drug dependence. At the State level, licensing boards for physicians, pharmacists and pharmacies, hospitals, and other health care units also can influence the prescribing and dispensing practices of health professionals. Furthermore State and local law enforcement agencies, many of which are actively supported by DEA and the Law Enforcement Assistance Administration, police the diversion and illicit traffic of controlled drugs.

Communication among these Federal and State agencies is maintained by regular meetings of the involved officials at both the staff and policy levels. The Interagency Committee on Drug Control, as an example, is a working group which includes membership from FDA, NIDA, and DEA. An FDA/DEA liaison staff group also meets regularly. In addition, the Commissioner of Food and Drugs, the Administrator of DEA, and the Director of NIDA meet personally to discuss policy issues. There is also extensive communication between the field forces of FDA and DEA and their counterparts in State law enforcement and health agencies.

FDA ACTIONS FROM 1960 THROUGH 1971

The Food and Drug Administration has for many years supported stringent controls on the amphetamines. In the early 1960's, prior to any clear Congressional mandate, the FDA undertook investigation and prosecution of traffickers in amphetamines. The 1965 Drug Abuse Control amendments to the Federal Food, Drug, and Cosmetic Act provided stronger regulation over the manufacture and distribution of dangerous drugs, including certain stimulant drugs, and in February 1966 FDA established a separate Bureau of Drug Abuse Control to carry out these amendments. In the first 2 years of the program, FDA carried out over 2,000 criminal investigations, made more than 1,300 arrests, and handled about 300 criminal cases. The FDA made, in addition, approximately 1,100 accountability investigations resulting in 108 civil seizures of depressant and stimulant drugs. Nearly 600 million dosage units of these drugs were removed from the marketplace because no accurate records, as required by the law, were kept by manufacturers.

In April 1968, the Bureau of Drug Abuse Control was merged with the Bureau of Narcotics of the Treasury Department to create the Bureau of Narcotics and Dangerous Drugs—BNDD—of the Department of Justice. In 1973, BNDD became the Drug Enforcement Agency. In October 1970 the Controlled Substances Act—CSA—was enacted and added an important new dimension to the control of abusable drugs.

The CSA originally scheduled only four anorectic drugs (amphetamine, dextroamphetamine, methamphetamine, and phenmetrazine), and these were listed in schedule III. Injectable methamphetamine was controlled in schedule II. In 1971, in response to proposals by BNDD, FDA recommended that these anorectic drugs all be transferred to schedule II. Prompt action by BNDD in making these controls effective resulted in (a) eliminating refills on prescriptions, (b) requiring all prescriptions to be in writing, (c) subjecting manufacturers, distributors, and dispensers to more stringent security requirements for storing these drugs, (d) limiting production to