2005

Does DTC Advertising Strengthen Our Healthcare System

Michael S. Lillo

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Does DTC Advertising Strengthen Our Healthcare System?

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Submitted in partial fulfillment of the requirements
For the Master of Arts in Corporate and Public Communications
Seton Hall University
2005
ACKNOWLEDGEMENTS

The author would like to take this opportunity to thank many people for their dedication and support that helped make this study and the attainment of a graduate degree possible. He can never begin to repay the debts owed to devoted family members, loyal friends, and faithful co-workers who provided constant support and unyielding patience while rewarding every effort and applauding each achievement during the last three adventurous years. Special appreciation is also extended to the highly respected group of instructors and advisors of Seton Hall University’s MACPC program such as Monsignor Dennis Mahon, Richard Dool, Dr. Patricia Kuchon, and to all the professors for their commitment to academic integrity, their dedication to developing future leaders, and their unwavering responsibility to helping each student achieve their dreams.
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Chapter I

Introduction

You see them everyday, advertising for prescription drugs to treat everything from depression to erectile dysfunction, from arthritis pain to toe fungus. They come in the form of television commercials that run during evening newscasts or televised sporting events. They appear as double, full-page ads in most popular magazines, as well as in daily newspapers around the country. In some cases, this type of product advertising has even appeared on roadside billboards to catch the attention of highway drivers or popped-up on your favorite radio stations while sitting in rush hour traffic.

These advertisements (Woodcock, 2003) basically come in three forms, the first being the “product-claim” ad which includes both the name of the product and the disease it treats, or makes a claim or representation about a particular drug. Next, is the “reminder” ad which discloses the name of the product and the dosage form, usually tablet, capsule, or syrup but does not reveal the product’s indication or use. Both of these types of DTC ads are closely regulated by the FDA; however the third form of drug advertising, the “help-seeking” ad is not. This advertisement type discusses a disease or condition that advises the audience to “see your doctor” for treatment options only, therefore it is not required to state risk information because a product is not mentioned or implied (pg. 2). So while it seems we are seeing increasingly more promotion of pharmaceutical company products, direct-to-consumer advertising is nothing new and has been around for a very long time.

For nearly twenty years, DTC advertising of doctor prescribed drugs has been a very hot topic, one filled with a great deal of praise by industry insiders for its benefits to
patients as an information vehicle that empowers the consumer, while at the same time,
very much maligned by detractors who believe DTC ads lead to over-prescribing of
medications and higher medical costs. Some even believe it has damaged the
doctor/patient relationship which is seen as sacred by many in the medical community.
In fact, "doctors complain that more and more patients are presenting them with a list of
drugs they’d like to try, many of which are neither time tested nor cost effective" (Maguire, 1999).
Other arguments proclaim that "DTC ads mainly benefit the bottom line of the drug industry, not the public. They mislead consumers more than they inform them, and they pressure physicians to prescribe new, expensive, and often marginally
helpful drugs, although a more conservative option might be better for the patient" (Davidson, 2003).

These and many other suspicious viewpoints shared by industry critics have
raised questions of impropriety practices on the part of the pharmaceutical industry despite
the encouraging aspects revolving around such an effective tool that has helped
consumers and patients take more control of their healthcare and overall well-being.
Despite the negativity surrounding DTC, "the typical consumer is quite positive about the
concept of DTC advertising, because such advertising educates and informs the public,
and increases awareness of new medicines..." Additionally, "DTC advertising was
regarded as being ‘more focused on the product and its benefits,’ and ‘more responsible’
than most advertising (Castillo/Hopkins, 2003). So in the eyes of the consumer, DTC
benefits them by supporting identification of possible symptoms related to health
problems, assists with building better resources for patient education, and most of all,provides knowledge for patients about available treatment options that are obtainable

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before meeting with their doctor to discuss treatment. The pharmaceutical industry’s objective is to empower consumers through better education and overall awareness. Essentially, “consumers feel they have a right to know what prescription medications are available...” but want to avoid practices of the past “when doctors controlled most of the information available regarding health and medications” (Castillo/Hopkins).

Regardless of the viewpoints surrounding direct-to-consumer advertising, pharmaceutical companies have fully put DTC to work after gaining a major advantage in 1997 when the U.S. Food and Drug Administration lifted restrictions on advertising for television. Since then the amounts of money spent each year has increased, but overall, the industry’s “total spending—including direct-to-consumer advertising, professional advertising, detailing, and sampling—grew by 11 percent from 2001 to 2002, from $19.4 billion to $21.5 billion” (Branch, 2003, paragraph 2). On average about 12 percent of that total, or $2.64 billion in 2002, was dedicated to both print and electronic advertising designed to promote brand-name products directly to consumers. In the first six months of 2004, DTC ad spending was just over $2.36 billion, a 33 percent increase over the same period the year before (Ehrlich, 2004). The greatest benefit to the industry has been DTC’s impact on product sales. “[R]eaches attribute 12 percent of the pharma industry’s growth between 1999 and 2000 to DTC advertising, estimating that every $1 increase in spending on consumer ads yielded an additional $4.20 in sales” (Anderson, 2003). That’s roughly $2.6 billion in additional sales thanks to the use of DTC advertising.
So even though DTC has proven itself to be a successful revenue generator for many of the industries largest companies while providing treatment options and educational resources for consumers and patients, the existing environment surrounding this form of product marketing may be a detriment to the future of DTC. However, over the past decade, consumers, especially the aging baby-boomers, have taken on more of an interest in their overall health and well-being. The success behind many health-related publications and websites has been fueled by a genuine thirst for knowledge that has worked to transfer our country’s healthcare system. This shift from a physician-based structure where the doctor knows what is best for the patient to an environment where the consumer is taking on more responsibility for making health-related decisions has created a role for direct-to-consumer advertising.

Research Question

With all of this being said, does DTC advertising really work towards strengthening our healthcare system? Is it really used for patient education and public awareness, thus empowering the consumer to take more control of their well-being as many in the pharmaceutical industry maintain, or is the true nature of this medium designed to build blockbuster products while benefiting the bottom-line of the companies that market them, which in turn weakens the system by creating an environment of over-use and high-costs. This assessment will concentrate on that question while looking at the situation presently surrounding the pharmaceutical industry, as well as the future of direct-to-consumer advertising of prescription medications.
Subsidiary Questions

In an attempt to comprehend the full scope of direct-to-consumer advertising, this study will also offer insights into answering some of the following questions:

1. Does DTC advertising actually provide an educational benefit to consumers?
2. What is the impact of DTC advertising on the doctor/patient relationship?
3. Is the issue of Fair Balance in DTC advertising a benefit or hindrance to the consumer?
4. Will more patient education and less product marketing quell DTC's critics?
5. With the current environment surrounding the industry, can DTC advertising survive in an era of high healthcare costs?
6. Should the FDA increase its role as DTC watchdog?

Purpose of the Study

Over the years, much has been written about the intrinsic worth of DTC advertising by pro-industry experts, while numerous critics of the medium have passed judgment from the very beginning labeling DTC as an inappropriate and immoral means for consumers to gather product information. This study will examine many of these opinions and viewpoints to determine if patients/consumers are truly benefiting from DTC. Additional, this study will also look at how DTC fits into the overall marketing roadmap by looking at sales representative detailing, advertising to the medical community, and the importance of product sampling.
Aino, with present day issues surrounding the pharmaceutical industry such as the importation of prescription drugs from Canada, Internet drug stores, heavy restrictions on pharmaceutical marketing, and the push for affordable healthcare by reducing high drug costs, can DTC truly survive if any of these threats become a reality? Arguments against DTC and research supporting these positions show “DTC ads are one element - and probably an increasingly important one - in the recent sharp rise in demand for, expanded use of, and increased spending on prescription drugs” (Findlay, 2002, pg. 2). As more research is conducted and along with the issues mentioned above, will that change the face of DTC advertising as we know it.

Objectives

The intention of this study is to look at how direct-to-consumer advertising is influencing this move within our healthcare system. Mostly, this study will focus on the industry’s efforts to keep direct-to-consumer advertising in the public eye while highlighting DTC’s beneficial aspects to consumers. Another objective is to focus on the attempts by opposition groups that want to see the reins pulled in on DTC by calling for the implementation of stricter regulatory policies or the complete elimination of the medium altogether. Another objective will be to look at how DTC fits into an overall marketing plan of a pharmaceutical company that includes direct detailing to medical professions, journal advertising, and product sampling. Lastly, this study should elicit opinions and viewpoints from consumers on the effects of DTC advertising and whether it contributes in some way to our healthcare system here in the United States.
**Definition of Terms**

**Adequate Provision.** "This alternative recognizes the inability of broadcast advertisements of reasonable length to present and communicate effectively the specific information that is required to be in the "brief summary". Advertisers are required to note the drug’s most important risk factors as part of the "majer statement" and to provide "adequate provision" for the dissemination of the approved labeling to satisfy requirements mandated by the Act" (American College of Physicians, 1996, pg. 8).

**Blockbuster Drug.** This is a drug that reaches and sustains $1 billion in sales annually within its market. Examples of blockbuster drugs would be Viagra for erectile dysfunction, Vioxx for arthritis pain, and Diovan for hypertension.

**Detailing.** Is a face-to-face meeting between a doctor and pharmaceutical sales representative. Also known as a sales call, these meetings are designed for the rep to update the doctor on product information.

**Draft Guidance.** "In August 1997, FDA issued a draft guidance entitled, 'Guidance for Industry: Consumer-Directed Broadcast Advertisements’ that clarified the Agency’s interpretation of the existing regulations. The Guidance described an approach for ensuring that audiences exposed to prescription drug advertisements on television and radio has convenient access to the advertised product’s approved labeling. The proposed approach consisted of reference in the broadcast ad to four sources the consumer could use to obtain more detailed labeling information: a toll-
free telephone number, a website address, a concurrently running print advertisement, and health care professionals" (Woodcock, 2003).

