

and Greenblatt reported that adverse reactions to DPX in hospitalized patients were infrequent and mild. The adverse reactions, although qualitatively similar, occurred less often than with codeine and other analgesics used in hospitalized patients. Standard tolerance studies in volunteers revealed no significant differences between DPX and placebo (Ref. 14). In contrast, Goodman and Gilman state that in doses equianalgesic to codeine it is likely that the incidence of side effects would be similar to those of codeine (Ref. 15).

Reports of deaths in connection with DPX use have frequently relied upon statistics received from the Drug Abuse Warning Network (DAWN) system. This system, from which data are cited in the HRG petition, is a large-scale data-collecting system, initiated in September of 1972 and operated for the Federal Government on contract by IMS America, Ambler, PA. DAWN collects data from over twenty large metropolitan areas in the continental United States and tabulates them as the number of "mentions" of a drug after persons have been in contact with or treated by one or three types of facilities: emergency rooms in non-Federal short-term general hospitals (as defined by the American Hospital Association), offices of medical examiners or coroners, and crisis intervention centers. An "episode" is either a drug-related death or a drug-related visit to an emergency room, and a "mention" is the report of a drug associated with an episode. If three drugs were reported for one episode, for example, three drug mentions would be recorded. Certain analytical problems may arise because of factors such as the lack of precision in reporting (e.g. the names of the drugs involved may be given to an emergency room in jargon that makes it impossible to assign the mention precisely to a particular drug or drugs) and the limitations in the system itself (e.g. the number and characteristics of the facilities reporting to the DAWN system have not remained constant). Despite these problems, DAWN data are regarded as useful in identifying trends or indicating the development of drug problems. Although the data are not measures of the absolute size of a drug problem, they illuminate aspects of the nature of such a problem, and are helpful in making comparisons among drugs. The DAWN data which follow include only mentions from emergency rooms and medical examiners or coroners, excluding crisis intervention center reports. Although for many analyses it is appropriate to limit the data for a given period to that reviewed from consistent reporters, that was not done in this case because of the importance of not omitting any useful information.

Table 2 compares DAWN data on coroners' reports of deaths (associated with DPX alone or in conjunction with other factors) with data on emergency room visits. Although there is a slight increase in deaths in 1977 compared with the previous 3 years, this difference is of questionable significance. In most instances, other substances (e.g. tranquilizers) are also implicated in the deaths.

TABLE 2.—CORONERS' REPORTS AND EMERGENCY ROOM VISITS IN WHICH PROPOXYPHENE (DPX) IS MENTIONED¹

Year	Coroners' reports			Emergency room visits		
	Total	DPX only	Percent	Total	DPX only	Percent
1974.....	574	155	27.0	3,565	1,352	37.9
1975.....	582	137	23.5	3,508	1,259	35.9
1976.....	477	116	24.3	3,572	1,318	36.9
1977.....	531	179	33.7	3,434	1,292	37.6

¹ Source: DAWN data, IMS America.

Comparisons on safety of DPX and other drugs are shown in Tables 3 and 4. Not only are total DAWN mentions (coroner and emergency room) for the drugs provided, but also comparisons indicating the ratios of DPX-associated deaths to prescriptions dispensed. The data indicate that DPX is the most frequently mentioned single drug on coroner's reports. However, the ratio of DPX-associated deaths (coroners' mentions) to dispensed prescriptions is lower than that for the barbiturates, ethchlorvynol, glutethimide, methaqualone, amitriptycline, doxepin, and pentazocine, as shown in Table 3. When comparisons are made according to drug groupings, as in Table 4, the propoxyphene ratio is considerably lower than that for three other drug groups ("barbiturates," "other sedative/hypnotics," and "antidepressants").