

The Assault That Has No End

The assault by critics of DTC and legislators is not likely to end no matter what happens in the current legislative session. This means drug companies need to hold the line and argue for their right to provide DTC information to consumers.

Let's give the anti-DTC forces an A for tenacity. No matter how many times opponents of DTC advertising try to legislate it away and get defeated they keep re-introducing bills to kill DTC. What is most frustrating for defenders of DTC is that Congress seems immune to facts. DTC has become a symbol of private enterprise making profit in an out of control cost environment in healthcare. Therefore, DTC is now a scapegoat for public anger at drug companies.

The facts seem to make little difference to publicity hungry legislators. No matter that DTC spending is so small that it makes up one-fifth of one percent of total annual healthcare spending. No matter that even assuming a 2 to 1 payback it means that drug ads increase drug sales by about 3%. No matter that most of these increased drug sales prevent or treat illness cost effectively. No matter that is likely unconstitutional to limit lawful commercial speech.

Drug ads are Congressional fodder because they are highly visible on the airwaves. Their constituents sometimes believe the charge of massive consumer manipulation through advertising. Comedians and talking heads can mock ads for erectile dysfunction, restless leg syndrome, and social anxiety as somehow non-serious conditions. The critics say if only DTC were banned consumers would no longer think they have, or would just live contentedly with these conditions. Tell that to someone who can no longer have sex, is kept awake all night by a jittery leg, or fears public contact. It may be a joke to comedians but not to those who have such symptoms.

Most consumers also greatly overstate the effects drug ads have on prices. They believe, because politicians tell them, that drug ads hike up the price they pay at the drugstore. After all, someone must pay for the ads, right! Little do they know that advertising has created a perceived set of competitive brands that health payers can play off one against another. Advertising has kept the price market competitive as consumers accept several brands as equally effective. Plans negotiate hard to choose one brand as preferred based on their lower negotiated price. A drug like Lipitor spends about 1 percent of sales on advertising. That does not cause Pfizer

to raise prices. Prices are set by competitive negotiations with hundreds of payers nationwide, and not by a 1 percent marketing investment.

We do not expect the assault to end no matter what happens in this current legislative session. As long as the media and anti-drug company forces make profit a bad thing in healthcare, DTC will be the easy target to score points with angry constituents. The drug companies need to hold the line and argue for their right to provide DTC information, albeit subjective. All advertising is subjective for all categories. Our FDA provides a truth standard that ensures the facts are correct for DTC. Of course, the DTC ads, even truthful are one side of the story. Governments, advocacy groups, providers, payers all have the right to advertise alternatives to branded drugs if it is in their interest to do so.

The key questions for all fair-minded Americans are how much alternative information is acceptable? Do they want speech denied for certain products or services because government prefers consumers not know more costly alternatives? Currently we have multiple sources for facts and opinions about drug products. Each source has a subjective bias or an agenda behind the pitch for a particular product. Our free market system is really a cacophony of subjective messages that consumers must work at interpreting to decide a product's value. Americans are not duped by drug ads as critics seem to hypothesize. They do not accept what drug marketers tell them at face value. They check out the selling points through the Internet, friends and family and ultimately their doctor.

We are sure, although the fight to defend DTC is frustrating and never-ending, that it is a battle worth having. If DTC is lost, next will be detailing, medical meetings, sampling and journal advertising. Government wants to be in a position to make all the decisions on drug value as it does in Europe and Canada. Drug marketing impinges on that control. That is what this fight is all about.

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