drugs or may be helped back into ordinary life by rational support. This group is significant not because of its size—it is very small—but because it highlights the social factors that may push it over the boundary line.
Perhaps the greatest influence on each category of drug user is the public. We hope to make clear in this book that the public wields fearsome power; by condemning drug use so violently, it has made it a much more serious matter than it would otherwise have been. For instance, the first group, as a result of the public's definition of its dependency as criminal and immoral, is often led into more destructive activities. The second group may decide to try new drugs, may develop new attitudes and values, or may slide into more deviant activities simply because the public reacts with condemnation and horror at what the user sees as a natural choice. Again, the nondependent types of the third group may be pushed by their social definitions into crossing the line into harmful use.

Part of the difficulty besetting drugs is the tendency of the public, particularly as represented by the laws articulating its attitudes, to treat the three groups as if they were one: all drugs are held to be equally dangerous and all drug users equally at risk. To this public we address our efforts to disentangle and evaluate the issues of drug use which have been distorted and sensationalized.

We have chosen to stress the large group who have to make a decision about whether or not to try an illegal drug rather than the other groups who can be shown to be harmed by drug use. In terms of damage to health, the first is more important. Thousands of people, perhaps as many as 200,000, of whom a growing percentage are under 25, are hooked on heroin and lead a ghastly existence. Some users of psychedelic drugs become psychotic; a few commit suicide. Anyone caught in the "ups" and "downs" cycle—taking amphetamines for stimulation and barbiturates for sedation, and alternating them for kicks—exhibits one of the most horrifying syndromes known to man. (These two drugs are often medically prescribed, which paradoxically puts them on the socially acceptable side of the dichotomy. Thus despite the severe damage they cause they receive less publicity than many other abused drugs whose withdrawal syndromes are less severe and whose use is less destructive.) Even marijuana, the mildest of the heavily used drugs, results in a miserably debilitated condition when it is used incessantly. All who risk destruction by drugs require far greater medical and social attention than they have yet received. Yet as long as society condemns and punishes them as immoral and criminal, it is unlikely that treatment and rehabilitation will be forthcoming.

The second group, vastly greater in number and yet presenting few of the health problems of the first group, is the one that has made the subject of drug use a social crisis. The real drug problem arises out of the almost hysterical public reaction to common news items like the following: in the past five years each class entering American colleges has contained a higher percentage of drug users than the one before. Such youngsters, as we shall show, are not neurotic, antisocial, or destructive. When they are perceived and treated by a society alarmed at new patterns of drug use as criminals and a health problem of major proportions, a conflict of far-reaching implications unfolds. This conflict is at the heart of the drug controversy and makes
drug use a critical social issue.

Drug use is a complex matter, and when faced with complex problems society frequently opts for a simple, if possible familiar, solution, rather than dealing with doubts and ambiguities. Recent reactions to the nonmedical use of psychoactive drugs illustrate this tendency. The label "drug user" or "drug sympathizer" evokes for most people an entire system of behavior and mores of which they disapprove. Thus they conveniently package a number of contradictory and confusing facts and include types of people and kinds of behavior that they would otherwise have to tackle individually and laboriously. So much ambiguity is disposed of in this neat package that it is no surprise to find these same members of the public reacting with powerful and irrational condemnation. Perhaps they package it in order to respond in a particular way.

The unquestioning alacrity with which people have continued to accept the old categories in the face of all that has happened in the past ten years is a dramatic example of the difficulty most people have in tolerating ambiguity—the discomfort of mixed feelings on an emotive subject. This tendency has led individuals, groups, and institutions to attempt facile blanket solutions to the problem of drug use and abuse, and these solutions may in fact have exacerbated the situation.

Some states have reacted to the drug "menace" by starting vast educational programs in which the young are taught the risks of cannabis, the terrors of LSD, and the destructiveness of heroin, in order to dissuade them from trying these drugs. But how well informed are those who are in the most influential educational positions? To take one example: A questionnaire survey* with a 73 percent response from the faculty of one of the most prominent law schools in the United States showed that while 80 percent believed possession of marijuana should be legalized, 86 percent called for more federally financed research into its use in order to determine if it was more dangerous than the now legal barbiturates and amphetamines. There were similar contradictions about methadone. One hundred percent of those responding -felt that "methadone treatment for all addicts should be made available in all states," while the same respondents equally unanimously agreed that "methadone substitutes one addictive drug for another when used for heroin addiction."

