

Mr. GORDON. Eskatrol, I think, is a \$5½ million a year item, so obviously the company would be very anxious to keep it on the market. Is Dexamyl the other one?

Dr. SCOVILLE. Dexamyl is the other; yes, sir.

Third, controls bearing on abuse potential were imposed on eight of these drugs for the first time, in a precedent-setting class action.

Fourth, all injectable anorectics were eliminated from the market.

You may wish to know what I think of these decisions with the benefit of hindsight, over 3 years after the fact.

I believe that the basic efficacy decision remains a good one. Obesity remains a chronic disease, extremely difficult to treat, and even the limited efficacy of anorectic drugs is better than nothing.

The safety decisions appear in need of revision. It is my understanding that you will hear the Government data suggesting or showing that amphetamines remain the leading stimulant drug of abuse—with the possible exception of cocaine—in spite of the most restricted measures.

If so, it would seem reasonable to withdraw approval of amphetamines for use in obesity, for which safer drugs are available.

In a parallel fashion, the use of any other schedule II drugs in obesity should be examined to see if there may be a similar abuse problem.

Senator NELSON. On the question of efficacy, Dr. Prout testified yesterday, and he was the chairman of the special committee which was advisory to the FDA, and their conclusion after their studies was unanimous, which was that amphetamines should be removed from the market for purposes of treating obesity, because their effect, to use their words, was trivial, and the abuse widespread.

You seem to be saying two things, if there is abuse, somehow or other the abuse ought to stop, and that you think that it meets standards of efficacy.

Do you agree with the FDA's special committee headed by Dr. Prout that they should not be used at all, or should be put in schedule II?

Dr. SCOVILLE. I think, sir, that the language of the group was that all of the anorectics produced about the same amount of weight loss, and so if that is so, and I believe it is, as far as data distinguished between the drugs, then the question becomes one of relative safety. You might ask, why not get rid of the most dangerous and leave the safe ones available for us to treat obesity. I suggest it would seem to be reasonable for the Government to do that.

Senator NELSON. Yesterday, I believe, all of the witnesses—possibly one had slight reservations—at least three of them agreed with Dr. Prout—Drs. Grinspoon, Nora Prout and Yaffe—indicated that there ought not be indication for use of obesity, that that indication ought to be removed if the results were trivial, and three of them indicated that under today's standards of efficacy, they do not think the drug ought to be on the market in the first place.

Dr. SCOVILLE. That is where I am personally disagreeing.

Senator NELSON. For purposes of treating obesity?

Dr. SCOVILLE. I believe that the most dangerous, the most abusable of these drugs should be removed because of their abuse potential. There is a spectrum of abuse potentials, ranging from amphetamines on the one hand, down to some of the other drugs, perhaps those which have a substituted benzene ring, chlorphentermine perhaps, having