related to sleep and also that some of the fractions may be able to produce a mild form of euphoria which could be useful for those in mild depressive states. So, there is interest but there is no present use for this drug.

Mr. ADAMS. Will the gentleman yield?

Doctor, I shall share with Mr. Van Deerlin the position that it is important that officials be able to discuss subjects with some freedom and not feel that because a position may be unpopular that it can't be fully discussed. You can refer to Mr. Goodrich if you want, in answer to this question. Hasn't there been considerable discussion regarding a change in the type of prosecution for offenses for possession of hard narcotics as well as marihuana as to whether or not possession should be made an offense? For example, isn't it true, at the present time, that the way we make hard narcotics possession an offense is by a legal presumption that the possession is a part of a sale and that possession in and of itself is not criminal offense? Aren't you trying to open the discussion as to what generally should be done in the area of marihuana as well as LSD and all the rest I think it is important for this committee to not just shut you off on this discussion.

Dr. GODDARD. This is indeed what I was trying to do. I think one of my responsibilities is to report to the public, to help in the education of the public, tell them where we are on the national problem. I am simply saying I think this is important, that we engage in the dialog in our society and that Congress review the penalties of all the drugs being used.

Mr. ADAMS. I just want to make this point, that one of the problems we face in handling drugs as a social problem is if you make possession a felony offense, you cut off very often your sources of information and your ability to know (1) the size of the problem and (2) who is dealing in it because the person who is in possession, immediately, has the privilege against self-incrimination and will not, and often does not, talk as to his source of supply.

Dr. GODDARD. Mr. Staggers, can I make a comment on this statement that Mr. Adams brings to mind?

The CHAIRMAN. Yes.

Dr. GODDARD. Our department is very much interested in marihuana. We have no legal jurisdiction for the enforcement of the control activity, but let me point out that it is the National Institute of Mental Health's responsibility to conduct research. NIMH also is expected to provide services under NARA.

The Department of Health, Education, and Welfare has a responsibility for the dissemination of information and educational activities on narcotics and all drugs that are abused.

The Food and Drug Administration has to control the distribution of synthetic marihuana, if you will. We have the problems of juveniles in our society and we are very much concerned that the facts I mentioned earlier with respect to the age and time of the first use of marihuana being about 17½ years, the age and time of first arrest of heroin addicts being about 18 years; both these events occurring before they got locked in a drug subculture and used heroin and became addicts and burdens on our society.

The point I am trying to make is, our Department has a broad concern here, and we are hoping that we can look at the underlying prob-