CLARIFICATION OF DR. GODDARD'S VIEWS ON MARIHUANA

HEARING

BEFORE THE

COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE HOUSE OF REPRESENTATIVES

NINETIETH CONGRESS

FIRST SESSION

ON

CLARIFICATION OF FDA COMMISSIONER GODDARD'S VIEWS ON MARIHUANA

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CLARIFICATION OF DR. GODDARD'S VIEWS ON MARIHUANA

WEDNESDAY, NOVEMBER 8, 1967

HOUSE OF REPRESENTATIVES,
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
Washington, D.C.

The committee met at 11 a.m., pursuant to notice, in room 2123, Rayburn House Office Building, Hon. Harley O. Staggers (chairman) presiding.

The CHAIRMAN. The committee will come to order.

The purpose of the hearing today is to obtain clarification from Dr. James L. Goddard, Commissioner of the Food and Drug Administration, concerning statements he is reported to have made with respect to marihuana.

Dispatches carried by a major news service on October 16 and 17 stated "Food and Drug Administration Commissioner Dr. James Goddard says he would not object to his daughter smoking marihuana any more than if she drank a cocktail."

This dispatch received wide publicity throughout the United States and, although its accuracy has been denied, the denial has not caught up with the statement as originally reported, as is often the case.

Ever since the original statement was reported, I have been requested by Members of the House to hold a hearing to provide for clarification of this matter. I have refused up until now, because I wanted enough time to pass for the facts to be developed. I think we are now in a position to discuss the subject in perspective, and therefore have called this hearing to obtain from Dr. Goddard a clarification of his remarks concerning marihuana, both as reported, and as actually delivered.

Dr. Goddard, we are pleased to have you with us again, and you may proceed with your statement.

STATEMENT OF DR. JAMES L. GODDARD, COMMISSIONER OF FOOD AND DRUG ADMINISTRATION, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY WILLIAM W. GOODRICH, ASSISTANT GENERAL COUNSEL

Dr. GODDARD. Mr. Chairman, we appreciate the opportunity to appear before this committee today to clear the atmosphere about our position with respect to marihuana.

As evidenced by the attention given by representatives of Government, the press, and the professions, it is plain that the increasing use of marihuana is a matter of national concern.

I am aware, Mr. Chairman, that statements attributed to me, but which I did not make, have caused additional concern. Let me clarify the record in this regard at the very outset.

I did not say that I would not object to my daughter smoking marihuana.

I did not, and I do not, condone the use of marihuana.

I did not, and I do not, advocate the abolition of controls over marihuana.

I did not, and I do not propose "legalizing" the drug.

With your permission, Mr. Chairman, I would like to call your attention to one point which arose as the result of an erroneous news dispatch from Minneapolis on October 17. I was reported to have stated that I would not object any more to my daughter smoking marihuana than if she drank a cocktail.

The news dispatch was not correct, and Mr. Julius Frandsen, vice president and Washington manager of United Press International, has written me a letter on the subject. With your permission, I would like to insert a copy for the record and quote just this brief portion:

So it has become clear to me that UPI erred in attributing to you unqualified statements which in fact were considerably qualified.

I am sorry if UPI has compounded your problems. We are prepared to carry a dispatch acknowledging our error.

(The letter referred to above follows:)

UNITED PRESS INTERNATIONAL,
Washington, D.C., November 2, 1967.

DR. JAMES L. GODDARD,
Commissioner, Food and Drug Administration,
Washington, D.C.

DEAR DR. GODDARD: Following my return from a trip, I have been belatedly looking into the circumstances of our dispatches from Minneapolis on October 17 and 18. I find we owe you an apology.

I refer to the UPI dispatch which began, without qualification:

"Food and Drug Administration Commissioner Dr. James Goddard says he would not object to his daughter smoking marijuana any more than if she drank a cocktail."

Unfortunately, no complete tape exists of your exchanges with reporters. The questioning began in an informal session in the front of the auditorium after your speech and no recording equipment was there. Equipment was set up in another room and only the ensuing proceedings at that place were taped.

UPI was represented by Miss Judy Vick of the University of Minnesota News Service. She says her notes show that in the Q. & A. with reporters in the auditorium Victor Cohn of the Minneapolis Tribune asked whether marijuana is more dangerous than alcohol. And that you replied "Whether or not marijuana is more dangerous than alcohol is debatable. I don't happen to think it is."

Miss Vick says that Mr. Cohn then asked whether you would mind if your daughter smoked marijuana any more than if she drank a cocktail, and that you replied "No, except in the context of the present law." I take that to be a reference to the fact that marijuana is illegal and alcohol is legal.

Mr. Cohn's recollection is that his question was to the effect "Would you mind if your daughter took marijuana?" His notes have you responding: "We have talked about it at home. I would (that is, would object) in terms of the law today" and "we really don't know what the long-term effects (of marijuana) are." Followed by some comments about distortion of perception following use of marijuana.

So it has become clear to me that UPI erred in attributing to you unqualified statements which in fact were considerably qualified.

I am sorry if UPI has compounded your problems. We are prepared to carry a dispatch acknowledging our error.

In view of the public uncertainty that now exists as to what you do and do not believe. I hope you will sit down with our Louis Cassels so that he can prepare

a definitive dispatch. I believe you know Mr. Cassels and his outstanding record for accuracy and fairness. Please let me know.

Several members of Congress have inquired about our original story, and I am taking the liberty of sending them copies of this letter.

Sincerely,

JULIUS FRANDSEN,
Vice President and Washington Manager.

Dr. GODDARD. Mr. Chairman, I think Mr. Frandsen—and other members of the press—recognize the complexities of the issue of marihuana and wish to serve the public in the best possible manner. I think the press does sense the importance of the problem and makes every effort to provide the Nation with the best information available.

My remarks at Minneapolis and elsewhere concerning marihuana have always been in response to questions from the press. In every instance, I have made it abundantly clear that marihuana has been and still remains under the jurisdiction of the Bureau of Narcotics of the U.S. Department of the Treasury.

It is often erroneously assumed that the Food and Drug Administration, which administers the drug abuse control amendments, has jurisdiction over not only the controlled drugs—the amphetamines, barbiturates, and hallucinogens—but marihuana, as well. Our agency has made every effort to clarify the differences wherever possible.

Now let me make several points about marihuana. First, the shocking growth and use of marihuana has been so rapid that none of us in Government, in medicine, or the legal profession has been able to counter it effectively.

For example, the Department of Justice of the State of California has reported a total of 28,319 adult drug arrests for 1966, the highest figure to date, fully 32.1 percent above the 1965 figure. Some of this increase comes from the enforcement last year, for the first time, of the drug abuse control amendments, which became effective on February 1, 1966.

However, to quote from the California report, "Marihuana offenses accounted for approximately one-half of the 1966 arrests and showed a 71-percent increase over those reported during 1965." Arrests for "heroin and other narcotics" rose by about 11 percent. "Dangerous drug arrests showed a 4-percent gain," the report also adds.

California's adult marihuana arrests in 1966 were triple that for 1960. Among juveniles, the rise was even more dramatic: Drug arrests in general increased 87 percent between 1965 and 1966, but juvenile marihuana arrests increased 140 percent, from 1,623 to 3,869.

The marihuana arrests, plus the 898 dangerous drug arrests, accounted for 95 percent of the juvenile drug arrests in California during 1966.

We could pursue this further, Mr. Chairman, but I hope that this illustration will show that, as we have talked about the problem in professional circles and have done our studies and exchanged our memorandums, the agencies of law enforcement have encountered a grim situation that is developing with great momentum—with a momentum that seems to exceed our own ability, thus far, to explore the problem and come up with sound solutions that are in the public interest and that can be put into effect.

This is only part of the broad picture of drug abuse. As you know, Mr. Chairman, the drug abuse control amendments, which we carry

out, include a class of drugs called the hallucinogens. Among these drugs are lysergic acid diethylamide—or LSD—peyote, mescaline, psylocibin, and others, such as DMT and STP, which have recently come upon the scene.

Since the establishment of our Bureau of Drug Abuse Control, in February of 1966, we have conducted over 2,000 criminal investigations. A third of these have involved the hallucinogens. Marihuana has been offered for sale or seized in nine out of every 10 investigations by our BDAC men following the hallucinogen leads.

Our agents, Mr. Chairman, have moved in on these cases swiftly, but with a good sense of who has jurisdiction. BDAC agents in Dallas recently seized 1,000 doses of LSD. At the same time, they seized approximately 100 pounds of marihuana, which they turned over to Bureau of Narcotics agents.

At New York's Kennedy International Airport, BDAC agents, again working on an LSD case, seized not only a quantity of that drug, but about 230 pounds of marihuana as well, which was turned over to local police and agents of the U.S. Customs Service.

There are countless instances of marihuana appearing together with the hallucinogens under our jurisdiction. Our agents, working in close cooperation with other Federal agencies and with the excellent cooperation of State and local law enforcement agencies, can account for 931 arrests to date. Sixty per cent of these arrests involved the hallucinogens. And, as I have indicated—in both the investigational as well as the arrest stages—marihuana is usually present.

The Food and Drug Administration and the Treasury Department's Bureau of Narcotics have been cooperating in dealing with this problem. There is a formal working agreement between the Bureau of Narcotics and our Bureau of Drug Abuse Control which provides for a close working relationship between our agents in the field as well as our staffs in Washington.

The use of marihuana in this country and the rest of the world has a long history, of course. In the United States, "marihuana" refers to any part of the plant, or an extract such as the resin, which induces changes in physical perception and in psychological reactions. These physical and mental effects will vary in the individual marihuana smoker, depending on four major factors:

The circumstances in which the drug is used;
The amount consumed, usually by smoking;
The personality of the user; and
The user's previous experience with marihuana.

The most common reaction to marihuana is development of a state of mind in which ideas seem disconnected, uncontrolled, and freely flowing. Perception is disturbed, minutes seem to be hours, and seconds seem to be minutes. Space may be broadened, and near objects may appear far away.

When large doses are used—doses generally heavier than normally used in this country—extremely vivid hallucinations may occur. With such large doses, panic and a fear of death may make the experience highly unpleasant.

