You don't have any relative efficacy requirements, do you?

Mr. HUTT. Under the statute, relative efficacy is not to be used in deciding whether the drug is approved or not. Relative safety is to be used in making that decision. An increase in side effects would definitely be taken into account in determining whether to allow the product to be marketed.

Senator NELSON. How does the statute read on safety, so that you interpret it to mean relative safety when that is a fact?

Mr. HUTT. The statute merely states that the evidence in the New Drug Application must show safety by all reasonable applicable tests. We are then required, and have been, since 1938, to then make a judgment balancing the benefits against the risks, to determine whether the product should be marketed.

If there is an increase in risk and no added benefits, then the Food and Drug Administration would conclude that it was unsafe for the indicated purpose.

Senator NELSON. Under that standard, it would seem to me you couldn't market Darvon.

I think it is clear that a safety question does exist with respect to that drug—the fact that it is related to methadone and is being used by drug abusers. It isn't superior by any tests. It is not superior from the standpoint of efficacy, and handicapped from the standpoint of safety, so why should Darvon be permitted to stay on the market?

Mr. HUTT. Well, this is a medical point, not a legal issue.

Dr. EDWARDS. I think, Mr. Chairman, one should point out that when Darvon was first approved by the Food and Drug Administration, the approvers were not aware of the abuse potential. While we are aware of the abuse potential, I think it is only fair to point out that we must also acknowledge the fact that there are side effects to aspirin, as well.

So I think that it is a matter of equating the side effects of one with the other at this point in time. We have to look at aspirin in that regard also.

Senator NELSON. Well, if I understood Dr. Simmon's answer of a few minutes ago—maybe I am mistaken—there is no indicated use of Darvon in the place of aspirin; except in cases where the user might be allergic, or suffer side effects from aspirin, especially since it is not more effective than aspirin.

Dr. EDWARDS. That is, to a degree, true. Some people respond to one product differently than another, and some can take Darvon more effectively than aspirin. We have tried to point this out on several occasions—this is the whole problem of an analgesic. There is no question in my mind that the practitioner should have a number of analgesics available from which he can choose.

Dr. SIMMONS. I didn't mean that they shouldn't have an alternative to choose from. Some people will respond to one and not to another.

Senator NELSON. How does a physician know when to prescribe Darvon unless there has been some specific reaction to the aspirin?

Dr. EDWARDS. Probably by the "trial and error" method. He gives aspirin and the aspirin isn't effective, and then he has to give another analgesic, and we have to try another one. It is not a scientific decision in the normal vast majority of the cases. The pain itself is limiting, anyway, in how the doctor is going to determine that.