of a drug's potential for abuse.[112] In this context, it is significant that 55% of the emergency reeom mentions of DPX from July-September 1977 consisted of suicide attempts, according to the DAWN statistics.[113] Another 18% were associated with addiction or "psychic effects."[114]

Furthermore, the courts which have construed the CSA have also relied almost exclusively on the substance's potential for abuse in reviewing the propriety of decisions to place a drug in a particular schedule. Indeed, in The National Organization for the Reform of Marijuana Laws (NORML) v. Drug Enforcement Administration, 559 F.2d 735(D.C.Cir. 1977), the Court of Appeals rejected DEA's claim that the lack of established medical use for cannabis, standing alone, required that it be included in Schedule I. 559 F.2d at 747. Rather the Court held that under the CSA, DEA is bound to balance medical usefulness against the other factors enumerated in the Act, which the Court summarized as the potential for abuse and the danger of dependence. cf. United States v Maiden, 355 F.Supp. 743, 748-749 n.4 (D.Conn. 1973)

In addition to evidence of DPX's overwhelming abuse, two other factors further point to the need for tighter controls on DPX's availability. First, DPX's toxicity, discussed above.[115] DPX is particularly dangerous because the margin between the doses necessary to achieve the euphoric state and those which are harmful and often lethal is extremely narrow. As DEA recognizes, although the statute and the legislative history are silent on the weight to be given to acute toxicity in assessing the appropriate schedule for a substance, toxicity is an extremely important consideration to weigh.[116] In the case of DPX, toxicity weighs heavily towards the imposition of more stringent controls.