



**“The more transparent and authentic you are, the better your story spreads.”**

# Marketing Talk with Seth Godin

## Advice for Pharma Marketers on how to Rethink Their Craft

Seth Godin is the author of nine best-selling books that have changed the way people think about marketing. He is responsible for many words in the typical marketer’s vocabulary – terms such as permission marketing, ideaviruses and, among others, purple cows – and has been called “America’s greatest marketer.” His latest book, *“Meatball Sundaes,”* explains how marketers often make the unfortunate mistake of “slapping new marketing onto old and ending up with nothing but a failed Web site.”

He recently spoke to *DTC Perspectives* magazine about how pharmaceutical marketers should re-think their approach to consumer promotion.

**DTC Perspectives:** In your new book, you write that most brands that have succeeded with a new marketing approach are “new and fresh” companies. In pharmaceutical marketing, however, most of the companies are Fortune 500 in size and they have long histories and tradition. Are these larger companies more likely to take the Meatball Sundae approach that you describe in the book?

**Seth Godin:** In my experience, the pharma companies come out with more new products just about everyday than anyone. Most of the doctors and the patients they are marketing to – especially the patients – don’t know what company makes a particular drug. It’s the drug that gets discussed. So the companies are starting with a fresh slate.

**DTC Perspectives:** How do traditional pharma companies begin to incorporate new marketing rules into their thinking?

**Godin:** The mistake that they make is using FDA regulations as a crutch or

using large corporate size as a crutch. They end up wasting hundreds of millions of dollars by making boring ads, expensive ads and hiring expensive detail forces – none of which work anymore. And yes, they end up making a *Meatball Sundae* – spending a lot of money to do exactly the wrong thing to spread the word.

**DTC Perspectives:** That said, how do you propose they begin to incorporate new marketing into their thinking?

**Godin:** It starts with this: the mindset of DTC – even the letters D, T and C – point to going directly to the consumer. And that’s not going to work. What works is CTC – consumer-to-consumer. [This means] igniting relationships and conversations so that people talk

about you. That’s a fundamentally different thing. So the goal – from the name of the product to the way that you market the product to the things you build online and the things you build off-line – needs to be how do I get patients to talk to doctors,



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how do I get doctors to talk to doctors, and how do I get patients to talk to patients.

**DTC Perspectives:** How can pharma marketers do this?

**Godin:** Pretty simple: make things people want to talk about.

**DTC Perspectives:** In the book, you also write that traditional organizations can’t thrive if they rely on new marketing to do their old marketing for them. Can you explain this in more detail?

**Godin:** Your old marketing is about interrupting people who don’t want to hear from you – and the Internet is [not about] that. What the Internet is great at is talking to people who do want to hear from you. So if you have a new diabetic medication, running an ad in *Time* magazine is a great way to reach everybody. But if you are trying to reach diabetics, the Internet is great at that. Because diabetics will go to a place on their own to talk to each other about diabetes [and] talk about solutions to their diabetes problems. Showing up there and being part of that conversation matters.

**DTC Perspectives:** It seems that pharmaceutical marketers are reluctant to take that approach and are more inclined to fall back on traditional media rather than taking an online approach?

**Godin:** We’ll they are usually afraid. And I think the biggest reason is that their boss – the one who hired them – she used to have their job. And she used to run the ads, and she used to put the ads in the magazine. So you got hired to do what your boss used to do, and there’s a lot of fear in saying, ‘No, let’s do something different.’ That fear is displaced in talk about ‘life and death,’ and ‘We can’t let this stuff get out,’ and ‘FDA regulations,’ – which is all nonsense. If you really want to be super careful, don’t run any ads at all. Just talk to doctors. But, no, marketers have already made the commitment to put this in the hands of consumers. So what we might as well do then is pick product names that people can actually pronounce. And pick

product attributes that we are willing to focus on and give people stories that they can fact-check and share.

**DTC Perspectives:** Where would you propose that marketers go to give this information to consumers, for example online or in doctors’ offices? How would you get it out?

**Godin:** It’s up to the consumer. I would say to the consumer, ‘Come and hear about this’ in which ever way they want to, whether it’s calling a registered nurse on the phone, or writing in and getting a packet in the mail, or seeing things online or having interaction in the doctor’s office. It doesn’t matter to me, it’s what the consumer prefers. Consumers are going to pay attention the way they want to, not the way that you want them to.