**Fair Balance.** It is required by FDA regulators that every UTC advertisement, either in print or electronic form, contains an explanation of the risks and effectiveness of the drug being advertised (PhRMA, pg 7).

**Major Statement.** “Advertisers are required to disclose the product's major risks in either the audio or audio and visual parts of the presentation” (American College of Physicians. 1998, pg. 8).

**Patient Package Insert.** This summary contains important patient information that has been reviewed and approved by the U.S. Food and Drug Administration. Information contained in the PPI should be clearly spelled out for patients, in easy-to-understand notation from the pharmaceutical manufacturer by brand name, generic name, manufacturer and therapeutic class (as cited by DrugInfoNet.com).

**Professional Advertising.** Also known as journal advertising, is product promotion directly to the medical community through professional publications such as the New England Journal of Medicine (NEJM), The Journal of the American Medical Association (JAMA), and other medical periodicals.

**Sampling.** This is the process by which pharmaceutical products are provided directly to doctors that are in turn given, free of charge, to patients for sampling.
purposes. This gives the doctor and consumer the opportunity to assess if the drug is working before a prescription is written, especially in the case of chronic conditions such as elevated cholesterol, hypertension, or depression.

Limitations

Because of the nature of DTC advertising, this study to some extent will focus only on certain aspects of the medium and will not touch upon the following areas. The first is the U.S. Food and Drug Administration’s all-encompassing role in overseeing the pharmaceutical industry and its practices. The author believes that going into greater depth by reviewing the regulatory process involved with overseeing DTC marketing limits the true focus of the study. Another factor that renders limitations to the study is the overall role that advertising plays in marketing consumer products. Just like any general advertisement, DTC’s purpose is to promote a product to an audience, however the characteristics surrounding this type of promotion is quite different from an advertisement for a soft-drink or laundry product. There is the issue of “Fair Balance” that calls for the emphasis on side-effects and risks, as well as a drug’s beneficial aspects. This added element makes DTC quite unique within the world of advertising.

Next, measuring DTC’s financial impact on the overall healthcare system is limited because not much information is available that highlights dollar for dollar comparisons. The fact that direct-to-consumer advertising’s part is considered a vital contributor to public awareness and education helps lead the reader to making the assumption that the change towards a consumer-based system is possible. And finally, this study will not
focus on any DTC advertising that is considered to be for a generic drug, over-the-counter product, or medical device. Ads for doctor-prescribed drugs tend to dominate the airwaves and printed pages because companies that produce generics drugs have limited budgets for advertising due to the fact that many generic drugs are less expensive than patent-protected prescription medications. So the consideration of these types of products will be avoided to prevent any skewing of the data this study hopes to review.
Chapter II

Direct-to-Consumer Advertising: Past, Present and Future

It seems as though advertising has been part of our everyday lives since the advent of radio and television, from the slogans and jingles of ads from the pre- and post-war eras and the roadside Burma Shave signs to today’s special effects-filled, high-tech ads for cars, fast-food, soft-drinks, and computers. In reality, advertising’s origins go back much further to when civilizations began trading goods. “At its inception advertising was merely an announcement; for example, entrepreneurs in ancient Egypt used criers to announce ship and cargo arrivals. The invention of printing, however, may be said to have ushered in modern advertising” (Columbia Encyclopedia, 2000). In the United States, advertising has taken on a different meaning. According to Lears, “during the last two hundred years, in the capitalist West and increasingly elsewhere as well, advertisements have acquired a powerful iconic significance” and he goes on to say that “by the late twentieth century, these fables of abundance—especially the ones sponsored by major multinational corporations—had become perhaps the most dynamic and sensuous representations of cultural values in the world” (1994, pg.2).

The truth is that advertising’s influence on the American public has grown to the point that it commands our everyday lives and the branded products we use. With this increased influence comes the need for additional money dedicated to product messages and the delivery of the medium to the public. It’s estimated that “advertising spending is expected to increase 7.8% in 2004 to $138.4 billion…this increase follows the estimated growth of 6.7% in 2003” (TNS Media Intelligence, 2004). The $2.3 million spent by advertisers per 30 second spot during the 2004 Super Bowl is evidence of this increased
spending. According to Kaplan, "the ads are as big as the game, and much is at stake for advertisers. More than 100 million people are watching, and it's the one time they really pay attention to commercials" (2004). Many of the top branded product manufacturers such as PepsiCo, Coca-Cola, Fed-Ex, Anheuser-Busch, and General Motors all sold their wares during the game that day, and added to that list were the likes of Viagra, Levitra, and a new product, Cialis, all doctor-prescribed medications for erectile dysfunction. So it looks like pharmaceutical DTC ads have taken their rightful place among the other big game product advertisers and by the looks of things, they are here to stay for a very long time.

Pharmaceuticals Enter the Advertising Arena

Before the era of direct-to-consumer advertising, drug makers devoted much of their marketing efforts and budgets to promoting products through professional medical journals, by building large, well-trained sales forces that spent time "detailing" or presenting product information directly to doctors, or providing product samples that doctors passed along to their patients (Matthews, 2001). For the most part, DTC became the fourth component within this marketing mix, but its entry into the world of consumer advertising is not pin-pointed to any particular date. The first known example would go back to the late 1960's when the U.S. Food and Drug Administration developed the model for the patient package insert (PPI). This first PPI basically required that all necessary information be made available to the patient by inserting it within the packaging and focusing more on how to use the product, rather than concentrating on safety and efficacy. According to Pines, this was the "first time that [the] FDA formally
recognized the importance of the patient understanding a prescription drug and deriving the maximum benefit from it." He further states that "PPI's represented the breakthrough concept that ultimately lead to DTC advertising" (1999). The trend continued into the following decade when *The Physician's Desk Reference* and another reference text issued by the U.S. Pharmacopoeia about prescription drugs were both made available in bookstores. This additional step forward lead the way for consumers "to have easy access to information about the drugs they were taking and [to] learn about their effectiveness as well as effects" (Pines, 1999).

DTC advertising (Pines, 1999) as we knew it today came about in the 1980's when British-based Boots Pharmaceuticals, by way of its U.S. subsidiary, reached the consumer directly through a paid advertisement for its ibuprofen product, Rufen. The print advertisements, followed two years later by television commercials making the same claims, were strictly price-specific and made no real claims of Rufen's efficacy or effectiveness. A second DTC ad was released in 1981 by Merck Sharp & Dohme for its pneumonia vaccine, Pneumovax® (pg 491). Pines also states, "the reaction at [the] FDA was one of shock, more so to the Rufen pricing advertisements than to the Pneumovax® advertisements. The agency's physicians saw a public health benefit in advertising a vaccine, but there was substantial internal discussion about the advisability and implications of the Rufen advertisements. Physicians at [the] FDA generally felt that such advertising was inappropriate" (pg 491-492). A third advertisement that sparked controversy involved Swiss-drug maker Sandoz Pharmaceuticals Corporation, (now Novartis) when the company ran a full-page advertisement in 25 major newspapers around the country. The company claimed the ad for Tavisol, a prescription
anti-histamine, was designed strictly for the attention of physicians. According to Craig D. Burrell, vice president of external affairs for the company, “we were looking for a non-traditional way to get to physicians” (as cited by Waldholz, 1987, Sept. 22). This move (Waldholz) was seen as a bold, yet risky move on the part of Sandoz to fend off competition from a newer product called Seldane that was slowly grabbing market share away from the Sandoz product. Also, an official from the FDA stated that Sandoz sought guidance and was granted permission to run the doctor-directed ad only after some language changes were put into place (1987, Sept. 22). It turns out that the Tavis-1 advertisement was pulled about a month later, not because guidelines or regulations were violated, but rather the ad claims were found to be false and misleading. Waldholz stated that “the full page ads... were the first drug promotions in the general press to mention a prescription drug by name and give detailed prescribing information that traditionally is provided only to doctors” (1987, Oct 26). As a result (Waldholz) of this ad, it was believed that other drug companies would be encouraged to develop similar direct-to-consumer marketing campaigns despite the FDA’s disapproval (1987, Oct 26).

So these are just a few examples of the early DTC campaigns and the FDA’s involvement in overseeing them, however since then, “the ads have become more sophisticated, more prominent and more profitable” (NCOIL, April 2002, pg 1). In 1997, the introduction of what would become a landmark FDA decision allowed DTC advertising to make its move into the sphere of the more powerful medium of television that has fueled DTC’s rapid growth and has created a major victory for the pharmaceutical industry.
DTC Hits the Airwaves

Drug companies began focusing on commercial television during the 1980's, however such advertising was very limited to either product or disease references only, never both together. These "help seeking" advertisements (Pines) as they were called, appeared mostly in print and were required to be either messages that recommended talking to your doctor about particular disease symptoms without the mention of an actual product for treatment or a more brand-specific message that focused only on the product without revealing the disease being treated (1999). According to Pines "consumers could not tell, in some instances what the product was for, or indeed whether the product being advertised was a prescription drug or another product. Within [the] FDA, there was a growing concern that these and many other such commercials fundamentally were non-communicative. This recognition led, in August 1997, to the landmark draft guidance that permitted product-specific advertising on television" (1999). Now with this draft guidance in place, commercials could promote a medication's "benefits without a lengthy summary of potential side effects and contraindications. Instead, broadcast advertising (radio, as well as television) is required to mention only a drug's major risks and provide a web address and toll-free number for consumers to get more information" (Maguire, 1999). This requirement (Pines) by the FDA is known as 'adequate provision' and in addition to the toll-free number and website offerings, a reference to a print advertisement containing a brief summary of risk information or a suggestion to obtain additional information from a doctor, pharmacist, or other health professional also satisfied the draft guidance allowing for the new commercials to air (1999).
DTC's Value to Consumers

From the very beginning, direct-to-consumer advertising of pharmaceuticals has been looked upon by many as a tremendous public service. Not only have patients become more willing to talk to their doctors more openly about their medical conditions, they are becoming better informed about the medications and overall treatment options available to them. Because DTC ads are concentrated "among a few therapeutic categories... these advertisements help consumers recognize symptoms and seek appropriate care." In fact, results from studies have revealed that many patients/consumers are "aware of new drugs and their benefits, as well as the risks and side effects with the drugs advertised" (PhRMA, pg 4). In addition to informing patients, DTC has radically worked towards empowering the consumer and enhancing the public's health. According to a National Conference of Insurance Legislators report, "DTC advertising enhances consumer knowledge about diseases and treatment" and "it fosters competition among products, which can lead to improved quality and lower prices for consumers" (NCOIL, 2002, pg 2).

