

## Direct-to-Consumer Advertising of Prescription Drugs

Last Updated: January 2013

### BCMA Position

- *The prohibition on direct-to-consumer advertising for prescription drugs should continue and be enforced in Canada.*
- *Health Canada should appoint a watchdog to oversee and regulate drug manufacturers' promotional activities to the public and all health care providers and prescribers.*
- *The BCMA supports the Canadian Medical Association (CMA) guidelines on appropriate relationships between physicians and the pharmaceutical industry and encourages other health care providers to adopt similar guidelines.*
- *The BC Ministry of Health, in conjunction with the BCMA and other health professional organizations, including but not limited to the College of Registered Nurses of British Columbia, the College of Pharmacists of British Columbia, the Canadian Association of Chain Drug Stores, and the College of Physicians & Surgeons of British Columbia, should develop and provide accurate, unbiased prescription drug information to patients.*

### Background

In general, three types of pharmaceutical advertisements are directed to consumers:

- **Help-seeking (disease-oriented) advertisements** do not mention a specific brand but discuss a condition and suggest that consumers ask their doctor about an unspecified treatment. No risk information is required.
- **Reminder advertisements** include the drug's brand name, but no health claims about its use. No risk information is required.
- **Full product advertisements, often referred to as Direct to Consumer Advertising (DTCA)**, include the drug's brand name, health claims and risk information.

Evidence suggests that DTCA increases patient demand for many prescription drugs – not just those specifically advertised<sup>i</sup> – and oversells the benefits of the advertised product.<sup>ii</sup> DTCA campaigns can lead to more patient visits, more diagnoses for conditions treated by advertised drugs, and more prescriptions for those drugs.<sup>iii,iv,v,vi</sup>

In Canada, reminder advertisements and help-seeking advertisements are permitted through policies set by Health Canada and through an amendment to the Food and Drugs Act, while DTCA is prohibited. Canadians are exposed, nonetheless, to full-product advertisements through the US media. Results from a controlled longitudinal study indicate that American advertising does increase Canadian prescribing rates.<sup>vii</sup>

There are no direct analyses of the effect of DTCA on health.<sup>viii</sup> Although some maintain that DTCA serves an educational purpose,<sup>ix</sup> researchers who analyzed the content of US magazine drug advertisements from 1989 to 1998 found the educational value to be minimal: 91% of advertisements omitted information about the likelihood of treatment success and 71% failed to mention any other possible treatments.<sup>x</sup> Another content analysis of television advertisements found that such ads provide “limited information about the causes of a disease or who may be at risk.”<sup>ii</sup>

More recent literature discusses the prevalence of online DTCA in the form of pharmaceutical websites and social media, which Canadians can access.<sup>xi,xii</sup> This form of marketing impacts patient safety in that it is poorly regulated, allowing for information that can be

misleading. In a study done on the extent to which pharmaceutical websites communicated risk information, the findings indicate many websites are ambiguous in how they communicate common side effects.<sup>xiii</sup>

To assist physicians in their interactions with industry, the CMA has produced guidelines which state general principles by which such relationships should be guided. These principles include the assertion that the primary objective of professional interactions between physicians and industry should be the advancement of the health of Canadians.<sup>xiv</sup> The BCMA supports these guidelines and encourages other health care providers to adopt similar guidelines.

## Analysis

In accordance with the House of Commons Standing Committee on Health, the Health Council of Canada, and the CMA, the BCMA supports a complete ban on all DTCA for prescription drugs in Canada.

In Canada, drug promotion is weakly regulated with few incentives to comply with regulatory requirements and low risk for prosecution when violated. The BCMA advocates for stricter enforcement of existing legislation on prescription drug advertising to the public, particularly in light of new evidence which shows increased global exposure through various forms of internet DTCA.

To ensure adequate oversight, free from any conflicts of interests, a new agency or watchdog appointed by Health Canada should be created to assume the responsibilities of the Pharmaceutical Advertising Advisory Board.

The BCMA fully supports the CMA's guidelines on physician relationships with the pharmaceutical industry which calls the physician to act in favour of their patients in the event of any conflict of interest between themselves and their patients resulting from interactions with industry.

Currently, there is no common, independent source of drug information readily available for patients and physicians to make informed decisions. The BCMA calls upon the BC government to work with health care providers, patient groups, and drug manufacturers to develop and provide accurate, unbiased prescription drug information to patients.

## References

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