

or who have physical or other disabilities that handicap frequent visits. However, propoxyphene does is one of the pacifiers given these patients, diazepam (Valium) another. Chronic use requires increasing doses for such analgesic effect as propoxyphene does have but it has not been demonstrated that the patients develop any protection against overdose. Twenty dose units of propoxyphene is an ample amount for 5-7 days of pain relief. The pain that persists longer than that signifies a need for more than a mild (and hazardous) analgesic. I have worked with VA hospitals and know that a large proportion of the medication given outpatients or patients to take home are intended, at least in part, to be placebos or pacifiers to aid the patient in believing he is being helped and to keep him from bellyaching such as by writing his representative or senator. It is particularly dangerous to give large quantities of mood-affecting drugs to patients with psychiatric, alcohol or drug-addiction problems. But it is done commonly. The VA hospitals stand out in my mind in this regard.

Q. What is the medical justification for having propoxyphene on the market?

A. The only justification is habit, custom, acceptance by physicians and patients. There are cheaper, safer, more effective mild analgesics than propoxyphene readily available, even over-the-counter (OTC) preparations. But OTC's lack the psychic authority of prescription drugs. Also, third party payees usually do not pay for aspirin, acetaminophen and the like but they do for the prettier, more expensive, less effective propoxyphene.

Q. Do the benefits of the drug outweigh its risks?

A. No. The benefits are minimal if indeed they exist; the risks are the demonstrated frequency of drug abuse, accidental combination with other central nervous system depressants, and availability to the potential suicide victim, among others.

Q. In your experience, what is the relative abuse liability of propoxyphene and codeine?

A. I do not know what the abuse frequency and addiction severity would be if the two drugs were used by equal numbers and types of people at equivalent dose levels. I believe no one knows. There is inexplicably an awareness within the medical profession of addiction potential of codeine but the proper awareness has not yet developed for propoxyphene. The margin of safety for codeine may be greater than that of propoxyphene. There have been hundreds of proven deaths from propoxyphene for every one documented for codeine. I see no logic in having codeine in Schedule II with propoxyphene in Schedule IV.

Q. Also please discuss the nature and extent of DAWN deaths involving propoxyphene including the manner of classification of these deaths as suicidal, accidental or undetermined, and the role of toxicologic analyses of blood, liver and tissue in determining the presence of propoxyphene and its chief metabolite.

A. The North Carolina propoxyphene manner of death data are referred to in the Hudson, Barringer, McBay reprint, last paragraph of its front sheet, page 938; also the succeeding paragraph on the following page; particularly the three paragraphs on page 940 of the article.

Relative to manner of death, I disagree with the recent published statement by the very able medical examiner/forensic pathologist from the excellent medical examiner system in Oregon. He, I believe, contends that the majority of the propoxyphene deaths are accidents due to the buildup in the body of propoxyphene's chief break-down product or metabolite, norpropoxyphene. The explanation of our difference is somewhat long and technical and I shall not go into that now unless requested to. It does concern the understanding of propoxyphene metabolism and interpretation of toxicological testing results. I believe most toxicologists and forensic pathologists who have studied the matter agree with Dr. McBay and me that the majority of the deaths are suicide. An exception is an able group in a county in California. There I believe it is the custom to certify many drug overdoses as accident in the absence of a suicide threat or note in spite of chemical and other evidence that the deceased took 20-30 capsules a short time before death.

The concentration of propoxyphene in blood, as revealed by appropriate toxicological analysis is the best indication of the number of dose units ingested. The norpropoxyphene disappears much more slowly from the blood than propoxyphene. Its presence reflects the size of the recent dose and the survival time following that dose, but also may represent buildup or accumulation from normal doses—or a combination of the two, e.g., normal dosage for a few days plus a very recent,