Gentlemen, what I have just told you about marihuana is a résumé from one of the most respected textbooks on drugs in this country. It is the third edition of the "Pharmacological Basis of Therapeutics"

by Louis S. Goodman and Alfred Gilman. I refer you to pages 299 and 300 of this volume.

It should be made clear, however, that no one in the scientific or medical communities is satisfied with the level of knowledge we have concerning marihuana and similar drugs. As I have stated on several occasions, there is still much research to be done.

For example, the chemical composition of marihuana has not been fully determined, although what seems to be the plant's most active ingredients have been isolated and synthesized.

Scientifically controlled marihuana studies of varying lengths have not been conducted on animals or humans to determine effects on body tissue and metabolism, or neuromuscular response, and on psychological, and cultural reasons for marihuana use, especially among our young people. The number and characteristics of marihuana users in the United States are virtually unknown, and paths to such use are unexplored.

Mr. Chairman, there are a number of studies that are being conducted under the auspices of the National Institute of Mental Health. I would like to deposit with the committee at this time a recent listing by the NIMH of their marihuana research and related grant activities.

(The document referred to follows:)

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, PUBLIC HEALTH SERVICE, NATIONAL INSTITUTE OF MENTAL HEALTH

(For release Thursday, October 26, 1967)

The National Institute of Mental Health today issued a summary of Institute-supported research related to marijuana and its components. The summary follows:

Eugene S. Boyd, University of Rochester, N.Y.—Investigation of the effects of marijuana components on the central nervous system of human subjects. Start September 1, 1960; $167,773.

Hine Laboratories, San Francisco—Development and investigation of tests to determine the presence of marijuana in blood and urine. Start March 1, 1967; $70,700.

Raphael Mechoulam, Hebrew University, Jerusalem—Synthesis of marijuana constituents and a study of their physiological and psychological effects. Start March 1, 1967; $26,500.

Constandinos J. Miras, University of Athens—Use of radio-active tagged marijuana to determine absorption, distribution, site of action and excretion of marijuana in the body of experimental animals. Start March 1, 1967; $14,000.

Lloyd J. Dolby, University of Oregon—A study of the chemical nature of selected marijuana components. Start September 1, 1965; $13,699.

Dean I. Manheimer, Longley-Porter Neuropsychiatric Institute; San Francisco—Research on patterns of drug acquisition, drug use and attitudes toward drugs by adults. (West Coast). Start June 1, 1966; $285,931.

Ira Cisin, George Washington University, Washington, D.C.—Research on patterns of drug acquisition, drug use and attitudes toward drugs by adults, (East Coast). Start June 1, 1966; $107,337.

Martin Hoffman, Mount Zion Hospital and Medical Center—San Francisco—Psychological and psychiatric studies of marijuana smokers. Start September 1, 1965; $64,751.

Richard Blum, Stanford University—An investigation of the incidence and patterns of use of marijuana and other mind-altering drugs by college students. Start March 1, 1966; $78,524.

Ross Speck, Hahnemann Medical College, Philadelphia—Investigation of adolescent drug users and of the spread of drug use among adolescents. Start June 1, 1966; $49,734.

National Student Association, Washington, D.C.—Exchange of information on the motives for, and extent and consequences of, drug use by college students

as a basis for developing means to discourage campus drug abuse. Start June 15, 1967; $50,600.

Samuel Pearlman, Brooklyn College of City College of New York—Investigation of patterns of drug use and abuse in five New York City universities. Start May 1, 1967; $4,200.

Christopher D. Stone, University of Southern California Law Center—A survey of laws concerning marijuana use, with special attention to problems of marijuana use in research. Start June 1, 1967; $3,248.

Harris Isbell, University of Kentucky, Lexington—Studies of psychological, emotional and behavioral effects of marijuana in humans, Addiction Research Center. (Intramural).

Dr. GODDARD. You will notice that underway are several projects on the sociology of marihuana usage, the metabolism of marihuana in man and animals, and patterns of acquisition of the drug.

Gradually, we will be able to construct a clearer picture—based upon hard, scientific facts—of this drug, its short- and long-term effects, its fully identity, and the ways it can and cannot be used by man.

Clearly, while the answers to these questions are being formulated by the scientific community, by the work of many hundreds of physicians and researchers, our enforcement efforts in the Food and Drug Administration as well as in the Bureau of Narcotics must continue.

I am reminded, Mr. Chairman, of the experience the FDA went through when it first became involved in the control of abused drugs. The agency discovered, for example, that as many as 25,000 barbiturate dosages could be purchased at a truck stop.

The enforcement strategy for an agency with limited manpower seemed to be clear enough: concentrate on those who engage in the illicit manufacture, distribution, and sale of large quantities of those drugs which are abused by some members of our society. This was the position advocated by the Department of Health, Education, and Welfare during the hearing before this committee on the Drug Abuse Control Amendments of 1965. This was the position adopted by the Congress.

After the amendments were passed by a unanimous vote of the Congress, this strategy of enforcement continued to be FDA's approach. In my opinion, it has worked well. In fact, last year, when we were questioned by three congressional committees as to the need for more stringent penalties—particularly penalties for personal possession and use of the amphetamines, barbiturates, and hallucinogens—I responded that we saw no need for a change in the law. We believed then and still believe today that no useful purpose would be served by making a felon of the individual who abuses these drugs.

I did state, however, that we would evaluate the effectiveness of the misdemeanor penalties for the illicit manufacture, sale, and distribution of the controlled drugs. If we find these penalties to be ineffective, I promised to come back to the Congress and seek a tougher set of penalties in that area. I repeat that promise now.

From this brief bit of history, you can see how the FDA, while administering the drug abuse control amendments and coming upon both LSD and marihuana in the course of our enforcement work, finds that there is a rather significant anomaly in the penalties with respect to these two hallucinogens.

During the past year and a half, I have become personally aware of the problem, as the agency's Commissioner. For example, our agents may find two individuals in the same room, one possessing LSD—an extremely dangerous drug, and one of the most dangerous drugs I have ever studied—and the other possessing marihuana. Our BDAC agents would seize the LSD under the executive seizure provisions of the drug abuse control amendments, but the person possessing the drug would not be subject to prosecution under the Federal statute. His companion, however, would be taken into custody and be liable to a felony conviction under the laws governing the possession of marihuana, a drug which is less potent that LSD.

This is why I consider the penalties to be inconsistent and why I believe that this inconsistency prevents full and effective protection of the public interest in the matter of abused drugs of any kind.

Let me emphasize again that I have never advocated the legalization of marihuana. Rather, I have raised the question of the severity of the penalties attached to possession of marihuana and I suggest that the Congress might also wish to review these penalties in the light of enforcement experience throughout local, State, and Federal Government and as the results of drug research may dictate.

In closing, I would like to summarize some of the tasks we are performing and the goals toward which we are striving in dealing with the problem of drug abuse in a comprehensive manner. Among these, I would include—

(1) a continuing concentration of enforcement activities against the illicit manufacturers and distributors of dangerous drugs;

(2) an increased exchange of information with State and local police and health agencies, as well as with similar international agencies, to strengthen enforcement programs and to broaden the total understanding of the scientific and social data upon which these programs must be based;

(3) the continuation and expansion of the research effort to fill the gaps in our knowledge that I noted a moment ago; and

(4) effective assistance to educators and journalists to support their effort to bring factual drug knowledge to the public, who ultimately must determine the nature and direction of our control programs.

The cooperation of many agencies, at all levels of government, is required in carrying out these broad assignments. The Food and Drug Administration will give its best efforts in this cause, I assure you.

Thank you.

I will be happy, Mr. Chairman, to answer any questions you or other members of the committee may have.

The CHAIRMAN. Thank you, Dr. Goddard.

I do have one or two questions, and I would like to say for the benefit of the committee that I hope that after questions have been asked, they will not be repeated by the members of the committee. I hope that we get the questions asked and answered by noon, in the hopes that we can finish this morning.

Dr. Goddard, to clarify some of your statements, do you favor eliminating any of the penalties presently prescribed by law for the

sale of marihuana or any other drugs whose sale is prohibited by law?

Dr. GODDARD. No, sir.

The CHAIRMAN. Well, based upon the studies that you have conducted, does it appear that a person can become addicted to any of the following drugs: the amphetamines, barbiturates, LSD and the like, marihuana, and the hard narcotics?

Dr. GODDARD. Yes. There is no question that persons can become addicted to the hard narcotics, the opiate derivatives of which heroin is one. Addiction implies that the individuals are taking increasing dosages and that they have physical withdrawal symptoms from the drug.

With respect to the amphetamines, the other drugs we have mentioned, LSD and the other hallucinogens, we do not see addiction, as such. We do see psychic dependence; we do see development of tolorence.

For example, people rapidly go to tolerance in the amphetamines. They may take heavy dosages at one time, for example, several hundred milligrams instead of the usual dosage of 5 milligrams, dosages so large that they could be fatal in any of us who have not taken the drug.

We now talk more in terms of drug dependence than getting caught in the argument of addicting, nonaddicting, and get into the semantic problems that existed in the past. Alcohol is still another drug that one can develop physical dependence upon and have withdrawal symptoms occur. Barbiturates also can cause physical dependence.

The CHAIRMAN. Now, that was my next question. Does alcohol cause addiction?

Dr. GODDARD. I would rather call it physical dependence, rather than addiction. This is measured by the increasing dosage that is required by the person to obtain the same effect; in other words, what we commonly call tolerance and the withdrawal symptoms that occur when the drug alcohol is withdrawn.

What we commonly refer to as the "DT's" are the physical manifestations of withdrawal sysmptoms in the individual who has developed a physical dependence to alcohol. As I have tried to point out, alcohol does represent a serious problem to our society. Many times I have also mentioned that marihuana and other drugs are abused.

These problems of drug abuse and the problem of alcohol are very much alike; they are manifestations of problems in society that we have to approach realistically; we have to recognize their presence and we have to begin to develop programs which will help solve these problems.

The CHAIRMAN. Excuse me. Is there a study now being made in your Department on alcohol?

Dr. GODDARD. Yes.

The CHAIRMAN. Who is making it?

