1973); however, monkeys show little evidence of self-administration (Yanagita, unpublished results).

To continue the example with fenfluramine further, in actual practice as an anorectic, fenfluramine has been demonstrated to decrease food intake in many species, including man (see Stunkard, et al., 1973). Those studies have demonstrated more of a sedative effect chronically with fenfluramine than for either placebo or amphetamine when administered for weight reduction. Finally, although there is a report of the use of fenfluramine for its hallucinogenic properties, there have been no published reports of dependence patterns following several million presciptions in the United States.

Recommendations

In the light of these differences among anorectic compounds, a more rational approach to the abuse potential problem of anorectics would be to encourage discriminating basic research and preclinical evaluation of these compounds for the trade-off for their anorectic properties and potential stimulant abuse properties. Furthermore, rescheduling the anorectics with stimulant properties could encourage physicians to be more careful in their prescribing criteria. This observer would consider moving phentermine (Ionamine^{R} and Fastin^{R}) and diethylpropion (Tenuate^{R} and Tepanil^{R}) at least into Schedule III. In addition, based on basic research in self-administration models or evidence of euphoriant effects in man, compounds such as benzphetamine, clortermine, mazindol, and phendimetrazine as well as diethylpropion and phentermine, might be considered for Schedule II. Placing these compounds in