vestigation systems such as North Carolina and Oregon statewide, and local systems such as San Francisco, Phoenix, and Dallas.

Apply our incidence figures nationwide and you probably have 3,000 to 4,000 deaths annually.

EDUCATION HAS DECREASED THESE DEATHS IN OREGON

Last year during April we had eight propoxyphene deaths in a period of 2 weeks in the Portland area alone.

This led to a media blitz. I appeared on television several times. So did my partner. Editorials were printed in the newspapers, locally and statewide. Information was disseminated to physicians throughout the State and the numbers have dropped drastically.

From July 1977 to January 1978, we had 18 propoxyphene deaths. From January to July 1978 we had 21.

After this media blitz, we had eight in the last half of the year.

I think we have demonstrated that education of the physicians and the public can decrease these deaths, but I view this as a temporary reduction.

I might add that I am frustrated on the Federal level.

I am not here to cast stones at Eli Lilly. I have found they have shown more interest and concern about the problem than the FDA.

I wrote to the FDA, May of last year. I have not as yet received an acknowledgment of my letter. I do not think the mail is that slow.

MY RECOMMENDATIONS

I am not addressing myself to banning this medication. I think that there has to be a balance between the therapeutic benefit and the obvious danger. Depending on which study you read, it is less than, equal to, or better than aspirin. I do not intend to address myself to that problem, I think it has already been adequately covered.

I do, however, firmly and unequivocably recommend propoxyphene be transferred to a schedule II drug under the Controlled Substances Act.

The case for this to me is absolutely irrefutable. It is an uncontrolled narcotic. It has the abuse potential of a narcotic, the withdrawal symptoms of a narcotic, and the addiction problem of a narcotic. In every sense of the word, it is a narcotic. And yet if you look already at schedule II narcotic preparations such as codeine, demerol, dilaudid, deaths from propoxyphene outnumber deaths from these other narcotics by a factor of multiple times; no comparison.

Transferring propoxyphene to schedule II would go a long way toward alerting physicians and patients alike to its dangers; it would at least somewhat prevent the indiscriminate refilling; it would require written prescriptions and place strict controls over the manufacture and distribution of this drug.

SUMMARY

I think this is probably the No. 1 cause of prescription drug overdose in the United States today.

It is unquestionably the No. 1 cause of prescription drug overdose in Oregon by a wide margin.