

## Selling Sickness: How Drug Ads Changed Health Care

by ALIX SPIEGEL

### Correction

The audio and a previous Web version of this story mistakenly said that between 1992 and 2008 the average number of prescriptions that Americans get increased by 58 percent. The actual increase was 71 percent.

October 13, 2009

text size **A A A**

David Couper went to his doctor after watching a small green creature jump up and down on the nail of an infected toe.

For Anne Nissan, a 17-year-old in Prescott, Ariz., the image that stayed with her was of a party. Women were on a roof in a city, pimple-free and laughing, utterly unbothered by the cramps that immobilized her once a month.

And then there is Samantha Saveri, a transportation planner in Baltimore. She remembers bunnies and the promise of digestive regularity.

Three different people in three different places were all driven to contact their doctors after watching an ad for a prescription medication on television. Each walked into a doctor's office with a specific request, and walked out with a prescription for exactly the medication he or she desired.

### The Rise Of Prescription Drugs In America

#### Part 1: Doctor

**Decisions** *All Things Considered*, Oct. 8

In the mid-1970s, an unconventional health researcher named Jack Wennberg discovered an unusually high rate of hysterectomies in a small town in Maine. If the rate continued, nearly 70 percent of Lewiston women would be without their wombs by age 70. That was just one of a series of studies conducted by Wennberg that led him to a very surprising conclusion about health care: A large portion of the medical care Americans get is unnecessary, and the structure of the health care system is the reason why. The system can push doctors to prescribe care that doesn't improve patient health. [Read this story.](#)

#### Part 2: Patient Behavior

*Morning Edition*, Oct. 12

The behavior of patients in the U.S. health system has changed dramatically over the past couple of decades. We've been transformed from passive patients who almost blindly follow doctors' orders into active and aggressive consumers of health services. A look at how that change came about, and how it affects

Prescription drug spending is the third most expensive cost in our health care system. And spending seems to grow larger every year. Just last year, the average American got 12 prescriptions a year, as compared with 1992, when Americans got an average of seven prescriptions. In a decade and a half, the use of prescription medication went up 71 percent. This has added about \$180 billion to our medical spending.

While there are more medicines on the market today than in 1992, researchers estimate that around 20 percent of the \$180 billion increase has absolutely nothing to do with the number of medications available, or increases in the cost of that medication.

To understand this change, one place to look is Wilder, Vt. There, in a tasteful housing complex on the side of a mountain, is the home of Joe Davis.

Davis is retired now, but in his speech and manner it's easy to hear the breezy salesmanship that made him so successful. Davis was an adman: "I was trained — or I was toilet-trained as we like to say — in packaged goods," Davis says. "General Foods, Procter & Gamble — that kind of thing."

Until the 1980s, the kind of people who sold stuff like packaged goods were completely different from the kind of people who sold stuff like prescription drugs. In those days, drugs ads were for doctors, not the public. They were designed by people who worked at these small, technically minded medical advertising companies and targeted this small, technically minded audience.

"Nobody had ever thought that these drugs should be or could be advertised to the patients. It was just outside of people's brains," Davis says. "They thought that only doctors could understand the products. They're technical products. They're scientific products."

But it was more than that. There was a fear — shared by doctors and drug companies alike — that advertising drugs directly to consumers could be harmful. Both the drug companies and the doctors worried that even though consumers couldn't really evaluate whether or not a drug was appropriate, they might become convinced by an ad, and pressure their doctor to prescribe it.

Not only might doctors end up passing out inappropriate medications, but also, drug ads could disrupt the doctor-patient relationship — a relationship that, at the time, was mostly a one-way street. Davis tells this story about his own mother, a sophisticated woman whom he found fumbling with a bottle of pills one day. When he asked what she was taking:

the behavior of doctors.  
[Read this story.](#)

**Part 3: Marketing  
Sickness** *Morning  
Edition, Oct. 13*

Prescription drug spending is the third most expensive cost in the U.S. health care system. The average American gets 12 prescriptions a year, and this number only seems to grow larger. There are more medicines on the market today than in 1992, with Americans now spending \$175 billion more per year. A look behind these numbers and what drove the increase in prescription drug consumption in America.

"Well,' she said, 'I take a yellow pill, a green pill and a white pill.' I said, 'That's great. What are they for?'"

His mother had no idea what they were for, Davis says. All she knew was that her doctor had told her to take them.

"It was very passive from the patient standpoint," Davis says. "The patient just took whatever orders were given by the doctor."

### An Advertising Revolution

It used to work like this: Doctors decided what to prescribe. Drug companies — through medical advertisers — tried to influence doctors. Patients did what they were told.

The only problem, says Davis, was that the system wasn't working out for the drug companies. For them, the system was much too slow.

