Senator NELSON. Only three of them obtained illicitly the drugs, were these all amphetamines, or was it a mix of various kinds?

Mr. KING. They were all taking amphetamines, or amphetamine-like stimulant drugs, that they had obtained through these doctors.

The doctors used a variety of drugs, they do not use the same drug at all times.

The drug delcobese, known on the street as 697's, that is the drug enforcement number, seems to be the most common right now.

Senator NELSON. Twenty-seven out of 30 received them through their physician?

Mr. KING. Yes.

Senator NELSON. Go ahead.

Mr. KING. Just as these hearings on antiobesity drugs are part of a larger study of the development, marketing, and distribution of prescription drugs in general, the abuse of amphetamines is usually combined with the abuse of tranquilizers, sedatives, and barbiturates obtained, far too often, from other doctors.

Many adults in town, as well as young people, find themselves on a chemical roller coaster of "ups" and "downs."

The suburban housewife seems to be a particularly high-risk population for this kind of drug abuse. Some start with depressant drugs, develop tolerances, and then go to a "weight doctor" for amphetamines to help them get up in the morning.

Others get "strung out" on their increased tolerance for amphetamines and go to another doctor where they present the symptoms of extreme fatigue, anxiety, and tension, and tranquilizers or sedatives are prescribed.

We have found very few amphetamine abusers in our township who have obtained their drugs from the street in recent years. This is not the case with tranquilizers, sedatives, and barbiturates, which are more common in general and more available in the illicit drug traffic.

If we could somehow control the production of tranquilizers, sedatives, and barbiturates so that tomorrow they would be available for only the appropriate medical uses, I would think twice before doing it. I certainly would not want to drive in heavy traffic the next day.

The kind of human services necessary to enable less fortunate members of our society to cope in a healthy and responsible way with the stresses and anxieties of modern-day life are simply not in place.

This is not to say that depressant drugs are not grossly overproduced and overprescribed. They most certainly are, and Federal controls are urgently needed. However, these controls should be developed carefully and instituted with caution. A phase-in period of several years in which production limits would tighten in set steps would allow for the necessary ongoing evaluation which this effort would require.

Amphetamines are a different story. The testimony of Dr. Gurowitz 5 years ago carefully established 1,200 kilos as a reasonable national production limit for amphetamines. This would provide an adequate supply to supplement the nonamphetamine drug of choice—Ritalin—for the treatment of the rare conditions of narcolepsy and hyperkinesis. The latter condition is presently thought by many to be caused,