

of narcolepsy and hyperkinetic reactions of children but rarely in other conditions. It is difficult, if not impossible, to justify their continued use in obesity and depression. Physicians may need a buffer against pressures for continued prescriptions from some patients. If so, a medical committee or board could be established to authorize these exceptions, as in Sweden (28). To circumvent the weariness most of us feel toward more committee work and the suspicion that an endless list of drugs may later come under such scrutiny, let me suggest that it is no more than we would do if heroin were made legal. Amphetamines are no less a menace.

Severe curtailment of production is essential. Less than 1% of the current volume would probably be an adequate supply for the exceptional case. No more than two pharmaceutical houses are needed to provide this amount. The industry's voluntary action toward this goal would provide refreshing evidence that it puts the public welfare first and that legislation is not required on every urgent health matter. Finally, advertising of these products in medical journals is inappropriate.

We need not delude ourselves that these measures will end amphetamine abuse: they will not. It is not certain they will even reduce it measurably for several years. Black-market production will doubtlessly expand. The diagnosis of narcolepsy may suddenly become more popular. These measures are, however, a step in the direction of removing one major inconsistency in our approach to drugs and of establishing a climate that does not so vigorously promote drug abuse.

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