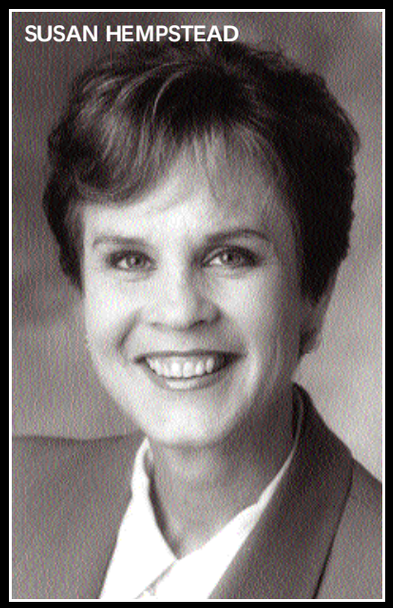
Contributed by Susan Hempstead


SUSAN HEMPSTEAD

DIRECT-TO-CONSUMER DRUG ADS SHOULD HELP, NOT HYPE

For the first time since the Food and Drug Administration lessened restrictions on direct-to-consumer pharmaceutical advertisements in 1996, there is a significant slowing in direct-to-consumer advertising expenditures.

From 1996 to 2000, direct-to-consumer advertising spending grew more than three-fold from $791 million to $2.5 billion. In 2001, spending increased a very modest 6.3%. Why the slowdown?

Although the economic downturn no doubt plays a role, the virtually nonstop criticism of DTC pharmaceutical ads certainly hasn't helped. Critics of DTC advertisements are particularly bothered by executions that lack sensitivity to the seriousness of pharmaceutical products — executions that treat products as just one more consumer item to be sold, like candy or breath mints.

Amidst justified uproar against tasteless or irresponsible direct-to-consumer drug ads, it is important to remember that responsible DTC ads perform a positive service.

Essentially, DTC drug ads at their best reach people through mass media with information that patients might not get through medical services and other channels, leading to constructive doctor/patient dialogs and better healthcare.

THE HYPE FACTOR

The problem with DTC advertising occurs when we hype, not help. Hype backfires in the court of public opinion, and people have little tolerance for companies that play fast and loose with their health. Hype backfires even more with physicians, who remain the gatekeepers to prescription drug purchases.

Creating effective direct-to-consumer drug advertising is not easy. Above all, DTC ads must contribute to good communication between clinicians and patients. They need to be scientifically accurate, yet understandable to a non-scientific audience, and entertaining enough to get the attention of a public overloaded with information.

DTC drug ads also must follow FDA guidelines, which state that such ads must not be false or misleading; risks as well as benefits must be clearly presented; and sources such as toll-free numbers, print ads, and Internet addresses, which list more detailed information about the medication, must be named.

Sanctions against those who flout these standards range from mild warnings to jail time.

ADHERING TO STANDARDS

Meeting FDA regulations and standards and walking the fine line between the creative and scientific is not required when advertising other consumer products, such as candy or mints.

DTC pharmaceutical ads are a specialized advertising niche that demands an understanding of the particular requirements of the healthcare arena and the ability to remain impactful without being offensive.

Still more significant, our primary role as pharmaceutical advertisers remains educating physicians and other members of the medical community.

Doctors write the prescriptions. If physicians are left out of the loop in how a drug is marketed — and if that drug is hyped in irresponsible direct-to-consumer advertisements — they will not support the product. And all the money spent on direct-to-consumer advertising will have been wasted.

GOOD MEDICINE, GOOD BUSINESS

Critics of DTC drug ads are best countered when we, as pharmaceutical advertisers, do our jobs right and present engaging, scientifically accurate, and tasteful ads that meet FDA requirements. Consumers are informed, doctors are kept in the loop, productive doctor/patient dialogues ensue, and drugs reach the people they were made to serve.

Although the days of phenomenal growth in direct-to-consumer ad spending may be numbered, these ads are a vital part of the medical marketing and educational mix. When handled responsibly, DTC ads are not only ethical, they're good medicine and good business.

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PharmaVoice welcomes comments about this article. E-mail us at feedback@pharmalinx.com.