



**National Council of
Women of New Zealand**

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**Submission to Ministry of Health on Direct-to-Consumer-Advertising
of Prescription Medicines in New Zealand**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 38 nationally organised societies. It has 32 branches throughout the country attended by representatives of those societies and some 150 other societies. It also has a growing number of individual members. The Council's function is to serve women, the family and the community at local, national and international levels through research, study, discussion and action.

NCWNZ has had first-hand experience of direct to consumer advertising by pharmaceutical companies. Recently our National Office was contacted by a communications agency commissioned by CSL, the producers of the cervical cancer vaccine Gardasil, with a view to enlisting the Council's aid in promoting the vaccine treatment to the membership. Presentation meetings for NGOs and health practitioners were to be held in Auckland and Wellington by CSL and the company also sought to publicise the treatment via our membership newsletter, "The Circular". Access to our Health Standing Committee, which is responsible for preparing NCWNZ's submissions on legislation and other forms of Government policy, was also requested. NCWNZ opted not to engage in the meetings, nor to provide access to our membership (other than in the form of taking out an advertisement), or the "policy arm" of this organisation. It was considered inappropriate to promote or present this potential cancer treatment in advance of Medsafe approval.

During the consultations with NGOs for input to the Shadow Report on the Convention for Elimination of All Forms of Discrimination against Women (CEDAW), NGOs indicated their disapproval of DTCA and the potential impact this type of advertising could have on women's health. The comments could not be used as part of the CEDAW Report as they fell outside of the area of discrimination. However, the main points made were:

- DTCA does not provide objective health information for consumers.
- DTCA potentially disproportionately increases expenditure on newer, more expensive pharmaceuticals, where there is a lack of historical evidence supporting improvements in health.
- DTCA contributes to the medicalisation of ordinary life, as evidenced by trends in the USA.

Some NCWNZ members raised their concerns regarding this practice of advertising during the 2004 NCWNZ conference in Palmerston North with Consumer expert, David Russell, NZ Consumer Institute. NCWNZ members at that time felt women were encouraged to self-diagnose particularly after watching Jude Dobson's Health Diary. The use of a celebratory presenter with a background in health gave greater credence to an "infomercial".

The Consumer Affairs Standing Committee thanks you for the opportunity to comment on the above document. The committee has circulated the consultation document to NCWNZ branches through out New Zealand, and received a pleasing number of responses from members. The following comments are in response to your questions.



**Question 1:****Are you supportive or unsupportive of DTCA in NZ, Please state reasons why?**

With a few exceptions all members were unsupportive of DTCA. NCWNZ members felt that the following problems occurred with direct to consumer advertising.

Many stated that they had had experience of people who would try and help themselves rather than go to a doctor as they felt that this was too costly and they were unable to afford the visit. The costs of these medications are often higher than those subsidized but this is not made clear.

Many women felt that the advertising was thinly veiled as education however did not always give advantages and disadvantages of taking the advertised products.

There were expressions of fear that patients are encouraged to "self-diagnose" and self-medicate without having knowledge of side effects or contra indication of mixing with other medication. Although these advertisements often suggested that people ask their doctor first, there may be ways to bypass this.

It was also noted that many "natural" non prescription medication may also be contra indicated.

Women felt that advertising in magazines and newspaper gives the consumer a choice to read or not, but T.V. advertising appears without choice and when led by prominent people who are known to have a medical background, many people believe what they are being told.

Those who supported DTCA stated that the information is good and could also be checked on the internet. They also felt that seeing these advertisements could give enough advice to send the consumer to their doctor for advice and that it provides opportunities for patients to have more knowledge and discussion on medication with their GP.

Question 2:**Considering consumer protection and choice what are the costs, benefits or concerns of direct to consumer-advertising?**

It is perceived that drug companies only want a profit and when selling are not mindful of patient welfare.

Our members felt that there was a lack of consumer protection and considered that there was no benefit to consumers.

Some members expressed concerns that the cost to the consumer would increase to cover the advertising which, in turn, would add to the overall Health Bill. TV advertisements are expensive and the cost must be recuperated from the patient.

Question 3:**What potential health implications could exist of DTCA?**

Many NCWNZ members thought that this would lead to self diagnosis and pressure on medical professionals to prescribe, thus diminishing their patient medical staff relationships.

Some members considered DTCA will lead to "Quackery".

It was felt the consumers' GP may have information of similar products that may be more effective and cheaper than the DTCA medication.



