

Senator NELSON. I would be happy to have the references.

The testimony of Dr. Moertel on his double-blind studies at Mayo Clinic was the addition of a full dose of propoxyphene to aspirin did not in those studies indicate any additional effectiveness.

Now, I do not know how many of these studies there are on that, but I would like to have the number.

Dr. LASAGNA. I might say, Senator, in addition to this being a mucky field—oral analgesic evaluation—imprecise I should say, aspirin is such a good drug that it is not easy to top it, but while there are certainly studies that have been done that failed to show the superiority of the combination and there are others that do show it.

It is a field that is less precise than we would like to have.

Senator NELSON. Any questions?

Senator HAYAKAWA. Is it not true that that which is effective on others, that is some patients, is not effective on others so that there are people for whom let us say aspirin does no good but propoxyphene does and there are people for whom propoxyphene does no good and aspirin does.

Are there not these individual differences?

Dr. LASAGNA. Yes; there are.

Senator HAYAKAWA. I am interested in your statement that while it can be abused, propoxyphene in other words, risks are minuscule; that is the risks occur when people take far more than the recommended dosage. Is that correct?

Dr. LASAGNA. Yes, sir. I had references to two kinds of risk. One is the risk of abusing the drug in the sense we usually mean, taking the drug for kicks. There are some people who use the drug for that purpose; there is another risk in regard to individuals taking more of the drug than is recommended or taking it in combination with other drugs or alcohol.

Senator HAYAKAWA. What concerns me is the attempt to ban one drug after another or to make them more difficult of access.

Aspirin has been shown to be dangerous when abused and acetaminophen is dangerous when abused and valium obviously so. So if propoxyphene is banned today, where do we go next?

This passion for banning seems to indicate a kind of passion that some regulators have of creating an ultimately totally risk-free society which is, of course, beyond human possibility.

Nevertheless, what you are saying is that propoxyphene abuse is decreasing rather than increasing in cases where it does occur; is that correct?

Dr. LASAGNA. At least that is the conclusion I come to on the basis of the data available to me.

Senator HAYAKAWA. I see. Well, I am grateful to you for a not too technical exhibition of this problem and I agree with you that FDA, DEA and the science community should obtain better data on the motivation leading to abuse of the substance. But so far as I am concerned I think like aspirin and many other things like Empirin and Bufferin and everything else, it is a useful substance to have available as one of the many, many substances we might take for relief of pain. There is no one analgesic that is good for everybody, is there?

Dr. LASAGNA. That is right.