Furthermore, a 1999 Prevention Magazine survey three years earlier stated that "the benefits of DTC advertising could go far beyond simply selling prescription medicines: these advertisements play a vital role in the enhancing the public health" (as cited by PhRMA, pg 5). Besides the benefit to public health "consumers feel they have a right to know what prescription medications are available" couple that with the fact that most "consumers do not long for the 'good old days' when doctors controlled
most of the information available regarding health and medications" (Castillo/Hopkins, pg. 8).

Another value-added benefit of direct-to-consumer advertising addresses a major crisis in this country when it comes to disease diagnoses and treatment. DTC advertising has led patients to the doctor’s office for the first time to discuss possible disease symptoms and in some cases, prompted patients to get in to see the physician much sooner than they would otherwise. An example that’s cited comes from the Centers for Disease Control (CDC) which “estimates that 45 million Americans over the age of 12 carry the virus that causes genital herpes. Yet, only about 4.5 million Americans, or just one in ten, are being treated. Surveys indicate that DTC advertisements have helped increase the number of patients aware of the disease and have increased the number of newly diagnosed patients” (as cited in PhRMA, pg 5). This exceptional example is also proof of another beneficial affect of direct-to-consumer advertising and its success in breaking down the barriers surrounding most diseases. “DTCA also encourages patients to discuss medical problems that otherwise may not have been discussed because it was either thought to be too personal or that there was a stigma attached to the disease” (PhRMA, pg 6).

Another advantage that highlights DTC’s benefit to patients and consumers is the role of boosting prescription compliance. Most chronic conditions, such as arthritis, high blood pressure, elevated cholesterol, and depression can easily be treated with doctor-prescribed treatment regimens. However, it has been noted (Smith) that most patients
drop-out of these therapies for several reasons some of which include, failure to remember, started feeling better, or had trouble with side-effects (Sep.2003). “According to the 2002 Prevention Magazine survey, 17 percent of consumers said D\'YCA made it more likely (versus 2 percent less likely) they would take their medicine regularly and 12 percent of respondents reported that DTC advertisements made them more likely to refill prescriptions” (as cited by PhRMA, pg.6).

When patients are fully compliant and following treatment regimens, the cost effectiveness of drug therapy, known as pharmacoeconomics, in turn benefits the overall healthcare system. Prescription drug costs amounted to about 11% of overall healthcare costs in 2003 (Nations Health Dollars, 2003) and “according to an article in the Journal of Research Pharmaceutical Economics, 5.5 percent of all hospital admissions are due to non-compliance, which results in $8.5 billion annually in unnecessary hospital expenditures, plus another $17-$25 billion in estimated indirect costs” (as cited by PhRMA, pg.6). Additional survey results have shown that “increased spending on pharmaceuticals often leads to lower spending on other forms of more costly health care, [basically]... an $18 increase in money spent on new prescription drug expenditures, reduces non-drug spending by $71.09, resulting in a net savings of $53.09” (as cited by PhRMA, pg. 12).

So the benefits of DTC advertising have proven to illustrate the added value to patient care and the overall benefit to the American healthcare system over the years. Unfortunately, the next section will highlight the arguments cited by many critics of DTC.
that have called for increased government scrutiny or the total banishment of this form of advertising altogether.

**Crimes and Misconceptions**

For the most part, DTC advertising has been much maligned by its critics from the very start. "The trouble is, with a small but persistent crowd of DTC detractors in government and the news media, they're damned if it works – and sure to be accused of inciting spurious patient demands – and damned if it doesn't – for wasting money that could go into research and development" (Arnold, pg 39, paragraph 2). Unfortunately, many people always look at the bottom-line costs despite the positive aspects of a well intentioned action. Primarily, "many health policy experts believe that direct-to-consumer advertising by pharmaceutical companies is contributing to the high cost of many prescription drugs" (Matthews, 2001, paragraph 1). Also according to Matthews, there is little or no relationship between the cost of a product and the money spent on advertising. He emphasizes that "over-the-counter drugs are heavily advertised, yet remain inexpensive" while highlighting the fact that "some prescription drugs that are virtually never advertised to consumers such as Gleevec, a new leukemia drug by Novartis, are much more expensive than the widely advertised drugs" (January, 2003 paragraph 6). To back up this claim, when Gleevec received FDA approval in May 2001, the estimated annual cost to treat a patient with Chronic Myeloid Leukemia (CML) was estimated at about $28,000 per year.
Another criticism suffered by the industry and its DTC promotional strategy is that "direct-to-consumer advertising leads to increased drug utilization" (Matthews, 2003, paragraph 7). This has created a tremendous concern for those in the managed care and the health insurance industries. Basically, certain arguments against DTC advertising such as the one highlighted by HMO insurers revolve around the issue that "creating more demand for a (drug) product can put a company in conflict with HMO's, which must keep costs down while delivering adequate care... DTC advertisements increase demand, sales, and profits. Some of these profits are at the expense of the HMO's bottom line." Their argument continues with the conclusion that "the more DTC advertisements succeed, the harder it will be for them (HMO's) to make a profit." (as cited by Pines, pg 511). Mathews concludes with an outstanding example from a different viewpoint by stating that "implementing a 911 emergency system increases fire and police department utilization — thus driving up a city's public spending on these services... that's what DTC advertising does" (2003 paragraph 8).

So while most critics argue the monetary aspects of DTC advertising, there are those who have turned their attention to more traditional misgivings such as the position against doctors being forced to prescribe advertised drugs by their patients. According to Mathews, "the notion that patients are somehow bullying doctors into prescribing something the doctor doesn't think the patient should have is almost ludicrous. That is not the average doctor, nor is it the average patient" (2002, paragraph 12). In the early days of DTC, when ads were running in popular magazines and then becoming more prevalent on television, many doctors "complain[ed] that more and more patients [were]
presenting them with a list of drugs they'd like to try, many of which are neither time
tested nor cost effective (Maguire, 1999, paragraph 3). Maguire further states that "many
of these patients are already convinced that the products advertised are the answer to their
problems and they mistrust him (the doctor) if he says otherwise (paragraph 1). But in
reality, "while 72 percent of patients who talked to their doctor about an advertised drug
asked the doctor for more information, only 26 percent actually asked for the drug" (Mathews, 2003, paragraph 14) according to a recent Prevention Magazine survey. As
time goes by, doctors are beginning to become more receptive to the notion that DTC
advertising plays a role in providing information that is a benefit to a person's overall
healthcare. The argument that doctors are being pressured by their patients is a legitimate
concern, however being that drugs require a prescription, the doctor has the ultimate final
say on whether the patient receives the drug asked for, is recommended an equivalent
remedy, or is given a treatment option totally opposite from the norm.

The final criticism attached to DTC advertising is the misconception that these
ads are deceptive, misleading, and irresponsible because the balance between benefits
and risks are not equally represented. In reality "the growth of DTC advertising is
altering the way prescription drugs are perceived. The ads send a strong signal that
prescription drugs are just like any consumer product — soap, cereal, cars, snack foods,
etc. Also, surveys indicate that while consumers bring a healthy skepticism to the claims
made in prescription drug ads, they believe the information is approved by the
government" (Findlay 2000, pg 7). In fact the FDA (Pines, 1999) has provisions in place
to take any necessary enforcement action that exclusively focuses on advertising directed
towards consumers and promotional materials intended for physicians (pg. 499). So while the critics make these claims of deception and the FDA is keeping a watchful eye, the end result is that the consumer sees DTC ads as "being 'more focused on the product and its benefits' and 'more responsible' than most advertising (as cited by Castillo/Hopkins, 2003). Castillo and Hopkins' research also revealed that "consumers feel that they are certainly smart enough to use DTC information intelligently" (pg. 8). Unfortunately, not many see the consumer as being able to make decisions for themselves when it comes to DTC ads. "Automakers do their best to get us to spend $20,000 or $30,000 or more to buy a new car or truck – whether we need it or not... yet economists applaud if the automakers are successful in inducing us to spend that money on something we don't really need (Mathews, 2003, paragraph 18). So regardless of which side of the argument you choose to defend, the bottom-line is that "the nature of advertising is to promote a product, and there are truth-in-advertising laws that prohibit false and misleading information. The fact is that prescription drug ads are among the most benign - and ethical on television" (Mathews, 2003, paragraph 16) and in print as well.

Where the money goes...

Before you can really know if the amount of money being spent by the drug industry is excessive and an unnecessary waste of money, as many of DTC's critics contend, there needs to be breakdown of the numbers and a better understanding surrounding where these dollars go. "In 1989, the drug industry collectively spent only $12 million on DTC advertising, compared to $2.38 billion in 2001, an increase of almost..."
200-fold in only 12 years" (Palumbo/Mulline, 2002). Over 70% of that 2001 total was
dedicated to television advertising and overall, 105 name brand prescription drugs where
advertised in that same year. That number increased to $2.68 billion in 2002 with Glaxo-
SmithKline leading the way by spending a reported $504.5 million and outspending
competitor Pfizer ($333.3 million) (Branch, 2003) by nearly 34 percent. In just two
years, that number has increased to nearly $4.8 billion spent on all DTC advertising in
2004, an increase of 37.6 percent over the nearly $3.5 billion spent the year before
(Ehrlich, 2005).

