

NETWORKS

MaLAM: networking for scientific integrity in drug promotion

➤ PETER MANSFIELD, JOEL LEXCHIN*

In late 1981 a young Australian medical student, Peter Mansfield, went to Bangladesh to do a student elective. In such a context of severe poverty scientific medical care can achieve great good. In villages where everyone has known young children who have died, parents will make great sacrifices to buy medicines. Consequently he was horrified when he saw scientific medicine under attack from inappropriate pharmaceutical marketing. Misleading promotion is an emotional issue. However it deserves the same calm rational examination as any other medical issue. The challenge was to conceive and then implement "therapy". Out of that challenge grew the Medical Lobby for Appropriate Marketing – MaLAM.

A number of social processes enable pharmaceutical companies to develop and promote more positive beliefs about their drugs than can be supported by critical appraisal of the evidence. Companies also tend to be more concerned about their images in major markets than their relatively small profits from poor countries. All organizations need feedback to enable them to improve their performance. Pharmaceutical companies need more honest feedback from health professionals. Consequently, MaLAM was designed to provide an open, participatory forum for dialogue between health professionals and pharmaceutical companies.

Arising from this dialogue publication of international MaLAM "editions", usually focusing on promotion in developing countries, began in November 1983. Consequently, MaLAM has found that the Amnesty International concept of coordinated letters is very cost-effective. Monthly editions usually include a newsletter, *MaLAM International News*, and a letter to a pharmaceutical company about one or more of its promotional claims. Each letter includes a summary of the relevant scientific literature and invites the company to justify or improve its claims. Subscribers also receive a support letter that they can sign and post to the company to request a copy of its reply.

Successes...

Over the 14 years since it started MaLAM has grown from 53 subscribers, mostly in Australia, to over 6,000 in more than 30 countries. Editions have been available in French since 1986, courtesy of the Paris-based PIMED (Pour une information médicale éthique et le développement). The first major success was a letter in 1986 requesting evidence to support the promotion of a mixture of arsenic, strychnine, vitamins and alcohol

for stress in Pakistan. The manufacturer announced a withdrawal immediately. By 1991 pharmaceutical companies had promised to withdraw 11 drugs after receiving MaLAM letters. The most important of these was a chloramphenicol/streptomycin combination that had been the top selling over-the-counter product for diarrhoea in the Philippines. It is often difficult to assess how large a role MaLAM played in "causing" improvements. However, the temporal relationships are usually clear.

Besides changing companies' behaviour, MaLAM has also been successful at giving individual, isolated doctors and pharmacists a sense that they are not powerless; that even the small action of signing a letter can have significant consequences. People feel that they are contributing to worthwhile changes and this, in no small measure, has accounted for the growth of the MaLAM network.

As well as linking scattered individuals MaLAM has also been part of a growing international network of organizations that work in different ways to achieve the same goals. The recent

example of the promotion of a drug for postpartum lactation suppression provides an excellent example of this cooperation. MaLAM received a copy of an advertisement from Pakistan encouraging women to use the drug to stop breast-feeding. This advertisement triggered a MaLAM letter to the company responsible for the promotion. At the same time, Public Citizen's Health Research Group was vigorously lobbying the United States FDA to get this use removed from the product's official list of indications; a British health activist was filing a protest about other advertisements with the International Federation of Pharmaceutical Manufacturers Associations; and the HAI network was also active in the international arena on this issue. The end result of this multinational and multi-method effort was that the company has ceased promoting the drug for this indication worldwide.

The anti-breastfeeding drug promotion issue is also an example of how MaLAM has been able to dialogue with some drug companies. While the campaign against the Pakistani promotion was underway, contact between Peter Mansfield and the Managing Director of the Australian subsidiary of the company responsible eventually led to a meeting between three MaLAM Board members and senior executives. This took place at the company's international headquarters in October 1996. The two-day meeting saw a wide ranging discussion about all aspects of the company's policies on drug promotion. The company demonstrated an impressive new capacity to listen to 'outsiders' concerns.

But not without problems...

While MaLAM has certainly had its share of successes, it also illustrates the problems inherent in small organizations operating in an international context. With a Board that includes members from Australia, Canada, France and Pakistan, just coordinating teleconference Board meetings is a major task. But the problems go deeper than that.

For the first 10 years Peter Mansfield basically ran the organization out of his living-room. But as it expanded the living-room was no longer adequate and there was more work than one person could possibly do. Although there was Australian funding between 1992 and 1996 and more people available to work for MaLAM, a change in government meant the end of that money. MaLAM has been forced to cut back its operations, so that for the past year MaLAM editions have been appearing sporadically.

The search for new sources of funding has also been taking up valuable time that otherwise would be going into producing MaLAM editions. From the beginning the success of MaLAM has depended on its subscribers. However, as they are scattered around the globe it has been very difficult to keep in contact and to get timely feedback from them. MaLAM editions are distributed by local individuals and organizations. This eases the burden for the people in Australia but means that there has to be effective communication with these local distributors – a task that is sometimes difficult to achieve. Without some accurate knowledge about how well MaLAM editions are being distributed it is hard to plan for the network's rational growth.

Encouraging trends...

There is a trend towards a more sophisticated market which will reward quality by favouring drugs that come with reliable information so as to produce the best health outcomes. Rising consumer and government concern about paying for sub-optimal care is creating pressure for better prescribing. Quality use of medicines activities, the evidence-based medicine movement, improving medical education and the ancient but ever-relevant ideal of doing the best for the patient are all part of this trend. MaLAM gains strength from this trend but also tries to accelerate it. MaLAM has been successful, but in order to become more effective it will have to become a more effective network. □

* Peter Mansfield is Director and Joel Lexchin is President of MaLAM. For further information on MaLAM's activities contact: Dr Peter Mansfield, MaLAM, PO Box 172 Daw Pk SA 5041 Australia. Tel/fax: + 61 8 8374 2245, e-mail: peter.mansfield@flinders.edu.au



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