Dr. GODDARD. Both through the support of research, and recently we have published what represents a comprehensive summary of our present knowledge about alcohol and alcoholism from the NIMH national clearinghouse for mental health information.

I could provide you, if you wish, Mr. Chairman, for the record, the scope of the studies that are being carried out, the activities that are underway.

(The information supplied is contained in Public Health Service publication No. 1640 (1967), "Alcohol and Alcoholism".)

Dr. GODDARD. We are talking about a very serious health problem, and I consider drug abuse to be a very serious health problem of our Nation as well, and marihuana is one drug that is being abused. The extent of the magnitude of that portion of the problem is known, and estimates range between 400,000 to 3 million people currently using marihuana.

The CHAIRMAN. One further question and then I will stop.

In 1963, the Prettyman commission recommended transfer of jurisdiction over the hard narcotics and over the amphetamines, barbiturates, and LSD to the Justice Department. Do you know if the administration ever took a position on that recommendation and, if so, what it was?

Dr. GODDARD. I do not believe they have ever taken a position on that recommendation. I am familiar with the Prettyman report, but they have not taken a position.

The CHAIRMAN. Mr. Friedel.

Mr. BROWN. Mr. Chairman——

Mr. FRIEDEL. I don't have any questions, but I am very glad we invited Dr. Goddard to this meeting to clear the air. I am glad that you were here to deny that. I think you have been done a lot of injustice.

Dr. GODDARD. Thank you.

Mr. FRIEDEL. Thank you, Mr. Chairman.

The CHAIRMAN. Mr. Keith.

Mr. KEITH. Thank you, Mr. Chairman.

It is good to see you here to clarify this confusing situation, but I am not surprised that it is confused. It seems to me that you could have given a frank statement of one word to each of the questions contained in this UPI letter and saved yourself a lot of embarrassment, this committee a lot of concern, and reassure the public as to what the true facts were instead of hedging a bit. It seems to me as though you asked for what you got.

The letter you presented here does not give a simple, straightforward answer to a question that could have been answered simply and straightforward. Is that not so?

Dr. GODDARD. I don't believe it is so because I obviously answered the questions that were asked me by the press on this and other occasions, and these are complicated matters. Many of these things cannot be answered by a direct "Yes" or "No."

I would like to offer for the record, Mr. Chairman, a copy of the transcript of the press conference at Minneapolis as well as other press conferences where the question has arisen.

(The document referred to follows:)

TRANSCRIPTION OF WCCO TAPE OF GODDARD PRESS CONFERENCE, OCTOBER 17, 1967, UNIVERSITY OF MINNESOTA, MINNEAPOLIS, MINN.

Dr. GODDARD. First of all, marijuana is under the jurisdiction of the Bureau of Narcotics, U.S. Treasury Department. I've been asked to comment on the subject a number of times and I've tried to make my position clear, that first we need more long term research to detect any possible serious side effects from chronic usage. But, secondly, I feel that the present penalty for personal possession is

too severe, and I've simply said that the penalties for sale and distribution should remain but, I favor a penalty more comparable to that, that we have for the other hallucinogens. LSD, which is far more a serious and toxic drug than marijuana is, after all, a mild hallucinogen. It just isn't a rational kind of set of penalties for these two classes of drugs.

Question.—Would you describe it as being more dangerous than alcohol? Marijuana is more serious than alcohol?

GODDARD. Well, trying to compare two different drugs is a very risky business itself. They have quite different mechanisms of action; alcohol's a depressant, where marijuana is a mild hallucinogen, at best, or maybe a euphoric.

Now, they both share some properties in common, however, they both distort our sense of reality, and therefore it's dangerous to operate heavy equipment or drive a vehicle when we're under the influence of either one of these.

Alochol, probably, lends itself more readily to control on the part of the individual, with respect to the dosage he's receiving than marijuana does, at least to the inexperienced.

So, there are some similarities, but there are also some differences. And as I've mentioned many times, we don't know what the long term effects of smoking marijuana or using marijuana in other forms might be, and we have to carry out this kind of research before, I for one, would be satisfied to say that the drug is safe under any conditions.

Question.—Doctor Goddard, what major safeguards do we need in the commercial drug testing?

GODDARD. Well, we seem to have good laws at the present time. It's a matter of having the laws that exist in the form of the Kefauver-Harris Amendment of 1962, followed by those who produce and distribute drugs for the marketplace. I'm satisfied we're making progress in this field. We're trying to get truth in drug advertising. I think we're beginning to see some signs of progress.

Question.—Do doctors know about the adverse affect of drugs? Are they well informed on that?

GODDARD. Well, this is one of the areas that the Kefauver-Harris Amendments was designed to correct, the failure on the part of firms who sell these drugs to sort of obscure or tend not to tell the doctor about the bad effects. We are seeing improvements in this, but I'm still not satisfied, that all of the scientific data is properly being provided to the prescribing physician.

Question.—Can you specify some drugs that you think might have adverse effects?

GODDARD. Well, we have recently in the past year, in fact, caused a number of "dear doctor" letters to be sent out, and I think the doctors know what these are well enough without my going into details now.

Question.—How serious is the shortages of flu serum going to be?

GODDARD. Well, I haven't kept up with the flu vaccine problems this year. I used to, when I was chief of the Communicable Disease Center, because we were the group that predicted how serious the flu season would be. The Division of Biologic Standards, part of the National Institutes of Health in the Public Health Service, determines what the nuture of the flu vaccine will be, that the manufacturers turn out. So, it's not under my perview, and I'm not all caught up on the subject right now.

Question.—How about drug pricing? Are you investigating companies that maybe sell drugs at inflated prices?

GODDARD. No, we have no responsibility for pricing policies of the drug industry. I'd like to make that clear.

Question.—You were speaking of ante facto action by business, getting into the area of your talk this afternoon. Could you communicate to us some of the idea in—in a minute or so?

GODDARD. Well, I'm simply trying to say that the business community, be more perceptive as to the writing that's on the wall and begin to take actions long before the Government pushes them into certain activities, become involved in the community activities, in our national affairs in a different way than they have in the past. This is a risk type of thing, I admit, but it's essential in my thinking, if the business community is going to withstand increasing government regulation.

I'm simply trying to say that the automotive industry could have avoided the creation of a National Safety Agency had they built more safety into their vehicles, something they've always been capable of, they have the scientific—the engineering know how; the only thing they lacked was the desire and the social perceptiveness to realize that if they failed to do it, it would be done to them.

This is what I'm also trying to tell the drug industry, avoid the heavy hand of regulation by acting in a responsible way. Make the decisions yourselves. The food industry has done quite well.

That kills it fellows.

Mr. KEITH. I would like to ask you again——

Mr. BROWN. May I ask if that is the same transcript you sent me?

Mr. KEITH. I have not yielded as yet.

I would like to ask, if I may, the question that was asked of you. You were asked whether or not marihuana is more dangerous than alcohol. Will you answer that question now?

Dr. GODDARD. I do not believe it is more dangerous than alcohol but it is difficult and dangerous to compare these two drugs. One is a drug that is a depressant; the other an hallucinogen.

Mr. KEITH. We realize there are amplifications to that answer but at any rate I can see where the press looks for a quick answer to something so they could make a headline. You are in the business of representing the public and leading them; I believe that by attempting to elaborate and equivocate upon that answer you asked for the response that you got from the public.

Now, the next question that was asked of you by Mr. Cohn, as I understand it, was whether or not you would mind if your daughter smoked marihuana any more than if she drank a cocktail.

What would be your answer to that today?

Dr. GODDARD. My answer is that I would not want my daughter or anyone else's daughter to smoke marihuana. We don't know what the long-term effects of the drug are.

Mr. KEITH. I tell my daughter, leave it alone.

Dr. GODDARD. So have I.

Mr. KEITH. And the public would get your meaning.

Now, this is sort of a lengthy approach, it would appear to the public in casual reading of the press comments as contrasted to the position I believe you take in some other area of jurisdiction of the FDA like fish protein concentrate where the official position is that fish protein concentrate is not fit for human consumption.

Dr. GODDARD. No, sir. That is not the case. I am sorry. I have never said that fish protein concentrate is unfit for human consumption. Whole fish protein concentrate has been approved by me and is going to be produced for distribution both here and overseas. In fact, I also share with you some concern, Mr. Keith. I feel rather strongly that I am in an anomalous position here of being accused of taking a soft position.

Mr. KEITH. Mr. Chairman, I am perfectly willing to let your statement stand with reference to fish protein concentrate.

The CHAIRMAN. I might say that the gentleman's time has expired. I failed to make it clear that we are only here for one purpose and not to go into other things. We do have an answer to your question, though, Mr. Keith.

Mr. Dingell.

Mr. DINGELL. Thank you, Mr. Chairman.

Doctor, I have not prepared myself for this day's hearings, having been devoting my thoughts to other matters a little while back.

I did send back to my office for some of my files for the impact of marihuana which I am impelled to look at some of the psychological

effects that take place as quoted in at least one major news magazine that not infrequently marihuana is at least a constituent of the so-called drug culture shadow world that we see. It certainly is dangerous and should be viewed with a great deal of concern by organized society.

Am I correct on this matter?

Dr. GODDARD. Yes, sir.

Mr. DINGELL. You have indicated to us that we do not know fully the physiological impact of the use of marihuana; am I correct?

Dr. GODDARD. That is correct.

Mr. DINGELL. But I read here in an article which I took out of the Washington Post, an article entitled "Doctor Finds Marihuana Far From Harmless," he goes on quoting Dr. Constandinos J. Miras of the University of Athens. He says:

I can recognize a chronic marihuana user from afar by the way he walks and talks and acts.

Do you have any knowledge that would indicate to you that this is not a factual statement?

Dr. GODDARD. I would have difficulty based on my reading of the literature on this subject and discussion of the subject with my colleagues that someone could tell one person who uses marihuana from afar by the way he walks, talks, and acts.

Mr. DINGELL. Mr. Miras' conclusions are based on 20 years' observation of chronic marihuana smokers in Greece. He defined a chronic marihuana user as one who smokes at least two marihuana cigarettes a day for 2 years or longer and he goes on to say he begins to see the personality changing typifying the long-term user—slow speech, the lethargy, the lowered individual activity.