The money spent on DTC advertising is just one small piece of the marketing
puzzle. Pharmaceutical companies have for years invested in well-trained sales forces
that make routine calls, what is known in the industry as detailing, to doctors either in the
office or at local hospitals. But the cost-effectiveness of these calls is in question. It has
been estimated that "the average cost of a detail call – which lasts about two minutes –
climbed to $160 in the past year [2002]. And on average, reps cost a company about
$175,000 annually, which includes base salary, incentives, training, benefits and other
expenses" (Branch, 2003). According to Branch, "pharma companies spent $5.48 billion
on office-based detail visits, up 11 percent, and spent $908 million on hospital calls, up
24 percent from 2002" (2003). Another major component of the marketing effort is
product sampling which is "the largest share of the money (albeit the retail value rather
than the actual cost of production) [that] goes to handing out samples to physicians,
which are in turn handed out to patients" (Matthews, 2001) and accounts for over 50% of
the total marketing expenditures for the industry annually. IMS Health, a research and
consulting firm, states "both detailing and sampling grew 13 percent each in 2002... the
budget for sampling reached $11.96 billion, up from $10.55 billion in 2001, and detailing
hit $6.39 billion in 2002, up from $5.66 billion the previous year (as cited by Branch,
2003). According to Branch, "industry insiders agree that detailing and sampling remain
two of the best ways to reach doctors to increase prescription sales, but the numbers
associated with fielding significant sales reps are beginning to work against pharma
companies (2003). While many believe this to be true, others feel that the number of
pharma field reps is reaching a saturation point which is steadily approaching 90,000.
Ron Brand, an IMS consultant "predicts that number will flatten out over the next two
years" and he also believes "the issue will come down to which pharma company will be
the first to make cuts to their sales force... because no one wants to lose their share of
voice in front of doctors (as cited by Branch).

Finally, there is one more component that ties into the marketing mix that
promotes a company's drug directly to the physician and that is through journal or
professional advertising. This is basically advertising that is bought by pharmaceutical
companies in such prestigious medical publications as the New England Journal of
Medicine and the Journal of the American Medical Association (JAMA). According to
Branch, "journal advertising grew a scant three percent in 2002 to $481.2 million, up
from $466.3 million (2003). Despite this minimal investment by the industry, journal
advertising remains the best way to reach physicians. The Association of Medical
Publishers claims "[journal] ads generate the highest ROI (return on investment) when
compared with the other advertising channels" (as cited by Branch).
So even though DTC is relatively a very small component of the overall marketing effort of the drug industry, money dedicated to professional spending goes virtually unnoticed. According to Matthews, "relatively little criticism focuses on how much drug companies spend on marketing to doctors and hospitals. And those critical of DTC spending seem to assume that professional spending should continue without interference (2001).

What lies ahead for DTC?

Since relaxing of the rules regarding broadcast advertising, DTC ads have become firmly entrenched on television and radio, along with other advertising vehicles such as print, outdoor advertising, and now the Internet. The drug-makers have been able to successfully argue for the justification of direct-to-consumer ads and have promoted the value-added benefits to consumers, while working diligently to prevent the negative images projected by industry watchdogs and advocacy groups who see DTC ads as a threat to consumer safety. That justification has been seen each year since 1989 as spending on DTC advertising shows remarkable increases in promoting products directly to the consumer as opposed to taking the professional marketing route of product-promotion directly to doctors and other medical professionals. As more and more marketing dollars have been put into place or redirected to consumer vehicles like DTC, pharmaceutical companies are enjoying their overall accomplishments. According to Findlay, "the primary aim of drug ads - as with all advertising - is to create name and brand recognition, a context for the use of a product and to boost sales and profits. Only secondarily do prescription drug ads aim to inform consumers about diseases or treatment
options” (2000, pg 7) and the pharmaceutical industry has benefited on both fronts. But what really lies ahead for this successful marketing tool and the pharmaceutical industry overall?

Many industry insiders are beginning to see the market for prescription drugs becoming more competitive and if that comes about, the nature of DTC advertising will change. According to Matthews, “the first stage in advertising is to create brand awareness, as prescription drug companies are doing now. Soon consumers will want to know more than the name and what the drug is suppose to do; they will want to know why one drug is better than another” (2001). This prediction is slowly becoming a reality since “Pfizer launched its first advertising campaign that directly compares the benefits of its product with that of a rival… Pfizer will be touting its Rel Pax migraine drug at the expense of GlaxoSmithKline’s Imitrex” (Vranica, April 2004). It turns out that pharmaceutical advertisers are looking for new ways to get their products in front of consumers that is why, according to Robert Grammatica, a managing partner at Young & Rubicam Advertising, “we’re seeing intense competitive pressure in some drug categories, and that is pushing the more-aggressive marketing tactics” (as cited by Vranica, 2004). It will be interesting to see how this new marketing strategy and the FDA’s very strict guidelines regarding claims drug advertisers can make about their products will be played out. It will either be completely discouraged by the agency, or with approvals, it may create another major windfall for the pharmaceutical industry and expand the use and reach of DTC advertising.
Another possible bonus for the industry may come about because, despite the amount of money spent annually, the realization that pharmaceutical representatives are getting less face-to-face detailing time with the doctor, leads the author to believe that in time, DTC’s role will become even more important for both the drug-makers and the medical community. Also because sales representative numbers are reaching a saturation point and the availability of knowledgeable personnel is limited, Brand states that “doctors complain that reps are more like salespeople than providers of balanced clinical and product information, and that they ‘are generally younger and not well trained’ in various aspects of their products as in the past” (as cited by Branch, 2003). So with this aspect of product marketing becoming a possible weakness for the industry, it may turn out that dollars will be shifted from detailing to physicians and concentrated on DTC for possible higher returns from the consumer side of the marketing mix.

Next, as financial pressures mount on the industry and scrutiny from government agencies regarding pricing and as drug coverage issues continue to be battled over in Congress and throughout many state legislatures, the drug makers will need to reexamine DTC’s costs and returns on investment as these matters continue to surface from time to time. Especially during years involving national elections, the pharmaceutical industry and its practices are usually targeted by candidates for office. During the 2004 Democratic Presidential campaign (Smith-Bern), both Senator John Edwards and former Vermont governor Howard Dean vehemently opposed the lifting of arduous disclaimer copy requirements in DTC advertisements. The Bush Administration supported the
years, sometimes these issues go away never to be seen again, and then there are other times when they become major challenges that force the industry to reexamine their business practices or institute major changes to combat the issues altogether.
medicines currently being taken if they chose to offer that information as part of their participation in the survey. Refer to Appendix C to review the actual survey.

Sample

The initial goal was to acquire at least 100 survey responses that accurately represent a credible sampling to support the information in this study. The only requirement that the survey requested was the need for each respondent to fully read the definition of direct-to-consumer advertising, have a solid understanding of what DTC advertising is all about, and have the ability to identify at least one advertisement on television, radio, or in print. DTC advertising is something that is viewed through just about every popular medium there is, including the Internet. Because of that, the sampling of viewpoints this survey sought to collect could come from a variety of individuals within various demographic groupings of the overall population. The fact that these are consumer products that require a doctor's prescription is the only real differing distinction from other types of consumer products. So with that being the case, anyone who has a full understanding of consumer products in general, and advertising of these types of products can and should participate in this study.

Purpose of the Survey

After researching the topic thoroughly and discovering the extensive coverage dedicated to DTC advertising over the last 15 to 20 years by previous authors, this survey is designed to touch upon as many areas as possible to get a well-rounded sampling of consumer viewpoints. Even though many surveys have been conducted over the past few
analyzing some of the responses based on the gender and age demographics supplied as part of the responses to the overall survey.

**Survey Results**

**Statement 1:** I have seen DTC advertisements on television or printed in publications promoting a doctor-prescribed medication.

The purpose for this statement was to qualify each respondent to assure they have a solid understanding of the DTC advertising. Prefaced by this statement is a definition of DTC advertising (see Appendix C) that fully explains what this form of advertising is and provides examples of particular disease-states that pharmaceutical products are intended to treat. For this statement, (Graph 4.1) of the 142 respondents, 137 (96 percent) answered yes with only five (4 percent) answering no. Those respondents answering no were instructed to provide demographic information only in order to prevent the survey results to the statements that followed from being skewed.

Looking at this statement surely indicates that a large majority of respondents can easily identify a pharmaceutical DTC advertisement when viewed on television or in a printed publication. Also as part of this statement, the author provided space for written comments by the respondents. The comments are very informative with opinions ranging
would indicate that consumers are picking up on the messages within these advertisements. However with 50 percent of the total respondents indicating that they sometimes have a good understanding, points towards the need to fully clarify the content of DTC advertisements. With the Likert scale showing a rating of 3.08, this statement may indicate that the authors concerns are valid.

**Statement 4:** I am comfortable knowing that the information in the brief summary associated with magazine advertising is presented with clarity and fairly presents a drug’s risks along with its benefits.

In assessing statement four, the author is not necessarily surprised by the breakdown of the responses (Graph 4.4). Of the 129 total responses, three respondents (2 percent) answered always, 15 respondents (11 percent) indicated very often, and five respondents (4 percent) replied never. The majority of responses showed up in the remaining answers where 60 respondents (47 percent) answered sometimes and 56 individuals (40 percent) indicated rarely that they are comfortable with the information in the brief summary.

With 121 total respondents (87 percent) answering in the range of sometimes to never (Answers 3-5) insinuates that the brief summary in printed publications such as magazines is too complicated to read as well as fully understand. The FDA does require the information in the brief summary be included in all printed ads for consumers to review, however the level of understanding of its content is another
issue altogether. Overall consensus with the statement was low as measured on the Likert scale which indicated a rating of 2.68.

**Statement 5:** After seeing a DTC advertisement on television, I have sought out additional information about a medication or disease by visiting a website, calling a toll-free telephone number, or by contacting a medical professional.

In evaluating this statement, the author was somewhat surprised by the response. There were 140 overall responses to this statement (Graph 4.5) and the breakdown goes as follows: Five respondents (4 percent) answered strongly agree (SA) while 20 individuals (14 percent) indicated agreement (A) with the statement. Continuing with the analysis, 15 respondents (11 percent) answered neutral (N), but the surprise comes with the fact that almost three-quarters of respondents were in disagreement with the statement.

