According to clinical trials using these criteria, DPX's abuse liability is lower than that of morphine and codeine. However, ultimately the abuse liability of a drug must be evaluated in light of the prevalence of its abuse. Indeed, in determining the proper scheduling for a drug, the Attorney General is directed to consider a drug's "actual or relative potential for abuse." 21 U.S.C. § 811 (c)(1). Looking for evidence of DPX abuse, one discovers an embarrassment of riches. Prior to the inclusion of DPX in Schedule IV in 1977, there was extensive medical and statistical documentation that this drug, alone and in combination with alcohol and other drugs, was subject to both oral and intravenous abuse which resulted in over a thousand deaths between 1969 and 1975 1975.[14-26]

Reviewing the medical literature and nation-wide drug abuse statistics, a study commissioned by the Justice Department found in 1976 that:

1. Dextropropoxyphene is a centrally active narcotic analgesic (pain-killer) with a spectrum of activity qualitatively similar to morphine, the prototype narcotic analgesic.

2. Dextropropoxyphene produces a mild to moderate physical dependence of the morphine type. Unlike morphine, development of dextropropoxyphene dependence requires the administration of doses in excess of the recommended therapeutic dose.

3. Intravenous administration of dextropropoxyphene to experienced addicts produces "pleasant" morphine-like effects which cannot always be distinguished from those of morphine.

4. Dextropropoxyphene has properties which lead individuals to self-administer either orally or intravenously excessive amounts of the drug.

5. Tolerance develops to the "pleasant" effects of dextropropoxyphene as well as to other effects so that individuals can ingest or inject doses of the drug which would be in the lethal range for nontolerant individuals.

6. Self-administration of dextropropoxyphene in increasingly higher doses for the reasons noted in No. 3, 4, and 5 has produced physical dependence.