When it placed propoxyphene products in Schedule IV, DEA determined that their potential for abuse was less than that of drugs in Schedule III. To revise that decision and place propoxyphene in Schedule II would be to determine that it is one of those drugs with the highest potential for abuse of any drugs with a currently accepted medical use. In fact, the best available evidence, which is described later in this presentation, indicates that the number of propoxyphene-related fatalities and emergency room reports has declined since the drug was placed in Schedule IV.

As to dependence, there exists no new information that would warrant changing the conclusions reached earlier. In its recommendation to DEA, the Department of HEW said at that time that "[p]ropoxyphene can produce a psychological and physical dependence which is qualitatively similar to that produced by 'classical' opiates (e.g. morphine or codeine) but which is quantitatively much less." Based on that advice, DEA reached the conclusion that abuse of propoxyphene may lead to "limited" physical or psychological dependence relative to the drugs in Schedule III (the schedule that includes, among other things, most codeine-combination preparations).

There has been no substantial evidence presented that propoxyphene products have the potential for producing the