spend my time this morning in discussing what has truly become a national concern resulting from the use and abuse of drugs by the people of the United States. Certainly, this is the concern of research investigators and clinicians, as well as those who translate social policy into public policy.

It is one thing to reverse situations in an illness, but the ability to change what has been considered normal in order to improve the norm is something else again. The choices among evils, dangers, and eventual good resulting from such manipulations can and will be made; but the questions are by whom and for what purpose?

In both clinical and experimental studies, behavioral scientists have not been satisfied simply to refer to a behavioral change brought about by a compound. They also want to state whether or not this change is desirable or undesirable.

Making these value judgments requires either some general understanding of health itself, or favorable individual adjustment, or the acceptance of certain value standards from some outside frame of reference.

It must be pointed out that there are other drug-using cultures that lie outside the domain of conventional drug use and outside the healer's purview. This would suggest that there may be something in common among the various kinds of drug use.

In order to determine such values, a conceptual theory which shows how values are established by systems—more inclusive than the individual or the examiner—is essential. This approach may be characterized as a wedding of clinical pharmacology and social psychology, a union which some have referred to as sociopharmacology.

To what extent would Western culture be altered by widespread use of tranquilizers? Would Yankee initiative disappear? Is the chemical deadening of anxiety harmful? To what extent are the Peyote cultures different because of the use of mescal, or Central American tribes unique because of their hallucinatory mushrooms?

The use of drugs may indicate changing attitudes toward illness and what the quality of life should be. For example, one thesis is that "suffering is going out of style"; that it is no longer the virtue it once was throught to be—or at least stated to be. If we examine the purposes for which drugs are given and taken, almost all Americans would agree that taking a psychotropic drug to offset severe psychiatric symptomatology is entirely legitimate. But how about the use of drugs for the enhancement of performance? For example, should athletes take drugs which will enhance their prowess on the track? Should truck drivers take stimulants so that they can drive for longer periods? Should fatigued executives take drugs which will allow them to enjoy the theater at night or be the life of the party at the end of an exhausting day?

In terms of social consequences there is a cost-benefit ratio associated with all drug usage—be it licit or illicit. The cost-benefit question applies to the use of drugs versus other coping mechanisms, the use of one drug versus another, and the use of even very dangerous drugs in an otherwise hopeless situation. A person can seek relief of the same problem inside or outside the medical system and thus cost-benefit thinking can also be applied to the potential narcotic drug addict.