evidentiary 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 (Schedule II, III), meprobamate (Schedule IV), diazepam (Schedule IV) and Amitriptyline formulations (unscheduled).

The Schedule II drugs responsible for a substantial portion of the DAWN ME mentions, are implicated in deaths at least ten times more frequently than propoxyphene. For example:

pentobarbital	178	mentions	per	million	Rx	
seco/amobarbital	234	**	11	"	11	
secobarbital	259	, 11	11	**	. 11	
Amobarbital	416	tt .	**	11	11 4	

^{*} See page 21 for the complete list.