nation with alcohol and other CNS depressants. After an investigation of this new concern, the Eli Lilly Co. revised labeling for propoxyphene and undertook a campaign aimed at acquainting U.S. physicians with this important new information. When HEW recommended to the Justice Department that propoxyphene products should be placed in schedule IV, so far as I know the manufacturer did not oppose the listing.

I believe that both the FDA and the several manufacturers of propoxyphene are cognizant of these new developments concerning this drug and have not shown any reluctance to take appropriate steps to inform the prescribing physician.

The data from the Government-financed drug abuse warning network—DAWN—while far from a perfect representation of national drug abuse problems, nevertheless provides information which contradicts the allegation that propoxyphene abuse is increasing and constitutes an imminent hazard. I have followed the DAWN data for some years because of my interest in drug reporting systems.

The most recent reports available to me—Project DAWN VI and the January-March 1978 DAWN Quarterly Report—show, for example, that there are more yearly mentions of aspirin in emergency room reports—7,212—than of propoxyphene—4,111. The crisis centers in the DAWN system reported a yearly total of 488 propoxyphene mentions, as opposed to 7,243 for heroin/morphine, despite the much smaller number of people exposed to the latter narcotics. Propoxyphene is also mentioned less often than heroin/morphine in medical examiner reports in the DAWN system, with only 486 mentions of all sorts for the entire year.

More important, I believe, is the pattern of decreasing reports for propoxyphene when one looks at the data base recommended by DAWN itself for the best assessment of time trends, that is the so-called consistent reporters. The number of emergency room drug mentions for propoxyphene peaked in October-December 1976 at 892 and has decreased to 753 for the January-March 1978—the most recently analyzed period.

Similarly, the propoxyphene mentions for consistently reporting medical examiners peaked in January-March 1977 at 169 and declined to 125 for the most recently analyzed period, October-December 1977.

I believe that the available data in general support the image that the profession has had of propoxyphene—an analgesic which can be useful in treating people with mild to moderate pain with a minimum of side effects and no significant toxicity unless taken in doses much larger than those recommended for medical use.

Some drug abuse will occur with any analgesic drug. It is of interest, for example, that DAWN reports twice as many mentions in its emergency rooms for aspirin and two-thirds as many for acetaminophen, as for propoxyphene. These two OTC drugs, available to anyone without a prescription, can also, in large doses, produce organ damage and death, even without the ingestion of other drugs. Branding these OTC analgesics as an "imminent hazard," nevertheless, would be as foolish as recommendations to do so for propoxyphene.

The concept that propoxyphene is an excessively expensive and ex-