Dr. WOLFE. I would say the chart is misleading, because each year it takes well into the following year before all of the reports are in, and this is nothing new, the Justice Department is perfectly aware of that.

Senator NELSON. Then what does DEA do in a succeeding year—with additional statistics as they come out? Do they update the last quarter of the previous year?

Dr. WOLFE. That is correct.

Senator NELSON. When they issue these statistics for the last quarter of the previous year, do they have a footnote saying these are incomplete?

Dr. WOLFE. Yes; they do.

Senator NELSON. So that shows in their footnote on the use of Darvon for the last quarter of 1978?

Dr. WOLFE. Yes.

Again, I just had a glance at it a few minutes ago, I think in their statement this morning, they point out the reports, not only for the last quarter, but perhaps for the last half of the year of 1978, are not complete yet, and, therefore, even though it appears the number of deaths are falling, that may not eventually turn out to be the case, so they do point that out in their testimony this morning.

Senator NELSON. OK.

Dr. WOLFE. One other thing, when the possibility of putting Darvon in a different schedule (schedule IV) was raised in 1973, Lilly responded and I quote, "we believe it would not have any material effect on the sale of the product."

I think they anticipated that schedule IV, which certainly is nowhere near as strong as schedule II, often does not have a substantial effect on prescribing.

In our petition to the Justice Department, we looked at two other drugs that had been placed in schedule IV, Valium and Dalmane, and in each case, there was very little effect in the first year, after placing them in schedule IV.

Valium went down 4 percent, and Dalmane, which was on the rise, continued to rise, so schedule IV is not anywhere near as effective as schedule II, in terms of controlling use and the predictable consequences of people using a drug as dangerous as Darvon.

As stated in the petition to HEW, rescheduling Darvon in schedule II only makes sense if it is possible to identify a group of people for whom the substantial risks of the drug are outweighed by the questionable benefits, taking into account the availability of aspirin, codeine, and acetaminophen, all safer and more effective.

I am still unable to identify such a group of people and therefore believe an imminent hazard ban is the preferable way of meeting this serious problem, This is the problem Senator Hayakawa raised, someone who cannot take aspirin or codeine or acetaminophen. When you look at all three, I would like to see what people would not benefit from at least one of those.

Senator NELSON. You are saying there is no target group for whom Darvon would be a better drug than either codeine, acetaminophen, or aspirin?

Dr. WOLFE. That is correct, all of which are much less expensive and much less dangerous as I pointed out.