He went on to say as follows:

They will accept as perfectly possible things which five years ago they did not even like to hear discussed. They will become suddenly silent without apparently provocation; they will even kill.

Then the article states that Dr. Miras is a pharmacologist. He goes on to cite this effect. He says:

Many of the human objectives he has been studying—

Referring to Dr. Miras—

were teachers, members of the arts, graduates of years past. Many of them left their professions and looked in other jobs but preferred most of all to sleep and talk of philosophy, he said.

Are these circumstances observable circumstances in connection with users of marihuana, Doctor?

Dr. GODDARD. Let me make two points, Mr. Dingell.

First is the pattern of usage. The use in other countries differs from our patterns. First of all, the drug, itself, may be different. It is often more powerful. In other words, the resin or marihuana is more commonly used in other countries of the world than it is in the United States where we tend to use the leaves which are pharmacologically less active, so you are dealing with a drug at a higher concentration. This is the point I want to make.

We have not had enough long-term experience or experience with long-term chronic users. We do know it is a dangerous drug. I cannot refute his statement but it is dangerous to make categorical state-

ments about this drug because we really do need a great deal more knowledge.

Mr. DINGELL. If I may, I would like to read just one more thing. Rat studies, for example, have showed that marihuana reduced reproduction activity 90 percent.

Dr. GODDARD. That is right.

The CHAIRMAN. Your time has expired.

Mr. Cunningham.

Mr. CUNNINGHAM. Thank you, Mr. Chairman.

I am not going to comment on the drug problem but I was very much surprised that the United Press said they don't owe you an apology. They certainly do.

I am very much disturbed with the irresponsible, sensational reporting that we get in our press today. This happened to me. Just last week, I was appearing before a Senate committee on a House-passed bill and I was talking about a section of that bill that I am very much concerned with and there was a UPI dispatch that said Congressman Cunningham said in effect if he does not get this provision in the Senate bill as it is in the House bill, he will kill the bill because I will be a conferee on that committee. I never made any such statement.

I didn't have a prepared text and I just spoke off the cuff for about an hour and a half. But they made the sensational opening statement and I immediately checked the transcript and found there was no reference to any such statement made by me; there was no foundation for it.

So, I just hope when I take this up with the UPI they will give me an apology as they did you which you should have and deserved to receive.

Thank you, Mr. Chairman.

The CHAIRMAN. Mr. Rogers.

Mr. ROGERS. Thank you, Mr. Chairman.

Dr. Goddard, I am glad that you stated that you were not quoted correctly and an apology from UPI has been given.

Now, let me ask you this; You say alcohol is not addictive to the subject.

Dr. GODDARD. Well, physical dependence.

Mr. ROGERS. You say it is a dependence?

Dr. GODDARD. A physical dependence or addiction does occur and if you wish to equate those two, yes.

Mr. ROGERS. So, smoking cigarettes, for instance—some people have a dependency.

Dr. GODDARD. That is more of a psychological dependency.

Mr. ROGERS. I don't know what you call it; they get dependent on it.

Dr. GODDARD. Yes; they do.

Mr. ROGERS. What we need to get across to the public is what you basically have said but it has not been reported—that there is a dependency on these drugs and that it can be on marihuana, I presume, just as it could on cigarettes?

Dr. GODDARD. Yes.

Mr. ROGERS. So, a dependency—and I hope the press will get this point this morning, that it may not be an addiction in the scientific

sense of it but a dependency, which is just as bad as an addiction if the person is dependent upon a drug.

Now, let me ask you this: I think you have said that alcohol—you are not sure that one is any worse than the other—if one depends on anything it can become very serious. Actually, we have recognized in the law that marihuana is a drug and if there is a dependency on this drug it is a criminal act to sell it. Now, let me ask you this about LSD which is such a potential hazard: Should not this committee consider making possession of LSD a criminal offense?

Dr. GODDARD. Possession, Mr. Rogers?

Mr. ROGERS. Yes; possession.

Dr. GODDARD. I do not believe this committee should. I was asked this question by three committees of Congress last year. My opinion then, and still remains the same, is we should not make criminals of young people in our society who experiment with these drugs. Rather, we should focus our efforts in the drug abuse area, whether we are talking about marihuana, LSD, or whatever it may be, on diminishing the availability of it.

Then, an underlying problem that society has to examine is, why do these people experiment with drugs?

Mr. ROGERS. But we cannot get into that problem.

Dr. GODDARD. I don't think it helps.

Mr. ROGERS. Now we have said it is against the law to sell it.

Dr. GODDARD. Yes, and I believe that should be.

Mr. ROGERS. Don't we make it a penalty if they have opium or a hard drug, narcotic?

Dr. GODDARD. Yes.

Mr. ROGERS. And if there is a possession of it?

Dr. GODDARD. Yes.

Mr. ROGERS. Don't we make possession of marihuana a criminal offense?

Dr. GODDARD. Yes.

Mr. ROGERS. Isn't LSD worse than marihuana?

Dr. GODDARD. Yes.

Mr. ROGERS. Well, it seems to me we have not controlled it very well or stopped the sale of it.

Dr. GODDARD. I would say we have not stopped the sale of marihuana very well, either.

Mr. ROGERS. That is right. At least we can do something about it when we find it in possession. So, I just hope you will review your position here. I think this committee is going to have to study the situation and we have to stop this free flow of drugs.

Thank you.

The CHAIRMAN. Mr. Harvey.

Mr. HARVEY. Dr. Goddard, does marihuana degrade driving skills more or less than alcohol?

Dr. GODDARD. Yes; it does degrade them differently and I have tried to point out this is one of the dangers of hallucinogens and marihuana, specifically because it distorts the time sense very markedly; seconds seem like minutes, so one's perception changes markedly.

Now, alcohol also influences driving skills, depending on the level of alcohol blood levels that are attained. Up to 0.05 produces relatively little changes in driving skills; after that, rather marked de-

terioration sets in in the ability to track and maneuver a vehicle, attention span, and these kinds of things, so they are a little different—both very dangerous.

Mr. KUYKENDALL. Will the gentleman yield?

Mr. HARVEY. Yes.

Mr. KUYKENDALL. I think it is very important that we bring out here one thing that should be clarified about this letter of apology from the United Press. This is kind of a left-handed apology because in the same letter, and I would like to read from this letter, and this is quoting the reporter on the scene, it says:

> Mr. Cohn then asked whether you would mind if your daughter smoked marihuana any more than if she drank a cocktail and you replied no except in the context of the present law.

Now, this left a very clear implication that if it was not against the law it would be all right. This is in the letter of apology.

On the second page of this letter of apology, which is the strangest letter of apology I have seen, it says:

> Would you mind if your daughter took marihuana?
> Answer: We have talked about it at home. I would in terms of the law today. We really don't know what the long-term effects are. He never answered his daughter yes or no in either case.

There is something I want to question here as to wheher or not it was made absolutely clear in this apology. I don't think it was.

Another point, here is a newspaper that didn't apologize, Mr. Chairman, the New York Times, and they questioned:

> He did not favor legalizing the drug but favored the removal of penalties for simple possession.

I have approved fully of the statement you have made here this morning. I wish you would have made it in Minneapolis and stuck with it, but I think it was a bad day in Minneapolis because I think you made yourself absolutely clear.

I don't think all these reporters—I don't think everybody that heard this was completely off their rocker in being misled so easily. I don't have any doubt about what your intent was but, sir, what I want to question you about is this: Don't you feel like you are responsible for your speculations in public as much as the actual scientific meaning?

Dr. GODDARD. Yes, sir.

The CHAIRMAN. Would you answer the question?

Dr. GODDARD. The answer to that last question is "Yes." However, I would like to add that, as opposed to the letter from the United Press International, the report contained in the pink sheet of October 23 where this particular publication called Victor Cohn, the reporter who was present, a veteran science reporter, and Mr. Cohn made this point in his story:

> Goddard stated two reservations. The first was that we don't know what its long-term effects are. For example, we don't know whether or not it may alter the chromosomes as LSD may do. I would not want young women who have not been married and children yet unborn to be affected.
> Goddard's second reservation continued that marihuana distorts perception of reality so that it is dangerous if you are driving a vehicle or operating heavy equipment.

Now, this was in response to the same question about my daughter and drinking and may I say I don't view my family as setting the

norm for the United States; rather, I feel my responsibility is to all parents of this country and to their children. We are concerned with a national problem of drug abuse and this is what we are trying to get at.

Mr. KUYKENDALL. If the gentleman would yield for one more quick question.

Do you feel no responsibility for this misunderstanding?

Dr. GODDARD. Well, I obviously have to feel responsibility, yes, because I was at the press conference. In communications, if I don't make myself clear, then I have been partly responsible.

Mr. KUYKENDALL. Thank you, Dr. Goddard.

The CHAIRMAN. Any further questions. Mr. Harvey?

Mr. HARVEY. No. I just would like to comment, Mr. Chairman, that I think Dr. Goddard, that what disappointed some of us on the committee is that we feel a part of your role as Commissioner is that of public education. Certainly it suggests more than just analyzing these drugs and being able to tell this committee the harmful effects. I think we would have all felt much easier if you had stressed in Minneapolis the "grim situation," which you have now told us that confronts law enforcement officers today.

This is what this committee is worried about and this is what I am particularly worried about, and we appreciate your explanation again.

The CHAIRMAN. Mr. Kornegay.

Mr. KORNEGAY. Thank you very much, Mr. Chairman.

Dr. Goddard, I, too, join my colleagues in saying we are glad you are here today.

I have a copy of the Washington Post article dated October 18, I believe, which described the conference in Minneapolis. The first statement of significance is the one you have already answered and that is related to your daughter, and I am not going back into that or about her smoking marihuana or drinking cocktails.

The next one is:

> Dr. Goddard said the long-term effect of smoking marihuana may be more serious than the effect presently known.

Did you say that, sir?

Dr. GODDARD. Yes.

Mr. KORNEGAY. Then you were quoted as saying that:

> Society should be able to accept both alcohol and marihuana.

Did you say that, sir?

Dr. GODDARD. Yes; but in the context of both of these are real problems that we have to accept them as problems and begin to work on them.

