authorized to do for drugs in other schedules; and second, prescriptions for Schedule II drugs must be in writing and cannot be refilled.

Both of these forms of control are applicable to drugs with high potential for abuse, such as cocaine, morphine, methadone, the amphetamines, and the short-acting barbiturates, all of which have significant "street abuse" potential. Schedule II sanctions are intended to prevent the diversion of drugs from legitimate to illegitimate channels and to limit the quantity of drugs manufactured to the minimum amounts necessary to meet medical needs. The best evidence, however, indicates that propoxyphene abuse is not a "street abuse" problem. Mr. Kenneth Durrin, Director of the Office of Compliance and Regulatory Affairs of the DEA, acknowledged this in his testimony before Senator Nelson's subcommittee on January 31. Our analysis of the data from DAWN, together with reports from Dr. Finkle and others, indicates that the great majority of propoxyphene-related fatalities (as well as emergency room admissions) result from suicidal motivations. The incidence of propoxyphene-related fatalities appears to parallel that of suicide in general, and the evidence indicates that those fatalities are a part of the larger social problem of suicide. In these circumstances, the only effect of Schedule II controls would be to impose an unnecessary burden on patients who wish to obtain propoxyphene for legitimate medical needs.

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