

DRUG PROMOTION

New WHO/NGO database on drug promotion launched

At the 1997 Roundtable on the WHO *Ethical Criteria for Medicinal Drug Promotion*, there was firm agreement that inappropriate promotion of medicinal drugs remains a problem both in developing and developed countries. The Report by WHO's Director-General to the 49th World Health Assembly states that "There continues to be an imbalance between commercially produced drug information and independent, comparative, scientifically validated and up-to-date information on drugs for prescribers, dispensers and consumers." This was the situation facing the 1999 WHO/NGO Roundtable. It was then decided to develop a comprehensive database on drug promotion, based on information from NGOs around the world, and to place the database on a web site. As Joel Lexchin describes below, the site is about to be launched and will provide valuable input to the growing debate on the effects drug promotion has on health and health costs. As can be seen from the articles and references in this issue of the *Monitor*, evidence is building that promotion can lead to increased spending, with the use of newer, more expensive and not necessarily more effective medicines. But more studies are needed, and they will be added to the database. It is on the basis of this research that governments, health professionals, industry and consumers should decide on the need to control promotion.

Drug companies spend enormous sums of money promoting their products around the world to doctors. In 2000 over US\$13.2 billion was spent in the USA¹, the 1998 figure for Italy was US\$1.1 billion², and in the developing world 20–30% of the sales dollar goes into promotion³. There are currently over 80,000 sales representatives in the USA⁴, where the industry sponsored some 314,000 physician events in 2000⁵.

Direct-to-consumer advertising (DTCA) of prescription drugs is allowed in the USA and New Zealand and may soon enter Canada and the European Union. Growth in spending on DTCA in the USA has been dramatic, with nearly US\$2.4 billion being spent in 2000¹.

The companies would not be spending billions of dollars if there was no return and, according to the best evidence, promotion does increase sales. For every dollar spent on magazine and television advertising there is a return of US\$2.51 and US\$1.69, respectively⁶. Increases in the sales of the 50 drugs most heavily advertised to consumers in 2000 were responsible for almost half (47.8%) of the US\$20.8 billion increase in retail spending on prescription drugs from 1999 to 2000⁷.

Promotion influences prescribing and health care much more than most health professionals realise^{8,9,10,11,12,13}. And many advertisements are incomplete or even misleading^{14,15}. Even when the promoted new medicines would be equally effective and safe but more expensive than existing treatments, the opportunity costs would have a negative influence on health care in general. In many developed countries, drug expenditure rises by 15–20% per year; such increase in expenditure is simply not sustainable.

An increase in sales may or may not be a good thing, depending on how appropriately the drugs are being prescribed and how well they are being used. Detailers in developed countries consistently fail to spontaneously talk about safety information regarding the drugs that they are promoting^{16,17}. The incomplete nature of the

information that representatives provide probably accounts for the fact that studies in Belgium¹⁸, the United Kingdom¹⁹ and the USA^{20,21} have all shown a correlation between the use of information from sales representatives and inappropriate prescribing.

In developing countries the situation is even worse, as both doctors and consumers there have far less access to objective sources of information. A 1988 survey of Pakistani doctors with a substantial paediatric practice found that 41% were prescribing a drug with well-recognised dangers to children with diarrhoea, despite the well-recognised dangers of this drug²². Fourteen percent of the doctors prescribed an anabolic steroid, as an appetite stimulant. Ninety-five percent of these doctors cited detailers and promotional materials as their main sources of prescribing information, versus 6% who used discussions with pharmacists and 2% who cited discussions with colleagues²². The heavy advertising of medication can also create a dependence on a "particular form of therapy – modern, brand-name and often prescription medication – and the agents and institutions that make them available in the community... In Asuncion, El Salvador, this dependence has altered local health care traditions and the means of coping with illness that were previously common in the community, drained away resources without providing any long-term improvement in living conditions, and actually caused illness²³."

Now the much-needed database is ready to be launched, with WHO providing the funding to get the project off the ground, pending broader donor support. It was decided to first systematically collect information on studies and reports relating to drug promotion. A principal investigator was retained, and with the help of an advisory board of individuals from Australia, Canada and the UK, work was started on the database in mid 1999. Now the database is set to go live on the web at <http://www.drugpromo.info>. It is hosted and administered by the WHO Collaborating

Centre for Drug Information, at the Science University of Malaysia.

