cessively prescribed analgesic has its supporters, but the proposed remedies for these putative problems would represent a dangerous and ill-advised precedent. Our medical care system should not be politicized by unscientific pressures to abolish a drug, or to impose manufacturing quotas on it whenever a group of individuals object to the extent of use and the cost of a given drug. The implications of yielding to such demands are ominous for medical care. If propoxyphene is banned today, which drug will be doomed for extinction tomorrow? Aspirin? Acetaminophen? Narcotic substitutes for propoxyphene? Valium?

It is appropriate to debate these issues, but I do not believe that a thoughtful and dispassionate analysis of propoxyphene will find it necessary to accuse the FDA or the manufacturer of either apathy or irresponsibility.

I would urge, Senator, that you exert your considerable influence to help convene meetings involving the FDA, the DEA, the relevant scientific advisory groups for these agencies, and representatives of responsible and prestigious professional and patient groups to assess what we know about propoxyphene, to plan studies for obtaining better data on the motivations and circumstances leading to abuse from propoxyphene and other drugs, to consider the implications of encouraging the substitution of other non-narcotic and narcotic analgesics for propoxyphene, and to study the level of information among physicians and patients as to the benefits and risks of propoxyphene and of competing analgesics, and the treatment of accidental or purposeful overdose. Such meetings could identify what educational efforts might be needed to optimize medical care for patients in pain.

Thank you for the opportunity to express these personal opinions.

Senator NELSON. Thank you, Dr. Lasagna. You did not identify for the record the fact that you were as I recall it, Chairman of the NRC Panel on Propoxyphene.

Dr. LASAGNÁ. On Analgesic Drugs.

Senator NELSON. What year was that?

Dr. LASAGNA. That was in the 1960's.

Senator NELSON. 1969, was it? That was before the evaluation under the 1962 act.

Dr. LASAGNA. Yes, sir.

Senator NELSON. Have there been any further evaluations? I forgot to ask Mr. Kennedy under the provisions of the 1962 act as to the effectiveness of Darvon in combination, but are you aware?

Dr. LASAGNA. Well, certainly nothing like the NRC review.

If I may comment, Senator, on that deliberation, if you look at our report for analgesic combinations most of the time we were forced to say that such and such a combination contained an analgesic of known efficacy in standard dosage and we did not know whether the other ingredients present added to or subtracted from that analgesic, but for Darvon compound we were able to say, because there were some studies available, that, in fact, the data supported the notion that propoxyphene added for example to aspirin did give something over and above what aspirin gave of itself.

There were several studies available at the time of our review and there are several I am sure that have been printed since that time and I would be glad to submit those references to you.