

## Hassle over narcotics control

Drug bill compromise  
still upsets scientists

In fulfillment of the President's campaign promise to crack down on drug abuse, the Administration last year sponsored a bill carrying harsh penalties for possession of illegal drugs, marijuana in particular. Scientists vehemently objected (SN: 10/11, p. 350), and a compromise bill was worked out with no mandatory minimum penalties for a first-offense conviction of those possessing marijuana.

Although the measure passed the Senate three months ago (SN: 1/24, p. 102), it appears the compromise may not stick after all. Scientists are again raising objections, and the bill remains stalled in the House; so far it has not even been assigned to a subcommittee. Meanwhile the Senate's Special Subcommittee on Alcoholism and Narcotics, headed by Sen. Harold E. Hughes (D-Iowa), has opened hearings on a new bill strongly backed by influential organizations and individuals within the scientific community.

By comparison to present drug-control legislation and to the Administration's proposals, the Hughes bill features highly liberal sentencing procedures. Stipulating that drug dependence is an illness or disease, the bill provides that a person arrested for a drug misdemeanor, such as first-offense possession of marijuana, would not be criminally prosecuted if he were found to be drug-dependent. Instead, he would be given medical treatment and psychological counselling.

Even if he were not considered drug-dependent, he could receive probation conditional on treatment rather than a sentence. Furthermore, a person charged with a drug misdemeanor could request treatment in lieu of a trial. For felonies (which include heroin offenses) the provisions are similar except that criminal prosecution follows automatically if the suspect is not diagnosed as drug-dependent.

The Hughes bill has become a rallying point for scientists, not because



Hughes (left) and Mitchell are at odds over who should control research.

of its liberal sentencing features, however, but because it proposes to create a new agency to oversee and coordinate all the Government's drug programs. The agency, to be called the Drug Abuse, Prevention, Treatment and Rehabilitation Administration, would operate out of the Department of Health, Education and Welfare, but it would not be subordinate to the National Institutes of Health.

Most important, the proposed agency would be run by scientists without direction from the Justice Department. Testimony heard on the Hughes bill last week made it clear that the primary quarrel scientists have with the Administration-sponsored bill is the clause authorizing the Attorney General to carry out his own drug research and to reclassify drugs. Such a provision, says Dr. Daniel X. Freedman, chairman of the department of psychiatry at the University of Chicago, "grants the Attorney General absolute . . . and final power to make decisions about both new and old drugs and their medical usefulness . . . and about the public health dangers of drugs." Dr. Freedman added with some bitterness that "neither in the past—nor in the future—would researchers of quality accept subsidies to produce results congenial to a powerful propaganda bureau."

Other scientists agree that law-enforcement agencies are already too involved in administering drug research and that increasing the role of the Attorney General, now John N. Mitchell, would hamper scientific efforts. Permits for marijuana research, says Dr. Max Fink, director of the division of biological psychiatry at New York Medical College, now take up to 17 months to obtain, and an additional nine months waiting for supplies of marijuana or THC, the experimental marijuana derivative. Research, he says, "is encumbered . . . by police attitudes of repression" and by "irrational fears

of involvement with the laws governing controlled substances."

Dr. Henry Brill, chairman of the committee on alcoholism and drug dependence of the American Medical Association's Council on Mental Health, likewise testified that drug research would fare better under a scientist-controlled agency such as the Hughes bill proposes. "The prevention and treatment of drug dependence," he concludes, "should be stimulated and carried out under medical and scientific auspices."

In addition to the support of organizations like the American Medical Association, the American Public Health Association and the American Psychiatric Association, the Hughes bill is receiving help from an increasing number of prominent individuals, including Nobel laureates Joshua Lederberg and Salvador Luria, Dr. Roger E. Meyer, former chief of the Center for Studies of Narcotics and Drug Abuse at the National Institute of Mental Health, Dr. Jonathan Cole, superintendent of Boston State Hospital, and Dr. Karl Menninger.

The bill has, on the other hand, equally influential enemies. Dr. Roger O. Egeberg, assistant secretary for health and scientific affairs at HEW, claims the measure might duplicate existing programs. And John Ingersoll, director of the Bureau of Narcotics and Dangerous Drugs, says the bill's definition of drug dependence as an illness might create difficulties in criminal prosecution.

A spokesman for the lobby organized to present the scientists' point of view speculates that the Senate might hesitate to pass the Hughes bill because it conflicts with the previous bill. "But," he adds, "we're very optimistic about the possibility of a compromise bill." Both sides in the dispute are presently regrouping and planning their next move while the Hughes subcommittee is in recess this week. □