Senator NELSON. Are there any studies that say Darvon is superior to aspirin?

Dr. SIMMONS. No, I don't know of any that show that Darvon is superior to aspirin.

Senator NELSON. Is it not correct that the studies that are most favorable to Darvon say—at the most—that it may be equivalent to aspirin. Other studies say that it is a little better than placebo.

Dr. SIMMONS. Right.

Senator NELSON. Let me raise the question about its relationship to methadone.

Do you think that doctors in the country are aware of the abuse potential of this drug. Let me read something I know you are familiar with, from the Maronde Study. This was done at the request of HEW, and on page 17 of that study which I will submit for the record, Dr. Maronde says:

"The addicting properties and the potential abuse of diazepam (Valium), chlordiazepoxide (Librium) and phenobartial have long been commonly recognized. Until recently, the potential hazards of propoxyphene (Darvon) have been less widely known, but the problem of propoxyphene toxicity is now a mattern of concern. In the Los Angeles area, and perhaps elsewhere, propoxyphene is now being used by heroin addicts and other drug abusers, who remove the material from the capsules, and put it in solution, and inject it intravenously for its psychopharmacological effects." (Trade names added.)

In addition, in the National Academy of Sciences-National Research Council report on Darvon which was released in 1969, it is stated that:

"An obvious effort has been made to avoid pointing out that dextropropoxyphene (Darvon) is structurally closely related to the narcotic analgesics methadone and isomethadone, that its general pharmacologic properties are those of the narcotics as a group, that poisoning produced by dextropropoxyphene is essentially typical of narcotic overdose (complicated by convulsions), and should be treated as such, and that the distinction is dependence-producing properties and abuse liability between dextropropoxyphene and various other narcotics is essentially quantitative rather than qualitative. That this effort, unfortunately, appears to have been successful, is attested to by the fact that the majority of house staff and attending physicians who make liberal use of Darvon assume that its pharmacology is basically similar to that of aspirin or phenacetin, rather than to that of the narcotics." (Trade name added.)

Does this concern you?

Dr. SIMMONS. Well, yes it does, Mr. Chairman. An abuse of any drug certainly concerns us. We are aware of the studies that you have quoted, showing evidence of some abuse of this drug. We are looking into that as well as the abuse of some others, and other action may be necessary in that respect.

Further action may be necessary as to the scheduling. I don't know how widely the abuse information is known by the practicing practitioner. Darvon is related to methadone and related to the narcotics. It is labeled as such. Whether that is available to the physician or transmitted to them, we have no way of knowing.

Senator NELSON. The labeling is in the package insert?

Dr. SIMMONS. Right.