

17002 COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY



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Office of the Medical Examiner

January 18, 1979

Sidney M. Wolfe, M.D.
Health Research Group
2000 P Street, N.W.
Washington, D.C. 20036

Dear Dr. Wolfe:

I am in receipt of your letter of December 18, 1978, concerning the Health Research Group's petition to the DEA, requesting transfer of propoxyphene to Schedule II of the Controlled Substances Act.

It is my opinion that the danger of propoxyphene is overinflated. Propoxyphene, like any other drug, can kill if misused. Accidental deaths from the use of propoxyphene are rare. Most alleged accidental deaths are drug abuse deaths. Any drug abused is dangerous.

More common than drug abuse deaths with propoxyphene are suicides. I do not think that by making propoxyphene difficult to obtain, one will decrease the rate of suicide. One will just change the drug or means used. All one has to do is to compare the method of suicide in different areas of the country to realize that access to drugs would make little difference in the suicide rate. In the latest data from our office, propoxyphene accounts for nine deaths; six of these were determined to be due to suicidal ingestion.

Along with your letter was a copy of a letter to Joseph Califano, Secretary of HEW. This was apparently a public letter, released on Tuesday, November 21, 1978. I think your cause might be taken more seriously if in this letter you had not included data which is incorrect. On Page 3, Table 2, you list the "DPX-related deaths" from 7/73 to 12/77. I am afraid that I cannot believe any of the figures in that Table. The reason I don't is that for Dallas you indicate that there were eighty such deaths in that time period. I would like to inform you that from January 1, 1973 to December 1977, in Dallas, there was a total of only thirty deaths due to propoxyphene. An additional twenty-five individuals, dying of a combination of multiple drugs, also had propoxyphene detected in their blood. If you include both, then the maximum number of cases would be sixty-five, rather than eighty. In fact, in a number of the "mixed drug deaths", the propoxyphene was present only in small therapeutic amounts and was only incidental.