U.S. Senate Special Committee on Aging Hearing on

"Direct to Consumer Advertising: What are the Consequences?"

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Mr. Chairman and members of the Special Committee on Aging: Thank you for the invitation to present my views on the "direct-to-consumer" (DTC) advertising of prescription drugs. These views reflect my lifetime of experience as a practicing physician, a clinical scientist, a medical teacher and the editor of a world-class medical journal. I have also been a particularly close observer of the pharmaceutical industry for many years. A summary of what I have learned from this experience about prescription drugs, the pharmaceutical industry and its DTC ads can be found in an article Dr. Marcia Angell and I published in the New Republic magazine of December 16, 2002. I have made a few hard copies available to members of the Committee, but inasmuch as it won the George Polk Award for magazine journalism this year, our article can be downloaded from the Polk Award web site:

(www.brooklyn.liu.edu/cwis/bklyn/polk/press/tnrdrugpiece.pdf).

The total spent on DTC ads is now probably over $3 billion, but is only a small fraction of the total industry expenditure on marketing, advertising and ales promotion. You have already heard Dr. Rosenthal cite the evidence that these ads nevertheless have a significant effect on patient demand and on prescription drug spending. That should not

be surprising, because common sense would dictate that industry executives would not be spending so much on DTC advertising were they not convinced that it produced results.

The industry argues that DTC ads "educate" the public about illnesses and the new medicines available to treat them, and thus encourage people to consult physicians for earlier diagnosis and treatment. But that is simply the opinion of business people whose sales are increased by these ads and who are not likely to be unbiased or objective. There is certainly no scientific evidence to support their contention. The best, and almost the only, study of the effects of DTC ads on health care (as determined by a telephone survey of consumers) was reported by a team at the Harvard Medical School in the February 26 issue of the journal Health Affairs. The study could not come to any definite conclusion beyond that most consumers reported no obvious adverse consequences from these ads. However, the authors could no comment on whether the ads caused the patients to receive drugs that were more expensive than necessary or whether the ads were misleading. Furthermore, they could not say whether DTC ads increase the cost of health care or, if they do, whether their benefits justify the costs. And finally, the authors acknowledged that their study could not determine whether other sources of public information could achieve the educational benefits of DTC ads at less cost and with fewer undesirable consequences. These are critical questions but there are no controlled studies to answer them and I doubt there ever will be.

So, it seems to me that the arguments in favor of DTC ads as public policy have no scientific support. In opposition to DTC ads are the opinions of the majority of practicing physicians, as exemplified by the recent FDA survey, which showed that 59% of physicians found no overall beneficial effects from DTC ads, and many reported

negative effects such as creating pressure to prescribe inappropriate drugs, and causing patients to have unrealistic therapeutic expectations.

Indeed, when one considers that the majority of DTC drug ads are now on television, and that this means a hasty 30 or 60-second spot, it is hard to imagine that much more than the name and the claimed therapeutic indication could ever be conveyed. There simply isn't time to provide any useful information about side effects or complications. To call this "education" strains the meaning of the word. Clearly, such TV spots are intended simply to fix a brand name in a patient's mind, with the hope that the patient will then ask the doctor about it at the next visit and will influence the doctor to write a prescription for it.

And when one looks at the drugs most commonly advertised to the public, it is immediately apparent that the industry is promoting only its newest and most expensive patented brands. Man of these are simply minor variations of older medications that often are off-ptent, less expensive, and at least as effective.

Given all the above, what can we conclude about DTC advertising? I can find little to recommend it and much that argues against it, particularly in these times when rapidly rising expenditures on prescription drugs are straining the budgets of all purchasers. Patients are being overmedicated, and DTC ads are in part responsible.

As a physician, I believe decisions about the use of prescription drugs should rest with doctors, based on the best available scientific knowledge. The doctors' advice to patients should be unbiased and objective and therefore should not be derived from the industry that sells the drugs. The same applies to patients' information about the drugs. Patients should be educated as much as possible about their drugs and they should

participate with their physician—insofar as possible—in the decisions on which drugs they should take, but the pharmaceutical industry is not the appropriate source of education for doctors, or patients. The institutions of the medical profession should be responsible for the education of doctors, and governmental and professional organizations, should be responsible for the education of patients.

If the law allows, I would favor a total ban on DTC ads. Otherwise I would advocate at the least a return to something like the pre-1997 FDA regulatory policy, about side effects, complications and contraindications. This would largely preclude the commercial TV and radio spots that now masquerade as public education.

I would also strengthen the FDA's capacity to eliminate the delays in reviewing ads, which the GAO described in its recent report. Prescription drugs are not like ordinary commercial goods, and it is not in the public interest to advertise them to consumers as if they were. We need more, not less, regulation of consumer ads.

Thank you for your attention. I would be pleased to answer your questions or explain any of the points I have made.