

Journal of Pharmaceutical Sciences



APRIL 1975

VOLUME 64 NUMBER 4

MARY H. FERGUSON
Editor

L. LUAN CORRIGAN
Assistant Editor

SHELLY ELLIOTT
Production Editor

CHRISTINE L. BAILEY
Copy Editor

EDWARD G. FELDMANN
Contributing Editor

SAMUEL W. GOLDSTEIN
Contributing Editor

LELAND J. ARNEY
Publications Director

EDITORIAL ADVISORY BOARD

LYNN R. BRADY

GERHARD LEVY

WILLIAM O. FOYE

CARL J. LINTNER, JR.

HARRY B. KOSTENBAUDER

G. VICTOR ROSSI

The *Journal of Pharmaceutical Sciences* is published monthly by the American Pharmaceutical Association at 2215 Constitution Ave., N.W., Washington, DC 20037. Second-class postage paid at Washington, D.C., and at additional mailing office.

All expressions of opinion and statements of supposed fact appearing in articles or editorials carried in this journal are published on the authority of the writer over whose name they appear and are not to be regarded as necessarily expressing the policies or views of the American Pharmaceutical Association.

Offices—Editorial, Advertising, and Subscription Offices: 2215 Constitution Ave., N.W., Washington, DC 20037. Printing Offices: 20th & Northampton Streets, Easton, PA 18042

Annual Subscriptions—United States and foreign, industrial and government institutions \$50, educational institutions \$50, individuals for personal use only \$30; single copies \$5. All foreign subscriptions add \$5 for postage. Subscription rates are subject to change without notice. Members of the American Pharmaceutical Association may elect to receive the *Journal of Pharmaceutical Sciences* as a part of their annual \$55 (foreign \$60) APhA membership dues.

Claims—Missing numbers will not be supplied if dues or subscriptions are in arrears for more than 60 days or if claims are received more than 60 days after the date of the issue, or if loss was due to failure to give notice of change of address. The Association cannot accept responsibility for foreign delivery when its records indicate shipment has been made.

Change of Address—Members and subscribers should notify at once both the Post Office and the American Pharmaceutical Association, 2215 Constitution Ave., N.W., Washington, DC 20037, of any change of address.

© Copyright 1975, American Pharmaceutical Association, 2215 Constitution Ave., N.W., Washington, DC 20037; all rights reserved.

A PAINFUL PROSPECT— WITH NO ANALGESIC

One of the most fundamental principles of physics is that for every action there is some comparable reaction. Amazingly, we find that this basic law of nature is either overlooked or ignored in determining various national policies and strategies.

In July of last year, we wrote in this column to express our concern that efforts to bring under control a serious national health problem—namely, drug abuse—had reached a level of such extremism that those efforts had come to be a health problem in themselves. Specifically, the single-minded determination to stamp out drug abuse had proceeded to the point where legitimate use of medication is seriously inhibited to the detriment of innocent persons needing such medication.

Moreover, the previous September we had devoted our editorial comments to what at that time was a current national problem; namely, shortages of various goods and commodities, such as gasoline, beef, lumber, and so on. Fortunately, at that time, there were no shortages of pharmaceutical products. Nevertheless, we used that opportunity to warn—the editorial was titled “Careless Analysis and Planning”—that a basic function of government in society is to study, analyze, predict, and anticipate various needs of the people and then, based upon this exercise, to adjust and take such actions to see that demands will be met in an orderly manner and by an efficient process.

Regrettably, our fears were subsequently realized and significant shortages of national proportions have been experienced during the past year, relating to several life-saving drugs such as ampicillin, heparin, and quinidine.

We would like to be able to say that our powers of prediction were right on target and we saw this all coming in our crystal ball. However, honesty compels us to admit that it was pure guess-work that events happened to turn out as they did. Consequently, we probably should not fault public officials for failing to have made proper plans which would have averted these shortages.

In our opinion, however, such exoneration should not extend to a situation in which knowledgeable people have widely publicized warnings of an impending shortage of critically needed medicinal agents and even have provided facts and documentation to support their cries of alarm. Given these circumstances, it seems tragic to us for responsible government officials to turn a deaf ear and take little, if any, action to avert such a crisis from developing.

Such appears to be the prospect with respect to the availability of the family of narcotic analgesics derived from opium. In our zeal to stamp out drug abuse, the United States has not only undertaken various programs and activities on the home front but has also entered into agreements abroad to induce foreign countries to curtail or eliminate the cultivation of the opium-poppo. Ignored in this strategy is the fact that codeine, morphine, and other medicinal opiate drugs are also derived from this same source, and as a concurrent effect, the available supply of these critical medicinals is rapidly diminishing.

This situation has been reported rather widely in both the professional and lay press. Perhaps the most articulate, well-documented, and compelling report on this impending catastrophe appeared as an editorial entitled, “No Opium for Pain—Threatening Medical Crisis,” in the December 26, 1974 issue of the *New England Journal of Medicine*. In part, the editorial stated: “As the matter stands today, the specter of no opium for pain in the United States is well-founded. In the event of a major epidemic or other national emergency, this critical shortage of pain-killing opiate drugs could easily cause a medical catastrophe. Under these circumstances, doctors and nurses in hospitals are about as useful as a fleet of new ambulances with little or no gasoline in their tanks.”

There are many things that government can do not only as well as the private sector but even better. However, narrow-minded bureaucracy, which we often associate with the totalitarian state, is sometimes found in every form of government. Indeed, such inflexible bureaucracy is the basis for the underlying fear that many people hold relative to government intervention generally. Be that as it may, the opium situation is one which has been created out of government policy and action—albeit well intended—but now requires some urgent modification by government in order to avert a needless tragedy of national proportion.

Edward G. Feldmann