prescriptions are 6% of those for amphetamine. An additional NIDA-sponsored survey conducted from October 1974 to May 1975 supports these conclusions from DAWN. In this study, 2,510 men representative of all men in the general population who were 20 to 30 years old in 1974, were surveyed for their non-medical use of stimulant drugs. The specific stimulant drugs reported were amphetamine, methamphetamine, methylphenidate, phenmetrazine and biphetamine. There were no mentions of diethylpropion, benzphetamine, or phentermine. Similar considerations also indicate a relatively low incidence of abuse of both fenfluramine and clorphentermine, two agents which are not pharmacologically equivalent to amphetamine.

The assessment studies in prisoner addicts are valid measures of abuse potential; however, it must also be concluded that factors other than pharmacological equivalence determine the incidence of abuse of a drug. In the case of drugs marketed as appetite suppressants, these factors are not known but experience suggests that at any point in time the incidence of abuse of a drug is determined by customs, fads, attitudes, type of pharmaceutical preparation and knowledge of the drug's actions. In addition, certain properties of the drugs themselves may limit attractiveness to the drug abuser. For example, drugs which cannot easily be dissolved in water are less attractive to the addict who injects drugs.

In retrospect, the comparative pharmacology and the incidence of abuse support the scheduling decisions made under the Comprehensive Drug Abuse Prevention and Control Act of 1970 concerning the anti-obesity