Government-established quotas, (e) having all shipments among manufacturers, wholesalers, and retailers be done on special BNDD order forms, copies of which were to be immediately provided to BNDD, (f) prohibiting import and export of the drugs without prior BNDD permission, and (g) requiring that reports of inventories and all transactions be sent to BNDD.

Concurrent with these actions, FDA has carried out an active program of surveillance over the advertising of these drugs. Since May 1966, 38 legal, regulatory, and advisory actions related to their promotion have occurred. Of these actions, 27 have been initiated in the last 4 years. These have included two product seizures, three remedial "Dear Doctor" letters; and one remedial advertisement. Common causes of actions by FDA in regard to the advertising of these drugs have been inadequate prescribing information; unwarranted extension of the indications to special groups of patients such as hypertensives, diabetics, and teenagers; implied claims of usefulness beyond the indicated short-term use of a few weeks; and misleading promotion which attempts to understate the potential for abuse.

The FDA advertising rules require that all promotional labeling and advertisements for these drugs meet the usual requirements for prescription drugs and, in addition, display the appropriate CSA control symbol.

FDA ACTIONS FROM 1972 TO THE PRESENT: THE ANORECTIC REVIEW

Mr. Chairman, as you know, the Kefauver-Harris amendments required that FDA review for effectiveness all drugs previously approved on the basis of safety between 1938 and 1962. For the anorectic drugs the Agency elected to review the whole class at one time so that the same standards would be applied to each drug. The amphetamines were included in the review even though they had been marketed prior to 1938.

The overall review included not only a detailed statistical analysis of all of the controlled studies in our files relating to the effectiveness of these drugs in obesity, but also meetings with consultants and advisory groups.

An obviously important consideration in reviewing this class of drugs was the general standard to be applied in determining effectiveness. It was well recognized then, as it is today, that permanent weight loss over the long term is the desired goal of any treatment program for obesity and that proof of such long-term effectiveness is lacking for any of the adjunctive measures used in treating patients with obesity. This does not imply that all adjunctive measures are necessarily ineffective—only that proof of long-term effectiveness is not available from adequate and well-controlled trials. In the case of anorectic drugs, long-term trials would be very expensive and difficult to perform in view of the many other factors relating to patient motivation which would have to be controlled, or at least measured and accounted for in the statistical analysis of the results.

The problem of the standard of effectiveness to be required for marketing has been discussed repeatedly within the FDA and with our consultants. The standard we have adopted is that a demonstration of effectiveness should depend upon a finding in adequate and