

the US Department of Health and Human Services accepted the criticisms but challenged the recommendations. According to the FDA, although the criteria used to prioritise advertisements are not standardised, they are nevertheless systematically applied. Moreover, according to the Department of Health and Human Services, implementing these recommendations would require a substantial increase in staff (c)(1).

### The only effective preventive measure: an outright ban on DTCA

The negative impact of drug advertising on public health and healthcare expenditure is well established, whether the advertisements target healthcare professionals or the public. It is unrealistic to believe that DTCA can be effectively regulated, due to administrative delays, inadequate funding, and the fact that FDA regulatory action is only taken after ad campaigns have already been launched. We've observed a similar situation over the years in France concerning bans

issued by the French Health Products Safety Agency (Afssaps) on ads targeting healthcare professionals. The GAO report confirms that this is also the case for direct-to-consumer advertising.

The US report is particularly welcome, as it comes at a time when pressure is again being exerted in Europe to authorise direct-to-consumer advertising for prescription drugs, under the guise of "health information" (d).

An editorial in *The Lancet* compared DTCA to a "genie" that should not be let out of the bottle (7).

The only way the authorities can protect citizens from the negative effects of this drug advertising is to continue to ban it.

©Prescrire

*a-* For further information on the impact of DTCA, see the references in reference 8.

*b-* The Government Accountability Office (GAO) is an agency that works for Congress. It is charged with auditing, evaluating and investigating the use of public money, and policies and programmes of the federal government (ref 1).

*c-* It was finally decided to increase staffing, with salary costs paid through a substantial increase in company dues (ref 9).

*d-* See "The European Commission's proposal on information to patients" will boost drug sales not serve patients' interests" [www.prescrire.org/cahiers/dossierEuropeMedOpenLetter3EN.php](http://www.prescrire.org/cahiers/dossierEuropeMedOpenLetter3EN.php).

Translated from *Rev Prescrire* June 2008; 28 (296): 460

## Standing up to salt industry lobbies

### ● Health professionals and researchers can successfully fight misinformation.

**W**hy would a scientific researcher working in the public interest not seek to publicise results with important implications for public health?

Pierre Meneton, a researcher at INSERM, the French Institut National de la Santé et de la Recherche Médicale, decided to draw attention to the cardiovascular risks associated with excessive salt consumption (1).

International guidelines on salt intake agree on the need to inform the public of the dangers of excessive salt consumption, and for information on salt content to be systematically provided on the labels of processed foods (1-4). Yet these recommendations are largely ignored in France (1).

**Countering misleading information.** Pierre Meneton decided to denounce the "information" issued by the salt industry, and the ineffectual responses of the French authorities under the influence of food processing industry

lobbyists, as well as the lack of necessary regulations such as systematic labelling of processed foods (1,5).

In 2007, Pierre Meneton was taken to court by the salt industry, via the Comité des Salines de France (Salt Producers' Syndicate of France), who accused him of libel when he claimed (our translation): "Lobbyists for the salt and food processing industry are very active. They misinform healthcare professionals and the media" (6).

**The right and obligation to blow the whistle.** Pierre Meneton, far from being intimidated, decided to use the trial to air his point of view. The court ruled in his favour, pointing out that lobbies simply defend their vested interests. The court also stressed that, as a researcher, Pierre Meneton had a right and even an obligation to challenge the salt lobby in good faith (a)(7).

The court's decision supports independent scientific analysis.

Others should follow this outspoken researcher's example and be willing to argue their position without waiting for a law to protect whistle-blowers (8). Pierre Meneton's case illustrates that

### Selected references from Prescrire's literature search.

1- United States Government Accountability Office (GAO) "Prescription drugs. Improvements needed in FDA's oversight of direct-to-consumer advertising" November 2006. [www.gao.gov](http://www.gao.gov) accessed 3 October 2007: 52 pages.

2- Prescrire Editorial Staff "Reorienting European medicines policy" *Prescrire Int* 2003; 12 (67): 195-194 and on [www.prescrire.org](http://www.prescrire.org).

3- Mintzes B "An ill for every pill" ISDB Newsletter 2006; 20 (2): 17-19.

4- Prescrire Rédaction "Publicité grand public pour les médicaments de prescription: abus et confusion" *Rev Prescrire* 2006; 26 (277): 777-778.

5- Toop L et al. "Direct to consumer advertising of prescription drugs in New Zealand: for health or for profit?" Christchurch, Dunedin, Wellington and Auckland Schools of Medicine 2003. [www.chmeds.ac.nz](http://www.chmeds.ac.nz) accessed 3 October 2007: 95 pages.

6- Donohue JM et al. "A decade of direct-to-consumer advertisement of prescription drugs" *N Engl J Med* 2007; 357 (7): 673-681.

7- "The direct-to-consumer advertising genie" *Lancet* 2007; 369: 1.

8- Medicines in Europe Forum "The European Commission's proposal on information to patients will boost drug sales not serve patients' interests". [www.prescrire.org/cahiers/dossierEuropeMedOpenLetter3EN.php](http://www.prescrire.org/cahiers/dossierEuropeMedOpenLetter3EN.php) accessed 2 October 2007: 3 pages.

9- Koroneos G "PDUFA passed with refined DTC component". [www.pharmexec.com](http://www.pharmexec.com) accessed 2 October 2007: 2 pages.

©Prescrire

*a-* Direct testimony: members of the Prescrire team attended the hearing.

1- Meneton P "La lutte contre l'excès de sel alimentaire" *Rev Prescrire* 2004; 24 (248): 232-233.

2- Prescrire Editorial Staff "Adult hypertension: reducing cardiovascular morbidity and mortality" *Prescrire Int* 2005; 14 (75): 25-33.

3- Prescrire Rédaction "Alimentation des enfants: des salières sur la table de la cantine scolaire?" *Rev Prescrire* 2005; 25 (259): 236.

4- Prescrire Rédaction "Sel et événements cardiovasculaires" *Rev Prescrire* 2007; 27 (290): 927.

5- Cattan P "Scandale alimentaire. Sel: le vice caché" TOC du 18 March 2006: 14-15.

6- AFP "Les méfaits du sel sur la santé au centre d'un procès en diffamation" Release 31 January 2008: 1 page.

7- AFP "Les producteurs de sel perdent leur procès contre un chercheur de l'Inserm" Release 13 March 2008: 1 page.

8- AFP "Des scientifiques demandent la protection des lanceurs d'alerte" Release 29 January 2008: 1 page.