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## DRUGS ANONYMOUS?

We make no claim of originality with respect to the title of this editorial. In fact, it was the title of a booklet published in May 1967 by the Pharmaceutical Manufacturers Association. This booklet was a real eye-catcher, with a group of dressed but faceless mannequins prominently displayed on both its front and back covers. The theme of the booklet was the importance of knowing the identity of a drug's manufacturer or source, and the booklet advocated the use of brand names or trademarks as the ideal formula for accomplishing this aim.

In addition to its clever title, *Drugs Anonymous?*, and the imaginative cover design, the text of the booklet made a rather convincing case for the sponsor's argument that you darn well better know who produces the drug product you prescribe or dispense. Sure, the well-informed and sophisticated reader could find the usual flaws in the conclusions drawn from their presentation, but overall it must have been persuasive to the average reader.

Well, we couldn't help but be reminded of this booklet—and its title—during the past few years as a number of states have sought to enact statutes requiring that the name of the *actual manufacturer* (i.e., not just the *distributor*) of the dosage form be included on the drug product label. After all, the industry in its booklet has told us how important it is to know "exactly what drug preparation" is used, to "identify a specific medicine," to "identify the manufacturer," and to "specify the source of the product desired."

Having read all this in their booklet, and other publications, believing souls might naturally expect that the PMA would be leading the charge up the steps of the state capitol to encourage the legislature to pass such legislation. But strangely enough this did not happen, either in California—where such legislation was originally proposed about four years ago—or in other states which subsequently considered similar bills.

As a matter of fact, the lobbying, the maneuvering, and the chicanery which occurred in California, all in an effort to defeat, abort, or emasculate this legislation, were truly astounding! The state pharmaceutical association was so mystified by it that they published an editorial in the *California Pharmacist* entitled "What Kind of Games Are Being Played?"

And who was behind this entire effort to obstruct, defeat, and then repeal the legislation to require manufacturer identification? None other than the drug industry, and in particular the PMA!

In light of the enormous commitment of their legal staff, their lobbying resources, their field network, and their communications system that PMA made in this effort, it was obvious that they must have felt compelling reasons to oppose and fight the requirement of manufacturer disclosure.

And sure enough, there were! Passage and implementation of the California law enabled the California Pharmaceutical Association to compile and publish lists of who made what and for whom. The revelations were comparable to a pharmaceutical version of the "Watergate Tapes." It turns out that the tetracycline capsules from 13 different companies actually are all made by a single firm, that 18 different versions of chloral hydrate capsules are likewise made by a single manufacturer, and so on down the line.

"Drugs anonymous," indeed! Or, at least they were anonymous until the California people flushed them out for the first time. At the time this column is being written, we have heard rumors, now that the cat is out of the bag, that the drug industry plans to drop its opposition to a *federal* requirement of manufacturer identification. This approach would equally satisfy the need for information, and it would make more sense for all concerned to have a uniform national requirement.

However, whatever may be the eventual outcome, pharmacy, medicine, and the public owe a debt of gratitude to CPhA and the California legislature for providing the means and for taking the action to sweep away the cloak of secrecy concealing the true origin and source of a major portion of the drug supply upon which practitioners have relied and have trustingly placed their faith. —EGF