anxiety component because they alleviate anxiety without inducing the degree of drowsiness which other agents such as barbiturates cause. While at first they were not thought to produce physiological dependence and true addiction, it is now clear that, with prolonged usage and/or high dosage, physiological dependence of the type known to occur with barbiturate drugs is produced. This is most clearly seen with several compounds of the substituted diols subclass.

The antidepressant class of drugs was introduced a few years after the major and minor tranquilizers. Imipramine, a drug from the tricyclic series, was first investigated as a potential major tranquilizer but instead was found to be effective in the treatment of depression, especially of the endogenous type. Side effects are generally mild and include dry mouth, blurred vision, and orthostatic hypotension. If tricyclic antidepressants are given concurrently with drugs from the MAO—monoamine ovides inhibitor—subclass, there have been occasions when there was a marked drug interaction and a toxic state leading to death occurred. It is also known that eating foods which are high in certain amines, such as tyramine, while receiving MAO inhibitors can lead to a marked hypertension resulting in a cardiovascular accident and death. Physiological dependence does not occur with this class of drugs.

The stimulant class of drugs of which amphetamines constitute the bulk are primarily used in the treatment of obesity but have marked central nervous system effects in increasing activity and reducing fatigue, and are used to some extent n the treatment of symptoms of depression. These drugs have recently been subject to marked illicit use and when taken in high enough quantities lead to a psychotic paranoid state. Psychological dependence and minor physiological dependence have been demonstrated.

The sedative class of drugs is primarily composed of the long- and intermediate-acting barbiturates. They have been available for a long period of time and were used extensively as antianxiety and calming agents before the introduction of the major and minor tranquilizers. Drowsiness is a common side effect and physiological and psychological dependence does occur.

The hypnotic class of drugs is used for the treatment of sleep disturbances. Both the barbiturate and nonbarbiturate subclasses, when taken in large amounts, produce marked intoxication and depression of respiration which can result in death. Likewise, they produce marked psychological and physiological dependence. The withdrawal syndrome seen after stopping these drugs in physiologically dependent individuals is extremely severe and can also lead to death.

These, briefly, are the classes of drugs we will deal with in today's presentation.

A MODEL AND SOURCES OF DATA NECESSARY TO CHARACTERIZE THE NATURE AND EXTENT OF PSYCHOTROPIC DRUG USE

At the time we were invited to testify, it was indicated that a major focus of these hearings was to try to ascertain whether psychotropic drugs were being overprescribed and overused in the United States. Certainly this concern has been expressed frequently in the mass media