Mr. KORNEGAY. You didn't say accept the problem; you said accept the alcohol and accept the marihuana.

Dr. GODDARD. Sir, I must tell you that this press conference was a confusing one in every aspect. A fuse blew at the start.

Mr. KORNEGAY. It started informally and then they figured they were working into a pretty big deal so they moved inside; is that right?

Dr. GODDARD. What happened, Mr. Kornegay, was the university had a young woman on their staff from the press office and after the speech

in the front of the room where the meeting had been held she said, "We have some people who want to meet with you."

We were about to begin there and then someone else came along and said, "No; there are television cameramen who have set up in a nearby room," so we moved immediately there. We started the press conference and about 3 minutes after the beginning, as I recall, a fuse blew so the cameramen asked that it be stopped and we waited until the fuse was repaired.

Then they asked the same questions over again. They went back to the same question on alcohol and marihuana. Now, the transcript we have, therefore, is not complete in the sense that it does not contain the part that preceded the fuse blowing; whoever was doing the transcription wiped that when they picked up again.

So, I have no proof that I used it in the proper context nor is there any proof that I did not, and that is why I say this was an unfortunate series of events that day.

Mr. KORNEGAY. All right. Let me proceed with the understanding that it was a confusing situation. It goes on quoting you as saying:

I don't believe smoking marihuana leads to addiction of stronger drugs.

Did you say that?

Dr. GODDARD. Yes, sir.

May I explain why?

Mr. KORNEGAY. Yes, sir.

Dr. GODDARD. In the study carried out by the Federal facility of Lexington of some 2,200 admissions roughly in 1 year, they examined the use of marihuana as a precursor to the use of heroin and they found that there was a very strong correlation for individuals who came from 16 areas in the United States, 16 States including the District of Columbia and Puerto Rico. The correlation was about 80 percent. Almost everybody who used opium or heroin had started first with marihuana at age 17, roughly.

Then the next thing that happened was the mean age at the time of first arrest was about 18.7 years and the mean age at time of first use of herion was 20.9 years.

Now, quite in contrast to this, 12 Southern States showed an entirely different pattern. There was no correlation with marihuana use to those who were addicted to opiates. The opiates tended to be different. We didn't have the heroin addiction as commonly as in these other States so there are these extremes.

There are people who say that opium addicts always start on marihuana and that marihuana can lead to addiction to hard narcotics. Both are wrong.

With the number of estimated people in this country who use marihuana, between 400,000 and 3,000,000, and some people place the figure as high as 20,000,000 as representing those in our society who have tried marihuana, it is clear with only 60,000 heroin addicts in our country that not everyone who smokes marihuana has become addicted to heroin and that was the basis for my statement.

Mr. KORNEGAY. Of course, some start higher on the ladder than others.

I see my time is up but just one question, Mr. Chairman, and that is, it appears to me as I gathered from your testimony that you feel that

there ought to be a lessening of the severity of the laws on marihuana. I mean, you say it that way, making it too stringent.

Dr. GODDARD. Yes.

Mr. KORNEGAY. As I gather, one of the reasons you feel that way is that the laws on LSD are not stringent—not that you feel they are not stringent, but they are not as stringent on marihuana.

Dr. GODDARD. For possession.

Mr. KORNEGAY. I agree with my friend, Mr. Rogers, that you ought to be here asking to increase the laws on LSD rather than to lessen the stringency of the laws on marihuana.

Dr. GODDARD. Mr. Kornegay, I may well come back and ask that the penalties for the sale and distribution and manufacture of LSD be increased. I am simply saying that I think the penalties are inconsistent now and I do not feel as an agency head that making young people who are using LSD into felons is desirable for our society.

Mr. KORNEGAY. I agree with you. It appears to me that you have not rectified this and you ought to raise them on LSD rather than lower them on marihuana.

The CHAIRMAN. You clarify one thing, that it would be on possession instead of sale or anything like that.

Dr. GODDARD. Yes.

The CHAIRMAN. Before we get all intertwined, I understood you to say it was on possession.

Dr. GODDARD. That is right.

The CHAIRMAN. Mr. Nelsen.

Mr. NELSEN. Mr. Chairman, I have no questions.

I only wish to comment that I am sure that we all agree that the circumstances perhaps were unfortunate and perhaps misinterpreted to some degree and I hope the hearing today has fully clarified the situation.

Having served in an executive position in the Government, I know how difficult the role is at times. I have been before a congressional committee and have been cross-examined. I also know that it is not easy to get people to serve the Government in any capacity because qualified people are hard to find.

I do agree that this has been unfortunate and I hope the hearing today has fully clarified the position that you, Dr. Goddard, have taken and I think you agree that some of the circumstances were unfortunate.

Mr. BROWN. Would you yield?

Mr. NELSEN. I would be glad to yield, Mr. Brown.

Mr. BROWN. Dr. Goddard, did you find fault also with the New York Times article on your press conference in Minneapolis?

Dr. GODDARD. I thought it generally covered the points that were made there; yes.

Mr. BROWN. The reason I ask the question, and I ask it as a newspaperman more than a Member of Congress, is that I understand that the source was different; in other words, a different person heard your comments and wrote the article which was in the New York Times than the one who heard your remarks and wrote the United Press dispatch.

Dr. GODDARD. Yes, sir.

Mr. BROWN. I would like to put the whole article in the record at this point so that we can see the way the New York Times reported this case.

(The article referred to follows:)

[From the New York Times, Oct. 18, 1967]

PERIL OF MARIJUANA AND THAT OF ALCOHOL EQUATED BY GODDARD

MINNEAPOLIS, October 18.—Dr. James L. Goddard, Commissioner of the Food and Drug Administration, said yesterday "whether or not marijuana is a more dangerous drug than alcohol is debatable—I don't happen to think it is."

Dr. Goddard said that he favored removing all penalties for the possession of marijuana, leaving penalties only for its sale or distribution.

"We don't know what its long-term effects are," he said. "For example, we don't know whether or not it may alter the chromosomes, as LSD may do. I wouldn't want young women who haven't been married and had children yet, to be affected.

"It distorts your perception of reality so it's dangerous if you are driving a vehicle or operating heavy equipment."

Dr. Goddard was asked if he would object to his son or daughter using marijuana. He has a son, Bruce, 19 years old, and two daughters, Margaret, 21, and Patricia Ann, 18, in college.

"We've discussed this at home," he said, adding:

"I would object in terms of the law today and any possible long-term effects."

He said that he did not favor "legalizing" the drug completely but favored the removal of all penalties for simple possession.

"We need more research on chronic use," he said, "and I think this research will start now."

Dr. Goddard's comment on marijuana came after a lecture on business responsibility to an assembly at the University of Minnesota. He told that group that he would answer questions on any subject except marijuana.

But the first question at a new conference that followed was on marijuana. It was then that he gave his views on the subject.

VIEWS ARE ASSAILED

Dr. Robert W. Baird, a campaigner against marijuana and other narcotics, assailed Dr. Goddard's comments last night and demanded his resignation as head of the Food and Drug Administration.

Dr. Baird said that Dr. Goddard's comments had done "irreparable damage across the college campuses as well as in the high schools."

"This man's knowledge of narcotics is notorioulsy poor," Dr. Baird said. "Before he makes comments off the cuff, he ought to realize that 97 other nations who signed the Narcotics Convention of 1965, of which we were a part, can't all be wrong in realizing that marijuana is detrimental.

"I am surprised at his as a doctor. I am really mortified."

Dr. Baird, who is the director of the Haven narcotics clinic in Harlem and the chairman of the Suffolk County Narcotics Control Commission, said that he was "unequivocally" demanding Dr. Goddard's resignation "for equating marijuana on the same plane as alcohol."

A symposium on narcotics will be conducted by Dr. Baird today at the New York Hilton. About 1,000 college and high school students are expected to attend.

Dr. Baird said in a telephone interview that he would produce a dozen youngsters who had become involved in accidents of one kind or another after smoking a marijuana cigarette.

Mr. BROWN. You are reported in many instances in the same words as used in the UPI dispatch but among the comments, and this is in the first paragraph, you were quoted as saying:

Whether or not marihuana is a more dangerous drug than alcohol is debatable; I don't happen to think that it is.

Dr. GODDARD. Yes.

Mr. BROWN. And you are further quoted later on in the story where it was jumped to an inside page with reference to this question about the family discussion of marihuana, as saying, and I quote:

> We discussed that at home, he said, adding, I would object in terms of the law today and any possible long-term effects.

Then the article goes on to say:

> He said that he did not favor legalizing the drug completely but favored the removal of all penalties for simple possession.

Is that a fair interpretation of your view?

Dr. GODDARD. Well, on alcohol and marihuana I said it was debatable but that I felt it was not because I feel that we have a major problem with 11,000 deaths and about four and a half to five million alcoholics in our society, a very large social problem. We also have one of drug addiction of which marihuana is a part of the problem of drug induced——

Mr. BROWN. That really is not what I asked. What I asked was if you felt that this was a fair interpretation of your view. In other words, are both UPI and the New York Times wrong or was just UPI wrong in this?

Dr. GODDARD. I think that is a fairer interpretation of what I said at the press conference.

Mr. BROWN. Thank you.

The CHAIRMAN. Mr. Van Deerlin.

Mr. VAN DEERLIN. No one has asked you, Dr. Goddard (and it is really none of our business) but as a father, I am curious to know—does your daughter do everything you recommend, and refrain from those things you may warn her against?

I have three daughters coming along, the eldest 17. I should like to think that they might avail themselves of the wisdom that I have accumulated over a half century. I feel perhaps such is not the case. I think it is very important if we are going to reach the next generation that we don't tighten ourselves too much with the ideas or shibboleths of the past.

Even men in important national positions like yourself should feel free to think, and to discuss, without fear that you are going to be hauled in before a congressional court and held accountable for every last syllable that you uttered.

Dr. Goddard, this has no connection with what I have said thus far. Is marihuana an aphrodisiac?

Dr. GODDARD. It is generally not an aphrodisiac, but rather when persons who are interested in sexual activities use the drugs their interest will be heightened and the sensations will be heightened, as well. This has been frequently reported in the scientific literature in this country, from India and from other parts of the world.

