

EDITORIAL

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UNIFORM NARCOTIC DRUG ACT.

A UNIFORM State Narcotic Act has been under consideration by the Conference of Commissioners of Uniform State Laws for several years. Five tentative drafts have been considered and successively modified. The various professions and businesses affected by the proposed act have been given from time to time the opportunity to present their criticisms and suggestions and the U. S. Bureau of Narcotics has been consulted. Pharmacy was not given the opportunity to be heard directly until its representatives insisted, and then only within the last two years.

The protection of the public is, of course, the fundamental purpose of such legislation. It is, undoubtedly, in the interest of the public welfare to limit the production and distribution of narcotic drugs to legitimate medical needs and to prevent the illegitimate traffic in and use of these dangerous substances. However, it is an obligation and in the interest of adequate medical care, to limit the restrictions and regulations imposed upon those charged with the duty of producing, distributing, administering and dispensing the necessary narcotic drugs, to such as are required for the protection of the public welfare. Experience has shown that unnecessary requirements and burdensome regulations make serious hardships and tend to defeat the purpose of legislation, however worthy the purpose may be.

It is claimed that the Federal Narcotic Laws—the Harrison Act and the Narcotic Drugs Import and Export Act—do not adequately cover the regulatory needs within the states. The U. S. Narcotic Bureau believes that the states should take over part of the responsibility and actively cooperate with the Federal Government in controlling narcotics. Even under its taxing and treaty powers, on which the Federal Narcotic Laws rest, the Federal Government cannot do certain necessary things which the states can do under their broad police powers. This condition is recognized in the provision in the Porter Act requiring the Commissioner of Narcotics to cooperate with state authorities. In addition, experience has very naturally brought out certain shortcomings in the Federal Laws; as an instance, no condition is imposed in the registration of manufacturers and wholesalers. Consequently, the Bureau of Narcotics is obligated to register all applicants in these classes although physicians, dentists and pharmacists are required to be licensed in their states, before they can be registered.

Federal enforcement has developed a system of registration, records, forms and reports which seems to serve the purpose. The regulations issued by the Federal authorities have been modified and extended as experience indicated was advisable. The Federal Laws have been interpreted by numerous court decisions. Although it is burdensome to those registered, the Federal procedure is now accepted and the machinery runs fairly smooth.

If state narcotic laws are necessary to secure adequate control, there can be no question that they should be: (1) in conformity to the Federal laws in so far as this can be done without invading state's rights, in order to prevent duplication

of registration, forms, records and reports, and to avoid duplicate authority; (2) uniform in character, as far as this is possible, in the interest of simplicity and to prevent a different procedure in each of the forty-eight or more states and territories for the control of narcotics.

Beyond question, the Commissioners on Uniform State Laws have had these objectives in mind in perfecting the draft which was adopted by the Conference on October 8, 1932, by a decisive vote. It has been fortunate for all concerned that the Commissioners have included narcotic legislation in their efforts. They are experienced constitutional lawyers, and have been selected by their states to discharge an important function. Many of them have had wide legislative and judicial experience. The close relations of the Conference to the American Bar Association is another decided advantage. Such uniform acts as the Conference adopts goes to the officials and legislatures of the states with strong backing, and the Commissioners are obligated to see that such measures have consideration in their respective states.

The original draft of the narcotic law was written by a committee, representing medicine and pharmacy, which met in New York in 1922. The American Medical Association has taken the lead since the Conference of Commissioners on Uniform State Laws became interested, and other professions and businesses were requested to submit suggestions and criticisms of successive drafts through the A. M. A. In 1930, a committee of the National Drug Trade Conference prepared and submitted a lengthy report, and other reports have been submitted by various organizations. Since the suggestions of pharmacy were not apparently receiving much consideration, a committee arranged to be heard during the annual meeting of the Commissioners in Atlantic City last fall and presented their views forcefully. The fourth draft which was then under consideration was referred for further study. Copies of the fifth draft were distributed in August of this year and representatives of pharmacy were invited to a hearing on it in Washington on September 15, 1932. The U. S. Bureau of Narcotics submitted a modified draft and after a day's discussion both were combined and rewritten. That draft was considered by sections by the Conference of Commissioners on October 4, 1932, and again referred with a number of recommendations. On that day, representatives of pharmacy were given another brief hearing along with others.

In all of these hearings, a number of changes were made and several objectionable features removed which directly affected pharmacy, professionally and industrially. The representatives of pharmacy who attended these hearings were outspoken and firm in their views, and it is fortunate for the profession and industry that they were. It is very unfortunate that medicine, dentistry and pharmacy cannot work together more closely in these efforts.

