at the retail pharmacy level and in the offices of selected physicians. The trend analyses reports from this system are used for making production quota recommendations on schedule II drugs and for following prescribing patterns. In addition, we follow the data from the Drug Abuse Warning Network—DAWN—which is operated under joint contract from DEA and NIDA. FDA depends on DEA for special reports to identify abuse problems with specific drugs. Such problems may be recognized by DEA agents in the field or through their regional laboratory analyses or through monitoring the output of the DAWN system. Furthermore, NIDA has a substantial program to monitor licit and illicit drug use through general household surveys and through surveys of special populations—for example, high school students—monitoring hepatitis rates, and compiling drug use data on patients in treatment programs. Special demonstration projects or indepth reviews are also the subject of studies at various times. Information from all of these sources can be extremely useful in evaluating the extent of abuse associated with any given drug.

CURRENT STATUS OF ANORECTIC DRUGS

Mr. Chairman, 5 years have passed since the amphetamines and phenmetrazine were placed in schedule II, and 3 years have passed since the FDA's anorectic review and the placing of the remainder of these drugs in schedules III or IV. It is appropriate that we review at this time the effect of these important Federal actions on the use and abuse of these drugs and ask ourselves whether progress has been made, whether that progress is sufficient, and, if not, what further might be done in the future.

I would first like to discuss the effect of these actions on the prescribing of anorectic drugs as measured by the number of prescriptions filled in pharmacies. Appendix I shows the prescribing trends for anorectic drugs from 1964 to 1976. During the period from 1971 through 1973 there was a particularly dramatic decline in the prescribing of amphetamines.

Senator NELSON. Let me interrupt you for 1 minute.

Did we settle the fenfluramine question?

Dr. CROUT. Its effectiveness is essentially equal to all of the other drugs in the class.

Senator NELSON. You said that you would rely on the DEA to determine whether it is addictive, or whether it is being used in the streets?

Dr. CROUT. Yes.

This was a major period of Federal action. The number of manufacturers of these drugs also dropped considerably during that period. Since 1973 the usage of amphetamines has remained fairly constant at a rate of about one-fifth that of the peak year in 1965. The nonamphetamine anorectic drugs have increased in popularity since 1971 and are now prescribed roughly twice as often as the amphetamines. The rate of prescribing of the whole class of anorectic drugs is today approximately 60 percent of the peak rate in the mid-1960's.

Senator NELSON. Are not a number of those anorectics in schedules III and IV just as addictive as the amphetamines?

Dr. CROUT. Potentially so, although perhaps not so much.