

even tend to result in much in the way of subjective side effects or even serious adverse effects.

Senator HATCH. Or even a buildup which could cause death?

Dr. BEAVER. Yes. Now, the matter which I think is a reasonable question here is what happens if someone crowds the dose a bit because they are not getting enough pain relief in taking 65 milligrams every 4 hours, so they decide to take twice that—130 milligrams every 4 hours. This will accumulate to a higher plateau level and there will also be more propoxyphene in the blood.

A lot of people in fact, take double the dose and they seem to get away with it, though you get more side effects. Then the question is, if on top of that situation somebody then takes a modest overdose, but not a massive overdose, whether you now have the stage set for a lethal occurrence, and I think some of these cases that were described by the coroner in Oregon may represent that kind of a situation.

That, sir, is my educated guess from looking at the data in the literature. Somebody has already gotten up to a blood level such that even a small overdose on top of that—in other words, it no longer takes 15 to 20 capsules to kill you, which is what McBay and Hudson would say is a single lethal dose, but now a lower single overdose will kill if the person has already been taking it for a long period of time.

Senator BOSCHWITZ. If the person is taking it as prescribed, it is not a problem. Is that your conclusion?

Dr. BEAVER. Yes; that is my conclusion, and I do not know if any of the people who testified here have argued that if it is taken as prescribed it constitutes a problem.

I think the problem, as I envision it, is that propoxyphene is a drug which is very commonly available and, in overdose, quite clearly can kill.

Senator HATCH. What you seem to be saying is that overdose is drug abuse and that overuse coupled with other drugs or alcohol can kill.

Dr. BEAVER. Yes.

Senator HATCH. But you do not think anybody would refute your statement that normal, prescribed use would not kill and would not be dangerous to the normal human being?

Dr. BEAVER. That is right, but you have to consider the issue as to the margin of safety and how far these two doses are away from each other in any given case. If they are close enough you can have a fairly risky situation.

It is obvious that if you have a drug which used in its appropriate way at a certain dose produces no serious side effects and it takes a hundred times that to kill you, that drug is safer than a drug which, if you only take ten times the usual therapeutic dose can kill you, because the likelihood of people dying from overdose is going to be inversely related to the size of the lethal overdose relative to the therapeutic dose they usually take.

With aspirin, it is hard to commit suicide because most adults cannot stomach enough aspirin to poison themselves.

Senator HATCH. With regard to Darvon—in the prescribed dose it is not a serious drug problem?

Dr. BEAVER. I would say that. I would like to continue my discussion briefly with the adverse effects of alternative mild analgesics