

sufficiently low to justify their continued commercial availability. At present straight amphetamine and methamphetamines are included in schedule II of the Controlled Substances Act along with morphine, cocaine, and other drugs of abuse. Should these two drugs in particular be relegated to category I, thereby prohibiting any form of commercial distribution? Should their use be restricted to cases of narcolepsy or childhood hyperkinesis in which they may well represent drugs of choice?

Those who hold that an elevation to the category I status would be overkill point out that initial results obtained through imposing the category II restrictions have been moderately effective in diminishing the low-dose amphetamine abuse problem and that with improved surveillance this form of moderate abuse will be effectively retarded. Many have doubts that a category I status would have any appreciable effect on severe abuse incidence in spite of increased effectiveness of our enforcement officials.

The street price of amphetamines, which rumor tells us is presently about \$3 per dose would certainly increase which may afford some deterrent action; but, more likely, such an increase would prove of greater efficacy in supporting the ventures of organized crime.

Speaking to the pro-category I question, the therapeutic merit of amphetamine products are probably not sufficiently remarkable to dictate that they remain available even with further labeling restrictions.

Senator NELSON. What are you saying? That they not be marketed at all?

Dr. JOLLY. I think I am hedging a little.

Senator NELSON. All right.

Dr. JOLLY. The next sentence I think really says what I mean.

It seems unlikely that clinicians on the whole would strenuously object if the amphetamine products were completely banned; particularly if they could be assured that deletion of these occasionally very useful drugs would not be an exercise in futility.

Senator NELSON. You say it is unlikely?

Dr. JOLLY. I think so. You have seen that, obviously yesterday.

Particularly I think many of them have some doubts about the value of taking drugs off the market realistically, because it seems to me it is frequently an exercise of futility.

It really does not stop the horrible problems, and many of them feel that there ought to be better ways.

An investigative reporter, with whom I have become friendly recently disclosed to me that reliable information exists suggesting that other sympathomimetic drugs are presently achieving the widespread abuse category.

He specifically designated the drug, phenteramine as a popular amphetamine substitute.

This drug is presently listed among the drugs with low abuse potential in category IV. Our work at Biometric Testing, Inc., indicates that at effective therapeutic doses some of the sympathomimetic side effects may occur—dry mouth, palpitations, nervousness—but that the mood-elevating, antifatigue actions associated with amphetamine and methamphetamine are minimal.