

we have at present two drugs abuse problems which are relatively unrelated.

In spite of the swing to skepticism we continue to be an over-medicated society with respect to psychiatric drugs in that we are treating many persons who derive little or no benefit other than a suggestive effect and some suffer adverse effects from the medications.

It would be relatively easy to discuss this issue in the relatively narrow context of the statistics of psychotropic drug use, the proportion of adverse reactions, trends in these figures, and estimates as to the proportion of abuse, but such discussion constitutes more a statement of the problem than a contribution to a solution. It does not tell us how we may go about reducing the total drug intake without interfering with that part which is necessary. A widespread and urgent human need is involved and it would seem from all past experience in this field that the demand for relief of psychiatric symptoms will not abate until it is met more effectively. The problem is by no means new nor is it only the expression of the specific stresses of our own time. The irrational in human behavior is traced broadly throughout the entire history of mankind. Mental and emotional disorder was so prevalent among the illustrious associates of Aristotle that he declared genius and insanity to be closely related and a list of the mentally ill among the historical figures of the world shows that they had their full share of psychiatric disorder by our modern epidemiological standards and we can assume that this was true also of their less well observed contemporaries. If we include alcohol among the psychiatric drugs, we have further evidence of the nature of the problem and the broad context in which a solution will probably have to be sought.

I must confess that I have only a few simple, somewhat scattered, and by no means original thoughts as to solutions. It would seem that a purely negative program which seeks only to cut off a flow of misleading information to physicians and to the general public may have some effect, but it is likely to fail of its full purpose because of the firmly entrenched public and professional attitudes and practices with respect to substances of this type. Such practices long antedate the appearance of modern drugs and represent a type of folklore and tradition that has proved to be extraordinarily persistent. Seen in historical perspective, the modern sedatives and stimulants merely replaced an older series of tonics and sedatives which in turn had replaced a still older less effective and more dangerous pharmacopeia. To change this it would seem necessary to displace any biased flow of data by creating a program of better information for the public and for the profession. In so doing it would be well to study the way in which the commercial material is prepared, and to make full use of the educational techniques which have been developed there. Such a program would require a steady flow of continually updated drug information clearly written, brief and succinct, easily understood, well printed, and liberally illustrated.

Senator NELSON. Who would furnish this?

Dr. BRILL. I have left that open, but the implication is that it would have to have Government support.

Senator NELSON. And how would it be disseminated?