Senator NELSON. I believe Dr. Newman wants to get out of here before noon and we will hear from him next.

Senator BOSCHWITZ. What do you, therefore, conclude? Do you conclude that the drug Darvon should be kept in schedule IV or put into schedule II?

Dr. BEAVER. I did not conclude this. This was not really the question that was addressed to me by Senator Nelson in the letter. It went to the place of Darvon in medical practice, and I said yes, it seems to have some place.

If I could answer those questions which I did not specifically speak to. I did compare propoxyphene to other drugs. I feel you can certainly practice good medicine without Darvon. It was practiced without Darvon before 1957. We have other drugs. On the other hand, losing Darvon means one less alternative in various situations.

Now, what should you do? There is the issue of just banning the drug as an imminent hazard. I am not terribly fond of that idea for a couple of reasons. One is, quite aside from the legal implications of this, there is nothing about Darvon that has come out recently which is fundamentally different than what we knew back in 1976 and 1977. It is not that there is some clear-cut, well-demonstrated new hazard that has appeared. It just seems to be more of the same, I do not think there has been an increase in Darvon deaths since the drug was put on schedule IV. Now, it is debatable whether or not there has been a decrease, but the problem about banning the thing as a hazard is, as I pointed out, doctors will use something else and the other things they may use may include combinations with sedatives and barbiturates which have higher abuse liability than Darvon.

Senator BOSCHWITZ. I thought you said they are reluctant to do that. What about codeine?

Dr. BEAVER. They may go to codeine. Some will go to codeine and I think that would be a perfectly appropriate movement.

Senator BOSCHWITZ. That does not have abuse liability?

Dr. BEAVER. It does have some; and it may in the sense of drug dependence be somewhat more than Darvon. It is more effective and you can take higher doses for mood effect without getting sick.

They may also go to potent schedule II narcotics, things such as Percodan, and these have a higher abuse liability than either codeine or Darvon.

Then the question is, "What about rescheduling?" There might be something said to this. One could, for example, treat the drug as codeine is currently treated. This would involve putting the entity itself on schedule II and the combinations on schedule III.

Now, seeing that the major perceived problem here is not the deliberate abuse of the drug for its mood effects, but rather suicidal or possibly accidental poisoning, I am not sure how much effect that would have, but what it would do is clearly alert physicians to a change in status of the drug and get them to thinking about it more seriously.

My feeling is that one of the problems with this drug is that physicians have taken it altogether too casually.

Senator BOSCHWITZ. When was it put under schedule IV?

Dr. BEAVER. 1977.

Senator BOSCHWITZ. Any changes in the prescription levels?