Our projections would mean that rather than "16.6 codeine-related deaths per million pills" there would be about 1/30th that number

or 0.5.

It is our opinion that more than 23 million codeine prescriptions are dispensed and that less than 100 deaths are attributable to codeine. The company that produced the statistics should be able to confirm or correct our estimates.

It appears that the deaths related to codeine were attributed to

codeine "pills."

Most prescriptions for codeine are for tablets of codeine combined with aspirin or acetaminophen which were not included but represent about 98 percent of the codeine dispensed.

Had this been done in the case of propoxyphene the 1.6 propoxyphene related deaths per million "pills" would have been about 16.

In summary, the DAWN data and interpretations of it make it appear that there are many codeine deaths and that the death rate per million doses is very high and that codeine is about 10 times more lethal than propoxyphene.

We find in North Carolina that there are about 75 propoxyphene

deaths to 1 codeine death.

At least from the major side effect of a drug, it is far less toxic and it is prescribed in great quantities much greater than indeed propoxyphene is.

From the survey it has also been estimated that there are about 880 Valium-related deaths. In our opinion deaths due to Valium are very

rare and in our opinion should be 10 or less.

In the 1-year interval May 1976 to April 1977, 10 marihuana-related deaths have been estimated. We know of no documented death due to

marihuana in the United States at anytime.

What I am saying is that projected data gives some rather strange results, and since my colleagues know of no marihuana direct death in the United States at any time, I believe they will support me, yet there is a survey that says with marihuana, there were 10 deaths by projection.

Opinions: There are at least 1,200 deaths a year in the United States

due to propoxyphene.

These are estimated from reported deaths, and in my opinion this is

a rather low figure.

The majority of these are suicidal overdoses from about 12 or more tablets or capsules obtained by a legal prescription. The average prescription is for about 30 dose units.

Propoxyphene was present in the majority of our cases in sufficient concentrations to cause death even if the other drugs found were not

present.

Deaths would have been attributed to the drug earlier and even probably to a greater extent now, even now more frequently if adequate toxicological analyses were available.

Determination that death is caused by a drug should only be made when sufficient concentration of the drug is found in appropriate specimens and no other adequate explanation for death is found.

Propoxyphene is a narcotic, opiate, central nervous system depres-

sant, analgesic of questionable value.