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COMMISSION ON NARCOTIC DRUGS

THIRD SESSION

DRUG ADDICTION

(Item 16 of the Provisional Agenda)

Note by the Assistant Secretary-General in charge of the Department of Social Affairs

The Assistant Secretary-General in charge of the Department of Social Affairs has the honour to transmit to the members of the Commission on Narcotic Drugs the following translation, communicated by the representative of the United States of America on the Commission on Narcotic Drugs, of an article on "Cough Remedies and Danger of Habit Formation" (German Medical Journal No. 4 - 1943), in connection with Item 16 of the Provisional Agenda. (Drug Addiction)

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COUGH REMEDIES AND DANGER OF HABIT FORMATION

By A. Linz

(Translation)

CODEINE

When codeine and ethylmorphine were brought under the international opium convention in 1931, the reason was mainly that many years' experience had demonstrated that the manufacture of and trade in morphine cannot be adequately supervised unless codeine is also subject to the most rigid control under international opium conventions. It is known that most of the codeine is obtained by the methylation of morphine. If codeine is exempt from supervision, then morphine likewise escapes control. The diversion into the smuggling traffic of portions of the production might be concealed, for example, by the undisprovable assertion that the morphine had been converted into codeine or ethylmorphine.

In 1934 when the Reich was studying this opium convention as a basis for its opium legislation, it was sufficient to place the manufacture and conversion of and wholesale trade in these substances under the control of the Opium Law. Doctors and chemists were not affected, particularly since the preparations of codeine and ethylmorphine could be left exempt. Hence the measure was taken in order to make control of other narcotics more rigorous, not because the two substances were considered to be habit-forming. This notion was not in any way affected by the fact that even then isolated observations had been made showing codeine to be habit-forming. Considering the extensive use of codeine, no particular significance was to be attributed to these quite isolated cases. Hence the dispensing regulations for codeine remained unchanged, so that chemists were able to continue to issue codeine against prescriptions and without any condition as to frequency.

In the course of the intervening ten years, however, the idea that codeine was a relatively harmless non-habit-forming drug has unfortunately been proved too sanguine. While formerly it was considered settled that an addict was habituated to a particular drug to which he stuck, in later years a noteworthy change has become more and more clear, that is, the addict "oscillates" very frequently between one drug and another. In such substitutions codeine unfortunately is involved. Suspicion was actually aroused by the fact that it was possible, for example, to relieve the withdrawal symptoms of morphine addicts with

codeine, which had, of course, to be administered in larger doses.

Moreover, since the cases of simple codeine addiction are increasing, the example of codeine has proved that a drug which prevents withdrawal symptoms in the case of a true narcotic can itself be habit-forming. The same observation has unfortunately and with the same results, been made in the case of Dolantine. The register of addicts in the National Health Department records to date over seventy addiction cases involving codeine. However, it should be remembered in this connection that only an insignificant part of the use of codeine for addiction comes to the knowledge of the authorities, namely, only those cases where there have been prosecutions. The cases mentioned come under this category. But hitherto a codeine addict was able to obtain unlimited quantities of codeine from a chemist on the strength of a single prescription, without trouble and without committing an offence. The resulting ease with which codeine addiction was produced, the fact that it was not controllable and its continuance not preventable, and particularly the possibility that an addict might tide over temporary difficulties in procuring drugs coming under the opium law by means of codeine - these were all factors which could not in the long run be treated with inaction. The use of ethylmorphine for the purposes of drug addiction receded as compared with codeine. Cases of pure ethylmorphine addiction are very rare, possibly because of the comparatively slight use of this drug. But as a matter of principle it cannot be treated differently from codeine. Only a few cases of addiction due to paracodine (dihydrocodeine) are known. At the present time there is no reason for restrictive measures applicable to this drug.

In view of the above circumstances, and in spite of the considerations speaking against any such measure, the only alternative was to make the regulations regarding the dispensing of codeine more stringent. But it was possible to confine this measure to such preparations as are suitable for inducing and maintaining addiction. By police order of the Reich Minister of the Interior dated 18 November 1942 and effective 15 December 1942, codeine, ethylmorphine (dionine), their salts, compounds and preparations (but the latter only if not containing any other medically active ingredients) may not be issued except on the strength of a new prescription in every case; in other words tablets, simple solutions and powders of these substances are henceforth subject to the condition of a new prescription in every case. Other preparations of codeine and ethylmorphine, including all mixtures, solutions etc. containing other medically active substances may continue to be dispensed

/repeatedly

repeatedly on the basis of medical prescriptions.

It is quite possible that in future a doctor will be asked to add to a codeine-containing medicine (which under the new regulations may not be issued more than once) an ingredient which will facilitate dispensing after the first occasion. These wishes must be treated with great caution. The doctor must consider whether he is dealing with a legitimate request from a patient for whom he can facilitate the delivery of codeine for a certain time. In this case it is strongly recommended to restrict the period of validity of prescriptions by such remarks as "not to be repeated more than three times". He must, however, bear in mind that he may also be dealing with an addict, and that it is well known that addicts adapt themselves very easily to new regulations. In any such case it is clear that the doctor will have to decline, partly also in order to protect himself against possible claims for damages.

