ing quotas, among other things; schedule III and IV have little but psychological impact on the practice of medicine, requiring only a special symbol on the labels and labeling and a practitioner's BNDD number on the prescription. The schedules of the act include three anorectics—methamphetamine, the amphetamines themselves, and phenmetrazine."

Dr. ELLINWOOD. That exactly will be my point.

As I said, I will consider at least moving it into the III category.

Let me go ahead and finish that.

I think that will clarify your question.

In addition, based on basic research in self-administration models or evidence of euphoriant effects in man, compounds such as benzphetamine, clortermine, mazindol, and phendimetrazine as well as diethylpropion and phentermine, might be considered for schedule II.

Placing these compounds in schedule II would require that the physician explicitly write these prescriptions without refills.

This would place considerably more emphasis on reevaluation for subsequent prescription writing.

The more potent stimulants such as dextroamphetamine, methamphetamine and phenmetrazine currently under schedule II should be considered for possible discontinuance of their use as anorectics.

Certainly these compounds have been demonstrated to have considerable abuse potential.

Use of potent stimulants for hyperactivity in children and narcolepsy should be maintained.

Senator NELSON. You would remove the indication for anorectic purposes from the drug labeling, I take it?

Dr. ELLINWOOD. For those compounds, for dextroamphetamine, for phenmetrazine and methamphetamine.

I think there are sufficient other compounds with less of the stimulating properties that one could use for this.

Finally, physicians might be encouraged to consider prescribing one of the ring-substituted compounds dependent on their evaluation of the patient for an initial weight reduction regime, at least before the more euphoriant and stimulating compounds are considered.

Obviously, education of both physicians and the public is a major means of facilitating this process.

I would like to go now into the impact of stimulant abuse on the individual and perhaps on society.

In determining the impact of stimulant drugs on the individual and society, one can consider a host of potential changes including the morbidity and mortality rate among amphetamine abusers; the potential for an emotionally apathetic state following chronic abuse and withdrawal which has been described both in this country as well as Japan—Tatetsu, 1963; Utena, 1966; Ellinwood, 1973.

In addition, there is evidence from chronic intoxication animal studies that nerve cell death takes place in brain areas which in part mediate alerting and emotional arousal—Escalante and Ellinwood, 1970.

Studies in monkeys have demonstrated a long-term, perhaps permanent, depletion of an important neurotransmitter—dopamine—which lasts for at least 3 to 6 months following high dose amphetamine maintenance—Seiden, and others, 1976.