

If we discuss psychiatric drugs in a narrow context, it is quickly apparent that we are indeed an over-medicated society. Even without statistics common experience is such that it is generally conceded that a vast amount of the psychotropic medication which is dispensed is uncalled for and a goodly proportion of it never gets beyond the family medicine cabinet. These data are often taken to mean that a large number of cases who gets drugs do not need treatment at all and are not sick and with this I cannot agree.

A drug may be of little or no value for the condition under treatment, but information from every available source agrees that there is a vast amount of untreated nervous and mental disorder which needs treatment in our general population. These disorders lie behind a great deal of alcoholism, illicit drug taking, and much of the disordered, disruptive, and dangerous behavior which fills so much space in the daily press. Psychiatric disorder is by no means confined to the more traditional psychoses, neuroses and psychosomatic illnesses. We are thus an over-medicated society relative to our capacity to treat and to cure, and not in relation to our need for treatment.

The problems of over-medication are probably as old as history. Drugs which affect the mental state are among the easiest to identify, and they were among the earliest medications.

Ancient Roman writers warned about the dangers of medications "which darken the mind;" and during the 19th century abuse of opiates was condemned in almost the same terms as was the abuse of alcohol. When the sedatives appeared, their abuse also quickly became a matter of medical criticism and in the course of time it began to rouse increasing public reaction. One of the great unsolved problems in this reaction has been the tendency to confuse the lump together two completely different classes of drug abuse. The first is the so-called medical drug abuse, the overuse of psychiatric drugs for treatment. This type has become somewhat more marked during recent years with the increasing availability of many kinds of drugs and has been strongly reinforced by the rising public expectations of freedom from all types of pain discomfort and unpleasant tension.

I may say that physicians that I have been in contact with agree that the tolerance for discomfort of the general population has been lowered visibly during our own professional experience.

Mr. GORDON. Doctor, may I interrupt you?

Dr. BRILL. Yes, sir.

Mr. GORDON. What is the effect on society of lower tolerance and also, that whenever we have some sort of a problem, we take tranquilizers?

Dr. BRILL. It is very difficult for me to give you a meaningful answer. Society always has taken drugs to reduce tension. Alcohol, of course, is a classical one. Many other drugs have been taken that are far more dangerous than some of the drugs we are talking about today. So that human beings have traditionally turned to drugs to reduce tension.

My own feeling is that there is no visible overall effect from taking drugs of this sort in the total picture. Now, it may be possible to find such effects by specific research. I don't know of such research.

Senator NELSON. What exactly do you mean by the statement that