less abuse potential. It is my value judgment that obese people need treatment, that drugs are a reasonable form of short-term treatment of obesity, that the obese should not be deprived totally of drugs because of the abuse potential.

Senator NELSON. I guess I am still puzzled by this.

You stated, it is my understanding, that amphetamines—Let me read this.

> It is my understanding that you will hear 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 * * *

You are saying that if that abuse is statistically proven, which the testimony thus far asserts, that you would prohibit their use in the treatment of obesity, is that correct? I am referring to amphetamines.

Dr. SCOVILLE. Yes, sir.

Perhaps there is a confusion of terminology.

By some people amphetamines is used loosely to include all anorectic drugs.

I am trying to use it in a more specific way as referring to one of approximately 11 chemicals, one which has the most abuse potential of any of the 11.

My statement does not apply to all anorectic drugs, but only to a specific group among them.

Amphetamines and anorectics are not synonomous in my terminology.

Mr. GORDON. Amphetamines and anorectics are not synonomous?

Dr. SCOVILLE. Not synonomous, yes.

Senator NELSON. But I take it you are saying those amphetamines, or any other—correct me if I am wrong—are subject to widespread abuse. If they are, they should not be in the marketplace for the indicated purpose of treating obesity?

Dr. SCOVILLE. That is my feeling.

Senator NELSON. All right.

Dr. SCOVILLE. Along those lines, I go on to point out that the other anorectics were quite difficult to evaluate for abuse or abuse potential in 1972. Data were scanty, and none had been subject to epidemic abuse.

We nonetheless recommended control on grounds of abuse potential. It is my understanding that in the interval, some of these drugs have been better tested, with confirmation of their abuse potential, and that observers of patterns of abuse have seen abuse potential turn into actual abuse in the street for some of these drugs.

You have or will have obtained testimony on this problem from more expert witnesses than me.

If the data are as I suggest, they will support greater controls for some of the drugs currently in schedules III and IV.

Thank you.

Senator NELSON. Thank you, Doctor Scoville.

Mr. GORDON. The Food and Drug Administration has made an overall study. They pooled several hundred studies, and then made one big study out of it. They ran it through a computer, is that correct?

Dr. SCOVILLE. It was analyzed, study by study.