This ambitious proposal had seven objectives:

- document the volume of inappropriate drug promotion in developing and developed countries;
- document the impact of inappropriate promotion on health;
- identify topics that are not covered by present studies;
- formulate recommendations for needed research;
- provide information about tools that can be used to teach health professionals about drug promotion;
- provide tools to monitor drug promotion;
- promote networking of groups and individuals concerned about promotion by providing links through the web site.

Promotion was broadly defined using the WHO definition: "all informational and persuasive activities by manufacturers, the effect of which is to induce the prescription, supply, purchase and/or use of medicinal drugs²⁴." Using this definition over 2,000 different items dealing with all aspects of promotion were collected from books, videos, journal articles, magazine and newspaper stories, drug bulletins, radio and television transcripts and guidelines from organizations and professional bodies. Hundreds more journal articles will be added in the near future. At present there is only material in English but soon it is hoped to add material from other languages including French and German. Depending on the source of the material, each entry has been catalogued in some or all of the following fields:

- **Author**
- **Title**
- **Source** (address, e mail address, etc. of the group/organization producing the material)
- **Web site addresses** where available, including sites where journal articles that are available on-line can be obtained
- **Abstract**
- **Keywords**
- **Date material produced** (for journal entries complete identifying data, e.g., year, journal volume and page numbers)

Entries on studies that generated new data and/or reported specific methodological designs include notes on strengths or potential weaknesses in how the study was carried out and limitations in the generalisability of the results.

Entry content is described in two ways: through the keywords and also by putting each entry into one or more "groups." These groups are an additional method of broadly describing the main topics covered by the entry. The database includes an introduction for users, and is designed to be easily searchable so that people can find information on almost any aspect of promotion.

Many different interest groups can benefit from the database (see box):

Potential data users and benefits:

Individual health professionals

Doctors, pharmacists and other health workers will be able to see what promotional techniques the pharmaceutical industry uses, and how promotion influences the choice of drugs and the appropriateness of prescribing.

Professional associations

These groups can use the database to see what guidelines other groups have adopted for interaction between health professionals and the pharmaceutical industry to help them formulate their policies.

Governments and other regulatory bodies

The database will enable regulators to see what methods have been tried to control promotion and their success and failure.

Academic researchers

The database will let researchers see which promotional issues have been investigated, the methodology others have used and what areas are priorities for further research. In addition, they can look at trends in pharmaceutical promotion over a 30-year period.

Consumer organizations

These groups can use the database to see help them lobby for effective control over pharmaceutical promotion and to help educate consumers and patients about the influence that promotion has over the choices that health professionals make. They can also use the material to become better acquainted with emerging issues, such as direct-to-consumer advertising of prescription drugs.

Pharmaceutical industry

Drug companies will be able to see what criticisms have been made about their promotion in order to help them develop better internal controls. The database will also help pharmaceutical manufacturers' associations to strengthen their voluntary codes.

Public and private sector payers

These groups can see how promotion affects drug use and therefore drug costs.

The database has already helped to define areas where further research is critical. Little research has been done in how to educate consumers and health professionals about promotion. Even less is known about the long-term effectiveness of the work that has taken place. And despite many entries concerning the regulation of promotion there has also been virtually no work done looking at the cost-effectiveness of various forms of regulation. In the area of tools for the critical evaluation of drug promotion there are only six entries in the entire database that address this issue in a general way, and only two of these deal with this topic in the context of developing countries.

Putting the database on the web is not the end of this project but only the beginning. Negotiations are underway to ensure that it is kept up-to-date, and reviews of selected topics are being written to outline what is and is not known about: attitudes to pharmaceutical promotion; the impact of pharmaceutical promotion on attitudes and behaviour; the impact of regulation and control activities; interventions to counter promotion and their impact. It is hoped that there will be funding to extend this project into other areas, and preliminary discussions have already started on the development of tools to help educate health personnel