

tion, including continuing education for physicians and pharmacists, as well as for alerts on adverse reaction and recalls. The need to quickly reach the large number of people who need to know and still restrict the information from the general public presents a real challenge in planning and developing a system at reasonable cost. A drug recall, for example, should alert 286,000 physicians, 55,000 pharmacists, 22,000 nursing homes, and over 9,000 hospitals, or a minimum of 375,000 locations. Furthermore, we understand that recalls occur on an average of two to 10 times a week. The Food and Drug Administration is considering a plan which would capitalize on the universal, yet discrete nature, of the telephone network. Initially, the national news services also would play a key role in the plan.

The plan would combine two well-tested communications arrangements now in use. From the viewpoint of the doctors and others authorized to receive the drug information, the plan would be similar to the University of Wisconsin tape library. They would dial into a recorded announcement using unpublished telephone numbers which would be released only to authorized professional people. To disseminate the information quickly to the local points where the announcement machines are located, teletypewriter messages would be sent to a point in each State which would in turn send it to the local announcement points. This is very much like the national law enforcement teletypewriter system which links 48 States for fast, secure dissemination of law enforcement messages.

But an important question remains. How do we notify the physicians, pharmacists, and others that there is a drug-alert message for them to receive? An approach being considered is to use the national news services and the local newspapers. When a drug alert was sent out, the newspapers could carry an inobvious signal such as an asterisk or other special mark in a specific place which would be an indication to authorized people.

If and when the system reached the point where urgent or important information was carried daily the need for a notification scheme might be obviated. For instance, it might be used for the introduction of new drugs supplementing the present detailing system or for the continuing medical education of doctors in connection with beneficial or detrimental effects of certain drugs.

The plan could be put into effect on a trial basis in selected regions without need for any capital investment and a relatively small monthly charge in each announcement location. After the plan was working for a reasonable period of time, the effectiveness of this form of communications could be determined. Further studies could then be made to decide on the value of developing a more sophisticated communications system, if needed.

Senator NELSON. Does yours relate only to the question of notification of physicians about a drug that has been recalled? Or, does your proposal also relate to the question of drug information centers in the way Dr. Meyer discussed them?

Mr. CALLAHAN. Our proposal at this time is not that specific, Mr. Chairman. The Food and Drug Administration, I believe, is concerned primarily with the dissemination of emergency information. The system, as I described it, doesn't really even require new equipment to be installed in each State.