FDA depends on DEA for special reports to identify abuse problems with specific drugs. Such problems may be recognized by DEA agents in the field or through their regional laboratory analyses or through monitoring the output of the DAWN system. Furthermore, NIDA has a substantial program to monitor licit and illicit drug use through general household surveys and through surveys of special populations (e.g., high school students), monitoring hepatitis rates, and compiling drug use data on patients in treatment programs. Special demonstration projects or in-depth reviews are also the subject of studies at various times. Information from all of these sources can be extremely useful in evaluating the extent of abuse associated with any given drug.

CURRENT STATUS OF ANORECTIC DRUGS

Mr. Chairman, five years have passed since the amphetamines and phenmetrazine were placed in Schedule II, and three years have passed since the FDA's anorectic review and the placing of the remainder of these drugs in Schedules III or IV. It is appropriate that we review at this time the effect of these important Federal actions on the use and abuse of these drugs and ask ourselves whether progress has been made, whether that progress is sufficient, and, if not, what further might be done in the future.

I would first like to discuss the effect of these actions on the prescribing of anorectic drugs as measured by the number of prescriptions filled in pharmacies. Appendix I shows the prescribing trends for anorectic drugs from 1964 to 1976. During the period from