If a number of the congeners are strongly stimulative also, in a similar way as amphetamines, why did the panel permit the congeners to go on the market? Was it lack of knowledge?

Dr. HENDERSON. In 1972, we were of the opinion that phentermine and a few other congeners did not have the potential for abuse that existed for say, phenmetrazine. We thus chose at that time to recommend that some congeners should remain uncontrolled at least for the time being. We said that we would attempt to review our decisions every 2 years. We knew we were making decisions which might not be long-lasting.

It is only in the last year and a half that some of us have become convinced that a number of these congeners do have a risk of abuse. By asking the questions that I have outlined I have come to the conclusion that the risks are greater than the benefit.

As an example, the drug Benzphetamine—by trade name—was marketed in our country by Upjohn. The company however has simply withdrawn the drug from the market. They seemed to realize that amphetamine prescribing was not really a logical way to treat obesity, and now that Canadian law has so restricted its prescribing, the actual market is too small to be profitable. I wonder if at the level of the drug manufacturing companies, a number of them are not beginning to wonder whether or not these stimulant drugs really are a benefit.

That is not to say that new drugs for obesity might not be beneficial in the future. There is genuine interest and a genuine concern to find drugs with less toxicity, and with less potential for both abuse and for dependence. The new drug mazindol seems to be a step in this direction.

Research is still going on in this area of appetite suppression. I am not very optimistic about any of these drugs, but on the other hand, I cannot say that a good appetite suppressant is either impossible or unwarranted.

Drugs can be a temporary crutch for some patients. But in addition to drugs that we need to achieve with our overweight patients is a better way of thinking, perhaps through group therapy such as that provided by Weight Watchers. This is where in fact I send all of my overweight patients. I persuade most of them to join one of these kinds of lay organizations, and two-thirds at least of them benefit from referral.

Senator NELSON. Well, thank you very much, Dr. Henderson, for your very thoughtful contributions.

We appreciate your taking so much of your valuable time to come to testify.

Dr. HENDERSON. Thank you.

Senator NELSON. Our next witness is Dr. Carl Chambers of Miami, Fla.

Your statement will be printed in full in the record.

You may present it however you desire.