Thirty-nine (28 percent) disagreed (D), while the final 61 (44 percent) strongly disagreed (SD) that they do not seek out additional information about a drug or disease state.

Upon further analysis, adding the number of responses in the strongly agree and the agree categories along with roughly half of the neutral respondents for a total of 33 viewpoints (23 percent), the numbers are identical to the percentage reported in Prevention Magazine’s recent results that indicate “23% of consumers—an estimated 45 million consumers—have used one of the media-related sources mentioned in DTC.
advertising" (2003/2004, pg 5). Even though this is the case, serious attention needs to be given to the fact that this is one, if not the primary reason why these ads exist in the first place. The industry may need to rethink the way it presents this information to viewers in order to increase the percentage of consumers seeking out additional information. On the Likert scale, this statement rated very negatively with an average of 2.06, the lowest of all the statements in the survey.

**Statement 6:** Because of DTC advertising, I am better informed about doctor-prescribed drugs before meeting with my doctor to discuss treatment options for myself or someone dependent on me for medical care.

In assessing the 139 responses to statement six (Graph 4.6), one finds a mix of viewpoints when the respondents where asked if they are better informed about doctor-prescribed drugs before discussing treatment options with the doctor. A look at the breakdown shows that five respondents (4 percent) strongly agreed followed by 34 (24 percent) in agreement with the statement, and 41 individuals (29 percent) neutral on the subject. On the opposite side of the opinion, 34 respondents (24 percent) disagreed and 25 viewpoints (18 percent) were recorded as being in strong disagreement with the statement.

Examine the statement as it relates to age, one would think that older people would be more in tune to issues related to their own health and wellness. However, upon further examination of the respondents, the numbers showed this not to be
respondents (4 percent) strongly agree with 18 individuals (13 percent) choosing to agree with the statement. Obviously, the largest concentration of respondents are at odds with the statement with 58 individuals (42 percent) in disagreement and 29 respondents (21 percent) strongly disagreeing that they would consider a second opinion or seek another source to fill the prescription. Once again, the neutrals made an impact here with 28 respondents (20 percent) not sure which way to go.

Because the tallies in statement 8 are similar to the responses in the previous statement, once again doing a breakdown by gender shows the numbers are somewhat even in the responses to this statement. For the male respondents, at total of 42 individuals answered either strongly disagree (14 responses) or indicated disagreement (28 responses) with the statement. The women felt as strongly as the men did with a total of 43 replies that numbered in either strong disagreement (14 responses) or disagreement (29 responses) with the statement. On the other side, the female population leaned more towards agreement with the statement by indicating nine responses in agreement and only three that strongly agreed, while the men had seven responses and only one response in agreement and strong agreement respectively. Regarding neutral responses, the women were once again more decisive with their replies by voting 12 times to the men’s 15 responses. The Likert rating of 2.36 puts this statement near the top of the lowest rated statements.
Statement 9: I believe that a doctor is the only person who can decide if a particular drug is right for me (or someone dependent on me for medical care).

Moving onto the review of the 138 responses to statement 9 (Graph 4-9), the recorded answers show a very high concentration of agreement with the statement. The rundown of the responses finds 27 respondents (20 percent) strongly agreed with an overwhelming number of 66 respondents (48 percent) supporting the statement by agreeing with the assertion. On the opposite side, a small percentage of individuals had some discrepancies with the statement by registering 21 responses (15 percent) in disagreement and only five people (4 percent) preferring to strongly disagree. Neutral tallies came in at 19 (14 percent).

To get a better idea of how the respondents voted, further examination of the numbers show that if one dissects the responses by age group you will find very interesting numbers. For the 27 respondents who strongly agreed with the statement, there were 12 individuals (26 percent) in the 18-34 group, 13 replies (48 percent) in the 35 to 49 category and seven responses (22 percent) in the 50 to 64 grouping followed by only one tally (4 percent) in the Over 65 classification. For the 64 individuals in agreement with the statement, the breakdown showed 12 respondents (18 percent) in the 18 to 34 group, 30 responses (47 percent) for the 35 to 49 year old, 19 responses (30 percent) for the 50 to 64 category, and finally the Over 65 group registered 3 responses (5 percent). Overall, the fact that many of the respondents voted the way they did is
interesting because you would think there would be more people wanting to take more control of their health, especially when it comes to the medicines being prescribed to them by their doctor. According to the age breakdown it seems the younger the group the higher the percentage of those in agreement with the statement. Refer to an overall breakdown of the responses by age on page 60 within this chapter. The overall rating showed a 3.64 on the Likert scale demonstrating fairly high agreement with the statement.

**Statement 10:** Regardless of DTC advertising, as a rule I feel it is my responsibility to learn as much as possible about treatment options for diseases that affect me (or people dependent on me for medical care.)

The overwhelming agreement to this statement (Graph 4.10) shows the 138 respondents answered in the following manner. Sixty-three respondents (46 percent) strongly agreed while 62 respondents (49 percent) agreed with the statement. Only 6 respondents (4 percent) were neutral with their viewpoints while one respondent (1 percent) disagreed that it is not their responsibility to learn about possible treatment options for diseases that affect them. It turns out no one strongly disagreed with this statement.

Beyond the fact that this is a very good sign that many individuals believe they should be in control of their own health and learn as much as possible about treatment options for diseases leads the author to speculate on how and where these individuals are
seeking this information. If they are not utilizing information and resources provided to them through DTC advertising, then what resources are they using? In referring back to statement 5 that affirmed "after seeing a DTC advertisement on television, I have sought out additional information about a medication or disease by visiting a website, calling a toll-free telephone number or contacting a medical professional" showed overwhelming differences with the statement, 39 responses (28 percent) disagreeing and 61 responses (44 percent) strongly disagreeing showing a contradiction in viewpoints. Similar to the previous statement, this one garnered a very positive response of 4.40 on the Likert scoring scale and the highest rating of all the statements within the survey.

**Statement 11:** Seeing a DTC advertisement has served to remind me to fill a prescription or take my medication(s).

In assessing the 138 responses to statement 11 (Graph 4.11), the replies showed vast disparity with 42 respondents (30 percent) disagreeing while 49 respondents (36 percent) strongly disagreed. There was minimal support for the statement with only 16 responses (12 percent) in agreement and no responses in strong agreement. Thirty-one individuals (22 percent) were uncertain either way with the statement that DTC advertising serves to remind them to fill a prescription or take a doctor-prescribed medication by casting a neutral response.

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Looking at the demographics, 78 respondents (57 percent) out of a total of 138 indicated that they take one or more prescription medicines daily (Statement 20). So even though there is a high percentage of respondents to this survey taking prescription medications, the level of agreement (12 percent) with statement 11 falls in line with other survey results that have shown 14 percent of consumers have remembered to refill a prescription after seeing a DTC advertisement while only 13 percent remembered to take a medication when otherwise forgetting to do so (Prevention, page 61). On the Likert scale, this statement rated low with an average of 2.10.

**Statement 12:** I believe the US Food and Drug Administration is providing proper regulatory oversight of DTC advertising.

For statement 12 (Graph 4.12), there was once again a high level of disagreement with 44 respondents (32 percent) disagreeing and 24 individuals (17 percent) indicating strong disagreement with the belief that the US Food and Drug Administration provides proper oversight of DTC advertising. While disagreement was high, agreement with the statement rated much lower with 27 respondents (20 percent) agreeing with no responses in strong agreement. Of the 138 total responses, 43 individuals (31 percent) showed a neutral bias demonstrating overwhelming uncertainty with the issue.

Since nearly half of all the respondents (49 percent) disagreed with the statement, their negative preconceptions towards the FDA on this issue may stem in part from the
recent concerns regarding the agency's policies on oversight of approved medications currently being marketed. For example, the recent situation with arthritis medications such as Vioxx, Celecoxib, and other COX-2 inhibitors may have weighed on the minds of the individuals participating in this study because the survey was conducted around the same time these drugs were temporarily pulled off the market. Despite the elevated level of disagreement with the statement, the Likert rating showed a relatively neutral leaning towards disagreement reading of 2.53.

Statement 13: From what I have seen or heard about DTC advertising, it is my opinion that these ads for doctor-prescribed drugs contribute to strengthening our healthcare system.

The assessment of the 138 responses to statement 13 (Graph 4.13) showed once again a high degree of disparity towards DTC advertising and the claim that it contributes to the strengthening of our healthcare system. Overall, 46 respondents (33 percent) disagreed while an additional 38 individuals (28 percent) strongly disagreed. Neutral responses registered 33 times (24 percent) with a lower level of agreement indicated by the 18 responses (13 percent) agreeing and three respondents (2 percent) in strong agreement with DTC's contribution to our healthcare system.
Reviewing the responses of one particular category within a demographic group shows the largest concentration of survey participants with a graduate degree or higher (68 respondents) showed overwhelming disagreement with the statement. Breaking down the responses showed 25 respondents (37 percent) strongly disagreed, 27 respondents (40 percent) disagreed and only 13 individuals (19 percent) were neutral. The remaining few, two responses (3 percent) voted in agreement with only one response (1 percent) indicating they strongly agree. With the numbers proving out the overwhelming disagreement with the statement, one could assume that individuals who have attained higher educational degrees would have a better understanding of our healthcare system, in turn having a difference of opinion with the validity of the statement's claim.

Additionally, the low rating indicated by the Likert scale average of 2.29 follows along with the overall disagreement with DTC advertising seen throughout this survey.

**Statement 14:** Generally, I feel that DTC advertisements are an effective component for health-conscious individuals to learn about particular diseases and the drugs currently on the market for treatment.

Review of the 139 total responses to this final statement (Graph 4.14) showed the following breakdown in opinions with five responses (4 percent) strongly agreeing while 42 respondents (30 percent) were in agreement with the statement. Contradictory viewpoints however showed that 24 individuals
(17 percent) strongly disagreed with an additional 44 respondents (32 percent) indicating disagreement. Those with a middle of the road opinion responded 24 times (17 percent).

