tion of public education, advances in medical services, and the delivery of such services to the drug users and addicts of this country. To put it even more candidly, neither those who think the answer lies in more punitive approach, nor those of us who believe in the medical educational approach, as the point of emphasis, are yet in a position to demonstrate the certainty of success.

We would point out, however, that by and large western society has relied primarily on the punitive approach with results that leave much to be desired. We do not think, for example, that anything is to be gained by labeling as criminals young people who are found to have marihuana in their possession, or who in foolish impulse venture the smoking of marihuana cigarettes or even worse an LSD "trip." An important constructive path it seems to us lies in the direction of expanded medical research programs, better distribution of medical and rehabilitative services for addicts, more demonstration projects and experimentation, and a stepped up public education program. In sum, the American Psychiatric Association has historically contended that the treatment of drug addiction is a medical problem. The care of addicts, in our view, should be under the aegis of medical authorities as distinguished from problems in importation, regulation and traffic in drugs, and related matters which fall properly within the province of law enforcement agencies.

There is no objection to the transfer of the functions of the Treasury Department in the field of the Justice Department. There are cogent reasons given for the increased efficiency that will result from consolidation of enforcement efforts. There is, however, objection to the transfer of the functions of the Department of Health, Education, and Welfare. Pending some convincing reassurance to the contrary, it is our sense that the medical contribution to the national program to combat addiction and drug abuse in the form of expanded research, training, and treatment in the field will be better nourished under the aegis of the Department of Health, Education, and Welfare than under the Department of Justice. The former is traditionally oriented toward treatment, education, rehabilitation, and the relief of the unfortunate; the latter is traditionally oriented toward the punishment of offenders. Both have their place and it is in the national interest that neither one is in the position administratively to determine the relative emphasis to be given the other in a total national effort to cope with the menace.

Chairman BLATNIK. Dr. Barton, you have heard the testimony presented this morning by the Attorney General emphasizing the importance of consolidating, centralizing, and making more effective their enforcement program, have you not?

Dr. BARTON. Yes, sir.

Chairman BLATNIK. You have also heard some questioning and some comments by some members of the committee expressing also interest as to what role the bureau may or may not have in these medical-sociological areas, the areas which you point out. It was the first time that at least it was made clear to the Chair that the role in that area would be minimal as far as this new bureau is concerned. Its primary function would be to consolidate the enforcement provisions that now rest in the Bureau of Drug Abuse under HEW and the Bureau of Narcotics control under Treasury.