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tions generally involve diversion by doctors through the use of prescriptions. In order to provide significant amounts of diverted amphetamines, it would necessitate a doctor or a group of doctors writing a large volume of prescriptions, since a single prescription would average between 20 and 30 D.U. The majority of the doctors encountered who do divert amphetamines either do not have a large patient volume to mask significant diversion or else the doctors are reluctant to become so heavily involved in criminal activity due to strict regulatory requirements.

Since January 1974, the Missouri State BNDD has suspended or revoked the CSA privileges of thirteen (13) practitioners due to amphetamine diversion or abuse. The State of Kansas has placed five (5) practitioners on probation since January 1976 for the same reason. The States of Nebraska, Iowa, South Dakota and Minnesota have had no state investigations involving the diversion of amphetamine by practitioners. The State of North Dakota has had one doctor under investigation for amphetamine diversion which is presently pending in state court.

A survey of state and local law enforcement and regulatory authorities indicate that from 0% to 5% of all drug investigations involve legitimately manufactured amphetamines available through illegal channels.