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Refuting a Journal Study of DTC in Canada

The Hard Facts behind the Sensational Headline: "Expensive Ads Sell Few Prescription Drugs: Study"

The mainstream and trade press were quick to report the findings of a recent British Medical Journal study that looked at the impact of DTC in Canada. But did the press miss the underlying conclusions of this study because of their haste to be critical of DTC marketing?

By Ken Sobel and David Kweskin

In the beginning of September, results of a new study about the effectiveness of DTC advertising were widely reported in both the industry and general media. The reporting focused on the controversial assertion that DTC advertising is broadly ineffective. This article is a response to those reports, as well as to the original study that generated all the publicity.

We have set out this response around a series of questions that will attempt to tease out more of the facts about the study and its conclusions.

1. Does the reporting about the study really reflect the study's own conclusions?

We've all read how journalism often sensationalizes a story, distorting the actual issues for dramatic effect. The current reporting on a study about DTC advertising's effectiveness is a prime example of this kind of sensationalism in the areas of science, medical and business reporting. Early in September, both the mainstream media and the pharmaceutical trade press picked up on a study published on the "Online First" portion of the British Medical Journal (BMJ 2008;337:a1055) titled, "Effect of illicit direct to consumer advertising on use of etanercept, mometasone and

tegasero in Canada: controlled longitudinal study,” which was authored by Law, Majumdar, and Soumerai (Footnote).

Perhaps the first to publish a report on this study was Reuters, which posted Sept. 1, 2008, a story on its Web site under the heading, “Expensive ads sell few prescription drugs: study.” Other publications soon jumped on the story. Within a week, we saw the following headlines on mainstream and trade press sites, as well as some widely-read pharmaceutical business blogs:

“Direct-to-Consumer Drug Ad Campaigns may be a Waste of Time, Money”

“Drug Ads: Expensive and Ineffective, Canadian Research Shows”

“Direct-to-Consumer Advertising Does Not Pay Off”

“Drug Ads have No Real Effect on Consumers”

“Expensive Ads for Drugs Don’t Increase the Sales”

“Expensive Pharmaceutical Ads Don’t Boost Drug Sales”

“Direct-to-Consumer Drug Ads Have Little Effect on Sales: Study”

“Are Drug Ads a Waste of Money?”

“Prescription Drug Sales Get No Help From Big Ads”

“Expensive Ads Don’t Help Prescription Drug Sales”

“Do DTC Ads Help Sales? Not Really...”

“Advertising Drugs to Consumers Might Be A Waste Of Money”

“Expensive Ads Don’t Aid Drug Sales”

And this was only a small sampling of the many stories about this study. Most of the headlines stated or implied that the study shows direct-to-consumer (DTC) advertising of prescription medications has little or no impact on the sales of the drugs they are designed to promote. Remarkably, these headlines, and the stories that followed, failed to convey the main three conclusions of the original study’s two authors:

“Firstly...illicit cross border exposure to direct to consumer advertising has the potential to modify drug use, even where such advertising is technically prohibited...”

“Secondly, to our knowledge, these results are the strongest evidence that direct to consumer advertising can increase use of a drug that was removed from the market as a result of concerns about safety.”

“Finally, our findings suggest that the impact of direct to consumer advertising campaigns is mixed, as they seem to work for some drugs and not others.”

The first two of those three conclusions directly contradict the headlines, and the third paints a mixed picture. Clearly, there’s not a lot of correspondence between the headlines and the actual conclusions of the original study.

Understanding what caused the confusion

Note that the phrases “even where such advertising is technically prohibited” in the first conclusion, and “that was removed from the market as a result of concerns about safety” in the second conclusion suggest that the public policy and public health impacts of DTC advertising were of greatest concern to the authors. We believe this is a valid perspective, of course. We also think, however, it led to confusion, since most of the reporting about the study, and most of the readership of that reporting, focused instead on the marketing effectiveness of DTC advertising.

