

treatment of severe pain, Darvon is certainly seldom going to be adequate even in combination with optimal doses of aspirin.

Is it possible to maintain good medical practice without the use of Darvon and what is the medical justification for using Darvon? I have gone into a number of possible ones in my testimony exploring to some degree both sides of the issue.

Senator BOSCHWITZ. Please excuse my ignorance, but Dr. Newman, could you just describe the side effects or other effects of codeine?

Dr. NEWMAN. The side effects of codeine?

Senator BOSCHWITZ. Is it addictive?

Dr. NEWMAN. Codeine is a narcotic. Codeine has addictive qualities.

Senator BOSCHWITZ. More addictive than Darvon?

Dr. NEWMAN. There are no studies I am aware of that comment on the addictive quality of codeine versus Darvon.

Darvon is the most closely related to methadone and there is no question about its addictive properties. I am not a clinical pharmacologist, but I have not seen any studies comparing whether propoxyphene or codeine are equivalent or not in terms of their addictive qualities. We are talking about narcotics, and a property of narcotics is that they are addictive. The most common side effect I see as a physician prescribing codeine is gastrointestinal problems. Codeine gives people anything from an upset stomach to severe cramps, nausea, and vomiting.

In terms of side effects of any of these compounds, I have not seen the data to compare the incidence or side effects.

Senator BOSCHWITZ. Dr. Beaver, would you comment briefly on the side effects of codeine?

Dr. BEAVER. Mainly what you see is some nausea, rarely vomiting, also drowsiness and dizziness. These are when the side effects occur, and these minor types of side effects are qualitatively very similar to the ones you see with Darvon.

Senator BOSCHWITZ. Thank you.

[The prepared statement of Dr. Newman follows:]

STATEMENT OF MICHAEL A. NEWMAN, M.D.

Mr. Chairman and members of the Senate Small Business Committee, my name is Michael A. Newman and I appreciate this opportunity to testify about the safety, efficacy and usefulness of propoxyphene (Darvon). I am a Doctor of Medicine certified by the American Board of Internal Medicine. Testimony has been and will be presented by experts familiar with the pharmacology and epidemiology of propoxyphene. I testify as a physician engaged in the full time practice of internal medicine in the District of Columbia who daily sees and cares for patients.

My opinion of propoxyphene is that it is a mild analgesic with pharmacological properties similar to narcotics although it is much less potent. It has not been shown to be of greater efficacy than either aspirin or codeine in relief of pain.

We are a heavily medicated society taking prescription, proprietary, licit, illicit, begged, borrowed, and stolen drugs. Why? Is it because physicians prescribe drugs too readily or inappropriately? Perhaps, but there are other factors involved. Drugs may be prescribed for reasons unrelated to disease or to efficacy.

Propoxyphene illustrates the problem of prescribing drugs. Some drugs develop a public following—they become "pharmacological celebrities", their glamor and mystique unrelated to their efficacy, safety, or cost. Propoxyphene is such a drug.

Today, physicians seem to have few misconceptions about the efficacy of propoxyphene. But many physicians are uninformed about the toxicity and abuse of this drug. Consequently, unaware of its dangers, physicians too often prescribe