

Dr. Lewman based his view primarily on theories involving the relative concentrations of propoxyphene and its principal metabolite, norpropoxyphene. The possible role of norpropoxyphene in propoxyphene toxicity is discussed later in this presentation.

It is of interest at this juncture to assess the toxicological consequences of a substantial decrease in propoxyphene availability. The state of California's Medicaid program ("Medi-Cal") does not reimburse for propoxyphene products, and, as a result, propoxyphene prescribing in California is less than the national average. How is the need for analgesia satisfied in both the Medicaid and non-Medicaid sectors in California? Consistent with Dr. William Beaver's Senate testimony that, if propoxyphene were to be less available, codeine use will increase, codeine combinations dominate the California prescription analgesic marketplace. Are there toxicological insights in DAWN paralleling these marketplace differences? To evaluate this situation, we examined the latest DAWN Quarterly (April-June, 1978) and compared the three California SMSAs^{1/} (Los Angeles, San Francisco, and San Diego) with the national DAWN averages. Examining the percentage of DAWN emergency room and medical examiner mentions accounted for by propoxyphene and by codeine produced the following:

^{1/} Standard Metropolitan Statistical Areas.