included in the system, the above data, represent only a partial picture of DPX abuse.[63]

As can be seen in Table 3, within a year after amphetamines, methaqualone and secobarbital were placed in Schedule II, there were decreases of 50%, 52.4%, and 47.6% respectively, in the number of prescriptions. Within 4 years, all had decreased substantially more so that prescriptions for each were about 25% of what they had been before Schedule II was imposed. Placing drugs in Schedule IV, however, has much less effect on the number of prescriptions. For diazepam (valium) Schedule IV caused only a 6.9% decrease in prescriptions the first year.

TABLE 3

EFFECT ON THE NUMBER OF PRESCRIPTIONS OF PLACING DRUGS IN SCHEDULE IV OR SCHEDULE II

		Annual Number of Prescriptions (Millions)		
	Drug	Before Scheduling	1 Year After	% Change In Prescriptions
Schedule IV	Diazepam (Valium)	58 Million	54 Million	-6.9%
	Flurazepam (Dalmane)	11.5 Million	12.75 Million	+10.9%
	Propoxyphene (Darvon)	37 Million	33.5 Million	-9.5%
Schedule II	Amphetamines	16 Million	8 Million	-50.0%
	Methaqualone (Quaaludes)	42 Million	20 Million	-52.4%
	Secobarbital (Seconal	8 Million	4.3 Million	-47.6%

Flurazepam, already on the rise when placed in Schedule IV, rose an additional 10.9% during the first year.

Thus, placing DPX in Schedule IV has predictably had little effect on the number of prescriptions, availability or abuse(See Figure 1A, p 7, as measured by annual DPX-deaths). Since there is continuing evidence even relative to the Schedule II drugs for its abuse (See Table 1, p 6), DEA should transfer DPX to Schedule II.