This rescheduling would exclude at this time the ring-substituted anorectics until there is sufficient data to indicate that these compounds have an abuse potential.

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.

Finally, it would be helpful to have some means of monitoring and restricting physicians and/or obesity clinics that overprescribe the stimulant anorectics.

Mr. Chairman, that concludes my statement.

I have the references at the end of my prepared statement that I would like to have made a part of the record.

Senator NELSON. Without objection, so ordered.

Mr. GORDON. Doctor, in Psychiatry in March 1971, you discussed the histories of persons that had marginal schizophrenia, and after taking amphetamines, they deteriorated rapidly.

Now, this kind of condition would be contraindicated for the prescribing of amphetamines; is that correct?

Dr. ELLINWOOD. Certainly.

Mr. GORDON. Now, when a person goes to a so-called fat doctor, do you think he is going to be given a psychiatric examination?

Dr. ELLINWOOD. Probably not.

Mr. GORDON. So since violence and crime ensue, or can ensue, the consequence of amphetamine use can be very serious both to the individual and to society, as you stated before. You would agree with that, I presume?

Dr. ELLINWOOD. I would.

Mr. GORDON. Now, three of the cases had low tolerance, had taken large amounts of amphetamine, and developed paranoia status.

You also state it is not the amphetamine intake that is important, but it is the relationship to the level of tolerance.

Now, is it possible or practicable for the prescribing physician to determine the level of tolerance for the patient?

Dr. ELLINWOOD. No; I do not see that as being probable.

He could certainly determine the tolerance, but it is really not very feasible in standard medical practice.

I want to emphasize one thing, that in describing the toxic effects of stimulants, we have been talking about the more potent complex that includes the dextroamphetamine, the methamphetamine and preludin, and I do not think we have any direct evidence that the compounds that fit in between those, or fit below those compounds in their stimulant potency have induced the chronic states that I have been describing.

This is one of the reasons I have recommended that we take the compounds, the more potent stimulant compounds, out of the anorectic use category for these drugs.

I am not, however, recommending taking out all of those compounds, because we do not have direct evidence that they caused these chronic problems that we have been describing.

Mr. GORDON. But can they cause them? We do not know. Before you put a drug on the market, shouldn't you have to show whether it causes this or does not cause that symptom?