



EMBARGO: 24 February 1998, 0900 GMT  
(release no. 4/9)

For information only -- not an official document

## **FEASTING ON DIET PILLS**

### **US Consumption on the Rise Strengthened Control Yields Results in Europe and Latin America**

Highlighting the addictive and harmful nature of "miracle diet pills" -- containing amphetamine-type stimulants -- continues to be one of the key messages of the International Narcotics Control Board (INCB). As a follow-up to its 1996 report -- when it drew special attention to an alarming growth in the consumption of amphetamine-type stimulants as anorectics -- the current report of the Board gives a mixed review of the 1997 developments.

On the positive side, the Board points to concrete country-examples in Europe and Latin America showing that strengthened control measures, in the form of tightened prescription policies, are capable of yielding positive results. However, the situation in the United States remains a major concern, as the consumption of controlled anorectics, which showed a sharp increase in 1996, continued to rise in 1997.

The Board not only expresses its concern about the renewed demand for "weight reducing tablets" and appetite suppressants containing amphetamine-type stimulants which are being promoted and marketed as wonder drugs for instant weight loss, but also reiterates that those drugs are addictive and have a number of adverse health effects ranging from elevated blood pressure to violent behavior and paranoia.

Countries, according to the Board, should keep in mind that these anorectics are amphetamine-type stimulants with essentially the same pharmacological properties as amphetamines and thus have a similar abuse potential. The Board reminds Governments of the trend of the 1960s and 1970s when amphetamines were prescribed for slimming purposes and were common household items which resulted in their massive abuse. The introduction of efficient controls, including strict prescription requirements, through the entry into force of the 1971 Convention led to a significant drop in direct amphetamine abuse. But the abuse potential of amphetamines and amphetamine-type substances was confirmed by their reappearance as clandestinely manufactured "ice", "speed", "crank" and "ecstasy".

Therefore, the Board calls on countries registering high prescription levels for anorectics to closely monitor the situation to prevent overprescription. It also calls for additional efforts to be devoted to educational campaigns to inform the medical and pharmaceutical community, as well as the general public, of the dangers of indiscriminate use of such stimulants. In this regard, the Board once again emphasizes the need for countries to strictly adhere to article 10 of the 1971 Convention which prohibits advertising of such substances and encourages the media in

all countries to promote a more responsible attitude towards the use of stimulants as appetite suppressants.

### **Consumption of Anorectics on the Rise in the US**

The consumption of controlled anorectics in the United States continues to be on the rise according to the 1997 report of the Board. This rise in consumption is mainly due to a dramatic increase in phentermine consumption, which in this country is the highest worldwide, accounting for more than 80 percent of global consumption. Already in its report for 1996, the Board had expressed strong concern about the growth in the use of phentermine in the United States, particularly in combination with fenfluramine, an anorectic not under international control, and also about promotional activities proclaiming the benefits of this combination treatment, commonly referred to as "phen/fen".

In this regard the Board welcomed the decision of the authorities of the United States in September 1997 to request the manufacturers of fenfluramine and dexfenfluramine to voluntarily withdraw those substances from the market due to reports of serious adverse health effects (heart valve problems in addition to the already known problems with pulmonary hypertension). The substances have also been withdrawn from the market in a number of other countries. However, the Board is quick to point out that the withdrawal of fenfluramine and dexfenfluramine from the market should be seen as a first step in reviewing prescription policies for anorectics in general. Therefore, it requests the authorities of the United States to also examine the use of other appetite suppressants. Such monitoring would be of particular significance in the case of phentermine, since the withdrawal of fenfluramine and dexfenfluramine could lead to a further increase in the consumption of phentermine as a substitute for those substances.

### **Strict Prescription Policies Adopted in Europe and Latin America**

The 1997 report, for the first time, also includes a positive note on the issue of diet pill abuse. The Board gives special praise for the efforts of a number of Governments in Europe and in Latin America to curb the growing use of amphetamine-type stimulants as anorectics. Tightened prescription policies have already led to a significant

reduction in consumption levels in Chile and in France. Stricter policies on the medical use of anorectics have also been introduced in other European and Latin American countries which, while not that far-reaching, are nevertheless an indicator for growing

awareness of the possible negative effects of widespread consumption of anorectics. The Board encourages other Governments to equally review prescription practices in their countries and take action as required.

**Figure 1: Anorectics listed in Schedule IV of the 1971 Convention on Psychotropic Substances: average national consumption, selected regions and the United States of America, 1988-1996\***

\* Statistical data submitted by Governments are used to calculate the average annual consumption. Data from the five countries with the highest consumption were included in the calculation for the selected regions.

