lists "mentions" of a drug during the contact of an individual at certain crisis centers—including "Hot Lines"—emergency rooms, and medical examiners or coroners offices throughout the country.

The "mention" of a drug can thus range from a telephone call to an overdose death. It should also be noted that "mentions" of drugs frequently occur in combination. A specific drug is not necessarily the cause of the episode. For example, if amphetamine is mentioned in an emergency room contact, the person may have, as his primary problem, an overdose of heroin but may also have taken an amphetamine.

More sophisticated analysis is thus necessary before a full picture is available of the societal problems associated with anorectic abuse.

With these limitations in mind, I would like to refer to appendixes II and III to make two basic points.

Appendix II is a bar graph which shows the ratio of total mentions of anorectic drugs in the DAWN system from July 1973 to December 1975, divided by the number of prescriptions for these drugs during this period.

Senator NELSON. What are the years?

Dr. CROUT. That is the total. We took all years lumped together, 1973 to 1975. The bar graph for amphetamines is the total number of DAWN mentions during the years 1973, 1974, 1975, all lumped together, divided by the number of prescriptions for these drugs during this 3-year period.

You can see the left bar graph relates to amphetamines, the next one to Preludin, and then at the bottom, the other drugs in the class.

This ratio can be considered as a crude index of the degree of abuse, that is, total DAWN mentions, per given amount of drug dispensed through legitimate sales at the pharmacy level.

Mr. GORDON. Dr. Crout, DAWN includes only the people who appear in clinics or emergency rooms, and that does not necessarily reflect who is abusing the drug; that is, how many people are abusing the drug.

Many people who abuse drugs do not go to these places. They abuse them in their homes, and they do not go to clinics afterward.

Dr. CROUT. This is again the only quantitative index of drug abuse going on in the country today on a national basis. It is not meant to include all episodes, but it ought to be a reasonable index of the amount of drug abuse activity going on.

Mr. VODRA. I think there is another point about DAWN data. If you look at the population of abusers and users of the central stimulant nervous system drugs, and assume that only a portion will go to points that will get them into DAWN collecting network, this is no reason to suspect a higher proportion of amphetamine users over other stimulant drug users will go into the DAWN system. Thus, if a proportionate number of people who are abusing each of the anorectics are coming in, then at least DAWN does give you from among that sample, a relative difference of levels of abuse among the various preparations which is shown in bar graph 2.

Mr. GORDON. It only tells us about those who get sick enough to go to clinics?

Mr. VODRA. That is right, but this is no reason to suspect an amphetamine user will get more sick than a user of diethylpropion or any other anorectic, if the pharmacology is fairly similar.