Further analysis shows that while there is an overall higher degree of disagreement (49 percent) with this statement, 47 respondents (34 percent) feel that DTC ads are effective components for health-conscious individuals. Additional studies have shown that DTC plays an even bigger role when it comes to individuals and lifestyle changes. Prevention Magazine's Seven Annual DTC survey has shown that "21 percent say that seeing these advertisements has caused them to take action not directly related to requesting advertised medicines, such as changing their diets or getting more exercise" (page 6)). So while this statement rated about average on the Likert scale with a 2.71 score, further in-depth study of this subject that goes beyond generalizations may be helpful to gauge the true power of DTC advertising's effectiveness.

Demographics

For the purposes of this study, it was necessary to gather some demographic information in order to further support some of the opinions to the statements in this survey. Basic categories such as gender, age, marital status, employment status, and education were all considered. An additional statement was added to determine which respondents to this survey were using prescription medications in order to further support the study. Using
gender as one category to determine the breakdown of the overall survey respondents, we see that of the 140 individuals that replied, the breakdown (Graph 4.15) was split almost evenly between males with 69 responses (49 percent) and females with 71 responses (51 percent).

Age was the second demographic category used and of the 141 respondents (Graph 4.16) to the overall survey showed the highest concentration in the 35-49 group with 70 responses (50 percent). The next highest replies were by the 50-64 year olds with 40 responses (28 percent), 18-34 year olds with 24 responses (17 percent) and a total of seven individuals (5 percent) claiming to be Over 65 (>65). There were no responses in the Under 18 (<18) category.

The next demographic used was marital status (Graph 4.17). In the overall survey analysis, the use of any of this information for this group turned out to be insignificant, however being a major demographic category for surveys; it was added for the purposes of having the information available to further breakdown the survey population. Of the 139 total responses, 36 individuals (26 percent)
are single, 91 respondents (65 percent) are married, and 10 (7 percent) indicated divorced. Of the two responses (1 percent) in the Other category it turns out that both individuals are widowed.

Employment status (Graph 4.18) was another one of the categories that didn’t fully lend itself to the overall analysis of the results, but once again, it serves to outline the survey population. There were 139 responses with five individuals indicating part time (PT) (4 percent) employment and two respondents (1 percent) retired (R). The largest group showed 118 respondents (85 percent) indicating they are employed on a full-time (FT) basis. In the Other category, 14 respondents (10 percent) stated they were either students or unemployed, with the majority indicating they were self-employed.

Moving to the final two areas making up the demographics portion of the survey, the next category was used to verify levels of educational achievement (Graph 4.19) of the 138 individuals that responded. The first group showed only two responses (1 percent) in the high school (HS) category followed by 18 respondents (13 percent) with some college (SC) training. Those
with undergraduate degrees (UD) responded 35 times (25 percent) with only 12
dividuals with some graduate (SG) level schooling. The largest responses came in the
graduate-degree or higher (GD>) category with 69 individuals (50 percent) attaining a
higher education position. In the Other category, two individuals (1 percent) replied with
one having a technical degree in nursing and the other not indicating any level of
attainment. The final demographic question asked each respondent to indicate "I am
currently taking one or more doctor-
prescribed medicine(s) daily." There
were a total of 138 responses to this
final statement (Graph 4.20) with 78
respondents (57 percent) indicating yes
and the remaining 60 (43 percent)
stating no they do not take medicines daily. Additionally, each respondent was given the
option to indicate which doctor prescribed drugs they are taking on a daily basis. The
purpose was to see if in fact they are taking prescription drugs that are advertised direct to
the consumer. A list of the responses showed the only drugs with known DTC
advertising campaigns were Lipitor, Fosamax, Advair, and Celebrex. According to
Ehrlich, Lipitor ranked number 10 on the list of total DTC spending in the first two
quarters of 2004 with more than $75.5 million spent. Celebrex was number 19 on the list
with over $47 million spent within the same time frame (2004).
Further Analysis of Key Statements

Because this survey asked for demographic information from each respondent, the author felt it would be wise to look further into the opinions of these individuals by analyzing their opinions based on certain categories within the demographic breakdown. As mentioned previously, not all the demographic information proved to be valuable, however in the case of this study and the subject matter at hand, the author felt that further analysis of this sampling in the categories of gender and age could help extract additional information from the survey responses. Taken as a whole, the results showed that some of the opinions demonstrated overwhelming agreement or disagreement with particular statements and the assumptions that were presented. Demographic analysis of these statements would have proved to be unnecessary because of the overwhelming opinions either way. However, upon review of the survey responses, certain statements that showed a mix of opinions did warrant further review and the results are listed as follows. For the purposes of this section, the statement results were not rated using the Likert scale as highlighted previously for the survey's overall results.

**Statement 2:** It's my belief that DTC advertisements on television fairly present information on a drug's risks as well as its benefits with clarity and easy-to-understand language.

Breakdown of this statement by gender showed the following results.

For the 67 males (Graph 4.21) that responded, 14 (21 percent) answered very often, 27 (40 percent) indicated
sometimes with none answering always. On the other side, 24 respondents (36 percent) said they rarely believe DTC ads fairly represent a drug’s risks and benefits with two men saying never. The opinions of the 67 females (Graph 4.22) where quite different with two (3 percent) indicating always, 16 (24 percent) saying very often and an overwhelming majority of 34 (51 percent) believing these ads sometimes present this information fairly. In the remaining categories, 12 women (18 percent) stated rarely while the remaining three (4 percent) answered never.

Using the age demographic, the numbers showed that of the 14 respondents in the 18 to 34 group, no one responded to always or never, with five (36 percent) answering very often, three (21 percent) indicating sometimes, and the remaining six (43 percent) answering rarely. The 35-49 group, which showed the highest response rate in the overall survey, had the numbers (Graph 4.23) show no responses for always, 20 (27 percent) indicating very often, 33 (45 percent) saying sometimes, 17 (23 percent) rarely and the remaining three (4 percent) responding to never. Moving to the next age category, the 40 respondents within the 50-

64 group showed similar opinions with one (3 percent) indicating always, five (13 percent) very often, 19 (48 percent) signifying sometimes, 14 (35 percent) saying rarely with only one respondent
(3 percent) answering never. And finally, in the Over 65 group, most of the seven individuals (five, 71 percent) responded sometimes with one (14 percent) answering always, and the remaining one (14 percent) stating never. There were no responses to very often or rarely in this case.

**Statement 3:** When I see a DTC advertisement on TV or in print, I have a fairly good understanding of what the drug is all about and the disease it is indicated to treat.

Analysis of the gender breakdown (Graph 4.24) for this statement showed that three men (4 percent) felt they always have a good understanding of a DTC advertisement while 22 (32 percent) indicated very often and 27 (39 percent) answered sometimes. Out of the 69 men that responded to this statement, 16 (23 percent) stated they rarely understand a DTC ads message while only one (1 percent) said never. For the 69 women that responded, only one (1 percent) indicated always, 12 (17 percent) answered very often and a large majority (42, 61 percent) felt that these messages are understood sometimes. The remaining 14 (20 percent) felt they rarely understood the message with no one indicating never.
statement as well. For the 69 men that responded (Graph 4.27), the numbers showed 21
(30 percent) in agreement, 18 (26 percent) neutral, 19 (28 percent) disagreeing, and the final 11 (16 percent) strongly disagreeing. For this statement there was no strong agreement by any of the male respondents. The 69 females responding (Graph 4.28) tended to show more concurrence with the statement with five (7 percent) agreeing, 13 (19 percent) strongly agreeing, and 23 (34 percent) neutral on being better informed by DTC advertisements. On the negative side however, the women showed less opposition than the men with 15 (22 percent) disagreeing and 12 (18 percent) strongly disagreeing with the statement.

A further look at these individual opinions based on age showed the 24 respondents in the 18-34 age group with the most even distribution of viewpoints with eight (33 percent) agreeing, six (25 percent) neutral, and seven (29 percent) disagreeing. The remaining three (13 percent) strongly disagreed with no one strongly agreeing with the statement. With 70 total responses in the 35-49 group (Graph 4.29), we can get a better breakdown of opinions that showed only two (3 percent) strongly agreeing, 15 (21

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percent) agreeing, and 24 (34 percent) neutral when it comes to being better informed because of DTC advertising. Those in opposition to this statement within this group indicated that 18 (26 percent) disagreed while 11 (16 percent) strongly disagreed. It turns out however a greater level of opposition was found in the 50-64 age category with seven (18 percent) and nine (24 percent) disagreeing and strongly disagreeing respectively while three (8 percent) strongly agreed, nine (24 percent) agreed and 10 (26 percent) of the 38 overall responses were neutral with their opinions on the subject. The final group showed that five respondents in the Over 65 group were split evenly on the statement with two (40 percent) agreeing, two (40 percent) disagreeing and only one (20 percent) neutral.

**Statement 9:** I believe that a doctor is the only person who can decide if a particular drug is right for me (or someone dependent on me for medical care).

This statement was another good example that the author felt needed further study based on the overall responses leaning towards agreement with the belief that a doctor is the only person who can decide whether a drug is right for an individual. Once again, looking at the dissected numbers by gender, the male population (Graph 4.30) participating in the study showed that 12 (17 percent) strongly...
agreed while nearly half of all respondents (34, 49 percent) said they agreed with the statement. Opposition to the statement was low with 10 (14 percent) disagreeing and no responses indicating strong disagreement. Neutral opinions totaled only 13 responses (19 percent) which are low for this survey that showed moderate to high neutral opinions for many of the survey statements. The breakdown for the 67 female respondents (Graph 4.31) showed similar results with minimal neutrality of opinion. Seven women (10 percent) were indecisive while many leaned towards positive consensus with the statement with 15 (22 percent) strongly agreeing and 31 (46 percent) agreeing with the statement. In the case of the women, resistance to the statement was also low with 10 (15 percent) disagreeing and only four (6 percent) strongly disagreeing with the belief that a doctor is the only person to make that decision on behalf of a patient.

