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If Canada becomes a signatory to the Convention on Psychotropic Substances it surely does not make sense to include Amfepramone (the European name for diethylpropion) and not include all the others of the same class with it.

Finally, could medicine really live and flourish without hardship to any patient without amphetamines at all? The answer is probably affirmative but I would forecast that the transition would need to be reasonably slow rather than abrupt for there are many patients presently dependent on this class of drugs and who would suffer withdrawal and become depressed if these drugs are all suddenly unavailable. To leave what experts may regard as the least harmful of the family for a specified period of time would seem to be a human but nonetheless logical step in ultimate elimination of this family with its potential hazards.

For obesity itself, I believe that there is no real indication for amphetamine type drugs. Whether or not there is indeed any rational even for a safe non amphetamine, non habituating chemical to try to depress over a period of time the appetite in those who require re-education of eating habits is quite uncertain. Personally I would regard even this as quite irrational.