in early May have yet to meet with any response whatsoever. Oregon State Health Officer, Dr. Ed Press, has similarly petitioned the FDA for reclassification of propoxyphene in November, 1978.

IMMEDIATE RECOMMENDATION

I do not intend to address in any detail the proposed ban of propoxyphene. A decision on banning any medication must be based both upon its potential hazard to the community and its therapeutic benefit to those not abusing it. My role is limited to the investigation of deaths involving propoxyphene. I don't prescribe it; I rarely have an opportunity to evaluate its therapeutic benefit. Though I am aware there are several studies indicating that propoxyphene is of limited value as an analgesic, testimony to that effect must come from others more directly involved with its clinical effects. If it is determined that this drug is of no therapeutic benefit as a pain reliever, it should be banned.

I firmly and without reservation suggest that propoxyphene be reclassified as a Schedule II drug. There can be no question but that propoxyphene is a narcotic, acts like a narcotic and has the abuse and addiction potential of a narcotic. Propoxyphene-related deaths outnumber deaths from other narcotic compounds such as Demerol, Dilaudid, Codeine, Percodan, Methadone and others by a multiple of several times. Most of these other narcotics are already Schedule II preparations. Placing propoxyphene under Schedule II controls would help alert physicians and patients to its danger, prevent indiscriminate refilling, require a written prescription, and in general place much more strict controls on the manufacture and prescribing of this medication.

SUMMARY COMMENTS

Propoxyphene is probably the number one cause of drug overdose in the United States today. The investigation and detection of these deaths is a complicated problem; and many, if not most, death investigation systems in this country are inadequate to this task from the standpoint of personnel, training and instrumentation. Unquestionably, many propoxyphene-related deaths are not recorded.

Propoxyphene is definitely the number one cause of drug overdose in the state of Oregon by a wide margin, surpassing the combined total of deaths from heroin and barbiturates. Data from the best death investigation systems in this country, for the most part give similar results. By this time tomorrow, about ten more U.S. citizens will have died from the effects of propoxyphene, and most of these will have been preventable accidents. The time has long since come to put a stop to it.

Senator NELSON. Our final witness this morning is Mr. Kenneth A. Durrin, Director, Office of Compliance and Regulatory Affairs of the Drug Enforcement Administration, and he is accompanied by Mr. Donald E. Miller, Chief Counsel.

STATEMENT OF KENNETH A. DURRIN, DIRECTOR, OFFICE OF COMPLIANCE AND REGULATORY AFFAIRS OF THE DRUG ENFORCEMENT ADMINISTRATION, ACCOMPANIED BY DONALD E. MILLER, CHIEF COUNSEL

Mr. DURRIN. Mr. Chairman, members of the committee, gentlemen, I am very pleased to be here representing the Drug Enforcement Administration.

Accompanying me is Mr. Donald Miller, Chief Counsel of DEA.

Mr. Bensinger asked me to convey to you, Mr. Chairman, his regret that he could not be here personally, and he also asked me to commend you and your committee for holding this kind of hearing on propoxyphene.

In our deliberations in response to the petitions we have received from the Health Research Group, and from the State of Oregon, we