

Subjects clearly distinguish the effects of amphetamine from fenfluramine and more frequently identified fenfluramine as LSD or barbiturate-like substances.

A further difference is that fenfluramine has little effect on blood pressure and body temperature, but produces a marked increase in pupil size.

Three subjects had visual and olfactory hallucinations, distorted time sense, fleeting paranoia and sexual hallucinations.

Mr. GORDON. Dr. Jasinski, what do you mean precisely when you say the amphetamines and their relatives all produce typical amphetamine-like effects?

Do they also have the same potential for abuse? Is that what you mean?

Dr. JASINSKI. We administer these drugs to subjects in single doses under double-blind circumstances. This means both the subject and the person making observations are unaware in that particular circumstance, of the dose, and the exact nature of the drug. The subjects are asked to relate the feelings which the drug produces and to identify the drug.

Under these circumstances the subjects cannot distinguish these drugs from amphetamines.

In addition, when one looks at other effects which are produced—such as decrease in the amount of food eaten, the changes in pupil size, the change in body temperature, the change in blood pressure—all these drugs produce effects which are very similar to those of amphetamines.

In addition, one characteristic effect is the well-being or euphoria which is seen in a population which has history of drug abuse. All these drugs, like amphetamines, produce these feelings.

Mr. GORDON. Fenfluramine is different; it is more like LSD, is that correct?

Dr. JASINSKI. Some of our subjects said it was LSD.

We do not have experimental data in this regard. This would require specific experiments to answer this question which would involve a direct comparison to LSD. We do not have this data.

Mr. GORDON. I read your article on comparison of fenfluramine and amphetamines in man, and I will read this to you:

In support of Levin's studies, fenfluramine was observed to have hallucinogenic activity in three of five subjects who experienced syndromes characterized by visual hallucinations, sensory distortion, fleeting paranoia, derealization, depersonalized awareness, somatic symptomatology, labile mood, a modest increase in pulse rate and blood pressure, mydriasis, and hyperactive tendon reflexes—the last not measured systematically.

This configuration resembles that produced by a number of hallucinogens, including LSD and certain ring-substituted amphetamines. This similarity, plus the cases cited by Levin, suggests that LSD-like, rather than an amphetamine-like abuse potential should be considered. This issue aside, hallucinogenic and dysphoric symptoms may well limit the therapeutic utility of fenfluramine as an anorexiant.

Dr. JASINSKI. Yes, sir.

Mr. GORDON. Then it seems you would agree that this drug should not be used for that purpose, is that correct?

Dr. JASINSKI. No; I think the meaning of that statement was somewhat different.