

Market Analysis

Direct-to-consumer (DTC) Marketing

Patient views: DTC advertising

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WHY DTC ADVERTISING?

The US pharmaceutical market has witnessed a period of almost unprecedented growth over the last decade. Direct-to-consumer advertising of prescription drugs (DTCA) has undoubtedly been a major factor behind the double-digit, year-on-year increases in prescription drug sales. In 1989, pharmaceutical companies promoting their prescription products in the America media spent US\$12 million. By 2000, the figure had reached more than US\$2 billion. DTCA exploded after a 1997 decision by the US Food and Drug Administration (FDA) to permit drug companies to mention the brand name of their products in public advertisements, provided that the ads explained the benefits and risks of treatment in a balanced fashion.

In New Zealand, the passage of the Medicines Act made the advertising of prescription pharmaceuticals legal as early as 1981. The Act did not *explicitly permit* medicines to be publicly advertised, it merely *failed to prohibit* the public advertising of medicines.

Canada is the only other country which allows a limited form of advertising. It sanctions the promotion of 'the name, the price and the quantity' of a prescription

medicine. Canada is also bombarded with DTCA of US origin flowing across the border.

CAMPAIGNERS COMPLAIN

From the pharmaceutical industry's perspective, DTCA has been a superbly successful tool for boosting sales. Patients and the public however, have been developing a growing resistance to, and distaste for, this form of 'high-pressure' method of selling prescription drugs. Although the health advocacy community (with which PatientView is familiar) holds deeply divided opinions about the virtue of the mass advertising of prescription medicines, nobody, not even the campaigners who approve of DTCA, want things to stay as they are.

Even the National Consumers' League (NCL), a US advocacy group with a mission to advance the economic and social interests of consumers and workers (and which generally supports the notion of advertising), holds reservations about DTCA. On 22nd September, 2003, Linda Goldner, president of the NCL, made a presentation to the FDA. Ms Goldner warned the agency that consumers often failed to gain health information of any importance from pharma advertisements. She said: 'Pharmaceutical companies

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should improve their ads, so that there is better comprehension and retention of important information'. As part of its activities, the NCL supplies the public with general healthcare information on stress, menopause and over-the-counter medicines. In January 2003, the NCL published the findings of a national survey that they had commissioned to find out what the American public thought about the advertising of prescription medicines. The answer from the survey was that the majority of the public believed that advertisements were useful and should continue to appear.

RESISTANCE TO DTCA FROM PATIENTS AND THE PUBLIC

So why the increasing public and patient dissatisfaction? Criticisms that pharma makes unseemly levels of profits and regularly hikes drug prices — 'facts' that the industry itself hotly disputes — are well-publicised. Dissenters have also voiced a number of profound concerns about the content of prescription drugs ads, including:

- **DTCA can be dangerous.** Women and Health Protection (WHP), an alliance of Canadian organisations and individuals that share misgivings about the safety of certain medication, insist that pharma advertising to the general public focuses on promoting new, rather than the best, medicines. The group points out that new medicines have an unproven track record and an uncertain safety profile. In April 2004, WHP launched a poster campaign entitled 'Newer is not necessarily better, and sometimes it is worse', to spread their message that most advertising-spend goes on newly developed medicines.
- **The quality of DTCA is low (and can misinform).** The Center for Medical Consumers (CMC), a New-York based consumer advocacy organisation which actively promotes the right of consumers and patients to access information about

medicines and medical devices, expressed serious doubts about the accuracy and quality of US-style DTCA, in its presentation to the FDA on 31st July, 2003. In May 2004, in a follow-up letter to the agency, the CMC also cast doubts on the FDA's competency at reining in advertisements that overstep regulatory guidelines. The group wants the drug manufacturers responsible to issue corrective advertisements. The CMC applauded recent 'corrective' advertisements for Pravachol, a cholesterol-lowering drug made by Bristol-Myers Squibb (BMS). These ads clarified previous promotional claims by BMS that the drug could prevent stroke. The corrective ads, which first appeared in the *New York Times* in late February 2004, stated that the drug had not been proven to prevent stroke in people without clinically evident coronary heart disease.

- **DTCA places emphasis on cure and ignores prevention.** Among the most ardent critics of DTCA is Prevention First, a coalition of independent campaigning organisations from Canada and the USA. The group's mission is to promote a view of public health that stresses primary cancer prevention in preference to risk reduction through pharmaceutical interventions. Perhaps the most offensive advertisements for groups like Prevention First were the mass advertising of hormone replacement therapies and breast cancer therapies to healthy people.

THE FUTURE OF DTCA?

Patient and public unease over DTCA has generated much soul searching at the FDA, and within the New Zealand and Canadian governments. The FDA, working in consultation with health advocates, in February 2004 proposed new guidelines for DTCA. Prescription drug advertisements on television and radio and in the print media look set to be subject to some degree of sanitisation. Policing will be scaled-up. On 1st April, 2004, the Canadian government published a report entitled *Opening the Medicine Cabinet: First*

Report on Health Aspects of Prescription Drugs, which recommended closing the legislative loopholes that permit certain forms of DTCA. In New Zealand, Annette King, the Health Minister, is said to be calling for the abolition of DTCA. It is believed Ms King favours that New Zealand adopts the Australian approach: a

form of generic advertising which only permits mass promotional campaigns when they raise disease awareness.

In response to the 2004 developments in the DTCA debate, health campaigners have stepped up their lobbying pressure. Some want an outright ban, some merely want change — but all are active.

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