Judging from the published literature, oral abuse usually appears to lead to dependence and psychic craving only in doses much higher than the so-called therapeutic dose for relief of pain symptoms.[81] Yet Salguero et al. described a case of severe psychic (but minimal physical) dependence in an individual whose average intake was only 65 mg every 2 to 4 hours, or just 1.5 to 3 times the recommended therapeutic dose.[82] The Justice Department study even noted cases of psychic dependence developing at the recommended therapeutic levels for pain.[83]

Addiction to DPX may occur in individuals with no prior psychiatric history or drug abuse. Exemplifying DPX addiction in persons innocent of prior drug abuse are cases of newborn infants, addicted in utero, who have displayed signs and symptoms of withdrawal shortly after birth.[84,85,86] In 1974, in a review of the literature and presentation of seven new cases, Maletsky provided convincing evidence that:

1. Addiction to propoxyphene can occur in individuals neither psychiatrically ill nor "addiction prone";
2. Addiction can occur under the usual circumstances of medical prescribing;
3. Tolerance and withdrawal can be clearly demonstrated;
4. Addiction can occur without the initial euphoria.[87] (emphasis added)

Considering the relative analgesic ineffectiveness of DPX at low doses, it is not difficult to understand why patients might increase their dosage in trying to achieve better pain relief, however, some patients may become inadvertently addicted.

It is clear that oral administration is sufficient to maintain addiction; intravenous injection is not necessary.[88] Indeed, dependence cannot be maintained for long by intravenous or subcutaneous infusion because of DPX's destructive effects on the veins and soft tissues.[89] Nevertheless, narcotic addicts shoot DPX intravenously when more potent narcotics are in short supply, e.g., when the addicts are incarcerated.[90]