In reviewing the numbers by age, the results showed overwhelming agreement in all of the age categories, especially in the 50-64 age group. Of the 38 total responses (Graph 4.32) six (16 percent) strongly agreed and 22 (58 percent) agreed with only seven (18 percent) neutral on the subject. Opposing views showed that only two (5 percent) and one (3 percent) disagreed or strongly
disagreed respectively with the statement. The 35-49 group also exhibited positive consensus with the statement with 15 (22 percent) strongly agreeing, 29 (43 percent) agreeing, and only 11 (16 percent) posting neutral responses. Dissenting opinions were 10 (15 percent) disagreeing with only two (3 percent) indicating strong disagreement with the statement’s assumption. The remaining smaller groups, such as the 18-34 category, respondents cast their votes accordingly, three (14 percent) strongly agreeing, 10 (45 percent) agreeing, and only one (5 percent) indicating a neutral position. Opposing viewpoints showed seven (32 percent) disagreeing and one individual (5 percent) strongly disagreeing. The seven total respondents in the Over 65 category were in overwhelming agreement with two (29 percent) strongly agreeing and four (57 percent) agreeing with the remaining one (14 percent) opinion in disagreement with the statement.

Statement 13: From what I have seen or heard about DTC advertising, it is my opinion that these ads for doctor-prescribed drugs contribute to strengthening our healthcare system.

So while the previous statement showed high levels of agreement among the respondents, this statement was quite the opposite with a high concentration of disagreement with the assumption that DTC advertising contributes to strengthening our healthcare system.

Further analysis of the survey results from a gender perspective showed that men in particular were evenly split in their opposition to the statement with 19 (28 percent) disagreeing and 19 (28 percent) strongly disagreeing with an equivalent number.
(18, 26 percent) saying they were neutral with their opinion. Of the 69 men (Graph 4.33) that responded only 12 (17 percent) agreed and one (1 percent) strongly agreed with the statement. Among the female survey respondents (Graph 4.34), positive accord with the statement's premise showed only two (3 percent) strongly agreeing and six (9 percent) in agreement. Opposition slanted more negatively among the 67 females with 27 (40 percent) in disagreement and 17 (25 percent) strongly disagreeing with about an equal number (15, 22 percent) with no opinion on the matter.

From an age perspective, disagreement with the statement was just as high among the selected age categories. Starting with the 18-34 group, the 24 individuals falling in this category were evenly split with six (25 percent) strongly disagreeing, another six (25 percent) in disagreement with the statement and six more (25 percent) with a neutral viewpoint. The remaining responses showed five (21 percent) individuals agreeing and only one (4 percent) strongly agreeing that DTC advertisements contribute to our healthcare system. The 69 respondents in the 35-49 group (Graph 4.35), voted 18 (26 percent) strongly disagreeing, 25 (36 percent) disagreeing with 17 (25 percent) indicating neutral. Only nine (13 percent) individuals
the responses (Graph 4.3) showed four (6 percent) strongly agreeing, 20 (29 percent) agreeing and only nine (13 percent) voting neutral. Opposition among the females showed 23 (34 percent) disagreed while only 12 (18 percent) of the 68 women surveyed respondents strongly disagreed.

Moving onto the first of the age categories showed that the respondents in the 18-34 group were evenly split in their opinions. The numerical breakdown shows that of the 24 respondents, one (4 percent) strongly agreed while nine (38 percent) were in agreement with the statement. Opposition to these opinions demonstrated two (8 percent) strongly disagreeing with eight (33 percent) disagreeing and the remaining four (17 percent) registering a neutral response. The six respondents in the Over 65 group also tended to agree with the statement with three (50 percent) agreeing, two (33 percent) disagreeing, and the final one (17 percent) neutral towards the statement.

Within the middle age groups is where the majority of the disagreement tended to be giving you an idea about the feelings toward the statement’s premise that DTC advertisements are an effective component for health-conscious individuals to learn about.
particular diseases and the drugs currently on the market. The respondents within the 35-49 category demonstrated obvious opposition with ten (14 percent) strongly disagreeing, 23 (31 percent) disagreeing, and 21 (28 percent) presenting a neutral viewpoint. Of the 74 total respondents within this group, the remaining 19 (26 percent) agreed and only one (1 percent) strongly agreed. A majority of the 38 respondents in the final group (Graph 4.38) of 50-64 year olds showed opposition to the statement as well with 10 (26 percent) strongly disagreeing and 11 (29 percent) disagreeing and only three (8 percent) with no opinion. Those approving of the statement’s assumption showed 11 (29 percent) and three (8 percent) indicating agree and strongly agree respectively.

Conclusion

Overall, the survey was very well received based on the feedback the author received from respondents that replied to the initial email asking for their participation in the study. With 145 total responses to the survey, the viewpoints expressed were varied, very helpful, and provided by a diverse group of individuals that contributed useful information towards the completion of this study. On the whole, there were really no major surprises to any of the statements within the survey, however what was found to be of concern was the high response rates to “sometimes” in part one of the survey (statements 2, 3 and 4) pertaining to proper representation of a drug’s risks and benefits (Statement 2), having a fairly good understanding of an advertised drug’s use (Statement 3), and the comfort level within a magazine advertisement’s brief statement (Statement 4).
The overwhelmingly high percentages show that the pharmaceutical industry needs to better serve the public with this form of product advertising. Having a viewer only benefiting sometimes from an advertised message tells the author that there is tremendous room for improvement in these advertisements. The proof lies in the ability of people to make solid determinations regarding their personal health and wellness. For example, the remarkable level of agreement (95 percent) with statement 10, "regardless of DTC advertising, as a rule I feel it is my responsibility to learn as much as possible about treatment options for diseases that affect me (or people dependent on me for medical care.)" shows that the survey population, in this case, are in tune with their health and wellness needs and willingness to research options for available treatments for their own good. Where they are getting that information is another concern and apparently they are not utilizing the websites, toll-free telephone numbers and other resources available to them through DTC advertisements.
Chapter V
Summary

As seen in the results of this research, a large majority of consumers still don’t see the need for advertising of prescription drugs. Some feel health related decisions should be their own responsibility while many believe their doctor should make that decision for them and a drug advertisement is not going to change that. According to Prevention Magazine, “there is no evidence...suggesting that DTC advertising is driving increasingly large numbers of patients into the healthcare system, or that it is creating a groundswell of demand for prescription medicines” (Prevention, 2004, pg.4). As highlighted in chapter two, these have been the opposing arguments for many years now, and once again, nothing has changed. The one thing DTC has proven to be is a very effective piece in the product marketing make-up of prescription drugs that have educated some, informed others, and created some positive outcomes. In my opinion, DTC advertising helps people make decisions and provides all of us with a vehicle that allows for an exchange of information between doctor and patient, through detailed websites or other informational resources. It also lends itself to people seeking information about drugs they or someone they know is currently taking and finally can lead to people making a lifestyle change—such as improving one’s diet or exercise habits. While this has been the successful norm for DTC advertising over the last five to 10 years, things will need to change if DTC is going to find its rightful place among other advertised consumer products.
Recommendations

After doing the research and reviewing the results of this study, the present position of DTC advertising has to change and my recommendations would be for the industry to take up this cause to make it better and have it stand out from the clutter of other advertising we see on television, in print, and as well as other traditional vehicles for consumer product promotion. First, what the industry needs to do is follow the advice of some of the critics and provide better messaging behind the product promotion. Many of the advertisements we see on television or in print for prescription drugs are vague to say the least. Nearly half of consumers participating in this study stated that they sometimes misunderstand the commercial message for the product or disease it treats. I understand that pharmaceutical products are more complicated, and have heavy regulations attached to the overall message, however it is the responsibility of the advertisers to provide a solid product message so consumers can decide what is best for themselves. Another area that needs to change is the fact that direct-to-consumer ads should be more realistic. These advertisements are not promoting toothpaste, automobiles, or some other products that show the glamorous side of life. These are products that help people live normal, everyday lives, so portray the message that way. Many consumers feel that seeing happy people flying kites on the beach or good-looking individuals with worked out bodies suffering from high cholesterol sends the wrong message. When in reality, people that suffer from diabetes, hypertension, or any other physically-challenging ailment are real, everyday people working 10-hour days, running errands, paying bills, or caring for their families, so be realistic, be serious and send the right message to consumers about these products. I believe it will benefit the bottom-line.
as well. The next recommendation I would offer would be for these advertisements to offer some diversity in the look of the message. It seems to my eye that many of the individuals characterized in these advertisements are very rarely members of diverse races or nationalities. By using a diverse look when it comes to characters portrayed in these spots sends the message that everyone benefits from these products if they have the disease it treats. In fact, some pharmaceutical advertising is beginning to lean in that direction by targeting specific ethnic markets and one that is getting recent attention is the Asian-American population in this country. According to Weng, “DTCA when done correctly affords an opportunity to initiate a physician-patient dialogue that, because of traditional cultural barriers, would very likely have never taken place. Pharmaceutical DTCA in the Asian American community will not only do social good, but it may be a necessity if new drugs, treatments, and devices are to penetrate the Asian American community effectively. Traditional Asian attitudes towards health, illness, and death may prevent Asian Americans from consulting their doctors” (2005, pg 56). This is a good start, however the industry needs to make this a priority over the coming months and years.

Now while these are things the industry needs to do to improve the image of direct-to-consumer ads, my final recommendation is that the pharmaceutical industry needs to fight the good fight and begin to defend itself against the organizations and groups that say DTC is bad and should be banned. As far as I’m concerned, the industry has every right to promote its products to consumers just like every other industry or any company. As long as the message within each advertisement makes truthful product
claims, fairly balances the product's benefits and risks, and follows the guidelines set by Food and Drug Administration and the Federal Trade Commission for advertisements, then there should be no questions surrounding the legitimacy of this type of product promotion. It is up to the industry to start standing up for itself and refuting the claims made against its advertising practices. That is why I believe that if pharmaceutical companies want to have direct-to-consumer advertising come under less scrutiny and be seen as contributing to the social good, then make these changes, make them fast, and let consumers know what is being done by the pharmaceutical industry with this advertising is serving a positive purpose.

