Senator NELSON. The doctor doesn't even necessarily see the package.

Dr. SIMMONS. No, sir, but he sees the Physicians' Desk Reference, which is based on the package insert.

Senator NELSON. Well, here is what concerns me: this study indicates that Darvon is being used by drug abusers and nobody knows how widely it is being used. It is purchased in the marketplace. It has been placed there as an analgesic. Is there any reason why we ought to leave it in the marketplace at all when you consider that we have other analgesics that are at least as good and very likely better, and when it is so easily subject to abuse, when it can be put in solution and injected intravenously? Why should we allow it to remain in the marketplace?

Dr. EDWARDS. It is not quite fair to say it is so easily abused. It is quite difficult to abuse. Nevertheless, Dr. Simmons said at this time we don't know the extent of that abuse, and I think we are studying this along with the whole methadone program. If we find it is a significant problem, we will have to take certain steps, appropriate steps, to further control it, or schedule the drugs.

Senator NELSON. Dr. Maronde further states in the study: "In the case of multiple prescriptions providing excessive quantities in the possession of a patient, it is clear that the same four drugs—diazepam [Valium], chlordiazepoxide [Librium], phenobarbital and propoxyphene [Darvon]—figure most prominently, being involved in 272 of the 312 patients concerned in the study."

Why at least, shouldn't it be put on the controlled list?

Dr. EDWARDS. This is under very active study by the agency, along with Dr. Jaffe's office right now, and in the Bureau of Narcotics.

Senator NELSON. Do you have any idea when you will complete your evaluation of the problem?

Dr. SIMMONS. As soon as we can, Mr. Chairman. We are mostly tied up with methadone and the amphetamines. As soon as we bring that into order, we will move on down to the next one.

Senator NELSON. I should think that this would stay right along with methadone, since there is a chemical relation.

Dr. SIMMONS. The problem with methadone is of much greater priority.

Dr. EDWARDS. The amphetamines and the barbiturates also are high on the priority list. I think this all indicates, Mr. Chairman, the basic magnitude of the drug problem in this country and, of course, with the resources that are obviously limited, we have to take the more serious problems first.

I think we are making significant progress. The Bureau of Drugs is likely to come forth with some very meaningful new developments in the amphetamines area.

Senator NELSON. Are there any studies at all which could indicate that Darvon would be the drug of choice as an analgesic in any case except possibly a case of any allergy or an allergic reaction to aspirin?

Dr. SIMMONS. No; none.

Senator NELSON. There are none?

Dr. EDWARDS. There are none.

Senator NELSON. Shouldn't the doctors be informed that it is not the drug of choice except in a very limited number of cases, where the user may be allergic to aspirin?