This is a crime laboratory. My principal efforts were in either homicide or toxicology investigations.

In 1969, I became chief toxicologist for the State of North Carolina, and for the office of the chief medical examiner, and I was made a member of the staff of the department of pathology and department of pharmacy of the University of North Carolina.

At the time, I am a full professor in both departments. I am board certified in toxicology and forensic toxicology.

I am a member of several toxicological societies, pharmaceutical society, National Safety Council on Alcoholic and Drugs.

Senator MORGAN. Were you on the North Carolina Drug Authority?

Dr. MCBAY. Yes, I was. We were together.

Senator MORGAN. I thought you were.

Dr. MCBAY. Propoxyphene had been the most frequently prescribed analgesic until 1976, when Tylenol with codeine (CIII), and until 1977, when Empirin Compound with codeine (CIII), exceeded it in popularity.

It was the second most frequent prescription in 1971 and 1972.

It has been reported that 33.5-million prescriptions were dispensed in 1977 containing propoxyphene.

In our opinion, the acute adult oral lethal dose is about 12–20, 65-mg. doses, or over 800 mg. In those deaths where the number of prescribed doses were reported, the smallest was for 20, 65-mg. capsules, the largest 240—more than 20 times the lethal dose.

The majority were for 40 or more; 100 or greater was common.

Several patients had a refill or a second propoxyphene prescription. The prescription of 120 or more doses was most frequent at Veterans' Administration Hospitals. There is obviously great danger in allowing a patient to have access to large amounts of this drug.

Although we are mainly concerned with deaths resulting from overdoses of this drug, something should be said about the value of this drug as an analgesic.

If it were a unique and valuable analgesic which was useful where other analgesics could not or would not be efficient, then the benefits of this drug might outweigh the costs.

Of the many reports on this substance as an analgesic, there are practically no adequately controlled studies which demonstrate a significantly greater analgesic effect than other analgesics such as aspirin, actaminophen, and codeine; some studies report the drug as not significantly more efficient than a placebo.

I am principally concerned with the toxicity of this drug and the ultimate toxicity that kills people.

I would like to state when there is an overdose, and certainly if anybody takes the recommended dose of most drugs, they should not die as a result of taking them.

I am sure that people have taken as much as 1,800 mg. or as much as 2,000 mg. of this drug and survived, going into withdrawal if the drug is discontinued abruptly.

But I have very little faith in the reported data, but whenever it was reported, and whenever we could track it down, the smallest dose was for about 20, 65-mg. capsules, the largest was for 240, which is more than 20 times the lethal dose.