**Future Studies**

This study touched on a very broad area of direct-to-consumer advertising and future studies of the topic should be conducted to learn if DTC is actually contributing to the healthcare system. Many studies, especially the annual surveys conducted by Prevention Magazine and the Food and Drug Administration only look at consumer viewpoints on DTC’s affects. Others need to take up the challenge to see what real influence this form of advertising is actually having on our healthcare system overall. It is very easy to say that the advertising is working if consumers are asking for the drugs or sales are increasing every year, but are consumers learning from the information in these advertisements? Is it really leading them to their doctor’s office to get information on disease symptoms and drug treatment options? Are consumers seeking out information from other sources such as the Internet to educate themselves? Even though this study touched upon some of these questions with the results showing that the average consumer
is not learning from this medium and until studies go further with the research and start to answer the harder questions, we really won’t know the significant role DTC advertising is playing in drug promotion to consumers. Another study that should be undertaken is looking at how pharmaceutical advertising is comparing to regular consumer product advertising. Some pharmaceutical companies have been very successful in building brand awareness with certain brands, especially products like Viagra and the other erectile dysfunction treatments currently on the market. But how do these products compare to other product segments in head-to-head competition for product or brand awareness? There are studies out there that look at comparisons within industrials, but very rarely studies are conducted when it comes to individual brands within the overall scheme of advertising.

Conclusion

So with further studies to be done beyond the usual annual surveys and the many challenges facing the pharmaceutical industry over the next few years, it’s my opinion that direct-to-consumer advertising will stay right at the epicenter of just about every controversy surrounding “big pharma” unless the changes I recommend or similar solutions are put into motion that will help DTC survive with much less scrutiny and maybe have a greater positive impact on patients, consumers, and each company’s bottom-line. Maybe the challenging future study someone needs to take on is to discover the real purpose of direct-to-consumer advertising. Looking mostly at its impact on society and its true purpose as a marketing instrument for promoting pharmaceuticals directly to the consumer.
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Appendix A
Survey Email
Dear Friend,

As part of a thesis project necessary to the completion of a Master’s Degree from Seton Hall University’s Corporate and Public Communications (MACOPC) program, I am seeking your assistance. The purpose of this survey is to get viewpoints from consumers on current direct-to-consumer advertising of prescription drugs through television and radio outlets, as well as print publications such as magazines, newspapers, and journals.

The results of this survey are STRICTLY CONFIDENTIAL and will be used solely by the researcher for completion of this project. Survey results will not be made available upon request by correcting me via email at misfille@optonline.net. Any questions or comments are welcomed as well.

Clicking on the link below will take you directly to the survey’s greetings page. Please read instructions carefully and then proceed to the survey on the next page. If the link is not active in this email, another option is to copy and paste the link into your web browser which will also link you to the survey. Please note that the survey will only be available for a limited amount of time, so please take it as soon as possible in order to get your viewpoints recorded.

Thank you for your assistance; your participation is greatly appreciated.

Mike Lin

Appendix B

Survey Greetings Page
Consumer Views on Pharmaceutical Direct-To-Consumer Advertising

Once again, thank you for taking the time to assist with this project. The survey is designed to only take a few minutes of your time. To ensure that the findings are accurate and well defined, please answer all the questions in Parts I and II of the survey that best represent your opinions. Part II of the survey is optional, however any personal information you provide will only add to the findings of this survey.

Clicking the Start Survey button below will take you to the survey.
Appendix C

Internet Survey
Consumer Views on Pharmaceutical Direct-To-Consumer Advertising

Before answering the following statements please refer to the definition of pharmaceutical "Direct-To-Consumer" advertising below.

Pharmaceutical direct-to-consumer advertising or "DTC" is an advertisement on television or radio, or printed in magazines or newspapers. DTC advertising is designed to promote a doctor-prescribed medication for the treatment of a disease such as depression, elevated cholesterol, osteoarthritis, or erectile dysfunction directly to the consumer.

1. I have seen DTC advertisements on television or printed in publications promoting a doctor-prescribed medication. If you answer NO to this statement, please continue to Part III.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Comments</td>
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Part I: DTC Facts

Based on the scale below, please highlight the most accurate answer that applies to you.

2. It's my belief that DTC advertisements on television fairly present information on a drug's risks as well as its benefits with clarity and easy-to-understand language.

<table>
<thead>
<tr>
<th>Always</th>
<th>Very Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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<tbody>
<tr>
<td>1</td>
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</table>
3. When I see a DTC advertisement on TV or in print, I have a fairly good understanding of what the drug is all about and the disease it is indicated to treat.

<table>
<thead>
<tr>
<th>Always</th>
<th>Very Often</th>
<th>Sometimes</th>
<th>Rarely</th>
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4. I am comfortable knowing that the information in the brief summary associated with magazine DTC advertising is presented with clarity and fairly presents a drug’s risks along with its benefits.

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<th>Always</th>
<th>Very Often</th>
<th>Sometimes</th>
<th>Rarely</th>
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Part II - DTC Opinions

Based on the scale below, please highlight the answer that most closely represents your opinion.

5. After seeing a DTC advertisement on television, I have sought out additional information about a medication or disease by visiting a website, calling a toll-free telephone number, or by contacting a medical professional.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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6 Because of DTC advertising, I am better informed about doctor-prescribed drugs before meeting with my doctor to discuss treatment options for myself or someone dependent on me for medical care.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</table>

7 After discussing a particular drug seen in a DTC advertisement with my doctor, I would follow his/her advice or consider another treatment option in place of the drug discussed.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
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<td>1</td>
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<td>3</td>
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</table>

8 If my doctor believes a DTC advertised drug I sought advice on is not right for me, I would consider a second opinion or use another resource to have the prescription filled.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
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<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</table>

9 I believe that a doctor is the only person who can decide if a particular drug is right for me (or someone dependent on me for medical care).

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</table>
Regardless of DTC advertising, as a rule I feel it is my responsibility to learn as much as possible about treatment options for diseases that affect me (or people dependent on me for medical care).

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
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</table>

Seeing a DTC advertisement has served to remind me to fill a prescription or take my medication(s).

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<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</table>

I believe the US Food and Drug Administration is providing proper regulatory oversight of DTC advertising.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</table>

From what I have seen or heard about DTC advertising, it is my opinion that these ads for doctor-prescribed drugs contribute to strengthening our healthcare system.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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Generally, I feel that DTC advertisements are an effective component for health-conscious individuals to learn about particular diseases and the drugs currently on the market for treatment.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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Part III - Optional Questions

Highlight the bullet next to the answer that applies to you:

15

Gender:

- Male
- Female

16

Age:

- Under 18
- 18-34
- 35-49
- 50-64
- Over 65
Marital Status:
- Single
- Married
- Divorced
- Other, Please Specify

Employment Status:
- Part Time
- Full Time
- Retired
- Other, Please Specify

Education:
- High School
- Some College
- Undergraduate Degree
- Some Graduate
- Graduate Degree or higher
20

I am currently taking one or more doctor-prescribed medicine(s) daily.

YES  NO
Indicate Medication(s) (Optional)

- 87 -
Appendix D

Statement One Comments
Below are optional comments that respondents provided as part of Statement 1, "I have seen DTC advertisements on television or printed in publications promoting a doctor-prescribed medication. If you answer NO to this statement, please continue to Part III."

• They are so wasteful because they give you all the side effects and benefits. You come away fearful of any medication...

• I always wonder why I should be telling my doctor about drugs rather than the other way around which is the call to action of all these commercials.

• I believe DTC keeps the consumer informed about new drugs and options available to them for treatment of disease states. This enables the consumer to bring these options to their doctor for discussion about treatment. This is where the patient should be informed about side effects, drug interactions, etc. so that they, with their doctor, can make an informed decision. It is difficult to cover every aspect of the drug in the few minutes available on TV. In my opinion, the idea is to open up the discussion with your physician.

• I have seen many advertisements for all of these drugs on television, radio and print.

• Usually deceptive in that you're not sure what the product is. Have heard many comedians touch on this

• I HATE IT!!!

• I think these commercials are on too frequently and have cause consumer demand. Consequently drugs are being overused in our culture.
• Amazing that we can market drugs for ED on TV, but cannot market condoms.

• I do not see room for optional comments. I am a health care professional and am horrified by the quantity of DTC advertising. The majority of consumers are ill-qualified to make decisions about Rx drug use. I also have concerns that the 'take a pill to fit what ails you' philosophy is breeding a generation that does not feel that they have any personal responsibility for basics such as exercise, nutrition, and stress management. I am grateful that we have the number of pharmaceutical products available for genuine medical need, but the advertising is out of control. The Vioxx/Bextra fiasco should tell us something. Physicians are also beginning to criticize the FDA for failure to appropriately monitor this industry. When the majority of the FDA's budget comes from 'big pharma', it is ludicrous to believe that they will provide appropriate oversight. Good luck on your thesis - excellent and timely topic!

• The majority of the advertisements were non-descript. In that it didn't really tell you the intended purpose of the drug.

• I think they should be outlawed. I have no plans telling my doctor what medication he should prescribe for me. Also the side effects are always given a short shrift.

• The ads are laughable - first they tell you how wonderful the drug is - then they tell you that you could have seizures, heart attacks or die! Why would anyone take them???

• I don't pay too much attention to them.

• I have seen this type of advertising on TV and heard it on the radio.
• I believe that DTC has been very harmful to the healthcare system and the American consumer. DTC by pharmaceutical companies should be banned.

• In most instances, they drive me CRAZY and if possible I would prefer to use another drug.

• I don't base my decisions on them. I talk to my doctor and think of what my needs are.

• Commercials are too frequent and many times do not even state what the medication is supposed to be used for.

• I think it is wrong to encourage people to demand medications from their doctors because they have seen an illness on TV. They may not need that medication and the (doctor) is often coerced to comply.

• Some of the advertisements have been great in calling attention to the large numbers of people with certain ailments.

• I find them offensive.