The majority with 40 or more, and 100 or greater, was common.

In some of the data in the drug abuse warning prescription audits, somewhere around 35 to 40 doses seemed to be the average prescription size.

I am not qualifying myself on the efficiency of this drug, but I do have to teach students about this drug, and I can give the relative toxicity without discussing benefits.

If it is a very beneficial drug, the chance must be taken the individ-

ual will not take an overdose.

In the past 5 years in North Carolina, 183 deaths were attributed to propoxyphene, 26 were attributed to salicylates (aspirin), 3 to codeine, and none to acetaminophen.

We believe these data are similar to those from the relatively few communities having adequate death investigation systems including

toxicology.

In our opinion, overdoses from these other drugs which are used more frequently than propoxyphene are much safer at least as far as fatalities are concerned.

The most serious problem with dextropropoxyphene is that overdoses often lead to death. With the advent of better analytical methods, it soon became apparent that deaths were being attributed to this drug.

Obviously we do not try to detect it when nobody suspects the drug is causing deaths, so those deaths will not be attributed to the drug.

In our laboratory the following numbers of cases were documented:

1970	_ 3
1971	0
1972	~-
1973	_ 21
1974	
1975	_ 50
1976	
1977	_ 36
1978	_ 31

Our data is complete for 1978, unless we discover some mistake, it is 31, so there is no question that the deaths are there.

In the last 5 years 183 deaths have been reported in North Carolina which has a population of about 5.5 million.

It is the 11th most populous State.

If the death rate for the entire United States was the same there would be at least 1,200 deaths yearly of discovered deaths for the country in 1978.

The reported deaths are those that are discovered. There is no way of ascertaining how many deaths are due to the drug that are not

attributed to the drug.

Propoxyphene is ranked as third in frequency of occurrence in deaths reported in DAWN VI, which is the Drug Abuse Warning Net-

work publication.

It is preceded by alcohol in combination and heroin/morphine. In North Carolina and in seven standard metropolitan areas it is a more frequent cause of death than heroin, as it probably is in most of this country.

The majority of deaths are suicidal in North Carolina when the manner of death could be determined. Many of the deaths attributed to