It might be expected that with all these efforts a very satisfactory measure would be the result. In general this may be true, but the involved character of the draft indicates difficulty in its enforcement and the creation of complicated machinery in each state that adopts it without amendment.

It is not possible to discuss the measure in any detail. It will be carefully considered by the Executive Committee of the National Drug Trade Conference on November 2nd and by the Conference at its annual meeting early in December. Thereafter full information and advice as to the course pharmacy should pursue

will be sent to pharmaceutical officials in each state. As the legislatures of a number of states will meet early in 1933, prompt action must be taken.

In its present form, the proposed act does place rather serious additional burdens on pharmacy. Apomorphine is excluded although included in the Federal Laws. Cannabis is recommended for inclusion as a narcotic drug by those states in which it is used illegally. Opium, coca leaves, and cannabis include "any compound, manufacture, salt, derivative, mixture or preparation of them." Narcotic drugs are defined as meaning "coca leaves, opium, cannabis, and every substance not chemically or physically distinguishable from them," which latter definition can bring in many complications. It is made unlawful for any person (which includes any corporation, association, copartnership, or one or more individuals) to manufacture, possess, have under his control, sell, prescribe, administer, dispense or compound any narcotic drug except as authorized in the act. Fraud or deceit in connection with narcotic drugs is made unlawful. The Federal registry number and official order form are recognized but the records required are much more comprehensive. Upon conviction of the violation of any provision of the act, notice thereof is to be sent to the board or officer that licensed or registered the offender. The court may suspend or revoke the license or registration, upon conviction, and the board or officer may reinstate such license or registration "upon proper showing and for good cause." How such a complicated system of suspension or revocation on the one hand, and of reinstatement on the other, can be successful is difficult to grasp.

Manufacturers and wholesalers are required to be licensed in their states by the state body selected as the enforcement agency, the Board of Health being preferred. Their moral character and their equipment as to land, buildings and paraphernalia must be approved, and the license can be withdrawn for cause.

A registered pharmacist and the owner of a store or other place of business where narcotic drugs are compounded or dispensed by a licensed pharmacist, is called an "apothecary" rather than a "retail dealer" as in the Harrison Act. In addition to the more detailed record of the receipt and disposal of narcotic drugs, the apothecary's added trouble is in connection with exempted preparations. Apparently they must be purchased on an official order form. The limits as to the content of narcotic drugs in exempted preparations for internal use are the same as under the Harrison Act but they may contain only one of the specified narcotic drugs. Exempted preparations for external use are without a limit as to quantity or number of narcotic drugs, except that cocaine must not be used, as in the Harrison Act, but must be in such combinations as to prevent the narcotic drugs being readily extracted, placing another difficult responsibility on the retailer's shoulders. Exempted preparations for both internal and external use must contain, in addition to the narcotic drugs, some drug or drugs conferring upon these preparations "medicinal qualities other than those possessed by the narcotic drug alone."

More serious still, "no person shall prescribe, administer, dispense or sell under the exemptions of this section, to any one person, or for the use of any one person or animal, any preparation or preparations included within this section, when he knows, or can by reasonable diligence ascertain, that such prescribing, administering, dispensing or selling will provide the person to whom or for whose use, or the

owner of the animal for the use of which, such preparation is prescribed, administered, dispensed or sold, within any 48 consecutive hours, with more than four grains of opium, or more than one-half grain of morphine or of any of its salts, or more than two grains of codeine or of any of its salts, or more than one-quarter of a grain of heroin or of any of its salts, or will provide such person or the owner of such animal, within 48 consecutive hours, with more than one preparation exempted by this section from the operation of this act."

The difficulty, if not impossibility, of observing these requirements was emphasized by the pharmaceutical representatives, as well as the probable unfairness to those who may actually need them, of so strictly limiting the quantity of any one preparation, or preventing the furnishing of more than one exempt preparation for either internal or external use, to any one person or to the owner of any animal for which it is intended, within any forty-eight consecutive hours. This apparently means that only one exempted preparation, containing only one narcotic drug, and that in the quantity specified, and some drug or drugs conferring upon it medicinal qualities other than those possessed by the narcotic drug alone, can be prescribed, administered, dispensed or sold, in good faith as a medicine, to any one person or to the owner of any animal for the use of that animal, within any two consecutive full days. It seems that if a person should obtain a corn remedy containing an exempted quantity of cannabis, he cannot obtain from the same person a cough syrup containing an exempted quantity of codeine, until forty-eight hours have elapsed. And the responsibility rests entirely on the supplier. Compliance with these requirements, by trained pharmacists and druggists, appears to be practically impossible. How unfair to expect it of dealers who can know but little about medical needs or the composition of these preparations!

