separate agents are not reported in a way that permits discrimination of their potency or relative toxicological significance in a given case. In consequence, cases in which, for example, a combination of alcohol and barbiturates was the cause of death, but in which also toxicologically insignificant concentrations of DPX were detected, would be reported as "Drug Induced" and recorded by DAWN and Wolfe as a "DPX case". It was not possible in the time available to inspect and evaluate each of these actual cases but it certainly should be done if a true picture of DPX toxicology is to be clearly established. It should be noted that the Finkle study was a SURVEY and that local pathologists' opinion relative to the role of DPX as expressed on the case death certificates was not questioned. There is obviously room for a more critical evaluation of these "Drug Induced" and "Drug Related" cases which probably reflect unrealistically high numbers.

(iv) At San Diego, DPX continues to occur principally in multiple drug deaths. Section B of the DAWN report form does NOT indicate a rank ordering of potency.

	(July-Dec.) 1973	1974	1975	1976	1977	1978
DPX Total	17	23	19	26	24	17
DPX Only	8	6	3	6	3	2
DPX & Alcohol Only	2	0	6	1	6	2
DPX in Multiple Drug Cases	7	17	10	19	15	13

(v) Deaths from Heroin are decreasing rapidly; this probably reflects the current strength of the street drug which is 3-5% Heroin in contrast to 20-25% in the early 1970's. The ratio for DPX-to-Heroin associated deaths is extremely variable for any particular period of time and is, therefore, an unreliable indicator of increased DPX fatalities.

e.g. FIRST 6 MONTHS 1977

12 DPX CASES
28 HEROIN CASES
RATIO 1 : 1.2

FIRST 6 MONTHS 1978

	HEROIN	DPX
ACCIDENT	17	7
SUICIDE	0	1
UNDETERMINED	0	2
	17	10

RATIO 1 : 1.7