# FDA rides high: Now it's nonprescription drugs

## The FDA plans to review the effectiveness of all over-the-counter drugs. It can expect to encounter many obstacles.

by Joan Lynn Arehart

The Food and Drug Administration has been on its high horse for the past decade, ever since the thalidomide scare and the Kefauver Amendments of 1962 calling for an all-out hunt for dangerous or ineffective drugs. During the past several years the FDA has carried out the Congressional mandate on prescription products. To do so, it has called upon scientists recruited by the National Academy of Sciences. Now that the results from this leviathan undertaking are in—200 to 400 compounds out of more than 3,000 scrutinized were found of questionable effectiveness—the FDA announces that it will now undertake the second half of the Kefauver order. It will appraise the safety and effectiveness of all nonprescription drugs on the market.

The need for such a study is more or less obvious. With Americans feverishly medicating themselves, they might think twice about chugalugging pills if they had a better idea of what nonprescription remedies are doing to and for them. And on the positive side of the self-medication ledger, nonprescription items might be considered the bulwark of preventive medicine in a country that has little preventive health care.

Yet there is still more reason why a review of over-the-counter drugs is overdue. It was spelled out by John Moxley, dean of the University of Maryland School of Medicine, at a press conference Jan. 4 when the FDA announced its new drug review. Moxley had been appointed by FDA Commissioner Charles C. Edwards to be the major coordinator and interpreter of the study. Said Moxley: "Prior to the past month I had assumed that someone, somewhere, was monitoring over-the-counter drugs. I was taken back to find that not only was I in error, but in fact no person or agency even knew the number of nonprescription drugs available to the consumer." In an interview, an FDA official confirmed this disturbing state of affairs. "Nobody," he declared, "knows how many OTC drugs are on the market. There could be anywhere from 100,000 up to 400,000 products."

The official, however, is quick to clarify his statement. Both prescription and nonprescription drugs marketed before 1962 had to be shown to be safe first. All drugs marketed after 1962 had to be shown to be both safe and effective before receiving FDA approval. What the FDA has failed to do beyond these requirements, in essence, is keep track of prescription and nonprescription drugs as they are removed from the market. Legislation now before Congress would correct this deficiency by requiring manufacturers to register all drugs they are currently selling.

Still another reason why an across-the-board review of home remedies is needed is that tests used in the past to prove a particular medication safe or effective may be inadequate by today's standards. Also the FDA has good reason to believe that many OTC drugs are not doing the job they should. During the prescription drug review, for example, 422 OTC's were also assayed. Only 15 percent were shown to be definitely effective. Eleven percent were declared patently ineffective. Seventy-four percent were considered probably or possibly effective. Manufacturers of the 11 percent in the ineffective category have been ordered by the FDA to remove their products from the market. Manufacturers of the products in the probably or possibly effective categories must submit evidence over the next few months demonstrating effectiveness, or the drugs will be removed from sale.

However commendable an over-all OTC drug review may be, both drug industry representatives and certain scientists anticipate that it will be difficult to bring to fruition. The study has been scheduled to last three years, but it could easily take longer, as did the prescription drug assessment. A 26-page document has been drawn up by the FDA carefully describing how the study will be conducted. Because only about 200 active ingredients are believed to be formulated in all nonprescription drug products, the products will be reviewed by class—antacids, cold remedies, antiperspirants, sunburn drugs, etc. Seven-member panels will evaluate each class of drugs. Panel members could be from consumer groups, universities, medical associations or elsewhere as long as they are scientifically qualified to review drugs.

After each panel considers data available on the products in question, it will prepare monographs on the drugs. Manufacturers of these products will have 60 days to reply to the monograph charges. The panel will then issue another monograph, which will be binding. After that, a drug maker will have three choices: to make his product conform to the criteria, to submit evidence that a different formulation of the product in question is effective or to stop selling the product.

The antacid panel is already being set up. Its chairman is Franz J. Ingelfinger, a Boston physician and editor of the scientifically respected NEW ENGLAND JOURNAL OF MEDICINE. The panel should be ready by March.

The Proprietary Association represents 90 drug companies that make most nonprescription items. "Over-all, we support the OTC review," says a spokesman for the association. "We agree with Commissioner Edwards that self-medication has a place in American medicine. The document outlining the study is carefully drawn, and appropriately so." The association members are now going over the document before giving the public any detailed reactions. But one thing members are concerned about at the moment is that panel members selected to pass judgment on this or that category of products might not be truly qualified to do so.

