The ensuing deliberations resulted in HEW's recommendation to control propoxyphene in schedule IV, and DEA controlled the drug effective March 14, 1977.

Senator NELSON. Let me back up.

What did you say in comparing codeine with propoxyphene?

Mr. DURRIN. Drs. Fraser and Isbell stated, and this is a quote "(propoxyphene's) overall addiction liability is estimated to be no greater, and is probably less, than that of codeine."

Senator NELSON. In your judgment, from your experience, would you agree with that statement?

Mr. DURRIN. Yes, I would, sir.

Again, I am not a medical expert, I am a regulator, but I would.

Senator NELSON. If that is correct, would you believe that propoxyphene ought to be on schedule II as is codeine?

Mr. DURRIN. No; codeine was placed on schedule II as a result of the international convention, and when the Controlled Substances Act was passed, it was placed on that schedule to conform to the treaty; but I might point out that only about 3.5 percent of the codeine dispensed for medical purposes in the United States is in schedule II products.

About 75 percent of the codeine is in combination products in schedule III and another 10 percent is in the codeine cough syrups in schedule V.

The bulk of the legitimate codeine products in the United States are on a lesser schedule, which I feel is appropriate.

The Public Citizens Health Research Group and the Oregon Department of Human Resources have petitioned to place propoxyphene in schedule II.

In response to these petitions, DEA has undertaken a survey to update information on the abuse of propoxyphene. Data regarding the nature and extent of propoxyphene-related unlawful or unprofessional activities has been solicited from each State government.

Data is being assembled from several other sources: DAWN, DEA lab analysis of evidenciary exhibits, DEA enforcement case files, compliance investigations, theft reports and the scientific and medical literature.

I anticipate that this information will be assembled and evaluated by early spring of this year.

Shortly thereafter, these findings will be submitted to HEW for its evaluation of the medical and scientific issues associated with the petition for rescheduling.

Since criteria for scheduling is largely based on potential for abuse and the severity of psychological or physiological dependence, I think that it may be valuable to use the available abuse data to compare propoxyphene with other drugs in schedules II and IV.

In terms of the DAWN ME mentions per million prescriptions dispensed in retail pharmacies, propoxyphene falls in the same general class as codeine, meprobamate, diazepam, and amitriptyline.

The schedule II drugs responsible for a substantial portion of the DAWN ME mentions, are implicated in deaths at least 10 times more frequently than propoxyphene.

For example:

Pentobarbital—178 mentions per million Rx.

Amobarbital—416 mentions per million Rx.