related to overdose death, then one has a very clear and perhaps preferable alternative that you can generally recommend.

On the other hand, if codeine is only a little less likely to produce overdose death than Darvon, you get into an "out of the frying pan into the fire" situation if you just flatly ban one drug and then everybody rushes to the other. That matter needs to be settled.

Another point in my statement is alternatives to the use of propoxyphene and other narcotics.

The number of oral analgesics which might be predicted to have advantages over propoxyphene and other currently available mild analgesics in terms of increased analgesic efficacy and/or decreased adverse effect liability are currently in various stages of clinical testing.

These include the nonsteroidal anti-inflammatory drugs such as indoprofen, suprofen, zomepirac, diflunisal and many others; narcotic antagonist analgesics such as butorphanol, nalbuphine, buprenorphine, propiram and others; and compounds of uncertain mechanism of action such as nefopam.

There are controlled clinical studies indicating that all of these compounds are effective oral analgesics and other studies indicating they may have certain real advantages over existing drugs. The public interest would be served by seeing that these drugs get on the market without undue delay.

I would point out that the average physician will very quickly start prescribing a drug which has real advantages for his patient if such a drug becomes available.

Since Darvon came on the market in the late 1950's, if there were a number of other drugs out there and studies showing they had something to offer, my suspicion is you would not have to push clinicians into moving away from Darvon, because they would perceive these other drugs had real advantages for their patients with less potential hazard.

Senator NELSON. Thank you, very much, Dr. Beaver. We may have some additional questions.

Dr. BEAVER. Senator, there are a number of references in my statement that I did not give orally and I would ask that the full text of the statement be printed in the record.

Senator NELSON. Without objection, your full statement will appear in the record at this point.

[The prepared statement of Dr. Beaver follows:]

STATEMENT ON THE EFFICACY AND SAFETY OF PROPOXYPHENE (DARVON) BY WILLIAM T. BEAVER, M.D., ASSOCIATE PROFESSOR OF PHARMACOLOGY AND ANESTHESIA, GEORGETOWN UNIVERSITY SCHOOLS OF MEDICINE AND DENTISTRY, WASHINGTON, D.C.

This statement is in response to the request of the Monopoly Subcommittee of the Senate Small Business Committee that I discuss what I consider to be the relative efficacy of Darvon as compared to other analgesics, the medical justification for its use and any other aspects of Darvon which I consider relevant to a critique of its safety and efficacy.

During the last 15 years, I have had repeated occasion to review the literature on propoxyphene. In 1965, I wrote a review of the clinical pharmacology of the mild analgesics, which included a substantial section on propoxyphene [Beaver, 1965 and 1966]. In 1966 and 1967, I served as a member of the Panel on Drugs for Relief of Pain, Drug Efficacy Study of the National Academy of Sciences-National Research Council and was the primary reviewer on propoxyphene and