

Manner of death simply means accident, suicide, homicide, undetermined, that is, we do not know.

The breakdown of these deaths in our State: About 60 percent I believe are accidental, the other 40 percent are about equally divided between suicides and undetermined.

If I thought most of these deaths were suicides, I would not be here beating on the table. I do not think they are.

Obviously, a person bent on destroying himself can take an overdose of almost anything.

Barbiturates remain the most common drug overdose suicide in the State; about 20 percent of propoxyphene deaths are so ruled.

This, I realize, conflicts with the large survey of propoxyphene deaths, done by the Finkle-McCloskey group in Utah.

Finkle stated 45 percent of these are suicides. I think their data is inaccurate, and I think it is inaccurate because the toxicology is incomplete.

Dr. Wolfe stated in his testimony that in only 22 of the 1,022 cases surveyed by Finkle were nor-propoxyphene levels determined.

We find the propoxyphene/nor-propoxyphene ratio vitally important in making the distinction between suicide and accident.

The majority of the propoxyphene overdoses in the State fall in the accidental category.

I believe about 60 percent are accidental deaths. Certainly some of the 20 percent ruled undetermined would also fall into the accidental category.

Of these, the majority (about 60 percent), involved propoxyphene and its metabolite as the only significant drug detected.

The other 40 percent of accidental deaths are attributed to the combined effects of propoxyphene and another agent, usually alcohol or Valium (diazepam).

The background history of these drug abusers runs the gamut of the socioeconomic spectrum. I think generally you can characterize them as low middle class to middle class.

Most of them are middle age to young middle age, 20's to 30's, we find a slight male bias.

Some of them have become addicted to the drug, while taking it for legitimate pain problems, such as on-the-job injury or a postsurgical complication of some sort.

Others have become addicted while taking the drug for its euphoric effect or psychosomatic pain.

Generally, these people do have an unstable mental history, alcoholism, multiple drug abuse, psychiatric hospitalization, and so forth.

For the most part, these are not the illicit drug abusers; not the street users of heroin.

The source of the medication in most of our deaths was legitimate physician prescription. Rarely did we find that the patient was running around to different doctors, and different pharmacies to hide his abuse.

Why? He does not need to.

Propoxyphene is a schedule IV medication under the Comprehensive Drug Abuse Prevention and Control Act. The prescription can be refilled up to five times in a 6-month period without the physician being further consulted.