

16570 COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY

For example, Phoenix, the leading U.S. metropolitan area--as far as DPX-associated death rates--had 81 deaths during that interval. With an area population of 1.218 million the rate was found to be 81 divided by 1.218 or 66.5 deaths per million.

At the other end of the list of metropolitan areas is New Orleans. Its DPX-death rate is 8.2 per million or less than 1/8 that of Phoenix.

● Although DPX was placed in Schedule IV by DEA in March, 1977, this appears to have had little effect on its prescribing or abuse, as has been the case with other drugs placed in Schedule IV. (Schedule IV allows a prescription to be called in over the phone and as many as 5 refills each 6 months. Schedule II would place production quotas on the manufacture of DPX, disallow oral prescriptions and not allow any refills.)

In 1977, there were 33.5 million prescriptions filled for DPX drugs, down only 9.5% from 37 million in 1976. In 1977, during the last 9 months of which DPX was in Schedule IV, there were 589 DPX-related deaths, up from 445 in 1976, before Schedule IV "controls" were imposed.

● According to a 1976 Department of Justice Report on the abuse of DPX, DPX-related fatalities outranked all prescription drugs in death-rate even when the number of prescriptions written were adjusted for. By dividing the number of drug-related deaths by the number of prescriptions, DPX (in this instance plain propoxyphene sold as Darvon by Lilly) was well ahead of all drugs including phenobarbital and valium.

In addition to evidence that DPX (mostly Lilly's Darvon products) is doing more damage than the wares of dope-pushers in many U.S. cities, it is important to analyze why doctors have made DPX so popular.

DOCTORS MISLED ON DPX EFFECTIVENESS

Originally introduced as a "non-narcotic" by Lilly in 1957, Darvon(DPX) was said by the company, to be "equal to codeine... milligram for milligram" in its pain-killing properties. At present the preponderance of properly-controlled studies fail to show that DPX is any more effective than aspirin and many show it to be less effective than aspirin, or, in some cases, no more effective than a placebo. It is clearly less effective than codeine. The other attractive feature of this "non-narcotic" was that doctors didn't need a narcotic prescription to use it. The American Medical Association book on Drug Evaluation (1st Edition, 1971) stated, of DPX, that "its popularity is probably due to the fact that it does not require a