

## Direct-to-consumer marketing boom

# Drug ads may be harmful to your health

By FRANCINE BREWER & PETER HOGNESS

If you watch television, you've certainly seen them. Very attractive people (who don't look sick) are shown in bucolic settings, living pain-free, symptom-free, disease-free lives. These ads suggest that if you ask your doctor for a certain drug, you will also live a wonderful life. Direct-to-consumer drug ads are beautiful, filmed in bright, cheerful colors. They are designed by the best advertising agencies, and they produce results.

Major pharmaceutical companies (Merck, Pfizer and others) spend \$4 billion a year on direct-to-consumer advertising. They're not doing it for their health – or for yours. The purpose of all that spending is to stimulate sales of the drugs that yield the highest profits.

### BAD RESULTS

The results can be bad for individual patients, and for the entire health care system. New Zealand is planning to ban direct-to-consumer drug ads – which will leave the US as the only industrialized country where they are allowed.

Direct-to-consumer advertising began in earnest in 1997, when the Food and Drug Administration (FDA) changed its rules. "No longer would the FDA require... voluminous information about the drug's side effects in television and radio ads," explains the pharmaceutical industry group PhRMA. Since then spending on direct-to-consumer ads has boomed, growing more than five-fold since 1996.

Many people believe that drug advertising is well regulated. They are mistaken. One study found that half

of respondents thought that the FDA must approve drug ads before they are shown. This is not the case, and FDA efforts to monitor the flood

### YOUR HEALTH

of television ads have been understaffed and underfunded.

The number of FDA enforcement actions has steadily declined in recent years. In 2002 – 2004, the FDA sent out 70% fewer warning and violation notices than in the previous three years.

"In the rare cases where the FDA took action... there were long delays," a report by House Democrats concluded earlier this year. In 2003, the average delay between the appearance of a false or misleading ad and the FDA's first action was 177 days – almost six months.

Even ads that do not draw an FDA complaint can be harmful to patients' health. One example is the arthritis pain medication Vioxx: in 2000, its maker Merck spent \$160 million on consumer ads for Vioxx, more than was spent on advertising for Budweiser or for Pepsi. The results were impressive: retail sales of Vioxx grew four-fold in just one year, reaching \$1.5 billion in 2000.

### PUSHING VIOXX

But Merck was forced to withdraw Vioxx from the market in September 2004 due to studies showing a substantial increase in risk of cardiovascular problems (heart attacks and strokes) if patients took the drug for 18 months or more. There had been evidence for the heart at-

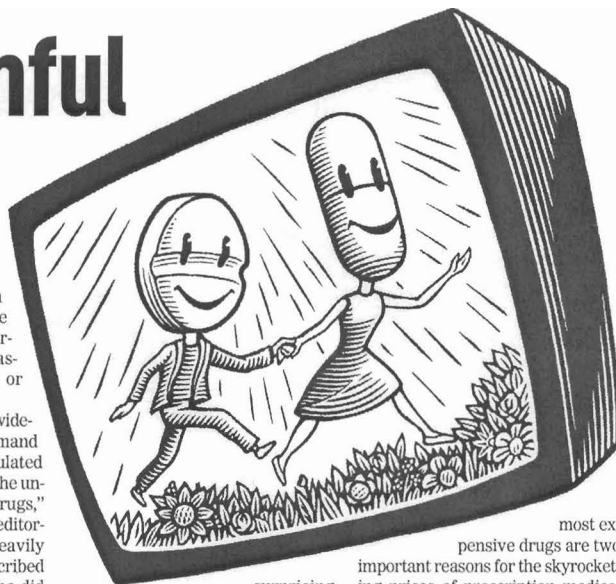
tack link as early as 2000, and for many patients Vioxx – an expensive drug – offered little or no more benefit than over-the-counter medicines like aspirin, ibuprofen (Advil) or naproxen (Aleve).

Would Vioxx have been so widely prescribed and taken if demand had not been artificially stimulated by direct-to-consumer ads? "The underlying problem with these drugs," concluded a *New York Times* editorial, "is that they have been heavily promoted and thus prescribed promiscuously to patients who did not need to take them."

But doctors are in a difficult position when a patient wants to take a drug (perhaps influenced by those beautiful ads). "Many of these patients are already convinced that the products advertised are the answer to their problems – and they mistrust [their doctor] if [the doctor] says otherwise," noted an article in the journal of the American College of Physicians (ACP).

When prescription drugs are marketed like other consumer products, patients start to think of buying a drug as just another consumer choice. "Patients almost feel that the physician's office is the drive-through window at McDonald's, where they put their order in and you fill it," a Kentucky physician told the ACP.

If the doctor refuses to prescribe a drug, the patient may go to another physician to obtain it. In a study published in the *Journal of Family Practice*, one-quarter of those interviewed said they would do so – and 15% would consider changing to a new doctor for good. It is thus not



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most expensive drugs are two important reasons for the skyrocketing prices of prescription medications. The charts on page 6 of this issue of *Clarion* show how this has hurt the PSC/CUNY Welfare Fund.

Where, then, can you get reliable information about different drugs? How can you educate yourself about the appropriateness of a particular medication for your use? With the support from the AFL-CIO and other pro-consumer groups, *Consumer Reports* has launched a website designed to do just that, [www.erbest-buydrugs.org](http://www.erbest-buydrugs.org). Other good sources of unbiased information include the book *Worst Pills, Best Pills* and the related website, [www.worstpills.org](http://www.worstpills.org), both from Public Citizen. (For information and a laugh, see [www.prescriptionforchange.org](http://www.prescriptionforchange.org).)

### MISLEADING

The pharmaceutical industry group PhRMA argues that direct-to-consumer drug advertising is educational – that it "enhances consumer knowledge about diseases and treatments." Dr. Marcia Angell, former editor of the *New England Journal of Medicine*, disagrees. These ads "mainly benefit the bottom line of the drug industry, not the public," she wrote in *The New Republic*. "They mislead consumers more than they inform them, and they pressure physicians to prescribe new, expensive and often marginally helpful drugs, although a more conservative option might be better for the patient. That is probably why direct-to-consumer ads are not permitted in other advanced countries less in the thrall of the pharmaceutical industry."

The billions of dollars spent on advertising and the over-selling of the

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