Perhaps of greater significance is the number of questions left unanswered. Fewer than 27 percent were willing to comment on whether more than half the graduating law school class had tried pot, and the percentage dropped to 15 and 8 percent, respectively, when questioned as to whether users were more apt to be at the top or bottom of the class and whether marijuana use was more damaging than amphetamine use.
Why, in this atmosphere, do young people try drugs? We will try for a rough answer to that question in Chapter 3; here we will simply observe that they do, and "they" are not just that small group of the population who are ready for any socially disruptive enterprise, but a far larger group who are impatient with social barriers of all sorts. We cannot understand either the educators or the users in isolation; all the elements in the drug issue are constantly responding to each other.

Why has drug use become a burning issue at this juncture? Some commentators see it as a simple question of time lag. It is often years before a new behavioral pattern engenders a corresponding change in social attitudes, and even longer before these changes are reflected in our institutions. With marijuana use we have the classic evolutionary situation. A small group's ritualized use of a drug has gradually spread and become part of a larger social ethos, but has not yet become acceptable in the eyes of the general public. The public is acutely alarmed not only at the spread of an abhorrent practice, but also at the challenge to respected institutions such as the Bureau of Narcotics and Dangerous Drugs and the various state agencies for drug control, whose role in combat evil has hitherto gone unquestioned. The new state of affairs naturally creates social ferment.

According to another view, the controversy over drug use originates in the anxiety generated by pervasive technological innovation. All technologies increase man's ability to alter, and thus control, his environment. Drugs, natural or synthetic, may be seen as a technology that alters the relation to the environment by controlling mood, feeling, ideation, and pain. Perhaps it is not surprising that, already overburdened with choices and responsibilities flowing from his technical knowledge, there is a strain of stubborn resistance in modern man to the extensive use of a chemical technology. And this resistance is further complicated by mixed feelings on the subject of drug use: we look to medically prescribed drugs to free us from pain and unhappiness.

A third reason why drugs are a burning social issue is that they are at the vortex of conflict among individuals, groups, and social institutions. Drugs and laws dealing with them serve as symbols that attract strong condemnation from different sides of the argument. The nonuser citizen feels that society is undergoing disruptive social change beyond his control. One element in the change is the nonmedical use of drugs, and here he sees a clear threat to his well-being that he can make some attempt to control. His condemnation of drug use is a proxy for other fears and dislikes. On the other hand, the drug user perceives in the drug laws a confirmation of the hypocrisy and corruption of government which he has observed in other areas. Thus for both sides drugs become the vehicle by which conflicts and dissatisfaction on many extraneous subjects are vented.
Finally, there is the ambiguity of the drugs themselves. On the one hand, the general public believes that drugs are destructive; on the other, drug users believe that they may be the source of great benefits. Like beauty, the qualities of drugs are usually in the eye of the beholder. The psychic changes that drugs produce vary widely, as does the interpretation of those changes, so that each side can adduce evidence for its point of view.

In our examination of the drug controversy and the public response to it, we intend no apologia for drug use, though we do deflate some of the traditional notions about the harmfulness of drugs and suggest some new ways of viewing their use. Our aim is to unravel the more emotional responses to nonmedical drug use, see why they have heated up the drug issue, and find a way to put drugs back into a social framework where their harm can be minimized and their benefits enjoyed.

A NEW DRUG POLICY

In any discussion of the drug laws, the question immediately arises whether enough information exists to formulate a more rational drug policy. The answer is both yes and no. We need to know more about basic pharmacological mechanisms, dose-response curves, and the long-term social consequences of drug use. It is astonishing, given the chronic public alarm, that so many fundamental questions remain unanswered. (Basic clinical data about marijuana, for instance, were not gathered until 1968.6) In many cases the legal and bureaucratic obstructions to research have suggested that "we don't want to know" is the prevailing attitude. Equally remarkable are the irrational responses and blockage of knowledge that have so muddied drug and similar issues. For example, why have the United States, the United Kingdom, and Sweden, three nations traditionally committed to freedom, tolerated for the sake of drug control repressive law-enforcement practices that undermine the rule of law and provoke serious social conflict?

Yet in many respects our knowledge is more than adequate. Enough information has certainly been gathered to enable us to state that not all drug use is harmful. We also know that existing policies have not halted drug use and have instead imposed excessive social costs. The next step is to encourage objective discussion which will lead to a rational drug policy, and then to formulate a flexible policy with a built-in response to experiment and change.
Present policy is to prohibit drugs, the theory being that drug use is harmful to the individual and society, and the fewer available drugs the fewer users there will be. The law, it must be noted, represents a social standard—in this case, a standard according to which drug use is bad. When the social standard is accepted by most of the public, the law works: it deters at the cost of punishing as few as possible. Should a significant segment of the public decide that the standard no longer applies, then the symbolic nature of the law changes. Its traditional function as a deterrent yields; maintenance of the law becomes a symbol of control for the minority of its supporters. The supporters wish to punish those who oppose them, and usually demand that the punishing strictures be made more and more harsh, as though this will somehow restore the social standard to its former place.

