In addition to the computer system, we maintain an investigative program whereby we inspect each manufacturer and distributor at least once every 3 years.

If we find violations, we take action up to and including removal of registration, and we also take appropriate civil or criminal prosecution.

We have seen over a period of time since the effective date of the controlled substances act in May 1971, a very significant tightening up at the manufacturer-distributor level of the handling of drugs.

I am not saying there is no employee diversion, but it is a much lesser factor in the total diversion picture than for example at the retail level at this point.

Senator NELSON. As I recollect, Dr. Crout said that he would be relying upon your agency to supply evidence respecting abuse of the amphetamines, the anorectic congeners, is that correct?

Mr. DURRIN. That is correct.

Mr. RODY. That is correct, and the next portion of my testimony goes right into that.

Senator NELSON. All right.

Go ahead.

Mr. RODY. This subcommittee has requested information on the current patterns of abuse and diversion of antiobesity drugs. Three sources have been employed to gather the information I will summarize:

First. The drug abuse warning network—DAWN—jointly sponsored by DEA and the National Institute on Drug Abuse, receives all drug mentions from selected emergency rooms, crisis centers, and medical examiners throughout the Nation and publishes this information on monthly basis.

Second. The system to retrieve information from drug evidence—STRIDE—constitutes a compilation of reports on all drugs received for examination by all DEA domestic and foreign laboratories.

Third. A recent telephone survey of DEA's domestic regions, which includes information on audits, sales, and so forth.

Mr. Chairman, there has been a 28 percent increase in DAWN mentions of amphetamines in the last 12 months. The increase of chronic effects as the reason for seeking emergency help strongly suggests that ever greater numbers of abusers have access to a continuing supply of amphetamines. At the same time, our laboratories report the appearance of less illicitly manufactured amphetamines and there are fewer reports of amphetamines being diverted from legal distribution systems. Accordingly, it must be concluded that increasing amounts of abused amphetamines come from home supplies and that these supplies are created largely by prescriptions and direct dispensing by physicians. The suggestion is implicit that significant numbers of physicians are prescribing and dispensing well over their patients' actual medical needs.

Phenmetrazine—Preludin—has become a serious problem as a street drug in areas of the United States ranging from Pennsylvania in the east to Nebraska in the west. Pockets of heavy abuse appear in Texas. The District of Columbia and surrounding States have been particularly hard hit. In the District, for example, we find Preludin trafficked under the street name "Bam" at $10 for a single 75 milligram