No; it is not generally viewed by science as being an aphrodisiac.

Mr. VAN DEERLIN. Does marihuana have any medical benefits?

Dr. GODDARD. It is not accepted or used in medical practice in this country today; it has not been, of course, since 1937. This is not to say there is not great interest in some of the fractions of marihuana and the recent synthesis of THC is extremely interesting to pharmacologists because they feel that they can investigate some of the mechanisms

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-

lems of juveniles and youth in our society that lead them to have used drugs, including marihuana, and it is one that is being widely used today.

The CHAIRMAN. Mr. Watson.

Mr. WATSON. Thank you, Mr. Chairman.

Dr. Goddard, I differ about 180 degrees from my friend from California and my friend from Washington. I think you have a responsibility to the public not to discuss your own personal philosophies about these things because the parents of all teenagers are, I think, directly influenced by any judgment that you make.

Frankly, I believe the main trouble that you had in this particular instance is that you qualified your answer in reference to the use of marihuana.

Now, let me ask you this: You cited the fact that we have had 140-percent increase in the use of marihuana among young people in California alone. Further, you stated on page 5 of your prepared testimony that marihuana has been involved in nine out of every 10 investigations by the Bureau of Drug Abuse Control.

Despite those figures, you tell the American public that you would still advocate a reduction in the penalties for the possession of marihuana?

Dr. GODDARD. Yes.

Mr. WATSON. Despite those figures, you still advocate it?

Dr. GODDARD. What I have been trying to ask is that we review this whole matter. We feel that the major emphasis, the major effort should be on the control of sale and distribution and that there is an anomaly here.

Mr. WATSON. I don't want to interrupt you, but I think our problem is that you have qualified so many of your answers. I would like to get some "Yes" or "No" answers as far as possible.

You would still say, despite the tremendous increase in marihuana, despite the fact that nine out of 10 of your cases had involved marihuana, you would still recommend that the penalties for possession be reduced despite those figures?

Dr. GODDARD. Yes.

Mr. WATSON. Secondly, you made much ado about the long-term effects, and not knowing what the long-term effects are I am sure you are aware of the short-term effects.

Dr. GODDARD. Yes.

Mr. WATSON. Of course, we can only speculate what period would be required for you to determine what the long-term effects are. On the basis of the short-term effects and the detrimental effects as you have outlined, you would still recommend again that there is no more danger in marihuana than there is in alcohol?

Dr. GODDARD. This is not a question that I can answer with "Yes" or "No."

Mr. WATSON. Well, you have recommended it, have you not?

Dr. GODDARD. No; I have said it is dangerous to compare drugs of different pharmacological classes. Because I was asked the question, I compared the actions of the two and I have said that alcohol is a great problem for our society. In terms of the health problems, it is a greater problem than marihuana.

Mr. WATSON. Doctor, we know it is a tremendous problem; we are trying to get at the basic facts now of education.

Educationally speaking, you have spoken to the young people and said there is no more danger in marihuana than there is in alcohol. You have spoken to the American people and said that the penalties for the possession of marihuana should either be eliminated or reduced. That is your position in the eyes of the American public and I think you have done a great disservice to people who are concerned about the drug problem, and I say that in all respect.

May I ask you one thing further?

You said we should not make felons of young people who experiment with drugs. Even if that experiment leads to dependency or addiction, you would still make that statement? Can the experiment lead to addiction or dependence?

Dr. GODDARD. It can.

Mr. WATSON. You still make the statement that we should not deter to the point of making criminal penalties apply to young persons?

Dr. GODDARD. That is correct. The person then is like an alcoholic; he needs medical treatment if he becomes dependent on the drugs, not criminal treatment.

Mr. WATSON. But parents are trying to say no, don't use it, don't possess it.

Dr. GODDARD. So am I.

Mr. WATSON. You are saying possess it.

Dr. GODDARD. No.

Mr. WATSON. Without criminal penalties.

Dr. GODDARD. No.

Mr. WATSON. Aren't you? Did you suggest reducing or eliminating the criminal penalty?

Dr. GODDARD. I said let's review these penalties; I think they are inconsistent. I specifically said it is too severe, in my opinion.

Mr. WATSON. Well, aren't severe criminal penalties a deterrent? Are they not, sir?

Dr. GODDARD. I would have to ask a criminologist that question. I believe there is some argument about this.

Mr. WATSON. There is some argument. I am sure there is always argument about everything.

Dr. GODDARD. Certainly.

Mr. WATSON. Explain one thing. You say drug dependent rather than addiction. I am afraid we are playing semantics here now.

Addiction is a stronger term than dependency. What is the difference between dependency and addiction?

Dr. GODDARD. The difference may be whether or not a person has physical withdrawal symptoms upon discontinuing the drug. Opiate derivatives cause addiction.

Mr. WATSON. Do you not have the problem with any person who is dependent upon the drug as well as the addict?

Dr. GODDARD. Not necessarily; no.

Mr. WATSON. You do not have problems with a person who is dependent upon a drug?

Dr. GODDARD. No, sir.

Mr. WATSON. Would not have problems in withdrawal?

Dr. GODDARD. No physical signs of withdrawal upon cessation of usage of drugs. Persons are psychologically dependent upon but not addicted to.

Mr. WATSON. Who have no problems in withdrawal, someone who is dependent upon the drug? That is your position?

Dr. GODDARD. Well, I admit this gets down to trying to medically define the difference between addiction and dependence. In the World Health Organization they prefer now and in other organizations to talk about drug dependence which is a spectrum of problems with drugs going from the person who is psychologically dependent or habituated to the use of a drug or a compound such as tobacco on up through the person who is physically dependent upon a drug such as the opiate derivative heroin. So there is a whole spectrum.

Mr. WATSON. Doctor, oftentimes the mental dependence of a drug is just as serious as a physical dependence, but you are now trying to tell us it is easy for a person to withdraw without any problems.

Dr. GODDARD. I didn't say it was easy, sir; I said there was no physical signs of withdrawal.

Mr. WATSON. May I say in all respects I am afraid a disservice has been done in this regard.

The CHAIRMAN. Mr. Adams.

Mr. ADAMS. Continuing on that, Dr. Goddard, I preface this by saying that I have both prosecuted cases dealing with the hard narcotics and so-called soft narcotics and dealt with addicts as witnesses. Actually what you are referring to as addiction is an actual physical change in the nerve ends, are you not? the so-called hard narcotics when they cause withdrawal systems, it is produced by a physical deterioration in those nerve ends, isn't that true?

When they speak of withdrawal, when they say the skin crawls, it literally crawls, does it not?

Dr. GODDARD. Yes.

Mr. ADAMS. Whereas, with the others the problem may be extremely difficult but it is a mental problem as it is with stopping smoking, stopping alcohol, stopping all the rest?

Dr. GODDARD. Yes.

Mr. ADAMS. And it may be terribly severe and it may be something that the person cannot overcome?

Dr. GODDARD. That is correct. I stopped smoking cigarettes and it was an extremely difficult thing to do.

Mr. ADAMS. And you will have various degrees of this.

Now, I asked Mr. Van Deerlin to yield because I am concerned about, and I think your message covers, a broader spectrum than marihuana. What you are basically saying is that alcohol as well as marihuana as well as the hallucinogens over a broad spectrum are all extremely dangerous and bad for the general health of the individual, isn't that right?

Dr. GODDARD. Yes.

Mr. ADAMS. And that we should be examining all of these in terms of what we apply as specific penalties for the activity that is involved?

Dr. GODDARD. That is correct.

Mr. ADAMS. All right. Now, I know that there has been and I want to know if there is presently pending a study between the Bureau of Narcotics and FDA on jurisdiction over the band that lies between the

hallucinogens—and we will include marihuana in that—as to both jurisdiction and as to application. Is that presently under study?

Dr. GODDARD. There is no joint study presently underway. We have had meetings with the Treasury Department, Narcotics Bureau, to make clear we are not trying to grab the narcotics control problem away from them. We are not seeking it and we do have a working arrangement that works very well.

Mr. ADAMS. I understand that, what we have, and I think Mr. Dingell referred to it, that you are basically operating in this new type of drug-abuse area that has grown beyond the hard narcotics and are trying to determine what types and kinds of penalties will allow you to best deal with it in terms of stopping the overall spread of it; is that correct?

Dr. GODDARD. That is correct.

Mr. ADAMS. I have not heard you at any time in your testimony and I want to know if you ever have publicly stated that you thought that marihuana or the other hallucinogen drugs were good for anybody.

Dr. GODDARD. No; I never made that statement.

Mr. ADAMS. And that your problem has been one of trying to indicate to the younger public the dangers of this spectrum and suggest to us how you think the tools could better be developed to deal with this as a social problem?

Dr. GODDARD. Yes, sir.

Mr. ADAMS. I have no further questions.

Thank you.

The CHAIRMAN. Dr. Carter.

Mr. CARTER. What was the origin of marihuana as we know it? Where did marihuana come from?

Dr. GODDARD. This is an interesting question you have asked because there is some indication that it may have originated in this hemisphere. However, it has been used in the Middle East and in other parts of the world for over 5,000 years, and in a variety of forms, I might add.

Mr. CARTER. By whom was it commonly used? Do pharmacologists give an adequate statement of what group of people commonly used it?

Dr. GODDARD. It was used in older societies quite commonly by the priests, by the people involved in faith healing. It was also used by a fairly wide spectrum of people in the older societies and until the mid 1930's or early 1940's it was quite commonly used even in India in a variety of forms; they drank it in a tea, as well as smoked it.

Mr. CARTER. Do you recall the meaning of hashish?

Dr. GODDARD. Yes.

Mr. CARTER. What is that?

Dr. GODDARD. The word had its origin from a specific group that were known as assassins; they were given the drug prior to going out on missions, I am told.

Mr. CARTER. Yes, sir. They first took their hashish and then they went out to do assassinations. That is a very hurried history of the drug, rather dangerous drug.

It is my unfortunate experience to have a young man who went to medical school with me commit suicide after smoking a muggle cigarette, as it was called at that time.

Now, is alcohol addictive?

