problem, to take this patient and put him on a drug that would make the patient an addict, that would be ridiculous.

I am convinced that drugs have no place in the treatment of obesity. I am convinced that the medical world can practice better medicine without the antiobesity drugs.

I am convinced that the overwhelming majority of physicians believe as I do. I am disheartened by the presence of that small number of physicians who capitalize on the habit-forming character of the "diet pill."

They threaten the success of the amphetamine-free environment which my colleagues and I are attempting to build. Frankly, they are a public health menace.

I believe there is a method of controlling the injudicious distribution of amphetamines. The solution is straightforward, and it has precedent. Last month a patient of mine with a painful cancer required methadone for relief of his agony. Other narcotics had proved ineffective or unusable because of his multiple allergies. The drug was provided through normal channels of distribution with the understanding that it was to be used as an analgesic, not for the treatment of drug addiction.

I received a telephone call from the pharmacist who filled the prescription, and the pharmacist pointed out that I can use this drug only for analgesia, and to use it for any other purpose would be contrary to law.

This is a unique situation. The FDA has been reluctant to involve itself in the doctor-patient relationship. Except for regulations pertaining to the use of new drugs or drugs being investigated for efficacy and safety, the FDA has not involved itself in regulating the prescribing habits of physicians. I believe this to be laudable. In the instance of methadone, however, it was determined that the absence of tight control of the distribution of this drug constituted a serious public health hazard. The FDA, therefore, used its authority to prohibit the unrestricted distribution of methadone. The FDA requires that any individual or organization using methadone for the treatment of drug addiction must secure a special license and submit to constant supervision. To do otherwise is unlawful.

I propose that the same regulation with restraints be placed on the use of amphetamines. I propose that a special license be required for the use of amphetamines to control obesity and in the control or treatment of drug addiction. I further propose that the existing restrictions on the use of amphetamines be continued for all other uses. In this way the prescribing of this drug will be limited to a 1-month supply which is not refillable and which is dispensed in a specially marked container. I also recommend that the continued use of the nonamphetamine diet drugs be similarly controlled pending further research into their abuse potential. These changes would effectively eliminate the amphetamines from the "diet doctors'" dispensary.

If the deliberations of this committee provide the impetus for the FDA to exercise authority and eliminate the abuse of amphetamines, you will have helped Huntington physicians in their original crusade to ban amphetamines in our community. You will simultaneously aid physicians in communities throughout our country in the control of amphetamine abuse.