According to DAWN ER reports, suicide is the motivation behind 56 percent of the incidents. Psychic effect accounts for 13 percent; dependence accounts for another 5 percent of the reasons for propoxyphene abuse.

In the remaining 26 percent of the cases, DAWN does not record a specific motivation.

According to DAWN ME mentions, the following were recorded as the manner of death:

	Percent
Suicide	44
Accidental (unintentional overdose) motivation for taking drug unknown	22
Accidental (unintentional overdose) motivation for taking drug psychic effect or dependence	13
Undetermined	21

In looking at this data, it tends to confirm another comment made earlier that there are a large number of persons who are accidentally killing themselves, using propoxyphene alone, or in combination.

How is propoxyphene obtained?

Based upon the DAWN emergency room data, legitimate prescriptions are used at least 58 percent of the time.

This contrasts sharply with 1 percent reported as obtained through a street buy, or the 4 percent obtained through other illegal activity such as theft and forged prescriptions.

In other words, we have here a product which patients are obtaining through legal prescriptions, and then are having toxicity problems with it.

Now, with regard to scheduling drugs, drugs are placed in schedule II, or a lower schedule according to their abuse potential and currently accepted medical use.

For schedule II, the criteria are currently accepted medical use and high abuse potential with severe psychic or physical dependence liability. Each succeeding schedule requires a lesser potential than is reflected for schedule II and a lesser degree of dependence liability.

Now, with regard to propoxyphene, despite the fact it is a highly toxic drug, as a matter of fact, the highest toxic drug in terms of contributing to deaths of legitimate drugs in the United States, it has not in the past indicated a high abuse potential, or a severe dependence liability.

In other words, a drug can be highly toxic without possessing those factors.

The issue of severity of abuse potential and the addiction liability of propoxyphene, compared to morphine-like drugs, has been discussed and reviewed by experts in the field, over a period of several years.

The 1957 findings of Drs. Fraser and Isbell of the Public Health Service Center that, "(propoxyphene's) overall addiction liability is estimated to be no greater, and is probably less, than that of codeine" were repeatedly confirmed.

In 1973, DEA first proposed to HEW that propoxyphene be placed under control. HEW did not feel control was warranted at that time, but that we should continue to monitor the drug.

In March 1976, DEA submitted updated information to HEW regarding the abuse of propoxyphene.