

IV. INTRODUCTION

Dextropropoxyphene (hereafter DPX) is structurally related to methadone, a synthetic narcotic; its effects are qualitatively similar to those of narcotics. In 1956, a year before DPX was first marketed as Darvon by Eli Lilly and Company, it was reported that this drug could produce narcotic-like effects of respiratory depression, pupil constriction, and euphoria, and could reduce the severity of withdrawal from morphine.¹ Nevertheless, this narcotic analogue was introduced to physicians as a non-narcotic analgesic, equal, milligram for milligram to codeine, but without the potential for addiction and abuse of the latter.² As a result of DPX's being promoted as a potent non-narcotic analgesic, DPX gained such popularity that it has become one of the most commonly prescribed drugs in the United States.³

Despite promotional efforts of the Lilly Company to the contrary, DPX remains a narcotic, more harmful and less effective than originally believed. In larger than recommended doses it produces a euphoric "high", which makes it attractive as a drug of abuse. Side effects of DPX, such as dizziness, constipation, nausea and vomiting are typical of narcotics. High doses of DPX produce the characteristic quartet of narcotic overdose--respiratory depression, pinpoint pupils, coma, and circulatory collapse--as well as convulsions, cardiac arrhythmias and pulmonary edema.⁴ The respiratory depression produced by DPX overdose can be reversed by naloxone, which is used to treat narcotic overdose.^{5,6,7} Physical and psychological dependence on DPX can occur, although this dependence is not so severe as that caused by morphine.⁸

Like the narcotics heroin and morphine, DPX is deadly. From April 1975 to June 1977, (the most recent date for which reliable published comparative statistics are available), it was the second most frequently implicated drug (2nd only to heroin and morphine) in coroners' reports of drug-related deaths in large American metropolitan areas.⁹