absence of clear evidence of significant abuse. These drugs were chlorphentamine, benzphetamine, phendimetrazine, clortermine, mazindol, diethylpropion, and phentermine. Ultimately, the latter two drugs were placed by DEA along with fenfluramine in Schedule IV. Given the nature of the data available at that time, we believe our scheduling recommendations were medically proper and responsible. Additional information has, of course, been steadily accruing since that time, some of which, e.g., Dr. Jasinski's studies at NIDA's Addiction Research Center, have been discussed in recent testimony before this Subcommittee. DEA is in the process of analyzing this new information on the anorectics and we look forward to their report.

Since 1973, the FDA has developed a mechanism (through the use of the National Prescription Audit and National Disease and Therapeutic Index) for monitoring the utilization of certain drugs 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.