The AMERICAN PHARMACEUTICAL ASSOCIATION is in favor of such legislation as will adequately control narcotic drugs and holds no brief for any pharmacist or manufacturing or wholesale druggist who does not comply with the provisions of reasonable legislation for this purpose. The ASSOCIATION took an active part in the drafting and enactment of the Harrison Act. Its model drafts of state narcotic laws stimulated enactment of such legislation by states prior to the Harrison Act. It desires to assist in strengthening the federal and state laws, and in making them uniform, in so far as this is possible and will assist in adequate control. The ASSOCIATION has advocated that the prescribing, administering, dispensing and sale of exempted preparations be limited to physicians and pharmacists and believes that this is in the public interest. Some limitation on the quantity of exempted preparations furnished may be required; if so, it should apply to the purchaser as well, else he only has to visit more than one physician or pharmacist to defeat the purpose of the limitation. The limitations placed in the proposed draft appear to be excessive and unnecessarily burdensome on pharmacists.

The representatives of the AMERICAN PHARMACEUTICAL ASSOCIATION, in cooperation with those of other organizations, have done what they could to bring the proposed act into accord with these views. In some important particulars they were successful and in others they were overruled. Every effort must be made to bring about necessary amendments before the proposed Uniform Narcotic Drug Act is enacted in any state. Otherwise, the enforcement of such stringent and unnecessary requirements may bring narcotic legislation into disrepute.—E. F. K.

THE MOTHER OF AMERICAN PHARMACY.

UNDER above title the *Northern Ohio Druggist* for October presents the following article by its editor, Carl Winter, which we are taking the liberty of reprinting:

"The Eightieth Annual Meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION, recently held in Toronto, brings to mind that this venerable association is in fact The Mother of American Pharmacy. Certainly all organized conscious endeavor for the betterment of American Pharmacy sprang from it. The various state pharmaceutical associations are its children as is the N. A. R. D., and I think it may be said without laboring the metaphor, that the old AMERICAN PHARMACEUTICAL ASSOCIATION has some sort of direct or oblique maternal relationship to every organized pharmaceutical endeavor not in the United States only, but in all America. It has been the seed or the ferment from which subsequent to its own beginnings all collective efforts for the betterment of Pharmacy in the western hemisphere have come.

"Some of her offspring are often neglectful. Some seem irreverent, sometimes a bit bumptious, asserting that the old AMERICAN PHARMACEUTICAL ASSOCIATION is too pedantic, too traditional, too indulgent with scientific puttering and not sufficiently aware of pressing practical problems. They suspect if they do not say so that she is too fond of reminiscence and mementos, sure signs of senility, hence a doubtful counselor for enterprising vigorous youth. The old parent does not reply in kind. She knows that bumptiousness is only excessive self-esteem, a pardonable fault in youngsters. That youth is preoccupied with its own concerns, as properly it should be. She knows it to be her task to foster the search for the gems of pharmaceutic science and that to maintain that search she must be content to receive much that is of itself unimportant and to praise the patient diligence that brings it to her. She has long since known, as do all wise mothers, that taking absorbing and patient thought on vexing problems may lead as readily to their solution as will overt and strenuous activity alone. She knows too that youth dissembles its feelings and that tradition is in the warp and woof of things that endure. So she goes about her tasks, this patient mother, without reproaches but eager to praise. And since her body renews itself and unlike mere mortals she counts her years in decades instead of months, she will live, this fostering mother, this fine old AMERICAN PHARMACEUTICAL ASSOCIATION, continuing in her patient ways, bestowing laurels on her eminent sons, yet affectionately counting as hers all who revere her. To be so counted is to be enrolled among the aristocracy of the craft."

PHARMACY WEEK MESSAGE OF GOVERNOR ALBERT C. RITCHIE.

I am glad to take this opportunity of giving my hearty endorsement to Pharmacy Week, which is about to be celebrated. I regard this undertaking as thoroughly commendable, because it will bring to the attention of our people the splendid services rendered by the profession of pharmacy to the health and welfare of the Nation. These services are particularly outstanding in Maryland, and this is largely because the famous and historical School of Pharmacy of the University of Maryland is located in Baltimore. I congratulate the Maryland pharmacists on the high standards they have attained, and which they unflinchingly maintain.

ALBERT C. RITCHIE.