

## Push for consumer drug ads gets cool reception in Europe

Billboards show virile young men scaling mountains. Magazine ads depict an old woman asking herself: "Is it just forgetfulness, or is it Alzheimer's?" Is this how European consumers want to be informed about treatments for AIDS and Alzheimer's disease? Apparently not.

Consumer groups, academics, drug regulators and the drug industry met recently in Brussels to discuss these questions and to examine proposed changes to European Commission (EC) legislation allowing drug companies to advertise AIDS, asthma and diabetes medications to the public for a 5-year trial period.

The ensuing debate resulted in at least 1 astounding clarification on the EC proposal: hardly anyone involved would admit supporting the proposal.

Using direct-to-consumer advertising (DTCA) to sell drugs is nothing new in New Zealand or the US, but it is illegal in most industrialized countries. "Drug advertising is a grave threat to public safety," said Barbara Mintzes, a researcher at the Centre of Health Services and Policy Research at the University of British Columbia and a leading expert on DTCA. "With nearly 20 years' experience with [DTCA] in the US there's no evidence that it improves patient health," she says, adding that it only benefits the drug industry.

Many Europeans are concerned that the proposal will contribute to unnecessary prescription drug use in Europe and lead to a US-style spiral of unsustainable health care spending.

Enterprise Directorate-General, the

lead agency in the EC pushing for an "entrepreneurial Europe," released a press statement saying that the proposal for DTCA in Europe was based on "expectations expressed by patients' groups." However, at the conference, the agency's Nils Berndtsen could not name a single patient group that had actually supplied a written request for the legislative change.

As for verbal requests, consumer groups attending the Brussels meeting gave a strong thumbs down to the proposal. Representatives from European AIDS and asthma organizations said that not only did they not support the proposal, they weren't even consulted about its content.

"We don't want to see a picture of a bunch of guys climbing mountains," said Rob Camp, a representative from the European AIDS Treatment Group in Barcelona. "I mean, how is this useful information for people with AIDS?" He said such images rarely reflect the reality of daily life while on antiretroviral therapy.

If "patient demand" isn't behind this DTCA drive, what is? Some suggest the pharmaceutical industry is pushing for it to better compete with the US, but the European Federation of Pharmaceutical Industry Associations says it has no position on the issue. Léon Wever, director of pharmaceutical affairs with the Dutch health ministry, said his government will vote against the proposed change.

So should patients be getting their prescription drug information via advertisements? The Brussels conference concluded with a resounding no, and as the meeting ended the Europeans seemed likely to reject the DTCA proposal. But Canadians should take note.

As this issue develops in Europe, pressures will increase here, especially given our proximity to the US. The issue of changing our own DTCA laws continues to be examined at Health Canada, but the process has been languishing in "legislative renewal" — Health Canada's exercise to revamp our health-protection laws. That exercise has already been dragging on for several years. — *Alan Cassels*, Victoria

## CMA, OMA set sights on Big Tobacco

The CMA and the Ontario Medical Association say youth programs sponsored by the tobacco industry are nothing but a "siphon" on legitimate efforts to stamp out youth smoking.

They sent joint letters to Canada's 3 largest tobacco manufacturers in February, urging them to "immediately terminate" Operation ID, Wise Decisions and Operation ID/School Zone (for tobacco retailers located within 1 km of a school). The programs were deemed ineffective in a recently released OMA report, *More Smoke and Mirrors* ([www.oma.org/phealth/smokeandmirrors.htm](http://www.oma.org/phealth/smokeandmirrors.htm)).

"The first 2 programs are not enforced, do not address consumption, and — according to our research — are ineffective," said Dr. Kenneth Sky, the OMA president. "The third, Wise Decisions, rests on a false premise: that young people need to decide whether to smoke when it's clear there is only one medical message — don't start."



The CMA and several of its provincial/territorial divisions claim that programs sponsored by the tobacco industry are simply copies of US programs such as "It's the Law" and "Tobacco: Helping Youth Say No." They say these programs are aimed more at reducing the amount of restrictive legislation than at helping reduce the number of teens and children who smoke.

"At best, Operation ID, Operation ID/School Zone and Wise Decisions may be ineffective diversions that siphon resources away from truly effective tobacco-control interventions," the OMA argues. "At worst, they position

tobacco-industry products as desirable badges of adulthood, encourage young people to smoke and give a misleading impression to governments, community groups, parents, teachers and other interested parties that the tobacco industry sincerely embraces the need to prevent young people from using its products." — *Steven Wharry*, CMAJ