ISSUE FACT SHEET

DIRECT-TO-CONSUMER ADVERTISING (DTCA) OF PRESCRIPTION MEDICINES

Overview

Prescription medicines are used to treat conditions that require the expertise and supervision of qualified healthcare professionals. Decisions about the most appropriate course of **treatment should always be based on unbiased, accurate, and comparative information**. Patients should be free to make informed choices based on the most objective information and not the most effective advertising.

With the exceptions of the United States and New Zealand, **the advertising of prescription medicines is prohibited across the world**. In the European Union (EU), direct-to-consumer advertising (DTCA) of prescription-only medicines is currently banned under Article 88 of the EU directive regulating pharmaceutical products.

In the past decade, **repeated attempts have been made to erode or eliminate the regulations on DTCA in Europe**. Under the guise of improving the provision of 'information to patients', the pharmaceutical lobby and even departments/units within the European Commission have launched offensives against the ban on DTCA.

Why is DTCA banned in Europe?

a. **Effective advertising relies on the partial presentation of facts** in order to increase sales. Providing partial information is exactly the wrong approach to take with medicines that can be highly toxic and require a doctor's prescription. Attaching the element of branding to a set of products used to treat serious medical conditions is an inappropriate application of marketing techniques.

b. **Promotional information or adverts often present common symptoms as signs of serious conditions** and encourage vulnerable people to seek treatment for nonexistent conditions. Medicalising everyday experiences may be good for profits but not for patients. Disease-mongering promotes unnecessary consumption of prescription medicines with no regard for the long-term health effects.

c. **Demand for high-profile brand medications unnecessarily inflates public health spending**. Presenting prescription medicines as brand products fuels the mistaken belief that brand versions are superior to affordable generic equivalents. The money spent purchasing more expensive brand labels diverts public funds away from other health priorities.

Businesses cannot play a truly independent role in providing information to patients. It is vital to maintain high standards of objectivity to protect against messages that aim to promote sales and not to inform. Patients deserve the highest quality of unbiased information when making decisions that affect their health and well-being. Attempts to compromise this information will be damaging for public health in Europe.

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Brief History

2002 and 2003: The European Parliament and the Council of Ministers overwhelmingly rejected an attempt to relax the advertising ban on prescription medicines. However, an amendment to article 88 is inserted, mandating the European Commission (EC) to present an analysis of current practices in information provision within 3 years.

2007: The EC publishes a flawed report recommending an expanded role for the industry in providing 'patient information' on health and medicines, stating that companies would like to provide "*non-promotional information for patients about their own medicines and diseases*". The industry is characterised as having "*the potential to be an important source of information to respond to the growing demand for more and better information by patients*".

2008: The Commission publishes a legal framework on 'information to patients', which could allow companies to communicate directly to the public about their prescription medicines. Public health interest groups, NGOs, independent patient groups, consumer organisations and health care funders voice concerns about the framework.

Latest Developments

DG Enterprise announces that a pharmaceutical package, including a section on 'Information to Patients' is to be published by the end of 2008. The package proposes modifications to Article 88 that would enable pharmaceutical companies to carry out some forms of advertising of prescription medicines to the public.

Key Messages

- **The decision to advertise a medicine will always be based on its marketability and expected returns, not on its public health benefits.**
- **Advertising prescription medicines stimulates widespread use of new medicines before their potential for harm is fully known.**
- **Self-regulation and poor monitoring of DTCA in New Zealand and the US have allowed misleading or exaggerated claims to reach consumers.**
- **Advertising, even in the guise of 'patient information', has been shown to lead to higher medicines expenditures without any additional benefits to health or health care quality.**
- **If the aim is to improve information on medicines in Europe, why do the legislative articles governing advertising need to be changed?**
- **Weakening Article 88 will be harmful from both a public safety and a cost perspective.**

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