**DTC Perspectives:** There is a portion of pharma advertising addressed at disease awareness, or to alert people that their symptoms might be a real disease and that there are treatments available. With this type of advertising, it’s widely believed that a mass marketing approach is more effective. Are there ways to use new marketing tactics for disease awareness campaigns?

**Godin:** What I have found is – although I am not a doctor – that I am able to figure out that someone has a disease long before they are. All of us have a second cousin who we know is depressed, but our second cousin doesn’t realize it. The challenge is not necessarily to go to people and persuade them that they are sick, but to put news out there, or to cause books to be written and do other public service kinds of things, that let people diagnose their friends and colleagues and they can then spread the word.

**DTC Perspectives:** That means trying to reach these undiagnosed sufferers through caregivers, their friends or their social networks?

**Godin:** Exactly.

**DTC Perspectives:** One of the other ideas that you raise in the book is for marketers to try to create a movement

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around their product. Is “health” too broad a product for marketers to build a movement around?

**Godin:** Well, there are no pharma companies that I know of that sell “health.” There are pharma companies that cure ED, or pharma products that address male pattern baldness, but health is clearly too broad for anybody to go after. I hope someone comes out with a health pill, that’s not what you are trying to do. What you are trying to do is make a movement around helping 11-year-olds not go blind once they find out that they have juvenile diabetes. That’s a movement. And [with the subject of health] there’s more desire for there to be a movement than I can think of. All you need to see is 50,000 people in a Susan B. Komen breast cancer march to understand that the seeds are there for the movement. The problem is that pharma companies have a large history of over-promising and under-delivering.

**DTC Perspectives:** In what way?

**Godin:** Well, because they imply that some drug is going to solve the problem with no side effects. A – it doesn’t always solve the problem; B – there are often side effects. So if you are going to go out there and tell me that this is the answer, it better be the answer. No fine print, no weasel words. If it’s not the answer, then don’t fool yourself into thinking that you are going to get a movement built around it.

**DTC Perspectives:** Do you think, in that respect that companies should say in their advertising that, “This product only works for 20 percent of the population and 10 percent might experience unwanted side effects.” Should they be more open and forward about that?

**Godin:** Well, what we see is the more transparent and authentic you are, the better your story spreads. I also think the pharma companies are guilty of only trying to spread stories of products that are under patent and high profits. Where are the pharma companies on the, “Everyone who is over 40 should take a single aspirin every day?” Just because you don’t make a lot of money on that idea, doesn’t mean you can’t benefit from spreading that story. As the messenger, you then get permission to talk to people about other solutions you have to other problems in their life because you have helped them in the past.

**DTC Perspectives:** Marketers of prescription drugs often fall back on the excuse that Rx drugs are unique products and can’t be marketed the same way as soap or shampoo. Do you disagree?

**Godin:** The fact is, just because the boss comes to you with a bunch of constraints doesn’t mean you can’t challenge those constraints or creatively work around them. If Apple computer can turn around and sell a cell phone for three to four times more than the market had been charging, you can certainly sell a drug that’s going to change my life

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for the better by telling me an honest story about what it actually does.

**DTC Perspectives:** Are you aware of any ongoing pharma marketing campaigns that use traditional marketing tactics effectively?

**Godin:** I think we are seeing most of the really big news about health marketing coming not from traditional medicines, but from natural products. We see people going all the way back to the oat bran muffin and going after green tea and things like that. I think we can take a lesson from a lot of what’s going on [in the non-Rx drugs] categories.

**DTC Perspectives:** Do you think it would be good for pharmaceutical companies to position themselves more as health companies than just a pharmaceutical company engaged in high science?

**Godin:** Exactly! No one cares where their product is made or how it is made. We don’t care where the car was made or where the bagel was baked. What we care is, how does this story make us feel and how does the product make us feel? And so, for a pharma company to say, “Well, we care about your health,” but only if we can get a patent on it and only if it was made by a scientist in New Jersey, is ridiculous. What I want is a company who, instead of finding patients for their products, finds products for their patients. A company that says, “We want to have an ongoing relationship with you, right down to understanding what your DNA is. But in exchange, we will find things that will make you better.”

**DTC Perspectives:** I don’t believe there are any branded pharma companies addressing the market in that way at the moment.

**Godin:** And that’s the opportunity. ■

*For more marketing thoughts from Seth Godin, visit his blog at [SethGodin.com](http://SethGodin.com).*