is in sharp contrast to the well-orchestrated attempts to divert such drugs as the amphetamines, phenmetrazine (preludin), the barbiturates, methaqualone, methadone, and hydromorphone (Dilaudid) -- all Schedule II substances. Similarly, fraudulent prescriptions and illegal dispensing are not problems with propoxyphene as they are with the other drugs I just noted.

Nevertheless, the DEA is most concerned about the abuse of propoxyphene; the sizable number of deaths alone is cause for constant monitoring and interest in this problem. The toxicity problem is very real.

Consideration should be given to several possible options in order to determine the best means of addressing the toxicity problem. The petitions set forth two of these: removal of propoxyphene from the market or placement in Schedule II. The questions of medical usefulness of propoxyphene and the need for its continued marketing are determinations for HEW and the FDA, and DEA does not presume to venture into that area.

As to rescheduling, under the provisions of the CSA, DEA has moved into Schedule II substances that we believe had a high popularity among abusers and which are available on the streets in significant quantities. For example, we rescheduled amphetamines, fast-acting barbiturates,