2. How much should we rely on the original study?

Even though the original paper concludes that DTC advertising can indeed be effective in increasing sales, it is also true that it is based on research that has several severe limitations – limitations serious enough to cause us all to pause before putting too much faith in the results.

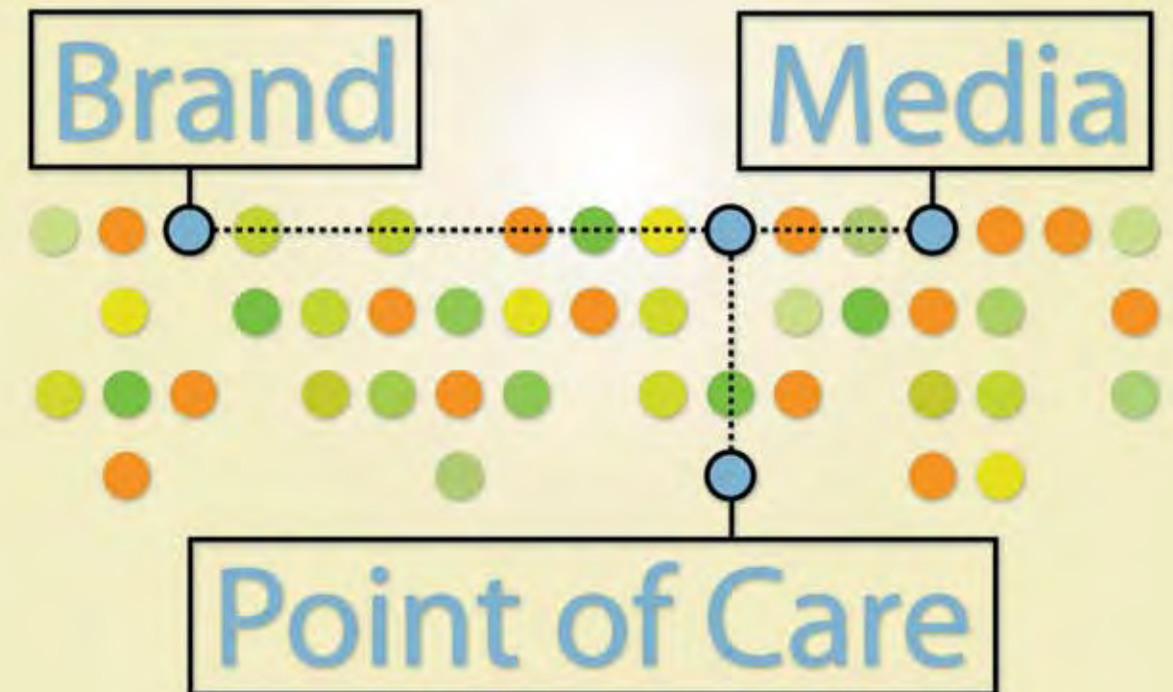
The study tries to gauge the effectiveness of DTC advertising by looking at the sales of three products advertised in the United States – Enbrel, Nasonex and Zelnorm. The study’s approach is to compare the sales per capita for these three products in pharmacies in Quebec with their sales per capita in pharmacies in other parts of Canada during 2002 through 2005. The underlying assumption is that American media, along with American DTC advertising, were not seen by the French-speaking population in Quebec, but were viewed by the English-speaking populations in the other Canadian provinces, and that this difference was the only important difference in factors influencing prescription drug sales across Canada.


We note a number of limitations of this approach, including these five points:

According to a report by the Canadian Office of the Commissioner of Official Languages (Footnote), in 2001, about 1.2 million Quebec residents spoke English at home “only, mostly, equally, or regularly.” This represents nearly 17 percent of the total Quebec population that year of 7.1 million (Footnote). Therefore, about one in six residents of Quebec may indeed have been exposed to “spillover” media from the USA, including DTC advertising. To the degree that Quebec residents were exposed to DTC advertising, the study’s design likely underestimates the impact of DTC advertising.

