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medical usage is unquestionably finding its way into non-medical and, hence, non-legitimate usage. It also reminds us that we are a principal proveyer and consumer of drugs in the world today, and if Sweden's attempt to limit drug traffic through legislation has been somewhat less successful than they and the world had wished for, it may well be that we and other nations as members of the world society must all tackle this problem simultaneously.

Today, however, we must get our own house in order, and it is therefore my recommendation that the recommendations of the Committee that I have just laid before you be activated and extended as follows:

- 1. It has been demonstrated that the amphetamines and related compounds have trivial indications for therapeutic use in obesity, yet this remains the major medical excuse for the large quotas of these pharmaceuticals now being manufactured. From the point of view of society, the risk of overproduction far exceeds the benefit that might be cited through anecdote of a few patients who, in association with rigid dieting, have believed that the so-called anorectics were the causative agent in their particular weight reduction. I would, therefore, recommend that obesity be withdrawn as an indication for the therapeutic use of these drugs.
- 2. The increasing traffic in the amphetamine related medications indicates that the <u>previous recommendations to place in Schedule 2 all drugs with abuse potential</u> should be followed. This measure has been effective in limiting the use of those placed in Schedule 2 three years ago.