Mr. GORDON. At the top of page 21 you say that many people who have taken psychotropic drugs have, in the past, expressed a discomfort with the idea. Why are they discomforted by the idea of using the psychotropic drugs?

Dr. LEVINE. If I might, I would like to refer that question to Dr. Balter, who is a social psychologist and I think best prepared to answer it.

Dr. BALTER. My remarks are based on partial data since we are still in midstream on our survey research program, although I think there are some basic findings that can be discussed.

The attitude structure looks something like this. In the main Americans seem to agree that psychotropic drugs work well, the minor tranquilizers in particular. They tend to reject the idea that the use of these drugs is a sign of weakness. They also agree, and this includes drug users as well as nonusers, that the use of drugs tend to cover up the real problem, that the use of willpower and some old-fashioned methods of self-control might be better.

They express qualms about the side effects of the drugs and many believe that they may be addicting. They have mixed feelings about using drugs for long periods of time. Some fear that there may be physical danger involved. Over half have vague questions about whether the drugs are appropriately tested before they get to the market.

Overall about 8 percent of the respondents say they would never take a tranquilizer under any circumstances. About three-quarters of the public say that they would take one but only on the prescription of a physician. And only 17 percent say they would take one if they felt they needed it with or without the doctor's permission.

It is also interesting that about one-third of the respondents could not define a tranquilizer, but this is less than was the case, say, 5, 8, or 10 years ago. Americans are becoming more sophisticated about psychotropic drugs.

Tranquilizer users are generally more positively disposed toward the drugs than are nonusers; but, interestingly enough, a majority of them harbor the same kind of fears and trepidations. Younger people, who are even more sophisticated than others about psychotropic drugs, express similar attitudes, share the notion that it would be better to use willpower and similar techniques to solve personal problems; but they tend to be less stoic. They tend to subscribe less to the idea that the enduring of hardship is a virtue, that one's character is formed in adversity, and the like, and as a consequence they are more prone to use the drugs if they feel they need them, whereas the middle and older generation seems to be in a conflict situation where their attitudes may be quite negative but their need is quite high.

Mr. GORDON. I would like to read something to you. This is a bulletin of the New York Academy of Medicine, April 1957—it goes way back. And it is a report on tranquilizing drugs by the Committee on Public Health of the New York Academy of Medicine. Let me read a paragraph to you:

> In some minds this widespread use of tranquilizers in meeting everyday situations raises a question about the rationale underlying it. Anxiety and tension seem to abound in our modern culture, and the current trend is to escape the