Mr. Chairman, let me digress for a moment to note a fact important to the purposes of this subcommittee. In our efforts at that time to place the most rigorous controls on the amphetamines we received the support of the American Medical Association. Through its house of delegates, the AMA expressed approval of the rescheduling and urged "all physicians to limit their use of amphetamines and other stimulant drugs to specific, well-recognized medical indications."

It was early recognized that if our efforts to place the amphetamines in schedule II succeeded, a new danger to the public might arise. Two drugs—phenmetrazine—Preludin—and methylphenidate—Ritalin—had been placed in schedule III by the Congress. These drugs, while not true amphetamines, have been described as "amphetamine-like." It was considered highly possible that should amphetamines be moved to schedule II with its stringent controls, there could be a movement by drug abusers from the amphetamines to Ritalin and Preludin. Accordingly in April 1971, we sought the position of HEW on whether we could properly place these drugs in schedule II.

On July 29, 1971, HEW approved that rescheduling and negotiations began with representatives of the Ciba-Geigy Corp., then manufacturer of both products, and Boehringer-Ingelheim Ltd., owner of the U.S. patent on Preludin. It was the purpose of these negotiations to reach an agreement on placement of Ritalin and Preludin in schedule II without the need for lengthy hearings. The companies ultimately agreed and, on October 28, 1971, Ritalin and Preludin were placed in schedule II.

Turning now to the nonamphetamine anorectics—on February 15, 1973, HEW recommended that seven of these drugs be placed in schedule III of the Controlled Substances Act and one, fenfluramine, be placed in schedule IV. In Federal Register notices on May 9 and May 10, 1973, we proposed the precise scheduling recommended by HEW.

Mr. GORDON. What constraints resulted from placing the drug in schedule III and schedule IV?

Mr. RODY. Basically there is little difference in the constraints between schedules III and IV.

There are some criminal sanctions as to trafficking that are greater in schedule III; however, the significant difference is that schedule IV drugs are considered to be less dangerous than schedule III, and therefore this type of subtle difference certainly dictates to a certain degree the prescription and dispensing practices of doctors.

Mr. GORDON. Dr. Crout, not in today's testimony, but in a document we are going to put in the record, says that schedules III and IV have little but psychological impact on the practice of medicine, requiring only a special symbol on the labels and labeling and a practitioner's BNDD number on the prescription.

Do you agree with Dr. Crout that it does not have much effect on medical practice?

Mr. RODY. Certainly not as much as those drugs in schedule II. However, DEA believes that NIDA and the medical associations should establish guidelines on prescriptions and dispensing practices.

Senator NELSON. What does that mean?

Mr. RODY. Well, I think it would be to our advantage, in the enforcement of the Controlled Substances Act, to have established guidelines for use of doctors who dispense and prescribe drugs in their practices.