For those who oppose the standard and its legal expression (which now supports the standard instead of the reverse), the law symbolizes a club designed to beat them into submission. Both sides lose sight of law as a device to help society organize, regulate, and promulgate standards acceptable to most (though never to all) of its members. It is society’s job to reassess and formulate the standards to be translated into an acceptable law; the law is then restored to its traditional function. The symbolic use of a law for control and punishment leads to disrespect not only of those who serve it but, as in the case of Prohibition, of the law itself as a social institution. We discuss in Chapter 6 how drug laws function to enforce morality, and thus act not to deter harmful conduct but to symbolize conflicts that go far beyond the question of the harm drugs do to individuals or to society. The social costs of such a situation must guide us in the formulation of new policy. Hitherto, all the costs have been thought to flow from drug use; the social costs of a devalued law have seldom been considered.

A successful drug policy—one that minimizes harmful drug use without generating unpleasant side effects—will require a systems or a cost-benefit approach. Just as transportation systems must adapt to new technology, patterns of employment, urban blight, and air pollution, similarly a workable drug policy must be sensitive to the factors throughout the social system influencing its operation. A new drug policy must be flexible, responsive to change, quick to innovate, abreast of new fads, and wining to evaluate and monitor its results. We have at our disposal only the most meager resources and the crudest measurement techniques, and there is little attempt to evaluate existing programs. The results of imposing mandatory minimum penalties for drug offenders, and of the myriad other laws passed in the past twenty years, have never been collected and examined. New institutions, sheltered from political squalls, must be set up to collect and process information on drug policy, and old institutions, such as the law, adapted.
In our study of drug use we chose a functional approach. The central orientation of functionalism is to interpret data by establishing the consequences of an action or a situation for the larger structures with which it interacts. We call an item of human experience functional if it defines a mode of response that is governed by a given social unit—whether an individual, a group, or a culture. For example, the general public's insistence that there is a drug progression—that the drug user inevitably desires more and more and stronger and stronger drugs—justifies their support of punitive laws concerning marijuana use. This item functions as a source of justification to the public for their fear of drugs, as a spur to the police, as a deterrent to doctors prescribing psychoactive medications, and as a threat to the young man contemplating drug use. Its multiple functions serve both the individual, who feels comfortable in his support of current drug laws, and society, as an aid in maintaining the status quo. There is a very real fear of social chaos if drug use becomes widespread.

Every item has both manifest and latent functions. A manifest function of the argument against drug use is to establish that it is a public health hazard that must be eradicated; a latent function is to exert control over the threateningly ebullient younger generation. A manifest function of the argument in favor of drug use is that since most of the authorities' pronouncements on marijuana are factually wrong, the authorities are completely discredited; a latent function is to support the young drug user's tendency to reject the values of the older generation.

Robert Merton has warned that while all societies have achieved some degree of integration, none is so tightly integrated that every standardized activity or belief functions positively for the whole of society or for everyone in it. An antidrug law, for example, may very well be functional for some social units and dysfunctional for others: it may be a source of reassurance to the Rotary Clubs of America, but if it is an ineffective law difficult to enforce, it may serve as an irritant to policemen and thus undermine their self-confidence.

A functional approach assumes a certain skepticism; it requires one to look behind what is stated explicitly to discover what is less conscious. This skepticism has had a special purpose in the context of drug use and has determined the precise brand of functionalism we have employed. The heavy emotional burden carried by drugs, the reluctance to base opinions on empirical information, the inability to tolerate ambiguity, and the sacrifice of other social values to maintain present controls, strongly suggest that the salient elements in the drug issue operate at a subterranean level. If we are to come to terms with drugs we must dig for this level of functioning.

One of the major advantages of the functional approach for us is that we are not confined to the terminology of a single discipline. Issues as diverse as the ambivalence of the young drug user
WHAT IS THE DRUG ISSUE? AN OVERVIEW

Written by Norman Zinberg

toward his family can be treated alongside the question of the law's effectiveness as a
deterrent. Perhaps most important, a functional approach gives coherence to a problem that
cannot usefully be studied in isolation. As an example of the functional approach, let us take the
medical-police model on which treatment of the drug problem has always been based in Great
Britain and the United States. The medical-police model reduces the question to a single axis of
sickness and deviance versus health and normality, and certain consequences flow from this in
both countries, despite differences in the law. For instance, in Britain registered heroin addicts
are regarded as sick, while in the United States they are regarded as criminals (with the
important side effect that Britain suffers little from the massive criminal element in the American
drug scene). Nevertheless there are great similarities in the public attitudes to addicts in both
countries. In both Britain and the United States nonmedical drug use is considered bad and
wrong, and the heroin user is made to feel like a pariah. A doctor at a drug-control clinic who
sees his job as getting the user off the drug, or at very least forcing him to reduce his dose and
thereby show that his intentions are "good" and that he is "trying," represents a social judgment
just as surely, if not as punitively, as a policeman.

