

DRUG PROMOTION

Women and drug promotion: "the essence of womanhood is now in tablet form"¹

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A WOMAN boards a bus in Vancouver, Canada. A large billboard at the bus shelter shows a woman laughing and playing with her daughter: "Lose a little weight and you'll feel better," says the advertisement, "Ask your doctor about weight-loss options that are available now." Inside the bus, another advertisement shows an attractive young woman with the caption: "A lesson in first impressions... Always leave something to the imagination. Be mysterious." At the bottom of the advertisement is the name of a birth control pill, with the pill's blister pack.

Each message has strong social content. The obesity drug publicity advises women to conform to a cultural standard of slim beauty. The birth control advertisement tells young women that in new relationships by taking the pill they can "be mysterious," and avoid talking to their partner about birth control.

From a public health perspective, these messages leave much to be desired. Obesity can cause serious health problems, but so do eating disorders and anti-obesity drugs. Young women should protect themselves against pregnancy, but protection against sexually transmitted diseases and HIV/AIDS is equally if not more important. Ironically, city buses carried the advertisement across a district with the highest rate of new HIV infections in Canada.

In Canada, as in most other countries, advertising of prescription drugs to the public is illegal. However, legislation is often inadequately enforced, and many governments are under pressure from the pharmaceutical and advertising industries to change the law.

Does direct-to-consumer prescription drug advertising affect women differently from men? What about the effects of other forms of drug promotion, such as that targeting physicians and other health professionals?

Why do national laws prohibit prescription drug advertising to the public?

The aim of drug promotion is to sell a product. Used judiciously, medicines can cure diseases, prevent complications, and provide much needed relief of pain, discomfort and other symptoms. However, even when used appropriately, medicines can cause harm as well as benefit. Any decision to prescribe or use a medicine is a balancing act, weighing the probability of benefit, given a person's circumstances and health condition, against the possibility of harm.

A rational weighing of probabilities, however, is far from the experience of someone who is seriously ill or a mother caring for a child in distress. Illness, pain and fear of death or disability create a vulnerability that is very different from a decision to buy a loaf of bread or a new pair of shoes.

The toxicity of medicines and people's vulnerability when they are ill distinguish pharmaceutical promotion

from the advertising of other consumer products.

Many types of drug promotion

Drug promotion is defined as: "all informational and persuasive activities by manufacturers and distributors, the effect of which is to induce the prescription, supply, purchase and/or use of medicinal drugs²."

Direct-to-consumer advertising (DTCA) of prescription drugs has grown rapidly in the 1990's in the USA and New Zealand, where it is allowed. US spending reached nearly \$2.5 billion last year, up from less than \$100 million per year in the early 1990's. Spending is highly concentrated among new, expensive drugs for long-term use by broad target audiences, generally healthier people.

Many of the drugs most heavily advertised to the US public are used mainly by women, such as drugs for menopause, obesity, migraine, arthritis, depression and bladder control. A systematic review of 10 years of magazine advertising found that when there was sex-specific targeting, women were 2.6 times as likely to be targeted as men³.

Most promotional spending everywhere, including in the USA, is on sales representatives ('drug detailers'), who make one-to-one visits to doctors. Companies also sponsor educational and scientific meetings, journal supplements, post-marketing research studies and media events, and advertise their products in medical journals and through direct mail.

There are other more subtle forms of drug promotion: a recent study in the *Journal of the American Medical Association* found that 90% of authors of clinical guidelines receive funding from or acted as consultants to drug companies⁴ (see p. 4).

Over-the-counter drugs are advertised directly to the public in a variety of media, including print, billboards, radio and television. In addition to DTCA, described above, companies use a variety of methods to advertise medicines to the public, including press campaigns

and patient group sponsorship.

Ashley Wazana carried out a systematic review of 29 empirical studies on the influence of interactions with the pharmaceutical industry on physicians⁵. Effects on physicians' knowledge and practice were mostly negative, including: inability to identify inaccurate claims; formulary requests for medications without treatment advantages; irrational prescribing; increased prescribing rates; less generic prescribing; and prescribing of more expensive new medicines without treatment advantages (see p. 22).

A tension exists between judicious use of medicines only if and when they are needed, and manufacturers' need to continually garner and expand market share. There are only so many ill people at any given time.

The medicalisation of menopause

If a healthy life stage experienced by half the population can be redefined as a medical event, the result is an enormous market opportunity.

Menopause marks the end of menstruation and in many ways mirrors the menarche, or beginning of menstruation. However, whereas menarche is seen as a young woman's passage into adulthood, with mood swings accepted as normal,

greatly between cultures. In population-based surveys in Thailand, 23% of menopausal women experienced hot flushes⁸. In the UK, the proportion was 57%⁹. Mayan women in rural Mexico experienced no hot flushes despite hormone levels similar to US menopausal women¹⁰. Menopause may be seen as a positive event marking freedom from childbearing or purdah, as in Northern India, or as a sign of loss of social status, as in the west.

Hormone therapies provide symptomatic relief from hot flushes, night sweats and vaginal dryness. They are not effective against ageing. However, a best-selling estrogen was promoted to physicians as "a gift of time³." Advertisements often portray menopause negatively. In Bolivia one called menopause "a visible problem¹¹"; another in Peru called it a "daily impediment to the quality of life¹¹". and a US advertisement suggested that women, "...Forget menopause." It is hard to miss the suggestion that being female and of a certain age is a visible problem that needs forgetting.

Post-menopausal women and disease prevention

Short-term symptomatic treatment of large populations is lucrative. However,



menopause has become a medical event requiring treatment. Hormonal drugs are frequently prescribed both for symptoms of menopause and disease prevention. Drug promotion has played a large role globally in redefining menopause as a medical event in need of drug treatment⁶.

Medical texts describe a set of symptoms associated with the hormonal changes of menopause: hot flushes, night sweats and vaginal dryness⁷. However, not all women experience any or all of these symptoms and frequency varies

the profitability pales in comparison to lifelong drug treatment. The discovery that hormone use could delay bone density loss created a new avenue for widespread promotion in both lay and medical media during the 1980's and 1990's. Kazanjian and colleagues point out that this type of marketing works because it perpetuates two trends in popular western culture: the medical model of the ageing female body; and fear of ageing, with associated disability, dependency and immobility¹².