

DIRECT-TO-CONSUMER ADVERTISING

CNA POSITION

Consumers have the right to evidence-based, independently developed, comparative information on which to make decisions about their health. The Canadian Nurses Association (CNA) believes that public safety must be paramount in developing and distributing information. With regard to over-the-counter drugs and prescription products, CNA recognizes how information distribution influences use and prescribing patterns. At the same time, CNA recognizes the expertise and skill needed to diagnose health problems and select appropriate remedies.

CNA believes that the federal government must:

- maintain and enforce the legislated prohibition of all industry-sponsored advertisements on prescription drugs to the public;
- ensure the provision of independent, unbiased and publicly financed information on prescription drugs to Canadians;
- dedicate specific resources to the vigorous enforcement of direct-to-consumer advertising (DTCA) regulations, including active surveillance, identification of potential infractions, appropriate corrective action and annual reporting;
- ensure that all complaints about DTCA sent to Advertising Standards Canada and the Pharmaceutical Advertising Advisory Board are forwarded to Health Canada for investigation and action; and
- repeal the amendment to the *Food and Drugs Act* that has been interpreted to allow reminder advertising.^{1,2}

CNA is prepared to work with governments and others to establish an independent process that would assess and approve the content of non-promotional information proposed for dissemination to consumers about prescription products.

CNA also believes that governments must invest in research to assess the impact of information disseminated to consumers about prescription products on health outcomes and health care. This research should build on:

- existing studies of the effects of such information;
- consumption and overall costs of over-the-counter drugs and prescription products;
- interactions (qualitative and quantitative) between consumers and their health professionals; and
- the prescribing practices of health professionals.

¹ (Standing Committee on Health, 2004)

² (Mintzes, 2006)

In addition, CNA recommends that governments and producers of prescription products develop and implement programs to promote patient safety by improving consumer understanding about products and their impact.

BACKGROUND

Information about prescription products appears in magazines, in direct-mail solicitation, on radio, on television, on billboards and on the Internet. Except in the United States and New Zealand, such advertising is prohibited. The European community recently reconfirmed its prohibition against the advertising of these products.³

In Canada, the legislative framework for the prohibition of DTCA is provided by the *Food and Drugs Act*.⁴ Federal government policy has defined three types of advertising related to over-the-counter drugs and prescription products. These are:

- consumer information about diseases, conditions and new, unspecified treatment options;
- product name information; and
- product-specific information related to specific therapeutic claims.

According to a 2002 U.S. General Accounting Office report, spending in the United States on information dissemination to consumers about over-the-counter drugs and prescription products doubled between 1997 and 2001 to \$2.7 billion.⁵ The report claimed that prescription drugs promoted directly to consumers are among the best-selling medications and that the sales of such drugs have increased faster than those not advertised.

A 2007 study comparing spending on pharmaceutical drugs between the United States and Canada, found that Canada would spend \$10 billion more per year on prescription medicines than it currently does if it allowed DTCA. The Canadian Health Services Research Foundation, in considering this study, in conjunction with a 2005 systematic review that found no evidence of DTCA⁶ leading to health benefits, said it suggested that the cost of opening the door to these less restrictive ads — both in dollars and in risks — is not worth the possible benefits, unless the ads profiled appropriate and cost-effective treatments.⁷

In a 2003 article in the *Journal of the American Medical Association*, Mello, et al. point to research suggesting that drug advertisements which combine promotional and risk-related information may confuse consumers about the safety and effectiveness of products.⁸ The article further argues that advertisements convey risk information poorly, noting the time and space constraints whereby consumers must rely on other media to get comprehensive information.

DTCA risks arise in its promotion of the newest medicines, even though most new drugs are no safer or more effective than existing ones and little information is available about their long-term harm. Figures from the federal

³ (Mintzes, 2006)

⁴ (*Food and Drugs Act*, 1985)

⁵ (United States General Accounting Office, 2002)

⁶ (Morgan, 2007)

⁷ (Canadian Health Services Research Foundation [CHSRF], 2007)

⁸ (Mello, Rosenthal & Neuman, 2003)



Patented Medicine Prices Review Board show that only 15 per cent of new drugs are significantly better than existing medications.⁹ Vioxx, for example, is estimated to have caused approximately 115,000 heart attacks and thousands of deaths in the United States before it was pulled from the market. Although in the top-five of the most heavily advertised drugs in the United States, it was no more effective than cheaper, older alternatives.¹⁰

A 2005 randomized controlled trial in the United States found that “standardized patients” who asked for an advertised drug were likely to get a prescription for it, whether or not they showed symptoms of the illness the drug treated.¹¹

Researchers have found that many ads aim to convince people who feel fine or have minor symptoms that they need medicine. An analysis of television ads found that medicines were often associated with images of happiness, social approval and regaining control over life.¹² Non-drug approaches, such as diet or exercise, were not presented as alternatives.

*Approved by the CNA Board of Directors
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⁹ (Patented Medicine Prices Review Board, 2007)

¹⁰ (CHSRE, 2007)

¹¹ (Kravitz, Epstein, Feldman, et al., 2005)

¹² (Frosch, Krueger, Hornik, et al., 2007)



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Replaces:

Direct-To-Consumer Advertising (2006)

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