Dr. GODDARD. It can cause physical dependence and if you mean by that to equate it with addiction; yes.

Mr. CARTER. It does certainly have withdrawal symptoms, as you mentioned.

Dr. GODDARD. Yes; it does.

Mr. CARTER. I believe you stated that you opposed increasing penalties or penalizing those who possess this particular drug; is that true?

Dr. GODDARD. I have said I think that penalties for possession of this particular drug are too severe in contrast with LSD and I have compared them with the penalties in the field of the other hallucinogens and the other drugs that are abused where there is no penalty for personal possession but executive seizure can occur.

Mr. CARTER. You do differentiate between possession and possession for sale?

Dr. GODDARD. Oh, indeed.

Mr. CARTER. I wish you would make that plain. Certainly I regret that this unfortunate circumstance has arisen and most of us realize that our words can be distorted many, many times.

Thank you, Mr. Chairman.

Mr. WATSON. Doctor, will you yield?

Mr. CARTER. Yes.

Mr. WATSON. Of course, the matter of possession, I would be in favor of your position on LSD, but we are dealing with entirely two different things. We are unaware, certainly I am unaware, of any doctor prescribing marihuana. Are you aware of that?

Dr. GODDARD. No.

Mr. WATSON. They have prescribed LSD, peyote, mescaline, psylocibin?

Dr. GODDARD. No, sir.

Mr. WATSON. I yield to my doctor friend.

Dr. GODDARD. LSD is only an investigative new drug.

Mr. CARTER. As you know, lysergic acid has been used for different types of headaches.

Dr. GODDARD. Yes, but that is not LSD.

Mr. CARTER. Yes; it is.

Dr. GODDARD. Precursor.

Mr. CARTER. It has been used by the Mayo Clinic.

Dr. GODDARD. Yes, sir; it is a precursor but it is not LSD. It does not have any of the properties of LSD, Dr. Carter. It is not a hallucinogen.

Mr. WATSON. The amphetamines are a legal drug?

Dr. GODDARD. Yes.

Mr. WATSON. So there is a problem of possession of a legal drug as contrasted with the problem of possession of marihuana. The thing that disturbs me is that you suggest that he would use superlatives for the possession of the drug which is never prescribed for any medicinal purposes and can only be illegally possessed.

Dr. GODDARD. What I am trying to ask is have the possession penalties, not possession for sale, you made an important point there—have the possession penalties really contributed to our ability for society to handle the marihuana problem? Aren't we concerned about the whole spectrum of drug abuse? Isn't this our concern in the society, getting at that?

Mr. WATSON. If you make it a criminal penalty to possess it, I am sure that would be a deterrent.

Mr. CARTER. Mr. Chairman, there is just one thing. I know the users of narcotics are troubled, worried, and disturbed by the future. The youth of our country are at the present time troubled, worried, and disturbed, and it is not unusual that they seek release from their troubles in some cases. I regret that this is true. I think this is the wrong path but they are confronted with problems as the youth of no country have ever been confronted before.

Thank you.

The CHAIRMAN. Mr. Kyros.

Mr. KYROS. Dr. Goddard, I think that this hearing this morning has been very helpful, particularly in the colloquy you had with Dr. Carter and consequently Mr. Adams in showing how easy it is to get confused.

For example, you were talking about possession all morning long and it was helpful, I think, that you distinguished between some hoodlum or criminal having possession of marihuana for purposes of sale or some innocent youngster who had just got something in his pocket, might have got a whole cigarette for purposes of idle curiosity.

You are worried about the inconsistency of penalties presently applicable and I think everyone is. I think one of the problems that came out, Doctor, is that you are looking at this as a scientist; but one thing I think that came out clear is that you absolutely are against the use of marihuana by anyone in the United States.

Dr. GODDARD. Yes.

Mr. KYROS. And the use of any of these drugs?

Dr. GODDARD. Yes; I have never advocated its legalization.

Mr. KYROS. I think in that respect, sir, the hearing has been very helpful this morning, and I appreciate it very much.

Thank you, Mr. Chairman.

The CHAIRMAN. Mr. Brotzman.

Mr. BROTZMAN. Thank you, Mr. Chairman.

Doctor, I regret that I didn't hear the formal part of your statement inasmuch as I was engaged in another meeting, but I wanted to be here very badly because I must be very candid with you and don't want to equivocate in any way.

I was terribly concerned about the remarks that were attributed to you by the press. It has been my responsibility in the past as a U.S. attorney to handle the law enforcement part of this situation. I have been led to believe that we were not really winning the battle in keeping our youth from being subjected to the addictive type of drugs.

I don't have any current statistics on this but at the time that I was in that job, it was a never-ending fight.

Now, from your experience in dealing with the individual that is addicted to the heavy drug, have you found that an undue proportion of them became addicted after they had started out smoking or using Cannabis sativa?

Dr. GODDARD. Yes, but that is not necessarily a causal relationship as you well appreciate.

Mr. BROTZMAN. I realize not a causal physiological relationship.

I don't say that it was a physical correlation but more terrible to me and more callous to me was the fact that those individuals who use marihuana had been picked out by the pushers that sold the heavy drugs; they were prospect No. 1 to try to get them to use something more.

Dr. GODDARD. Mr. Brotzman, this is an interesting point. Most addicts, I am told, are introduced to the drug by the people they associate with. Now, the people who handle heroin as pushers, I am told, never handle marihuana or almost never. So, you see the people who handle the hallucinogens, the amphetamines, the barbituartes, on the other hand nine out of 10 arrests we make we find them in possession of marihuana, too.

This whole question is very complex, as you well know. We have a drug subculture that exists. People get drawn into that subculture and the most frequent thing they start with is marihuana; you are quite correct on that. Now, if they stay in that drug subculture, they always tend to get arrested and they always tend then to go on and become involved with heron. But that does not mean that everyone who has used marihuana goes on to heroin, nor does it mean that, and it is a fact indeed that of those who use heroin 90 percent of them have had marihuana to start with.

Mr. BROTZMAN. Now, I don't say that every one of them do but I think that the record will show that a majority or maybe a large majority started out just this way.

I want to make this particular point. The prosecution usually is aimed at the person that is selling. However, in order to convict that person, many times you can't get the evidence of a clearly defined sale, so the reason for the "possession" in the law, according to my experience, is to get the pusher, and there you do have some means of checking what I think is a very dangerous crime against our whole society.

I have not heard the Narcotics Bureau state that they think that they should lessen the penalties on sale or possession of marihuana, or any other type of drug, have you?

Mr. GODDARD. No; to my knowledge, they have not. I cannot speak for them.

Mr. BROTZMAN. I must express this thought as I see the chairman about to bang the gavel. I think to take a step backward in this area right now would be bad for our country. I hope no younger person misunderstood the remarks attributed to you, as putting the stamp of approval on this because it is my sincere belief, and I would say this to my daughter, too, and I have, that this is at least an invitation to a life of degredation, hardship, and unhappiness.

I have seen young females turn to prostitution; I have seen young males turn to armed robbery because they had taken the first step. This is what I want to prohibit.

The CHAIRMAN. Mr. Brown.

Mr. BROWN. Dr. Goddard, when I asked you for the medical evidence on which you based your conclusions that the penalties for possession should be reduced, you sent me a bibliography of 137 different scientific studies, most of which have been done since 1960, and then went on to say that we need more research to come to some conclusion.

Now, can you tell me how much more research we ought to do?

Dr. GODDARD. To answer what question?

Mr. BROWN. To determine whether or not we should change the penalties.

Dr. GODDARD. I don't think we need the research to change the penalties. I think the penalties can be reviewed apart from the research. The research may contribute, but the penalties have been changed.

For example, prior to the Prettyman Commission report, as I recall the penalties for what I will call possession of marihuana, it is really the failure to have the transfer tax paid, you see, and have that paper in your possession. Those penalties were at that time, as I recall, mandatory sentencing for 5 years.

Now, the Prettyman report, as a result of that there was a reduction in the penalty, 2 to 10 for first offense and the judge in his discretion could place the individual on probation for marihuana possession. Now, that was a reduction in the penalty, itself, and those kinds of reductions can be achieved without further research.

Mr. BROWN. Dr. Goddard, I understand you want all penalties removed for possession.

Dr. GODDARD. Sir, may I say except the possession for sale.

Mr. BROWN. Possession for sale. The other possession is for use or just to have as a collection. Now, you want possession for use or ownerhip made legal?

Dr. GODDARD. What I tried to say——

Mr. BROWN. You want all penalties removed for possession for use or ownership?

Dr. GODDARD. I have not said that. I have said the penalties are too severe and that we should reevaluate them and reexamine them.

Mr. BROWN. I go back to the New York Times article where you were quoted. It says, "Dr. Goddard said he favored removing all penalties for the possession of marihuana, leaving penalties only for its sale or distribution."

I think this is the point, Dr. Goddard. If they remove the penalty itself for mere possession (not for sale, now, or distribution but the possession for use or ownership, collection, or whatever you want to call it) aren't we saying in effect that it is all right to have the demand, it is not illegal?

Dr. GODDARD. No.

Let me make this point, Mr. Brown. We have this problem with LSD and, believe me, it is a serious problem.

Mr. BROWN. I am not talking about LSD, we are talking about marihuana.

Dr. GODDARD. I understand, but there is no penalty for possession.

Now, let me make the point that young people were increasing their usage of it. Our enforcement efforts were directed at sale and distribution. Now, only when the young people began to perceive that there was a possible danger to their health in terms of the effect on chromosomal patterns and unborn children did we begin to notice any diminution in LSD usage.

So, you see, we are able to work in our area of drug abuse without having the penalty for personal possession, with just having executive seizure. I think the individual can be better influenced by educational efforts by getting at whatever it is that motivates him to use these things. What we have always tried to say is don't make the person a criminal, a felon.

Mr. BROWN. Dr. Goddard, I don't know whether you have seen the ad in the New York Times yesterday for "Pot, a Handbook for Marihuana," but it says this—and I hate to take my time reading this New York Times advertisement here, but I want to make the point that I don't agree with you and I do agree with some of my colleagues who are concerned about the fact that your remarks have been taken as license by many, many people. You shake your head and say no, they have not, but I think the ad would indicate they have if I may read it. It says:

It is now an open secret that marihuana is considered harmless by some of the Federal Government's own health and mental health officials.

