It is to be expected that the use of drugs in the next 10 years will increase a hundredfold. It is necessary, therefore, to develop effective processes to control their abuse.

One is not dealing here with a simple, unitary phenomenon. Drug use and abuse is a health, legal, social, economic, and moral problem. These are complex phenomena in which the major interacting factors are the characteristics of the drug used, the characteristics of the person using the drug, and the characteristics of the society within which the drug is used.

It is evident that there will be no simple solutions to problems posed by drug use. Substantial effort must be devoted to discovery of new knowledge and to development of imaginative and innovative approaches and testing of these.

Achievement of the total range of objectives for a program to deal with the drug-abuse problem is dependent not only on the development of new knowledge but, perhaps just as critically, on the ability to bridge the research utilization gap by rapidly feeding these findings into the treatment system, and having the necessary trained manpower to work in this area. The responsibility of the medical community at this time is to accelerate the kind of research which will yield the basic knowledge required for a more rational approach to the problem.

Dr. Robert Livingston has put it most aptly:

> These problems are historically recent and are still changing in their emergent form. They are inadequately understood and patently resistant to easy solution. Problems that resist solution may be insoluble; yet, if you will believe the history of science, it is most likely that the means of solution being attempted are inadequate. In the absence of fresh insight, sheer devotion is powerless to do more than provide momentum for our shortcomings and our ignorance. We must seek out that which can lead to a more fundamental level of understanding

Only through research can we develop more fundamental understanding.

Drug use and abuse touches our deepest values, hopes, aspirations, and fears. It is an emotionally charged area. For every false prophet advocating drug use there is a viewer-with-alarm prone to sensationalism and to advocating simplistic solutions.

It is the task of the National Institute of Mental Health to mount the programs needed to deal flexibly with the many problems of drug use and abuse. As the problem is complex and changing, so must be the strategies designed to understand and cope with it.

I would like to close with two quotes that are most appropriate to this subject.

The first is a thought that Oliver Wendell Holmes expressed over 50 years ago in an address to the Harvard Law School:

> An ideal system . . . should draw its postulates from science. As it is now, we rely upon tradition, on vague sentiment, on the fact that we never thought of any other way of doing things as our only warrant for rules which we can enforce with as much confidence as if they embodied revealed wisdom.

The second is an appropriate philosophy for persons who work in this field, beautifully expressed by Robert L. Duffus, one of the editors of the New York Times:

> We need humility among the so-called leaders of opinion. We need tolerance, tolerance that arises from a scientific recognition of the high percentage of