

## BigPharma's medication compliance programmes: just say No!

A major challenge for any company is to find ways to maintain customer loyalty (a). This applies to large drug companies too, as part of their intense efforts to trivialize drug use and commercialise medicines. They are well aware that it is far less expensive to keep an existing customer than to find a new one (6 times less costly according to some studies). The pharmaceutical industry estimates that 30 billion dollars in sales are lost each year (out of a total of 600 billion dollars in global sales), because patients interrupt their treatments (1).

**To comply or not to comply.** For several years, pharmaceutical companies have been investing in new ways to retain their "customers", for example under the guise of programmes designed to help patients follow long-term treatment courses. Treatment compliance, i.e. the notion that a patient follows to the letter a treatment prescribed by a doctor or recommended by a pharmacist, has its good and bad sides. A patient who stops treatment too soon may suffer ill effects. Sometimes, however, a patient has good reasons for stopping treatment, because of adverse effects, for example, or inefficacy. The decision to continue or to stop long-term treatment can be a difficult one, and should be discussed by the patient and a healthcare professional.

Pharmaceutical companies' intrusion into patient "coaching" started in the United States, where drugs are more heavily commercialised than in Europe. Pharmaceutical companies set their own prices in the United States, and

can promote prescription-only drugs directly to the public. "Medication compliance programmes", which are simply a sophisticated form of advertising, are flourishing.

Such programmes are starting to enter France by the back door.

**Unacceptable draft law in France.** French parliamentarians are soon going to vote on draft legislation aimed at adapting French law on medicines to EC rules. Article 29-10 will, if adopted, authorise the French government to legalise "support programmes for patients on drug treatment, provided by pharmaceutical companies". This provision, which is not mentioned in EC rules, is to be forced through Parliament, with no opportunity for debate. Yet such programmes boil down to direct-to-consumer advertising of prescription drugs, which is banned in Europe (2-4).

The draft text states that companies will be able to launch "individually tailored measures (telephone reminders, free phone numbers, personalised patient education, home nurse visits, etc.)" (5).

If allowed to pass, this provision would allow BigPharma to envelop all aspects of healthcare provision, with its major involvement in initial and continuous education of healthcare professionals; its strong involvement in patient "information"; its strong influence on marketing authorisation procedures for new drugs; and, soon, Big Brother-like controls aimed at ensuring that we have correctly taken all our pills, and met our consumption targets...



## **POSITION** BigPharma's health information: a growing danger

**Stop industry interference.** It is time to put an end to this dangerous trend. One major conclusion of a recent French Senate report on medicines is that conflicts of interest are widespread and that the roles of the different players in the medico-pharmaceutical field are becoming increasingly confused (6). These "medicine compliance programmes" could only worsen this confusion: how could anyone imagine that a pharmaceutical company, in the position of both judge and jury, would willingly explain to a patient that he or she had better stop taking one of its drugs, or switch to a competitor's product?

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*a-* A similar article was published by the French daily newspaper *Le Monde* on 28 September 2006, under the title "Bigpharmatoussurveillance" ("BigPharma is watching us").

### **Selected references from Prescrire's literature watch.**

- 1- "Patient compliance is a 30 billion complaint". Website <http://www.bioportfolio.com> accessed 25 September 2006: 4 pages.
- 2- Prescrire Rédaction "Alerte citoyenne" *Rev Prescrire* 2006; 26 (271): 241.
- 3- Prescrire Editorial Staff "Transposition of Directive 2004/27/EC on human medicines: beware" *Prescrire Int* 2006; 15 (83): 115.
- 4- Prescrire Rédaction "Programme des firmes pharmaceutiques d'aide à l'observance": l'imposture" *Rev Prescrire* 2006; 26 (271): 300.
- 5- "Ordonnance: rapport au Président de la République". Website <http://www.prescrire.org> accessed 25 September 2006: 9 pages.
- 6- Hermange MT and Payet AM "Rapport d'information fait au nom de la commission des affaires sociales sur les conditions de mise sur le marché et de suivi des médicaments" Sénat 2006: 105 pages.

● **According to the European Commission, the way to maintain the competitiveness of the pharmaceutical industry is to lift the barriers that prevent pharmaceutical companies from communicating directly with the public.**

● **After a first failed attempt to introduce changes to EU legislation, the Commission and drug manufacturers are again determined to attain their goal in 2007.**

● **Five European or international associations have joined forces in order to combat this initiative. They have published a declaration outlining the fundamental principles for the provision of reliable information on disease and health for the benefit of all patients.**

**D**rug companies would very much like to advertise prescription-only drugs directly to the public, but current European legislation prevents them from doing so. Only vaccine campaigns are allowed. There are also a few national exceptions such as advertisements for products for smoking cessation.

This existing legislative framework is already interpreted in a flexible manner in various European Union member states. In addition, the European definition of drug advertising does not cover "statements relating to human health or diseases, provided there is no reference, even indirect, to medicinal products" (1,2).

As expected, drug companies and their proxy organisations already exploit these loopholes to their fullest. During the past decade they have developed a plethora of tools and techniques, such as newspaper articles that focus on specific symptoms or health conditions, often encouraging self-diagnosis, and announce the arrival of a promising new drug; radio and TV programmes showing opinion leaders repeating the same messages over and over; campaigns in classrooms; and multimedia prevention campaigns in public spaces and even on the streets.

In a never-ending attempt to improve competitiveness, the most influential companies, together with the European Commission, decided in the late 1990s to rid themselves of the remaining obstacles to unbridled marketing in Europe, including regulatory barriers that prevent them from addressing the

public directly. The principle stages in this plan are described below.

### **2001: the "G10" masquerade and the failed attempt to modify the Directive on human medicines**

In March 2001 the European Commission (Directorate for Enterprise and Industry, plus Health and Consumer Protection Directorate) convened the G10 'high-level group on innovation and the provision of medicines'. The group had 13 members, which included only one patient representative, sitting at the table with European Commissioners, Health Ministers of Member States, and the President of GlaxoSmithKline, for example...

The conclusions of this task force, published in May 2002 after only 3 meetings, reflected the industry's priorities. It served as a justification for the draft Directive on human medicines that was submitted to the EU Parliament in 2001 (3).

**A pilot project targeting 3 chronic diseases.** The memorandum on the proposal to change the current Directive (2001/83/EC) (including advertising), openly stated the objectives: "(...) It is proposed that there should be public advertising of three classes of medicinal products. This type of information would be subject to the principles of good practice to be adopted by the Commission and to the drafting of a code of conduct by the industry" (4). The three health conditions targeted by the Commission's pilot project were all chronic diseases: asthma, diabetes and HIV infection.

**A strong reaction by the European Parliament.** The Commission and drug companies attempted to disguise this advertising as 'information on diseases and treatments' through the use of euphemisms. These efforts were in vain.

The European Parliament clearly perceived this as an attempt to get a foot in the regulatory door and to ensure that Europe gradually allowed direct-to-consumer advertising of prescription-only drugs. The disastrous results of direct-to-consumer advertising in the United States and New Zealand led EU parliamentarians to solidly reject the Commission's proposal to change article 88: 494 votes against versus 42 votes in favour (5-7). ▶▶