as an imminent hazard. This petition, as well as a petition to the Attorney General of the United States seeking, alternatively, to place Darvon in schedule II, will be discussed at these hearings and will be made a part of the printed record.

During 1977 there were 589 propoxyphene-related deaths reported to the Drug Enforcement Administration (DEA), which collects data from only one-third of the population of this country.

For 1974–77 there have been 2,154 Darvon-related deaths reported to DEA.

In 14 of the 23 metropolitan areas for which data comparing deaths are available, this drug was associated in the first half of 1977 with more deaths than heroin and morphine combined.

These figures do not tell the whole story, however.

According to an official of the National Institute of Drug Abuse, "The most reliable studies indicate that heroin use is generally confined to those cities, whereas physicians throughout the country prescribe propoxyphene more than any other prescription painkiller, and based on the pieces of the puzzle we know about, it does appear Darvon is involved in more deaths than heroin, probably by a ratio of nearly 2 to 1." [1]

Given the lack of significant efficacy, the easy availability of painkillers superior to Darvon, and the high abuse liability, it is puzzling that this drug is one of the most widely prescribed drugs in this country, for which the medical profession, as well as Eli Lilly & Co., must take the blame.

Darvon is promoted more heavily to physicians than any other prescription painkiller. In addition, the National Academy of Sciences-National Research Council, in its review of this drug, found that:

> An obvious effort has been made to avoid pointing out that dextropropoxyphene is structurally closely related to the narcotic analgesics methadone and isomethadone, that its general pharmacological properties are those of the narcotics as a group, that poisoning produced by dextropropoxyphene is essentially typical of narcotic overdose (complicated by convulsions) and should be treated as such, and that the distinction in dependence-producing properties and abuse liability between dextropropoxyphene and various other narcotics is essentially quantitative, rather than qualitative. That this effort, unfortunately, appears to have been successful is attested to by the fact that the majority of the house staff and attending physicians who make liberal use of Darvon assume that its pharmacology is basically similar to that of aspirin or phenacetin rather than to that of the narcotics.

According to the highly respected Medical Letter, propoxyphene has been used as an alternative to aspirin.

While adverse reactions to aspirin are observed in about 5 percent of hospitalized patients, only a small fraction are serious—for example, severe gastrointestinal bleeding, interference with normal clotting processes.

"Inasmuch as propoxyphene is largely prescribed as Darvon Compound-65, which includes aspirin, the potential toxicity of aspirin is not avoided." (The Medical Letter, May 26, 1972.)

With respect to another of the 10 Darvon formulations manufactured by the Lilly Co., the Medical Letter disclosed that Darvon is

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[1] Statement by Nicholas Kozel of the National Institute of Drug Abuse as reported in the Indianapolis News, Nov. 22, 1978.