Senator NELSON. In the making of that decision, did you have an official role?

Dr. HENDERSON. Yes, sir. I state in my statement that I was chairman of the Special Amphetamine Ad Hoc Committee, which was a committee to look into the whole question of amphetamines and their place in medicine.

I would like to say that I will try not to be presumptuous that we have the answers to the problem.

We made some decisions about amphetamine availability in 1972, and these became enacted in our laws in 1973.

Some of the decisions we made in good faith at that time, we would not make now. Four years makes a big difference when one is looking at the potential for abuse of drugs, potential for misuse of drugs, and the incidence of side effects some of which we did not know about 4 years ago. I think that today we might make some different decisions.

Senator NELSON. I did not hear that.

Dr. HENDERSON. We were not aware 4 years ago of some of the side effects, some of the long-term effects, what people like to call today drug adverse effects, or drug adverse reactions.

I have provided a table which was given me by our Department of Health and Welfare. It is labeled "Table I, Designated Drugs in Canada." On that sheet, we have demonstrated a series of numbers representing drugs either manufactured in Canada, or imported into Canada between the years 1967 and 1976. On the bottom half of the table are figures for the same drugs which have been exported from Canada.

We have made a decision in Canada that although there is a large number of drugs which one can call amphetamines, there are true amphetamines and amphetamine derivatives. In 1972, we put those members of the family that seemed to us to have the greatest potential for misuse and abuse and harm to our society into a special restricted class. We chose amphetamines, meaning the L-form, dextroamphetamine, benzphetamine, methamphetamine, phendimetrazine, and phenmetrazine.

We decided to designate only these as "special amphetamines," Senator Nelson. Other members of the amphetamine class we chose to regard as potentially less harmful amphetamine congeners. The undesignated members include methylphenidate or Ritalin, and a number of drugs which are primarily prescribed for obesity. Since that there have been some new anorexiants introduced to the market. One is known as Mazindol, which although not chemically derived from amphetamine, shares several properties with amphetamines.

You can see, therefore, that it is a large family. It is pharmacologically correct to say they are all amphetamines, and, therefore, there should be no difference in regulations between the top group—very dangerous—and the bottom group—less dangerous—but for reasons I will come to a little later, we decided to draw a line somewhere, and "designate" only those which I have shown on table I.

After consultation with several expert members of the medical profession in our country, and a survey of the world literature, we were still uncertain whether or not there are diagnoses for which these drugs are really indicated. If there are conditions for which these designated amphetamine drugs are prime choices, then obviously they