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Schedule II would require that the physician explicitly write these prescriptions without refills. This would place considerably more emphasis on re-evaluation for subsequent prescription writing. The more potent stimulants such as dextroamphetamine, methamphetamine and phenmetrazine currently under Schedule II should be considered for possible discontinuance of their use as anorectics. Certainly these compounds have been demonstrated to have considerable abuse potential. Use of potent stimulants for hyperactivity in children and narcolepsy should be maintained. Finally, physicians might be encouraged to consider prescribing one of the ring-substituted compounds dependent on their evaluation of the patient for an initial weight reduction regime, at least before the more euphoriant and stimulating compounds are considered. Obviously, education of both physicians and the public is a major means of facilitating this process.

Impact of Stimulant Abuse on the Individual and Society

In determining the impact of stimulant drugs on the individual and society, one can consider a host of potential changes including the morbidity and mortality rate among amphetamine abusers; the potential for emotionally apathetic state following chronic abuse and withdrawal which has been described both in this country as well as Japan (Tatetsu, 1963; Utena, 1966; Ellinwood, 1973). In addition, there is evidence from chronic intoxication animal studies that nerve cell death takes place in brain areas which in part mediate alerting and emotional arousal (Escalante and Ellinwood, 1970). Studies in monkeys have demonstrated a long-term, perhaps permanent, depletion of an important neurotransmitter - dopamine -, which lasts