DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
ROCKVILLE, MARYLAND 20852

January 28, 1977

Mr. Benjamin Gordon
Staff Economist
Senate Small Business Committee
Room 424
Old Senate Office Building
Washington, D.C. 20510

Dear Ben:

As per our telephone conversation, I would like to keep you abreast of the latest activities in our review of the anorectic drugs. As per Mr. Rody's testimony, the Drug Enforcement Administration transmitted their findings on the current abuse of amphetamines to us on December 20, 1976. The findings include field data on amphetamine diversion, audit reports, and field intelligence as well as DAWN data and recent production figures. I understand from DEA that they have already forwarded you a copy of their report.

Following FDA staff review of that material, on January 14, 1977, Mr. Peter Bensinger, Administrator of DEA, Dr. DuPont, Director, NIDA, and I met together with our respective staffs to discuss the preliminary DEA data and to discuss FDA data needs. We stated those questions which we felt must be answered prior to our initiating any regulatory procedures. We shared our present understanding of the current level of anorectic drug abuse and the various data systems that are available to our respective agencies to further expand our knowledge. The data which DEA has transmitted to FDA mostly pertains to the Schedule II anorectics and particularly to the amphetamines. At our meeting, we agreed that action might appropriately be taken on any member of the entire class of anorectic drugs, should the data developed reveal that the most significant drug abuse problem was with that particular drug or group of drugs. We need not be constrained by schedule or chemistry of these drugs.

I pointed out to the group that for us to take action on any of the drug products, we would need to be able to show that those specific anorectic drugs present a significantly greater drug abuse problem than the others, and that those specific products causing this problem are legitimately produced. The respective agencies understood our position and generously offered their staff assistance to work with FDA personnel on the collection and analysis of further data. An inter-agency working group was identified and, I am pleased to say, had its first meeting this past Friday, January 21.