And in another paragraph it says:

"Drug chief equates peril of marihuana and that of alcohol." This headline in the New York Times reports that Dr. James L. Goddard, Commissioner of the Food and Drug Administration, favored removing all penalties for the possession of marihuana, leaving penalties only for its sale and distribution. This trend toward legalization of marihuana explains the growing demand for "Pot, a Handbook for Marihuana" now in its third printing. More we cannot tell you.

They are selling a handbook on the drug on the strength of your comments. I think they may be selling the drug itself on the strength of your comments.

Dr. GODDARD. I never said it was harmless. I have said it is dangerous.

Mr. BROWN. Mr. Chairman, may I ask a question of the Chair?

Will we hear any more competent testimony than that of Dr. Goddard on the medical and social aspects of marihuana and its use and will we hear from any enforcement officials or any parents whose children have "gone to pot"?

The CHAIRMAN. That was not the purpose of this meeting at the present time, which was to get clarification of the reported statement which aroused nationwide interest here.

Now, Dr. Goddard will be before this committee many times and we can pursue other matters then.

I would like to make this statement in closing, that I have gathered from the hearing today that you are against the use of marihuana and all other drugs.

You have not said whether you use alcohol or not, but there are a lot of people who don't advocate its use—I don't either—for children, tobacco or alcohol or anything else.

I think the whole controversy might be over the fact of possession here; I don't think that question comes within the province of your agency at all. I believe it is something that should never have been brought up. I think it is very unfortunate that it was.

It simply does not come within your province at all to say whether possession of marihuana should or should not be an offense. There has been a big hullabaloo here aroused that, perhaps if there had been a simple explanation given, might have cleared the air.

I think perhaps it has been very unfortunate that you have made the statements that you did when the question doesn't come before your agency about enforcement on possession.

Am I correct on this, that enforcement of penalties for marihuana possession does not come before your agency?

Dr. GODDARD. We do not have the responsibility for control of marihuana.

The CHAIRMAN. That is what I mean.

I am very happy to see that it is clear that you are against the use of any of these drugs at any time, not only for your family but for any other person or child. I think that is our responsibility here as Members of the Congress, to find out about that and try to verify it. I think this has been helpful. I want to thank you for coming.

Mr. BROWN. May I ask unanimous consent to put in the record the material to which I made reference, including the full text of the ad in the New York Times, and also an exchange of letters I have had with Dr. Goddard, because I do think that they help to clarify the record on this drug.

While I hesitate to include the 137 scientific references which he gave me, I would put those in at your discretion, Mr. Chairman.

(The material referred to follows:)

HOUSE OF REPRESENTATIVES,
Washington, D.C., October 19, 1967.

DR. JAMES L. GODDARD,
Commissioner, Food and Drug Administration,
Washington, D.C.

DEAR DR. GODDARD: As elsewhere in the nation, some doctors and pharmacists in my District have been displeased from time to time by past decisions by you or your office.

Because of the nature of your statement on marijuana as reported in the press earlier this week, I am sure I shall be receiving from highly respected people in these professions and in law enforcement in my District letters questioning the competence of the experimental work on which your conclusions were based. For this reason, would you be kind enough to send me a summary of this study?

Because of the nature of your remarks, I am also sending the enclosed letter to the Chairman of the Interstate and Foreign Commerce Committee urging that you be called for a hearing to explore the studies FDA has made on drug use, abuse and dangers so that public information media or individuals will not interpret your remarks about marijuana improperly or as applicable to all narcotics or hallucinogens.

Sincerely yours,

CLARENCE J. BROWN, Jr.,
Member of Congress.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
FOOD AND DRUG ADMINISTRATION,
Washington, D.C., October 20, 1967.

Hon. CLARENCE J. BROWN, Jr.,
House of Representatives,
Washington, D.C.

DEAR MR. BROWN: This is in reply to your letter of October 19, regarding remarks attributed to me concerning marihuana.

I am enclosing a copy of the transcript of the remarks made at the October 17 Minneapolis press conference and two statements I have issued on the subject. A review of the enclosed material will show that I have not advocated free use of marihuana; that I have not dismissed its possible dangers to health; and that I have not failed to recognized the fact that possession of marihuana is illegal.

You will also note that I did not advocate the use of marihuana as has been reported. The report that I stated that I would not object any more to my daughter smoking marihuana than to her drinking a cocktail is not true.

It is my feeling that the present penalties imposed for use and possession of marihuana are disproportionate to the hazards presented by the drug. This is a view held by many responsible persons in our society.

The Food and Drug Administration has not made any studies of the effects of marihuana. My statements as to the relative dangers of marihuana reflect not only my views as a physician but the views of colleagues whose works have been published in the scientific literature. It is my understanding that further studies

of the effects of marihuana are now in progress at the National Institute of Mental Health.

Your interest in this matter is appreciated and I hope these remarks can be used to set the record straight.

Sincerely yours,

JAMES L. GODDARD, M.D.,
Commissioner of Food and Drugs.

HOUSE OF REPRESENTATIVES,
Washington, D.C., October 24, 1967.

DR. JAMES L. GODDARD,
Commissioner, U.S. Food and Drug Administration,
Washington, D.C.

DEAR DR. GODDARD: This is to acknowledge and thank you for your letter of October 20th with accompanying information regarding your recent remarks on marijuana.

As you may remember, my letter of October 19th included a specific request that you forward to me a summary of experimental work on which your conclusions were based. Since your letter made no reference to my request, am I to assume from your reply that your expression was not based on a comprehensive study, but, rather, on the views of colleagues whose works have been published in scientific literature and on your insight as a physician and father?

Your credentials as a physician and parent may be admirable. But I am concerned that they and the published studies of colleagues may not be adequate scientific evidence upon which to base so weighty a judgment for one who occupies such a responsible position in government.

In your letter to me you state your feeling that "present penalties imposed for use and possession of marijuana are disproportionate to the hazards presented by the drug". And yet you also say, ". . . we don't know what the long term effects of smoking marijuana or using marijuana in other forms might be . . .". If our knowledge is incomplete, is it sufficient upon which to base your feeling—whether that feeling is personal or official?

Any relaxation of penalties as established by present law must be founded on detailed and scienctific information and official conclusions. Your call for more long term research to detect any possible serious side effects from chronic usage of marijuana would seem to suggest that such studies and conclusions do not exist. Why, then, has the Food and Drug Administration not seen that such studies of the effects of the drug are made?

Does not the Bureau of Drug Abuse Control have the responsibility to initiate and conduct programs desgined to emphasize the social, physiological, and psychological aspects of drug abuse control? Are you satisfied with no more than an "understanding" that the National Institute of Mental Health is conducting further studies?

I would like to know whether or not you consider the Food and Drug Administration to have a prime interest in such research. I would like to know what research has been completed and what conclusions, if any, have been reached. What studies are now under way? If none have been completed or none are under way, then I would appreciate your opinion on what agency or agencies should be actively engaged in research on marijuana, what you have done to see that such studies are undertaken, and what, if any, reasons or circumstances have prevented such research from being conducted.

I appreciate your prompt response to my earlier letter, and I trust you will agree that the sooner the above questions are satisfactorily answered, the better for everyone concerned. In this I speak not only as a member of the House Interstate and Foreign Commerce Committee, but as one who is sorely worried by the possibility that any misinterpretation of the facts in this matter may lead to disaster for even one individual who might have read into your earlier remarks a license to indulge in the traffic or use of marijuana.

Sincerely yours,

CLARENCE J. BROWN, JR.,
Member of Congress.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
FOOD AND DRUG ADMINISTRATION,
Washington, D.C., October 31, 1967.

Hon. CLARENCE J. BROWN, Jr.,
House of Representatives, Washington, D.C.

DEAR MR. BROWN: This is in response to your letter of October 24 requesting more information about my views on marijuana. Your assumption is correct that my own opinions regarding marijuana are based upon "the published studies of colleagues." Enclosed is a bibliography citing many of the articles, books, and pamphlets which I have reviewed. The list includes articles about marijuana from the lay press as well as the scientific literature. I have relied upon the latter in forming my opinions.

Any physician or scientist must rely upon the knowledge available in scientific literature in reaching a decision. It is a rare case, indeed, when any single research study can provide a comprehensive answer to a problem of any complexity.

I have not expressed any conclusive judgments about marijuana; rather, I have emphasized that we know too little about the possible effects of long-term use of the drug. I do not think that this view is inconsistent with my opinion that the present penalties for possession and use of marijuana are disproportionate to the hazards presented by the drug.

I have never suggested, nor do I believe, that we should eliminate criminal penalties for the distribution of marijuana. The drug was dismissed by the medical profession long ago as having any unique therapeutic value; I can conceive of no benefit in giving it legal status in society.

You also asked about the status of the research long-term effects of marijuana. The FDA is dealing with the problem of drug abuse, but we have concentrated on those drugs over which the Congress has given us jurisdiction; that is, stimulants, depressants, and hallucinogens other than marijuana.

In terms of the FDA's statutory authority, however, this Agency does not have a primary responsibility in marijuana research, although our studies in the social, physiological, and psychological aspects of drug abuse are often relevant to marijuana.

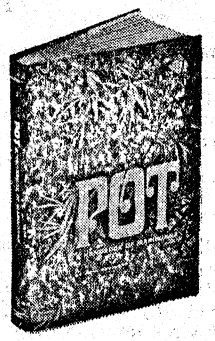
Marijuana research is going forward in the National Institute of Mental Health (I am enclosing a listing of these studies). I am not in a position to report on the conclusions of this research, but I am sure NIMH would be as helpful as possible in this regard should you wish to pursue this matter.

If I can be of any further assistance, please do not hesitate to call.

Sincerely yours,

JAMES L. GODDARD, M.D.,
Commissioner of Food and Drugs.

N.Y. Times
11-7-67



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The CHAIRMAN. Thank you again, Dr. Goddard.
The committee stands adjourned until the call of the Chair.
(Whereupon, at 12:45 p.m., the committee adjourned.)

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