Not all residents of Canadian provinces other than Quebec see American media and advertising. Canada has “local content” legislation that limits the use of US media in much of the country. To the degree that residents of Canadian provinces other than Quebec have had restricted access to

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American DTC advertising, the study's design is liable to underestimate the impact of DTC advertising.

The study has not attempted to account for the impact that various DTC advertising budgets have on the sales impact of that advertising because the authors have no measurement of the ad weight that actually occurred in the non-Quebec

Clearly, there's not a lot of correspondence between the headlines and the actual conclusions of the original study.

provinces. This is a serious flaw, because DTC ad campaigns with small budgets can be expected to have small impacts. Since the study doesn't account for this fact, there is a major risk of wrongly concluding that sales impact is small when, in fact, it may be appropriate for its media weight.

Perhaps the most important issue is that this sort of study design implicitly assumes that apart from differential exposure to American DTC advertising, there are no other differences at all among the Canadian provinces that might influence the relative sales of the examined products. The authors of the study do note that formulary acceptance policies do indeed differ, and that Quebec's policies are more permissive than similar policies in the other Canadian provinces. But the authors don't seem to appreciate how fundamentally important this difference is. All else being equal, this difference will work to increase sales of the examined products in Quebec relative to the other Canadian provinces, thereby underestimating the impact of DTC advertising as assessed by this study's design.

Finally, the study implicitly assumes that the results of DTC for Enbrel, Nasonex and Zelnorm can be used to make generalized comments about the overall effectiveness of DTC advertising. It further implicitly assumes that residents of Canada outside of Quebec react to DTC advertising the way American residents (the actual targets of the advertising) do.

3. What is the fundamental question being asked, and is it the right one?

All of these points tell us we should be cautious before drawing any real conclusions from this study. But that's really not such a bad thing, because we think it is a mistake even to attempt addressing the general question of DTC advertising effectiveness. The truth is that our experiences in evaluating hundreds of DTC advertising campaigns suggest

that the authors were right in their third conclusion: the overall impact of DTC advertising is mixed, working for some drugs but not for others. In other words, there is no general answer to the question of whether DTC advertising is effective in increasing sales of the products it advertises.

If the therapeutic condition is widespread ... the advertised medication is safe and effective ... the advertising is persuasive ... the revenue potential per patient is high ... and the insurance coverage is strong, then DTC advertising is very likely to generate more revenue than it costs. Even if one or two of the elements listed above are missing, DTC advertising can still be effective. Since those factors differ from case to case, each medication's situation needs to be analyzed carefully to understand if DTC advertising is effective.

4. What do we learn from all this?

The original study actually concluded that DTC advertising is, in some circumstances, effective in influencing the use of prescription drug products, even though the reporting about the study emphasized the opposite. That said, there are so many methodological issues with the original study that we should take care before accepting its findings. Most of all, we think the main learning from the study, the reporting about its findings, and the reactions to that reporting, is that it is pointless to try to assess the general impact of DTC advertising. The fact is that DTC advertising's effectiveness varies dramatically on a case by case basis, whether that effectiveness is measured by business or public health results. ■

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Notes:

1. *BMJ* (British Medical Journal) 2008;337:a1055 doi:10.1136/bmj.a1055, Micheal R. Law, Sumit R. Majumdar, and Stephen B. Soumerai, "Effect of illicit direct to consumer advertising on use of etanercept, mometasone, and tegaserod in Canada: controlled longitudinal study."
2. Jack Jedwab, "Going Forward: The Evolution of Quebec's English-Speaking Community," Office of the Commissioner of Official Languages, Cat. No.: SF31-71/2004, ISBN: 0-662-68534-2, 2004, page 8.
3. Statistics Canada website: <http://www40.statcan.ca/101/cst01/demo30b.htm>
<http://www40.statcan.ca/101/cst01/demo30b.htm>

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