

# Drugs aren't commodities to be hustled like cars and cookies

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One of the most important and overlooked recommendations of the U.S. advisory committee that held public hearings on the safety of Vioxx and other cox-2 inhibitors is a call to ban all advertising of the popular painkillers.

It is clear to the panel members that advertising played a central role in this debacle.

Vioxx and Celebrex were among the most heavily advertised drugs in history. Their main claim to fame, touted in slick ads, was that they were safer than cheaper painkillers such as ibuprofen when, in reality, they increased the risk of heart attack and stroke. Advertising, in no small measure, led to the gross overprescription of these drugs to people with arthritis and other painful conditions.

And it is telling that, when questions began to be raised about the safety of Vioxx, its maker, Merck & Co., responded by bolstering the ad campaign for the drug, not by commissioning research to investigate scientists' concerns.

Vioxx was more heavily advertised than Pepsi and Budweiser, and that is a perversion.

The advisory panel served up an important reminder that advertising prescription drugs is a privilege, a lucrative privilege that, in the name of safety, can be denied.

Currently, only two countries allow direct-to-consumer advertising of prescription drugs, the United States and New Zealand.

The Canadian Food and Drugs Act explicitly prohibits such advertising. A few years ago, however, Health Canada "reinterpreted" the act and related regulations and concluded, in the words of then-health minister Allan Rock, that "two types of prescription-drug ads may be disseminated to the consumers under the existing regulatory provisions: 1) reminder ads -- where the name of a prescription drug is mentioned, but no reference to a disease state appears in the ad; or 2) help-seeking ads -- where a disease state is discussed, but no reference is made to a specific prescription-drug product."

That is why ads featuring a man dancing out of the house, sashaying down the street and leaping over the newspaper box, followed by the single word, Viagra, have become ubiquitous. It is why, in the pages of newspapers, including The Globe and Mail, you have been bombarded with ads urging you to ask your doctor about "Julie's story" -- Julie being a slim, attractive woman who apparently thinks she's overweight.

This mystery ad is promoting the weight-loss drug Xenical. But the reason it works is because there are no restrictions on advertising to doctors and, in recent months, doctors, too, have been assailed with Julie ads, along with information about Xenical.

Critics of Canada's law argue that it is hopelessly outdated, that consumers would be well-served by advertising because it encourages dialogue between patients and physicians and provides accessible health information.

Opponents of direct-to-consumer advertising, however, argue that there is no evidence that advertising prescription drugs has ever resulted in better health care or more responsible decision-making by consumers.

There is plenty of evidence that there is a direct and disturbing correlation between promotion and prescription -- and unnecessary prescription in particular.

Research conducted by Barbara Mintzes of the University of British Columbia showed that patients who specifically ask for a drug are nine times more likely to leave the doctor's office with a prescription.

Advertising can be a powerful influence. The makers of Claritin, an allergy pill, found that for every \$1 spent, their sales increased by \$3.50.

Widespread direct-to-consumer advertising would increase the cost to individuals, to employee insurance plans and to government drug plans. It would also, without much doubt, increase adverse events related to drugs.

According to the Canadian Medical Association Journal, prescription drug sales would increase \$1.2-billion in Canada if U.S.-style advertising were allowed. (And we already spend \$16-billion a year on prescriptions.)

The only beneficiaries of advertising would be pharmaceutical companies and the media. The CMAJ (which can already run drug ads because its primary readership is physicians and not the general public) estimates that mainstream media would rake in \$360-million in revenues annually from prescription drug ads.

The public -- and the public-health system - would not benefit from prescription drug advertising in the mainstream media. On the contrary, the evidence suggests it would be bad for their health.

That is why Health Canada should drop the notion of relaxing restrictions and turn its attention to enforcing the laws that currently exist, even extending them to non-prescription drugs and supplements (where all manner of quackery is currently tolerated), and to advertising to physicians (an area rife with conflicts of interest.)

One of the key responsibilities of the regulator, Health Canada, is to ensure that the drugs on the Canadian market are safe. That must include ensuring that the prescription-drug information conveyed to consumers is accurate and balanced.

The Vioxx saga has, among other things, reminded us that drugs are not just another commodity to be flogged like cars and cookies. Vioxx contributed to the death of as many as 61,000 Americans (and another 4,000 to 7,000 Canadians) during the five years it was on the market -- and those numbers were made worse by massive marketing campaigns.

Consumers want good, no-nonsense information about drugs. Right now, there is a terrible informational void, but the last thing we need is to have that void filled by an orgy of drug advertising.