The manifest function of both doctors and police is to correct: doctors cure the sick, policemen
catch criminals. Both also have a preventive function, which is still manifest but slightly more
obscure: the policeman acts as a deterrent to overt crime, but does not his presence have a
symbolic reassuring function, not dissimilar to the magical value attached to the regular medical
checkup? The hopes people place in policemen and doctors have a basis in reality when it
comes to a crime like a holdup or a disease like cancer. But when we come to a crime whose
victim is thought to be society, and a medical problem which consists in otherwise normal,
law-abiding people ingesting a substance thought harmful, are we not moving into the realms of
latent function, and asking policemen and doctors to do things that fall outside their professional
role?

We do not underestimate the importance of the first, dependency-prone group of drug users.
We do suggest that it would be more to the point to separate the drug problem into a drug
illness problem and a social problem, treating the first on the medical-police model and the
second on a social model.

SOURCES OF INFORMATION

Much of the data and information on which we base our analysis of the drug situation was
obtained from observing and interviewing in depth drug users in Britain and America. In
addition, in both countries we held extensive discussions and formal interviews with a wide
variety of informed persons, including officials and professionals concerned with drugs. We also
drew on our own considerable experience—one author is a psychiatric consultant on drug problems, the other a lawyer concerned with the impact of the drug laws. The sampling techniques were methodologically crude, but the number and types of respondents, as well as our opportunity to probe deeply into matters, may compensate for the lack of true random sampling.

We interviewed 525 drug users, almost all of whom had tried marijuana. Seventy had had at least one LSD experience; 10 had mainlined methadrine, and 105 had taken opiates. We also interviewed 420 nonusers. These ranged from adolescents to adult members of the informed public aged between 21 and 70 and came from a wide variety of social classes including professionals (90 physicians) and public officials. The interviews of both users and nonusers were conducted over a period of six years.

For an idea of the range and variety of interviewees, the main groups of respondents were as follows:

In the United States:

1. Naive subjects for a study of acute marijuana intoxication (provided 76)
2. Black adolescents (34)
3. Students (graduate and undergraduate) (207)
4. Physicians prescribing to patients regarded as opiate problems (31)
5. The patients of the above (70)
6. Additional physicians (interview as part of a study concerning use of psychology in medical practice) (59)
7. University faculty (27)
8. Nurses (20)
9. Police officers (31)
10. Lawyers (71)
11. Skilled and unskilled workers (42)
12. Business individuals (162)
13. Public officials (49)
14. High school students (60)

In Britain, as part of research specifically investigating drug use, 68 doctors, 39 students, 41 working-class youths, 37 members of the drug squad, and 31 public officials were interviewed
or filled out questionnaires. The British subjects for the most part also did not know that either
the interviews or the questionnaires concerned a drug study. The addition of the 216 British
subjects brought the total of our sample to 1,161.

The interviews varied in depth and focus, as they were undertaken for a variety of purposes.
This has made neat presentation difficult, but far outweighing this, we feel, is the fact that our
analysis of the issues and our view of the multiple functions of drugs grew out of the interviews
rather than vice versa. Most research consists in having a number of hypotheses and arranging
interviews to prove them.

However, in general, our interview format ran like this: The interviewer began by asking about
the general educational, geographical, and social background of the subject and his family. The
subject's emotional relationships with family and friends were discussed, along with medical
history, including any psychiatric contact, actual or considered. There were general questions
about use of cigarettes, alcohol, and other drugs during a discussion of social habits, but
detailed questions were held until near the end of the interview. The interviewer tried to
determine the subject's economic, political, and aesthetic attitudes and values, pausing for more
specific questions in any area that interested the subject, caused him to become more reticent,
or seemed important in other ways for the further delineation of character structure.

