Dr. ADRIANI. None. Some of the orthopedic surgeons use it.

Senator NELSON. Pardon me?

Dr. ADRIANI. Some of the orthopedic surgeons use it when they treat fractures. There are those who feel if you use aspirin, aspirin causes bleeding in the stomach and Darvon does not and, therefore, they prescribe it instead.

Senator NELSON. But Dr. Moertel just said he could not think of any target group that should use Darvon; that if there is a problem with aspirin there is acetaminophen, and there is codeine. I take it there is no target population for the use of Darvon. Do you?

Dr. ADRIANI. I agree with him, but the impression exists that Darvon can be used in place of aspirin and then you do not have to worry about the bleeding problem which is not the problem they have made it out to be.

Senator NELSON. How does that square with the situation in which—I do not have the figures present—I am told a very substantial percentage of the propoxyphene seen in the marketplace is there in combination form, either with acetaminophen or with aspirin, so those who are turning to Darvon for that alleged reason and prescribing the combination product are giving the aspirin anyway.

Dr. ADRIANI. That is right. I do not agree with those who prescribe it and their reasons for using it. As far as I am concerned, I have not prescribed the drug since I stopped investigating it before it was marketed. The last time I appeared before this committee in reference to Darvon I remarked that my wife was with me and she had a fracture in the kneecap. She was in the hotel with a cast. Her doctor had given her Darvon for pain. I felt, as far as I was concerned, that whatever effect she was getting was from a placebo effect and not from the Darvon.

We have known all along that the efficacy of this drug has been in doubt. The main thing we are concerned with now is the matter of safety, and that is a very important issue.

So, the question is to determine what we are going to do about a drug like this. When do we really need it? Actually, if it were taken off the face of the earth, medical practice would not suffer. I do not know of any situation where a patient cannot be treated because we do not have Darvon. There are other drugs we must have. If we have a man with heart failure and do not have digitalis, we are "stuck". We need digitalis, but Davron does not fall in that category. It is not a drug that we really need.

Since it is not as safe as originally believed, it is not innocuous and is falling into the hands of individuals who are getting it for illicit use. My feeling is that a stronger restriction should be imposed on its availability to patients, either by having it in schedule II or by taking the drug off the market completely, one or the other.

The problem seems to be greater in drug-dependent persons. There are some things that we know now that were not known before about the drug. Two ladies mentioned to me they had taken Darvon and had cocktails served to them afterward and they became acutely ill. This is a central nervous system depressant that has an additive effect with alcohol. That is not generally known and has not been told to patients.

As far as I am concerned, I can see no need for the drug.