Dr. BARTON. I think so. And the same goes for my physician colleagues. If the only reason they have for not using drugs is that they are illegal, then they are really handicapped in talking to anyone.

Mr. EDWARDS. Have you talked with your counterparts in any other medical or pharmaceutical associations about this problem?

Dr. BARTON. Often, informally. Also, I was a member of the Conference on Drug Abuse sponsored by the American Medical Association last weekend. So all Thursday, Friday, and Saturday our colleagues in the American Medical Association and its Council on Mental Health were concerned with the common problem of drug abuse, although not specifically the reorganization proposal. But I have not formally discussed it with any of our other organizational executives in the professional fields concerned.

Mr. EDWARDS. Did you gain any impression, though, from the discussions in Chicago as to how best to handle the problem of education and research?

Dr. BARTON. We heard——

Mr. EDWARDS. And enforcement, if this were part of the discussion?

Dr. BARTON. Enforcement was only briefly touched on as we struggled for a way to put into the legal framework our desires for medical care and treatment of people who were users and addicts.

On the other hand, a great deal of emphasis was placed on education, principally of physicians, and how we might approach the problem of educating physicians. We also had the opportunity to hear spokesmen of at least one school system that is inundated with drug problems discuss this approach to children in the hope that they might influence behavior.

Mr. EDWARDS. Did the trend of the discussion lend itself to the thought that the police and Justice Department type of operation is the best way to help that school cure itself, or did it lend itself more to the HEW approach?

Dr. BARTON. The discussion was away from the threats of what would happen if you used it, threats and punishment, to the more purely educational efforts.

Mr. EDWARDS. And you feel—I am not asking you to speak for anybody in Chicago—but you feel that generally those in your profession who are concerned with this particular problem would lean toward the education and research, demonstration, experimentation, and what not being within HEW?

Dr. BARTON. Yes. We would prefer to remain under the health auspices where we in the mental health professions and our colleagues in the other branches of medicine have learned to work collaboratively.

Mr. EDWARDS. Doctor, who should pass on whether a drug is dangerous? Who is competent to make that decision?

Dr. BARTON. This is a complicated process. One begins with serious research of the controlled type in a population that can be defined so that the various variables are known. The experiences of that research are recorded, studied, and examined by the pharmacologists, the chemists, and the physicians, who will determine the degree of toxicity.

And then I believe the FDA has the ultimate responsibility of saying from the evidence presented to it from research as to the degree of danger and toxicity of a given drug.