Because propoxyphene is of so little value as a pain-killer--although Americans spent about 140 million dollars in 1977 for the Lilly-manufactured Darvon drugs[1]--is so widely abused and is so lethal, I urge you to either:

a) Ban immediately the marketing of propoxyphene as an imminent hazard under the Food, Drug and Cosmetic Act, 21 U.S.C. §355(e), and make it available only as an investigational drug for treating narcotics addicts[2] or, in the alternative,

b) Support our petition[3] (see enclosure) to reschedule DPX as a Schedule II narcotic which would impose production quotas and prohibit refills of prescriptions.

The following information is excerpted from our Drug Enforcement Agency petition:

- During 1977 alone there were 589 propoxyphene (DPX)-related deaths reported to DEA from their Drug Abuse Warning Network (DAWN) which collects data from only 1/3 of the population of this country.

- In the past 4 years (1974-1977), there have been 2,154 DPX-related deaths reported to DEA. Most recently, as heroin has become somewhat better controlled, DPX-related deaths have even surpassed heroin and morphine-related deaths in many cities. In 14 of the 23 metropolitan areas for which data comparing DPX-related deaths with heroin/morphine deaths are available, propoxyphene (DPX) was associated with more deaths than heroin/morphine in the first half of 1977. The cities are Boston, Buffalo, Cleveland, Dallas, Denver, Indianapolis (home of Lilly, producer of Darvon and other propoxyphene drugs), Miami, Minneapolis, New York, Oklahoma City, Philadelphia, Phoenix, San Antonio and Seattle.

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[1] Propoxyphene is also available as a generic drug but most sales are for Lilly products including Darvon, Darvocet, Darvocet-N, Darvon-N, Darvon Compound 65, etc.

[2] DPX is currently approved by FDA as an investigational drug for treating narcotic addiction.

[3] Under the Controlled Substances Act, 21 U.S.C. §811(a), the Department of Justice is being petitioned by Health Research Group today to move propoxyphene to Schedule II.