ence and a member of the Expert Committee on Drug Dependence of the World Health Organization. I have also been First Deputy Commissioner of the New York State Department of Mental Hygiene, and Vice Chairman of the New York State Narcotic Addiction Control Commission. During the early 1950's, I was instrumental in the initiation and organization of the large scale program of tranquilizing drug therapy in the New York State mental hospitals and later on was charged with the development of the Department's program for treatment of narcotic addicts, and subsequently as Vice Chairman of the Commission was assigned for two years to assist in the development of the State's comprehensive program for control of drug dependence.

I do not speak for any of these groups today, but am here in a purely personal capacity and appreciate the opportunity of appearing before your committee to speak about psychotropic drugs. The organizations and the experiences are listed as qualifying background for the statement, and you will note that none of these activities provides a special knowledge with respect to the economics of drug development and distribution nor with regard to merchandising or marketing practices such as advertising or promotion. Nevertheless, I have been active for many years in areas which are closely related and hope that some of the comments will cast additional light on the central questions which interest your committee.

If we discuss these questions 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 unnecessary, and even allowing for the fact that 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 do not need treatment at all and with this I cannot agree. To me the term over-medication means essentially that the drugs are of little or no value for the condition under treatment. Information from every available source agrees that there is a vast amount of untreated nervous and mental disorder in our general population. These disorders lie behind a great deal of alcoholism, taking of illicit drugs, 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 neuroses and psychosomatic illnesses. We are thus an over-medicated society relative to our capacity to treat and to cure, but 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. Alcohol, which is a drug by all except legal definition, was known before bread was; or so it is thought, and the story of the first hypnotic and hallucination producing drugs is lost in antiquity. The sedatives as we know them today first began to appear after 1850 and each of them in turn was much over-used. This includes the bromides, chloral, and the barbiturates. Of course during all this time, alcohol continued to be the most widely used tranquilizer as it is today, leaving aside its even greater use for social pleasure. The over-use of all of these drugs has long been a matter of medical concern. 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 concern and in the course of time it began to rouse increasing public reaction. During this period and since, there has been a continuing tendency to confuse two completely different classes of drug abuse. The first is the so-called medical drug abuse, the over-use of psychiatric drugs for treatment of various symptoms.

This has become 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. Medical abuse involves persons of mature years who abuse drugs to relieve symptoms. It is a solitary problem and not a group activity, and it is scattered diffusely through the social structure. It has no tendency to social contagion or to antisocial behavior and the resulting damage is to the individual. These cases are often seen in clinical settings.

The second group of drug abusing cases is non-medical. They are young, predominantly male, and thus seek drug intoxication as a source of pleasure. Theirs is a group activity, a social contagion, and thus a threat to others. Antisocial