I think when you get to schedules III and IV, you will see some interesting data on that point.

Senator NELSON. All right.

Dr. CROUT. I think the answer is that we are hopeful over the long term it will turn out to be true that there are members of this class that are substantially less addictive and less attractive to abusers than amphetamines.

Senator NELSON. Have some studies been done on that?

Dr. CROUT. Yes; that was the philosophy behind putting them in schedules III and IV instead of in II originally.

Senator NELSON. It had been my impression from some of the testimony that there were serious questions about these drugs being addictive.

Are they all central nervous system stimulants?

Dr. CROUT. All potentially, yes, but drug abuse is a funny business, where you frequently have to find out what happens in the street to know the answer to the question.

It turns out there are consumer preferences, if you will, among those who abuse drugs, and in a real sense that test is more useful than some of the laboratory data we get in smaller studies. Again, these are among the issues we are discussing with DEA.

Senator NELSON. But there are some differences between some drugs, perhaps like fenfluramine, which may not be addictive and which is a depressant. According to the physician from Canada, patients did not like it, and when you have two drugs that are competing, or three or four in the street, and one is highly preferred, it is just a difference between one ordinary brand and another that has more appeal.

And then if the other three are no longer on the street, what happens about this one that has the less appeal?

Mr. VODRA. There are side effects that make them more or less attractive. When we surveyed in 1973 about anorectic control, we talked to street users, and they termed one of the congeners "raunchy speed," "stuff you use only when you run out of good stuff," and "it is really the dregs." They do not like some of these things. They will use them only if nothing else is available.

Senator NELSON. That is the point I am asking. You are impressed by the figures that amphetamine use has gone down, and the congeners have gone up. My question is not whether amphetamines are preferable to the use of congeners, but whether or not they are addictive. If, in fact, that is the only one, that is the question that has to be answered, because if that is the only one available, and it is addictive, it will be used.

Dr. CROUT. Yes; let's go on perhaps to the next paragraph, which I think will be of interest to this question.

I would now like to turn to the issue of abuse of the anorectic drugs.

Before doing so, however, I must emphasize the limitations of the data currently available for presentation. As I previously noted, an analysis of the abuse potential and actual abuse of the anorectics is underway by DEA, and we look forward to receiving their findings.

My comments today are, therefore, based only on gross data from the DAWN system. By the way of background, the DAWN system