the medical use of amphetamines, a sudden change occurred. You may see the 756 kilograms imported in 1971, suddenly dropped in 1972 to 32½ kilograms. On January 1, 1973, our law designated the five conditions as the only medical diagnoses for which these drugs could be prescribed.

Senator NELSON. What conditions?

Dr. HENDERSON. The five narcolepsy, hyperkinetic disorders in children, minimal brain dysfunction, epilepsy, and Parkinsonism.

You may see in table I, that 32.457 kilograms has dropped to 1.395 kilograms in 1973, and down to 0.475 in 1975—less than a half of 1 kilogram imported into Canada in 1 year.

This, however, is quite adequate for the medical needs.

I think the drop is quite dramatic.

Senator NELSON. It is not manufactured in Canada?

Dr. HENDERSON. No, sir.

The only substance which is manufactured in Canada, phendimetrazine, which although manufactured, is not marketed in Canada.

It is all exported.

Senator NELSON. Why is this not marketed in Canada?

Dr. HENDERSON. It is not prohibited. It has never been put on the Canadian market. Thus, it is not being prescribed in Canada. Phendimetrazine is the only amphetamine derivative that has been manufactured in our country.

Mr. GORDON. What is the 1976 production for amphetamines?

Dr. HENDERSON. That is a purely chemical use; it has nothing to do with drugs.

I cannot tell you which particular industry it was, but amphetamines are used as a basis for other chemicals. It was certainly nonmedical.

Senator NELSON. All of these are amphetamines or related?

Dr. HENDERSON. No, sir, those shown on table I are the five we felt to be the most dangerous of the entire family.

I will refer now to the question of obesity. You may see on the second long page, entitled "Antiobesity Market, 1971–75." The statistics here were derived from IMS Canada.

What we did here was to take the 1971 market as 100 percent. That was well before we changed our regulations. Thus the lefthand side represents percentage change.

Senator NELSON. This is all for the treatment of obesity?

Dr. HENDERSON. Yes.

In 1972 we had a drop in both the true amphetamines and amphetamine congeners, and in 1973, 1974, 1975, the amount of amphetamines of the type we have controlled in a rather drastic manner, has stayed very, very small.

It is, however, obvious there has been an increase in prescribing of the amphetamine congeners, and this would be about a 10-percent rise from 1973 to 1974 and about the same for 1974 to 1975.

I have looked at what is happening in 1976. It would seem there has been a rise, perhaps half the amount of the previous year.

Mr. GORDON. The ban on prescribing amphetamines for obesity has brought about a shift in demand to the nonamphetamines, the congeners; is that correct?

Dr. HENDERSON. That is correct, Mr. Gordon.