It has already been mentioned that the regulations governing the dispensing of an important drug like codeine were not made more stringent without some hesitation; these are obvious. In the past the intention was to place such obstacles in the way of prescriptions involving the use of morphine, diacetylmorphine, dicodide, and acedicone as would induce doctors, when dealing with doubtful diseases, to prescribe codeine and ethylmorphine. It will be shown that this did not always happen and that an excessive use was and still is being made of dicodide and acedicone. Now, however, the regulations concerning the dispensing of these substitute drugs has become more strict and practically assimilated to those governing narcotic drugs proper. The consequence of this, however, may be that in the doctor's mind there may cease to be that clear distinction which exists between codeine and ethylmorphine on the one hand and dicodide and acedicone on the other with regard to legal considerations for their use and with regard to the danger of addiction. The doctor must realize that the strict regulations governing prescriptions ("medically warranted") apply to the use of dicodide and acedicone, whilst the Opium Law does not interfere with prescriptions of codeine. As regards the danger of addiction, it should be emphasized that in spite of the experiences of the last few years with codeine, such cough medicines as acedicone and dicodide are much more likely to induce addiction than codeine and ethylmorphine. Doctors who remember this in practice, and thus appreciate the novel fact that the use of codeine unfortunately also involves the danger of addiction, are acting in the spirit of the new regulations.

There is no need to emphasize, in view of the above, that the strengthening of the regulations governing dispensing was not influenced

by any desire to economize in codeine. Such an intention did, however, play a part in the drafting of the new order about the middle of last year under which codeine may no longer be used in the preparation of anti-neuralgia tablets.

ACEDICONE AND DICODIDE

As a result of the more stringent regulations and stricter control of the traffic in narcotic drugs, the consumption of such drugs dropped steadily in the fifteen years preceding the beginning of this war. Thus the consumption of morphine and of opium has dropped to a quarter and less than half of the former turnover respectively. This development furnishes grounds for optimistic conclusions regarding the spread of drug addiction and proves, what experts have been saying, that addiction is on the decrease. This reduction was not, however, so pronounced before the war in the case of dicodide and acedicone. In fact an increase in the consumption has occurred since then, so that the turnover of these two drugs combined was as high in 1941 as in 1930 when the drugs came under the opium law and, hence, under control. The dangers of addiction keep pace with this development in the turnover; proof is furnished by the many cases of abuse of dicodide and acedicone reported to the Department of Health. Why should the consumption of these drugs follow such different lines from that of other narcotic drugs? After the stricter regulations governing the prescription of narcotic drugs came into force in 1930 morphine and diacetylmorphine were hardly ever prescribed for coughs. But many doctors at that time substituted dicodide or acedicone in cases where they could quite easily have turned to codeine, ethylmorphine or paracodine. Inspection and subsequent auditing of the narcotics records of many chemists with a large turnover in narcotic drugs have shown that until very recently many doctors were too easily inclined to prescribe dicodide and acedicone for ordinary coughs, nervous coughs, bronchitis etc. What is more, some doctors even considered themselves entitled to prescribe these drugs for tubercular patients. However, in diseases where these drugs are used there is the possibility of long-term administration and hence greater danger of addiction. All this has been emphasized further by the war and its consequences as they affect doctors and patients. It is incontestable that these drugs offer speedier relief in the case of coughs than, for example, codeine. This means that a doctor who prescribes acedicone and dicodide makes things easier for himself during his consultation hours; he may also take credit for the fact that, as he claims, he makes it possible for the patient to return to work sooner. But these considerations are inadmissible. The regulations

governing prescriptions, particularly the requirement which makes it a condition that there must be medical grounds for the application of narcotic drugs has not been set aside by the war. On the contrary, the greater psychological strain of war increases the risks of addiction. Hence there is less reason than ever for bringing patients into contact with narcotic drugs unless there are over-riding medical grounds. These considerations apply to all narcotic drugs and are to be observed in the prescription of dicodide and acedicone. On page 171 of the German Medical Journal 1939 we read:

> "Bronchitis practically never calls for opiates. Even in the case of a very serious cough the prescription of dicodide or acedicone is unwarrantable until after other cough medicines, if necessary codeine, paracodine or ethylmorphine (dionine) have been prescribed without success. There is no case when suitable substitutes cannot be found for morphine and diacetylmorphine as cough medicines. The above particularly applies to the case of tuberculosis."

The regulations governing prescriptions do not distinguish between the various narcotic drugs as regards their likelihood to induce addiction; in fact there are no such distinctions between the opiates. Doctors must realize that in this respect prescriptions of dicodide, for example, are governed by the same considerations as prescriptions of morphine. It would be entirely wrong for a doctor to resort to a particular narcotic drug because the chemist happens for the time being to be out of codeine tablets. In the absence of such tablets doctors can probably always fall back on pharmaceutical solutions of codeine or codeine-containing preparations, or ethylmorphine and paracodine. Equally, there are absolutely no grounds for thinking that we are economizing opiates during the war if instead of codeine we prescribe narcotic drugs which act in smaller quantities. Any such considerations, like the idea of making the use of medicines cheaper by such methods, are alien to the Opium Law and do not protect the doctor concerned against proceedings for violations of the regulations governing prescriptions.

DOLANTINE

After it had been proved that dolantine must be presumed to possess all the properties of a true narcotic drug it was placed under the Opium Law on 1 July 1941. Experience so far has, if anything, emphasized the necessity for these measures. No drug has been known so far to produce so many cases of drug addiction in so short a time as dolantine. The reason for

mentioning dolantine in this connection is that the manufacturers clearly intend dolantine to be used chiefly in the form of drops as a cough medicine. Unfortunately, even after dolantine had been placed under the Opium Law, commercial publicity continued to suggest to doctors that dolantine drops should be used for all sorts of coughs, for children and adults.

After the foregoing explanations it should not be necessary to stress any further that in the application of dolantine drops the same considerations are valid as in the case of all narcotic drugs. Hence the regulations governing the administration of narcotic drugs also fully apply to dolantine. Thus there are no medical reasons for prescribing dolantine for coughs except in very serious cases where in any case acedicone and dicodide may be used.
