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Direct to consumer advertising; the right tool in the wrong hands?

In August 2000 there was a prominent coloured and attractive advertisement in the national Sunday newspapers in Sinhala and English languages on the adverse effects of obesity on health (1). It was sponsored by the Sri Lanka Medical Association (SLMA) committee on non-communicable diseases whose name appeared in one corner, and those who looked at it carefully, saw the symbol of a multinational drug company and a phone number in the other corner. The company had paid for the advertisement. This was the first instance of a "direct to consumer" (DTC) advertisement in Sri Lanka. Such advertisements have recently appeared and increased in the USA; in Europe there is intense debate about whether they should be allowed.

The Cosmetics Drugs and Devices Act (CDDA) of Sri Lanka (2) permits Schedule I over the counter (OTC) drugs (eg paracetamol and aspirin in their original wrapping, the commonest examples being *Panadol* and *Disprin*) to be advertised directly to the public. The relentless assault on the television viewer might be considered excessive, and there are also accusations of breaching the regulations by not displaying the generic names (3). However, the regulations permit OTC drugs to be advertised to the public.

Prescription only medicine (POM) on the other hand, are not permitted to be advertised to the public; they can only be advertised to the health care professions and to students of the professions. They are considered goods that require a specialised knowledge for their proper use, and that misuse can have dangerous consequences to the individual and society.

What is direct to consumer advertising?

DTC advertising began in the USA and is now raising its head in Europe. It is also accessible world-wide through the Internet (4). No clear definition of DTC advertising is available. What is permitted depends on the laws of the country, but generally, a DTC advertisement is for the general public, paid for by a pharmaceutical company, usually in a newspaper, television or a magazine. The advertisement mentions a particular condition or disease, states that a cure is available for it, and to ask the doctor at the next visit. It also gives an address or phone number to contact for further details, invariably of the pharmaceutical company. It may or may not mention the name of the drug, and if it does, it is invariably the brand name.

What rationale has been offered for allowing POM drugs to be advertised to the public? According to an official of the US FDA it would empower the people, help them to take charge of their health care and to make them better patients and consumers (5). These would be enormously helpful in solving the problem of

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unequal power relationship that exists between the doctor and patient where the doctor decides, the patient abides. Appropriate unbiased information would allow the patient to discuss the illness and treatment, and the doctor would have to explain and justify decisions. Would information provided by the pharmaceutical companies be that right tool to achieve better results for the patient? Since DTC is new, past experience is not useful in assessing potential benefits and harm of DTC. But we can have some idea what may happen from the extensive experience available of advertising of POMs by pharmaceutical companies to doctors.

Advertising by its nature attempts to influence the people it is aimed at. In drug advertising, to prevent unwarranted claims, a fair balance is required; that is, the claims must have scientific studies to substantiate them, and adverse effects and contraindications must be mentioned. This fair balance is breached endlessly even in the USA which has some of the most strictly enforced pharmaceutical regulations in the world. The monthly summary in the FDA website (6) has letters from the Division of Drug Advertising, Monitoring and Communication to virtually all the major pharmaceutical companies warning them on breaches of advertising regulations. There are web sites dedicated to pointing out misleading promotions. The drug company Novartis has already been warned by the authorities in a DTC campaign on fungal nail infections in the UK (7). The US FDA warned five major multinational companies on their DTC advertisements recently (8).

What about advertising in the developing world? An international study that included Sri Lanka, analysed 6910 drug advertisements and found the information to be very unbalanced, and advertisements from the developing world to have misleading information in addition (9). Requests for drug information in Pakistan that were subsequent to drug advertisements received a very poor response; the companies did not have correct information for the drugs they were advertising (10).

A reader of the Sunday newspapers in Sri Lanka will notice the elixirs, potions and other cures being advertised for various conditions such as impotence and falling hair. These are for products not regulated by the CDDA, but are perhaps a good indication of what may follow if DTC advertising is allowed in Sri Lanka.

Aiming for obesity (a health problem) but ending up selling a drug

In the DTC advertisement referred to that appeared in Sri Lanka, the SLMA wanted to highlight the health risks of obesity, and a company (Roche) sponsored the advertisement. The SLMA hoped that it would be a good message for the public. But those who dialled the number given in the advertisement were given information about the anti-obesity drug orlistat (including its brand name), and told to ask their doctors about it. They were also sent material that contained information about the drug, but very little on diet and other measures to reduce weight. Doctors dialling that number were sent the prescribing information, but again, no information about dietary or other measures to reduce weight. The SLMA's commendable intention of educating the public ended up with a proverbial camel creeping into its tent.

Given these recurrent breaches of pharmaceutical advertising could we expect DTC advertising in Sri Lanka to be different? Would there be a fair balance? DTC advertising is driven by commercial forces. The eagerness of Roche to sponsor an anti-obesity newspaper advertisement might be related to the fact that it is the only drug approved yet for the treatment of obesity, and hence the message would not be diluted among many drugs. This drug may have a unique beneficial effect on obesity in Sri Lanka. A month's supply of it would not leave the average Sri Lankan enough money for food, and this should solve the problem of obesity even before the drug is taken.

Even the right tool should be used "rightly"

Providing appropriate information to the public or patient would be a right tool for them to get better care from their doctors. But information in a DTC advertisement would be the right tool in the wrong hands of pharmaceutical companies to maximise profits at the expense of health. DTC advertising for Sri Lanka is an idea whose time has yet to come. The Drugs Authority should require not only OTC but all advertising of drugs by pharmaceutical companies to the general public to be submitted to its advertising sub-committee. For advertisements that mention or allude to POM drugs, only those that place the drug in the correct perspective should be allowed.

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