3. Recommend that some or all the currently unscheduled anorectics be placed in Schedules III and/or IV, (the amphetamines and phenmetrazine remaining in II.)

PRO: This would take account of the lack of documented abuse of unscheduled anorectics relative to amphetamines. It would expose us to less criticism of overreacting. It would not represent the severe competitive differential of alternative #1 between fenfluramine and other anorectics.

CON: Schedule III and IV have little practical effect in preventing overprescription or diversion. Addicts would thus preferentially turn to drugs not previously abused for "administrative" reasons.

4. Recommend no changes in the current scheduling of these drugs.

PRO: This would avoid stigmatizing possibly innocent drugs as possessing abuse potential. I would avoid controversy as to the admittedly imperfect predictive value of pharmacologic data. It would not prematurely advertise the abuse potential of drugs of which addicts may not yet be aware by placing previously unscheduled drugs on display in the Schedules. The Bureau of Narcotics and Dangerous Drugs should monitor the vital information on street abuse of the drugs, and move when abuse becomes important.

CON: This would not deal with the inconsistencies in the Controlled Substances Act and would permit considerable abuse of at least, some of these drugs before any action would be taken.

D. With respect to further testing

A fourth area in which actions may be taken is that of requirements for further testing of various sorts. The three requirements are not mutually exclusive; we recommend only the first at present.

1. Require further testing of some or all anorectics with respect to abuse potential.

PRO: Data would be obtained on the most disputed safety question associated with these drugs, their abuse potential. The Lexington Addiction Research Center of the NIMH is beginning testing of this sort.

CON: Testing methodology has not been standardized. Results of tests done so far are of uncertain predictive value with respect to subsequent abuse under actual marketing conditions.

2. Require further testing of some or all anorectics in long-term prospective trials.

PRO and CON: This is a recapitulation of parts of alternatives A2 and A3, and the arguments presented there apply here.

3. Require eqidemiologic surveys relevant to the use and abuse of drugs.

PRO: This requirement should produce drug-use data. Surveys might also reveal abuse earlier than does the present fortuitously received information. This requirement would be an innovative, positive response to long-felt needs for data.

CON: Methodology is imperfect. FDA is not familiar with evaluating data of this sort. Firms would resist a new requirement of this sort.

E. Other requirements

Certain further options can be distinguished with respect to the amphetamines, independent of the two major alternatives above under B. In addition action must be taken on DESI drugs, and labeling changes appear desirable. All but #5 are recommended.

1. Eliminate the marketing of parenteral amphetamines for obesity.

PRO: This is a recommendation of FDA consultants. Amphetamines produce a more intense euphoria and "rush" by parenteral routes; parenteral administration has been associated with the most destructive forms of abuse. No indication for amphetamines exists which cannot be adequately treated by the oral route. (This last argument does not hold for the use parenteral methamphetamine as a pressor agent, but alternative and better pressor agents exist).

CON: Certain practitioners claim that by giving amphetamines by injection they maintain better control over the drug, since the patient does not administer the drug to himself but receives it under supervision.

2. Withdrawn approval for all currently marketed combination drugs containing amphetamines.

PRO: This has been recommend by FDA consultants. Combinations are generally with a sedative or transquilizer, the rationale being to decrease the stimulant action of the amphetamine component.