

Senator NELSON. It does not measure drug abuse?

Dr. JASINSKI. No, it measures medical incidents which occur for the particular drug.

It has been used as a crude index of drug abuse.

Senator NELSON. Is there any way to extrapolate such figures from the statistics of those who end up requiring medical care, hospitalization—some of the consequences of drug abuse?

Dr. JASINSKI. There is, for example, the Project DAWN reports prepared by the National Institute of Drug Abuse and the Drug Enforcement Agency which contain a profile on individual drugs. In this a number of questions are asked of the people who have been in trouble. Why they took the drug, the reason for taking the drug, the source of the drug—and I do not remember this exactly, for amphetamines, but I think—whether they took this for pleasurable effects, or they felt they were dependent upon the drug. I know they had the age range of the patients broken down, and this data is published from the period of 1973.

Senator NELSON. But do they intend to extrapolate from these statistics the total number of people who in fact use the drugs?

Dr. JASINSKI. No, I do not think they do this.

If they do this, I am unaware of this. Whether they have attempted to do this, I just don't know.

An additional NIDA-sponsored survey conducted from October 1974 to May 1975 supports these conclusions from DAWN.

In this study, 2,510 men representative of all men in the general population who were 20 to 30 years old in 1974, were surveyed for their nonmedical use of stimulant drugs.

The specific stimulant drugs reported were amphetamine, methamphetamine, methylphenidate, phenmetrazine, and biphphetamine.

There were no mentions of diethylpropion, benzphetamine, or phentermine.

Similar considerations also indicate a relatively low incidence of abuse of both fenfluramine and clorpheniramine, two agents which are not pharmacologically equivalent to amphetamine.

The assessment studies in prisoner addicts are valid measures of abuse potential; however, it must also be concluded that factors other than pharmacological equivalence determine the incidence of abuse of a drug.

In the case of drugs marketed as appetite suppressants, these factors are not known but experience suggests that at any point in time the incidence of abuse of a drug is determined by customs, fads, attitudes, type of pharmaceutical preparation and knowledge of the drug's actions.

In addition, certain properties of the drugs themselves may limit attractiveness to the drug abuser. For example, drugs which cannot easily be dissolved in water are less attractive to the addict who injects drugs.

In retrospect, the comparative pharmacology and the incidence of abuse support the scheduling decisions made under the Comprehensive Drug Abuse Prevention and Control Act of 1970 concerning the anti-obesity drugs.