Thus, there is no reason to believe that the nor-propoxyphene metabolite is a significant factor in the propoxyphene-related deaths that have been reported, nor does the evidence concerning it call into question the conclusion drawn by forensic toxicologists like Dr. Hudson and Dr. Finkle that the great majority of propoxyphene-related deaths are suicides.

Lilly is deeply concerned about the societal problem of suicide, especially when it involves any of the company's products. There is no reason to believe, however, that the availability of propoxyphene has any relation to the incidence of suicide, either suicide in general or drug-related suicide, in particular. A comparison of the distribution data for Darvon products with medical examiner reports from various cities shows that there is no relationship between the quantity of propoxyphene available and the number of propoxyphene-related deaths. The trend in propoxyphene-related deaths has paralleled that for suicide in general.

In these circumstances, further controls on the distribution or dispensing of propoxyphene products will not solve the overall problem of abuse, or the specific problem of suicide. Their only effect would be to restrict the availability of useful medications to patients who need them. If propoxyphene products were placed in schedule II, they could not be dispensed by oral prescriptions, and prescriptions could not be renewed without additional visits to the physician. The result would be a waste of patients' time and money without countervailing benefit.

Mr. Chairman, I have pointed out that the great preponderance of medical evidence and more than two decades of practical experience by patients and their physicians confirm that propoxyphene—alone or in combination—is an effective analgesic agent for the relief of mild-to-moderate pain.

For more than 20 years individual medical investigators, official committees of the World Health Organization, expert panels of the National Academy of Sciences-National Research Council, agencies of the Federal Government, such as DEA and FDA, and advisory committees to those bodies have carefully and critically reviewed all available evidence and have concluded that propoxyphene is both safe and effective and is not subject to widespread street abuse.

As knowledge has been accumulated, the FDA and Eli Lilly & Co. have periodically modified the labeling of propoxyphene in order to fully inform physicians how to use propoxyphene effectively and safely for the relief of pain.

Dr. Kennedy has suggested that future steps are to be taken by the Food and Drug Administration to review the status of propoxyphene. Eli Lilly & Co. has asked to be on the agenda of the FDA Drug Abuse Advisory Committee, which will meet next week. We stand ready to participate in any other meetings or reviews called by the FDA or other agencies of the Government.

Thank you.

Senator NELSON. Does that complete your statement?

Dr. FURMAN. Yes, Mr. Chairman.

Senator NELSON. Your full statement will be printed in the record at this point.

[The prepared statement of Dr. Furman follows:]