With the wider potential for internet marketing, which can cut the costs, concern was expressed that a person accessing these medications would not have full understanding and knowledge of the drug and therefore would be at greater risk of having an adverse reaction. It was noted that all drugs have the potential for adverse reactions.

Question 4:

Patient choice is advocated, what impact do you consider that this may have for consumer lifestyle choice?

Many members considered it is damaging to consumer lifestyle, i.e. looking for unhealthy symptoms, rather than aiming for healthy drug free lifestyles.

One Branch suggested that people are influenced to buy these products and many times they do not really need them, "a little knowledge is a dangerous thing".

Concerns were expressed that some advertising of "natural" does not necessarily indicate "safe".

Bogus advertising on the internet was questioned and there was concern as to how this would be monitored. It was also noted that some products are not regulated in other countries and these would become available to New Zealanders, often at their own risk, via the internet. It was felt there could be too many choices.

Some members expressed the opinion that certain people may wish to make the choice to follow "different" life styles and that the taking of drugs, legal or illegal, may be part of that choice.

Question 5:

With as many choices consumers may need further and appropriate consultation with medical experts, how may this affect consumer relationships with those being consulted?

It was felt that self diagnosis is promoted in advertising, and could well not be compatible to a patient/ doctor relationship.

NCWNZ felt that this style of advertising could lead people to incorrectly diagnose and/or treat their illnesses.

Members considered that pharmacy staff frequently offer advice/warnings to consumers when prescribing medications, which reinforces the advice from the GP.

Question 6:

Do you as a consumer consider there are main product standard issues that DTCA do not facilitate?

Members of one of our larger Branches expressed concern that information is unbalanced and they further questioned that consumers could unwittingly be part of an unofficial drug trial. They also felt that DTCA should be monitored, as it appears on the internet in potentially an unregulated manner.

The emphasis in DTCA is on the need for a consumer to identify their "aches and pains" as a condition that requires some degree of medical intervention. This type of advertising fuels a "crisis" mentality and simply, by ensuring that the consumer is not equipped with information that could lead to an educated assessment of the product's standard, greater sales are likely. The advertiser wants the consumer to believe he/she needs the product and that this will be the only product that can address the problem and that he/she should exert their consumer rights when next visiting the doctor.



Information such as how effective the advertised medication is versus currently available alternatives is generally avoided, or at the other end of the spectrum, grossly exaggerated.

The consumer receives no education on the potential cost of the medication, or the pricing of competitors' products.

Information on potential side-effects is usually in small print and screened only briefly. Information on how the advertised medication performed in safety trials and the length of product testing is not conveyed to the consumer.

Question 7:

Which option would you support for regulating DTCA?

The majority of our members support Option 3; the reasons were as follows:

- It provides a higher level of protection for the consumer
- To be aligned with Australia
- Instructions with contraindication and side effects will be issued with medications.
- Medications are given out with examination, or when the need is recognizably called for.
- It will take away the bias towards Pharmaceutical Manufacturers and the advertising agencies.
- All New Zealanders contribute to “vote health” through their taxes and they all receive the benefit of subsidies on visits to a doctor, prescribed drugs and a variety of medicines and pharmaceuticals.
- Consumer Medication Information: the provision for this under option 3 will be mandatory.

There were two submitters who preferred Option 1, but did not supply their reasons.

Conclusion

Members viewed with concern the amount of DTCA that already exists. It is noted that advertising of Alcohol or Smoking is not permitted in New Zealand, yet potentially DTCA is more dangerous.

Television advertising of products of a sexual nature, e.g. those that enhance sexual performance, and the time of their screening, concerned many members. It was considered by many that if such advertising does continue it should be late in the evening.

Internet drug advertising is increasing and it was considered that it was probably targeting a very vulnerable sector of society, and again may lead to self diagnosis and misadventure with adverse drug reactions after drugs have been purchased in this manner.

Members expressed concerns that New Zealand and the United States were the only countries that allow DTCA and considered that New Zealand should align with the rest of the world, not one other nation despite its size.

Some members were pleased that Australia has a higher standard than New Zealand with regard to DTCA. NCWCNZ members feel that it would be in our best interest to meet the Australian position.

In respect to the discussion document prepared by the Ministry of Health upon which this submission is based, some members were concerned that the Human Rights issues were not clearly explained within the document.



Thank you for the opportunity to comment on this very interesting issue; it has generated a large amount of comment and discussion from members. NCWNZ will be interested in the progress of this Consultation Document.

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National President

Eileen Imlach
Convener, Consumer Affairs Standing Committee