The interviewer then questioned the subject thoroughly about drugs. If he admitted having tried
any drug, he was asked exactly what he had taken, who had given it to him, whether he had
given it to anyone else, what it had felt like, and what he saw as the longterm effects of the drug
use on his personality, attitudes, and behavior. If he had not taken any drug, he was asked
whether he had had the opportunity to do so. He was also asked to discuss any knowledge of
drug use he had obtained from friends or from the mass meal, and to give his own overall
attitudes toward drugs. Until the end of the interview, none of the subjects guessed that drug
use was a principal focus. In the opinion of the interviewer, all the material presented was
offered freely and seemed reliable.

Numerous interviews revealed not only the unsuspected consistency of peoples' attitudes
toward drugs, but also a marked emotionalism and inhibition of knowledge on the subject. Next
we directed our attention to the influence of the law, the police, and social policy and
interviewed lawyers, judges, police officers and officials, MPs, congressmen, and members of
government organizations. Still finding great consistency in the arguments and their functions,
we pushed into many different groups, always looking for the extent of repetitious attitudes,
particularly if we felt that the attitudes were clearly based on myth or misconception.
Our approach to our interview material was somewhat unrefined. For example, when a generally well-informed person who acknowledged reading newspapers, magazines, or books containing sufficient information on drugs to enable him to differentiate between "hard" and "soft" drugs said, "I never get them straight, is it heroin which is stronger than cannabis?" we would assume that he suffered not from cognitive ignorance but from an emotional inhibition against such information. We tried to remain objective and, in some interviews, after a comment like that, found that our assumption of inhibition was shaky, and accepted the possibility that the man simply hadn't been presented with information. However, further probing would usually indicate that the facts had been available to him and he had simply psychically mislaid them.

Given this blunt approach to the interview material, our diverse sources, our interest in showing how these attitudes were used, and the effect of them in a qualitative sense, we decided not to attempt a statistical analysis. That approach was hard to resist, particularly when we were dealing with public attitudes, where we found an astonishing repetition of what we considered to be mythic positions. (These will be dealt with more fully in Chapter 3.) But, reluctantly, we bowed to the fact that in the last analysis our statistical classification of the information would be based, inevitably, on our own interpretation of the interviews; and to attempt to qualify in statistical terms such human judgments, no matter how objective we tried to be, appeared to be simply another way of insisting that we were right.

And this, above all, we wanted to avoid, for we do not want to convince, but rather to stimulate new thinking. We found during our interviews that people desire very strongly to be convinced about the drug issue and be rescued from the painful doubt this particularly menacing problem evokes. We hope to make the ambiguity tolerable, presenting a method of considering the question that cuts through emotionalism and provides lines of thought which can be followed fruitfully on this and similar social issues.

At present there is no basic agreement on what a successful outcome for this issue would be, let alone how to achieve it. But waiting for more information, more education, more understanding, for a better climate of opinion, could subtly defeat any chance of righting the situation. If concessions on marijuana are wrung from an unwilling majority, we predict more social unrest and a repeat of the bitter controversy between generations, most likely over another drug or about whether we are becoming a "permissive society"—a phrase that has come to mean a society where there is little or no respect for authority, order, or regularity in human affairs. But if adherents of both sides of the question could agree that innovation and experiment are necessary to prevent a bad situation from getting impossible, then there is hope that a bold new plan could be worked out and put into practice. In the final chapter we suggest the lines along which such a plan could run. The drug policy and social controls we will suggest
will take full account of the radical changes that have taken place in the past eight years and of the distinction, never officially recognized, between drug dependents and drug users. Certainly, creditable studies of particular drugs and of drug use in general must be carried out, and if it is found that they are destructive, then we might well wish to curtail freedom to use them. No one quarrels with the restrictions on arsenic or cortisone, because they are known for certain to be very dangerous, and restrictions on their use have 'nothing to do with any supposed immorality. In our proposals for drug control in Chapter 8, we insist on a regular reassessment of the situation so that newly collected evidence can be incorporated into the program. Of course, it must be possible to use this evidence to decrease restrictions as well as to increase them.

Other factors too must be recognized in our policy if we are to achieve clarity about the issues and a valid consensus. In Chapter 3 we discuss some of the social conditions and technological changes that set the scene for the cannabis explosion of the 1960s and show that the conditions influencing drug use are basic to our society. Thus the all-pervasive influence of television must be taken into account, for it may have wrought changes in the generation who grew up under its baleful eye as vast as the more obvious cataclysms of World War II and the Great Depression.

Throughout history men have thought that their own era was one of crucial importance in the history of mankind. We are no exception, and skeptics may detect an inflated self-importance. But we think it is quite safe to say that the crucial moment for reexamining drug policies is indeed now, specially since the drug issue is linked with so many other matters of social importance.

* The law school faculty respondents answered the questionnaire only on the condition that they remain anonymous.