Dr. SIMMONS. That is one possible approach to it. I think an equally balanced approach is to tell the doctor what the facts are, that there are two choices for mild analgesics, aspirin and Darvon.

Senator NELSON. What is the status of the study on Darvon that you are now making?

Dr. EDWARDS. The drug efficacy study?

Senator NELSON. Yes.

Dr. SIMMONS. It was rated as an effective analgesic. This was, at 5 mg. propoxyphene, usually but not always, shown better and superior to placebo, and even aspirin.

Senator NELSON. Usually, but not always superior to placebo?

Dr. SIMMONS. Correct. In some studies aspirin is not found superior to placebo.

Senator NELSON. So they concluded that it met the 1962 statute for efficacy.

Dr. SIMMONS. Yes, sir.

Senator NELSON. You may proceed.

Dr. EDWARDS. Approximately $500 million a year are spent in prescription drug promotion. The large number of drugs marketed, the conflicting claims that each one is better than the others, the emphasis on brand names, the rapid introduction of new products that are always said to be better than the old ones, extensive detailing and the sheer bulk of advertisements in the mails, the media and in the medical journals—all combine to give the doctor and the public a sense of frustration and confusion.

Other sources of drug information which are made available to the physician can also be improved. These include the scientific evidence for drug efficacy and the labeling information on the drugs he uses. Drug labeling is especially important since it sets the legal limits for drug promotion and advertising.

The final report of the Drug Efficacy Study, page 162, addresses itself to an appraisal of both, and here I quote from the report:

"The Drug Efficacy Panels expressed concern and surprise about the generally poor quality of the evidence of efficacy of the drugs reviewed and the poor quality also of the labeling of those drugs."

The panels found that there was little convincing scientific evidence to support many of the cited indications for use of drugs that are currently in good standing in medical practice and criticized the labeling of about two-thirds of the drugs they evaluated as failing in their primary purpose of providing the physician and the pharmacist with balanced authoritative and objective guides to prescribing or dispensing the drugs in question.

Thus, too much of the "communication" currently being beamed to the physician is either scientifically inadequate, lacks fair balance, is incomplete, inaccurate, and occasionally misleading. Physicians are the target of an over $500 million effort to sell them something. This amounts to an expenditure of approximately $4,000 per physician per year for drug promotion.

Over 35,000 prescription drug products, most with different trade names, are clamoring for his attention. How can the physician be expected to know these drugs or to know that the several hundred antihistamines, the many coronary vasodilators, adreno-corticoids, tetracyclines, anticholinergics, and thiazide diuretics, are basically the