



From The Women's Health Contribution Program

Supported by the Bureau of Women's Health and Gender Analysis, Health Canada

W O M E N ' S H E A L T H P O L I C Y B R I E F

CONTACT:

Website:

www.centres.ca

Email:

cwhn@cwhn.ca

Toll-free:

1-888-818-9172

Post:

3rd floor,

Jeanne Mance

Building

Tunney's Pasture,

Postal Locator

1903C

Ottawa, ON

K1A 0K9

Direct-to-Consumer Advertising (DTCA) of Prescription Drugs: *Not in the Best Interests of Women's Health*

At Issue

Direct-to-consumer advertising of prescription drugs is flourishing in Canada despite its legal prohibition and an absence of evidence of benefit to citizens. It does not make good public health sense and is of particular concern for women's health.

Our Analysis

Every industrial country, except the US and New Zealand, bans DTCA based on the understanding that prescription drugs carry health risks that ordinary products do not. (New Zealand is currently reviewing its law and re-considering a ban.) People who are ill, or trying to prevent death or disability for themselves or a loved one, are vulnerable in ways that someone who is considering the purchase of most other advertised products are not. Although the Food and Drugs Act in Canada prohibits advertising of prescription drugs, with the exception of name, price and quantity, the pharmaceutical industry has been flouting the law for several years with two types of ads: "reminder" ads and "help-seeking" ads. These ads often contain information that is misleading and incomplete.

Proponents of DTCA claim that the ads are an effective way to convey information to the public and to encourage people to see their doctors for conditions that they might otherwise ignore. While some diseases may be under-treated, these are not the main conditions or diseases for which drugs are being advertised; concern about over-treatment may be a bigger problem. Studies of antidepressant use, for example, have found that this class of drugs is given to many people without clinical depression. There is little substantiation for claims that DTCA improves prescribing and treatment. DTCA has led to increased drug costs (most of the drugs that are advertised are newer, more expensive treatments) and contributed to a growing reliance on prescription drugs at the expense of other, less costly, alternatives. Advertising cannot provide the type of impartial, comparative information that patients and the public need to make fully informed treatment choices.

As the recent cases of Vioxx and Celebrex have shown, widespread promotion of a new drug through DTCA can lead to significant harms. Sales of Vioxx were pushed by one of the heaviest direct-to-public marketing campaigns ever seen in the US, with a significant spillover effect in Canada.

Direct-to-consumer advertising has been under review by Health Canada for several years as part of a larger package of legislative renewal of the Food and Drugs Act. A major contribution to this discussion was the report of the Standing Committee on Health, "Opening the Medicine Cabinet: First Report on Health Aspects of Prescription Drugs" (2004) which described DTCA as "potentially harmful to consumers."

Why is this issue of particular concern for women's health?

- Women use the health care system more extensively than men because of their biology, because they are more likely to engage in preventive and health maintenance behaviours, and because they are most

Advancing the health of women

W O M E N ' S H E A L T H P O L I C Y B R I E F

Direct-to-Consumer Advertising of Prescription Drugs page 2

often the caregivers of others. They are, therefore, often the direct targets for DTCA.

- Women's lives have been affected by a number of health protection failures—DES, silicone breast implants and, more recently, hormone replacement therapy.
- Women's lives intersect regularly with the health protection system, as those most likely to report adverse drug reactions for themselves or family members, as the primary purchasers of foods and food supplements, and as targets of publicity for health care products and services.
- Many drugs and devices are gender- and/or sex-specific (e.g., birth control, menopausal hormone therapy, breast implants). Others are prescribed more often for women than for men (e.g., anti-depressants, bisphosphonates) and companies have been known to target women in their efforts to expand the base of use (e.g., the recent efforts to find a “Viagra for women”).
- Safety standards for many medications have often been based on studies conducted exclusively or predominantly on men, without separate analysis of effects in women. For certain types of adverse drug reactions, for example dose-related ones, women may be more vulnerable due to smaller average body size. For others, women are more vulnerable due to physiological differences. Canada has guidelines for the inclusion of women in clinical trials; at present, adherence to these guidelines is poorly enforced.
- Women predominate in one demographic group where prescription drug use is at its highest: the elderly.

Our Recommendations

- Health Canada should maintain and enforce the existing prohibition of direct-to-consumer advertising of prescription drugs in the Food & Drugs Act.
- As the existing law prohibiting DTCA has been reinterpreted in practice to allow certain types of ads (reminder and help-seeking ads), clarifying language should be developed and adopted to ensure that future interpretation is consistent with the original intent of the law.
- Regulation of pharmaceutical advertising is a component of post-market surveillance that is currently not adequately addressed. Public resources are needed to monitor compliance with existing advertising regulations, to introduce effective and timely enforcement procedures and sanctions for violations, and to test the adequacy of enforcement, in

terms of information accuracy, promotion of more appropriate prescribing, and broader public health goals. Information on all alleged violations, investigation procedures and regulatory decisions should be fully public.

- Canadian women need accurate, up-to-date, comparative information on available treatment options, both drug and non-drug, and on the conditions they treat. Production and distribution of such information should be publicly financed as a necessary component of health care services, and should be fully independent of commercial interests. Cost information should be included. This information should be available both electronically and in print, in plain language, and should be translated into multiple languages to reflect community composition. It should be distributed through health care services as well as through information services, including public libraries.

Additional Resources

Brown, Bonnie. 2004. *Opening the Medicine Cabinet: First Report on Health Aspects of Prescription Drugs*. Report of the Standing Committee on Health. www.parl.gc.ca/InfocomDoc/Documents/37/3/parlbus/commbus/house/reports/healrp01-e.htm

Barer, Morris L., *Evidence, interests and knowledge translation: Reflections of an unrepentant zombie chaser*, *Healthcare Quarterly*, 2005, Vol 8, No 1. www.longwoods.com/hq/HQ81-2005/HQ81Barer.html

Canadian Health Services Research Foundation, MYTHBUSTER series: *Myth: Direct-to-consumer advertising is educational for patients*. December 2004. www.chsrf.ca/mythbusters/pdf/myth16_e.pdf

Mintzes, Barbara, Barer, ML, Kravitz RL et al. *How does direct-to-consumer advertising (DTCA) affect prescribing? A survey in primary care environments with and without legal DTCA*. *CMAJ* 2003; 169(5): 405-412.

Authored by:

Women and Health Protection

P.O. Box 291, Station Q
 Toronto, ON M4T 2M1
 Phone: 416-712-9459
 Fax: 416-488-8995
 Email: annerg@sympatico.ca
 Website: www.whp-apsf.ca