The Pharmaceutical Manufacturers Association is made up mostly of prescription drug companies. But some of them also make nonprescription products. The PMA approves of the OTC review, as it approved of the prescription drug review, in spite of the fact that the FDA has given PMA members some difficulties—with combination drugs, for example. After all, prescription drugs are a fat $4-billion industry, and comprise a major FDA target. Nonetheless the PMA calls an objective appraisal of its members' products by the scientific community "not only desirable but imperative."

However the PMA, like the Proprietary Association, expects that the OTC study will encounter some snags. Preparing monographs on a whole class of drugs will, one PMA official says, "be a tough operation." He also questions whether it is wise to tie up scientists for such large-scale studies of drugs already marketed when their talents might be better deployed for medical research. "Drug industry critics," he says, "think we are trying to keep on selling dangerous drugs. But this is not the case."

Yet while endorsing the intent of the OTC review, the PMA does question whether the FDA, generally speaking, might be going overboard in efforts to protect the consumer. For even when all modern laboratory methods—animal studies, clinical studies, tissue cultures, the whole bag—are brought to bear on

a drug, they rarely provide a final say on drug safety or efficacy. A prime example is with the chemical hexachlorophene, widely used in soaps, antibacterials and cosmetics. This month the FDA announced a four-part attack against the chemical on the basis of animal studies that suggest the chemical is toxic in certain amounts. Yet as scientists would concur, almost any chemical, even water, could be toxic if consumed, injected, breathed, bathed or otherwise made available to an organism or tissue slice in large enough doses. The PMA, in essence, sees the FDA carrying a toxicity "syndrome" to extremes.

If the PMA tends to be overly critical of the FDA, representing as it does companies the FDA may bring action against, a jaundiced view might not be expected from Philip Handler, president of the National Academy of Sciences. Yet Handler too writes in this month's BULLETIN OF THE AMERICAN COLLEGE OF SURGEONS: ". . . the danger is that the bureaucracy will lean too far backward in its determination to avoid error. We may already have entered this era with respect to the Food and Drug Administration. . . ."

Unexpectedly, though, in view of its vested interests, the PMA does not entirely blame the FDA for the increasing difficulties of marketing new drugs. Says a PMA official: "Chemical knowledge gleaned over the past 30 years has been pretty well mined by drug companies, with the exception of the glamorous new group of chemicals known as the prostaglandins. The past 15 years for drug companies, essentially have been an era not of spectacular drug breakthroughs, but of subtle, yet vital, refinement in drugs already marketed."

In all, the FDA's announcement of the nonprescription drug review seems to please both the public and the drug industry. In fact the FDA, as a government watchdog agency, seems to be riding high in both public and industry favor. Such climate is due in no small part to FDA Commissioner Edwards. After the President appointed Edwards commissioner late in 1969, Edwards said he would make the FDA into more than a police force (SN: 2/14/70, p. 183). He meant it. Edwards' predecessor James Goddard, one PMA man recalls, "was bright but not too responsible. He had a tendency to shoot from the hip. His was the arrogance of a bright doctor trying to make a mark of some kind. I do not think he ever understood the drug industry. Edwards does." Edwards, in fact, negotiates with drug companies and calls for voluntary compliance. He tries to avoid the drug seizures Goddard's FDA seemed to delight in. Goddard got mostly resistance. Edwards gets mostly cooperation.

Edwards too tends to be cool, low-key, but he takes a stand. At a November NAS meeting on drug bioavailability, for example, Edwards asserted that even if two drugs have identical active ingredients, they may not act the same way in the body. The brand name vs. generic drug controversy has been simmering among drug manufacturers for years. But as Joseph Stetler, president of the PMA, commented admiringly in a press conference last month, this was the first time he could recall an FDA commissioner sticking his neck out on the issue. What is perhaps most impressive about Edwards is that he called, for the first time in the history of the FDA, a review of FDA performance from outside the government (SN: 6/5/71, p. 383). The critics scored the FDA for some bureaucratic tangles and for not getting enough mileage out of its resident scientists. Otherwise the review was favorable.

Lawyer Ralph Nader and his "raiders" have the sex appeal in Washington now. But chances are that history will also pay Edwards tribute as a consumer protection hero in the 1970's. The reason is simple. Edwards makes less noise than Nader, and quietly works within the establishment, but he has some mighty federal tools at his disposal for enforcing his agency's findings. □