Because doctors exclusively held the keys to the kingdom, drug companies spent enormous amounts of time and money trying to get their attention. To give you a sense, the average doctor got around 3,000 pieces of mail a year from the drug industry, and to break through this noise often took years.

And so Davis, who had previously only sold packaged goods, approached William Castagnoli, the then-president of a large medical advertising company.

The two came up with a solution: They would advertise directly to the patient. They'd get the patient to go in and ask the doctor for the drug. "Pull the drug through the system," Davis says with a certain amount of glee.

There was only one small problem with this solution: It was almost impossible to do.

In the early 1980s, FDA regulations required that drug ads include both the name of a drug and its purpose, as well as information about all the side effects. But side-effect information often took two or three magazine pages of mouse print to catalog, and this wouldn't do for a major television campaign. As Castagnoli says, "We couldn't scroll the whole disclosure information over the television screen — OK?"

But then, in 1986, while designing an ad for a new allergy medication called Seldane, Davis hit on a way around the fine print. He checked with the Food and Drug Administration to see if it would be OK.

"We didn't give the drug's name, Seldane," he says. "All we said was: 'Your doctor now has treatment which won't make you drowsy. See your doctor.'"

This was one of the very first national direct-to-consumer television ad campaigns. The results were nothing short of astounding. Before the ads, Davis says, Seldane made about \$34 million in sales a year, which at the time was considered pretty good.

"Our goal was maybe to get this drug up to \$100 million in sales. But we went through \$100 million," Davis says. "And we said, 'Holy smokes.' And then it went through \$300 million. Then \$400 million. Then \$500 million. \$600 [million]! It was unbelievable. We were flabbergasted. And eventually it went to \$800 million."

Pharmaceutical companies took note.

Today, drug companies spend \$4 billion a year on ads to consumers. In 1997, the FDA rules governing pharmaceutical advertising changed, and now companies can name both the drug and what it's for, while only naming the most significant potential side effects. Then, the number of ads really exploded. The Nielsen Co. estimates that there's an average of 80 drug ads every hour of every day on American television. And those ads clearly produce results:

"Something like a third of consumers who've seen a drug ad have talked to their doctor about it," says Julie Donohue, a professor of public health at the University of Pittsburgh who is considered a leading expert on this subject.

"About two-thirds of those have asked for a prescription. And the majority of people who ask for a prescription have that request honored."

Whether the increase in the number of prescription drugs taken is good or bad for patient health is an open question. There's evidence on both sides. What's not up for debate is this: By taking their case to patients instead of doctors, drug companies increased the amount of money we spend on medicine in America.

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Recent First



**Michael McKee (idiomac)** wrote:

The possibility that Pharma's product injures or kills an inordinate number of patients is high. When the bottom line of a corporation colides with patient care, the patient, to often, loses. And, the corporation still prospers with little backlash. Who will ever know when the FDA is staffed with PHARMA officials and paid with PHARMA money?

Thursday, October 15, 2009 11:10:07 AM

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**Michael McKee (idiomac)** wrote:

You just insulted the average woman, making her look like a dummy. Nothing could be farther from the truth. And, you lied, drug companies never hesitated when it came to the question of advertising drugs to the masses. Some Doctors did but not all. I say reverse the law and stop the advertising. Everyone knows the cost of advertising is made up by charging more to the consumers. We knew it before they lobbied it into law. I just love it when you give a running dialogue of what we already knew but, were heplless to stop.

Thursday, October 15, 2009 9:37:45 AM

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**Stuart Knoles (Calen)** wrote:

Here is the national public view of health, and why improvement reform appears so foreign.

Wednesday, October 14, 2009 7:10:45 PM

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**larry liting (larry\_liting)** wrote:

Regarding the comment from Ken (the PR employee of the pharmaceutical industry's lobbying organization....!!!), the "charge" made by the doctors interviewed in this story is NOT that more medicines have been produced. It is that advertising by the drug companies is often deceptive by suggesting to people that normal conditions need costly medical treatment. If "deceptive" is too strong, the ads are at least irresponsible and self-serving. From a policy perspective, such pushy ads might be tolerable for most goods, but medical treatment is different because of the very high costs that are shared and because of the health consequences associated with drugs that cannot be conveyed in a short time to consumers (see other comments below related to seldene...!). This is why the disclosures that accompany drug pitches to doctors are lengthy and practically indecipherable to the lay person.

The fact that it took so long for the pfizer's paid P.R. hacks to respond and the fact that their reply is misleading suggests the facts of this story are unassailable.

Wednesday, October 14, 2009 10:25:10 AM

[Recommend \(1\)](#) ↑

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**RK Halley (Kathh)** wrote:

As far as the impact direct marketing has had on the consumer, I gotta agree with Ken. It's a gennie I want out front. Most patients who name a drug does so because they saw or heard that there was something to help their own personal condition. They have most likely had the condition for a while, and are seeking cure, or a decrease in symptoms.

Again I just want to reinforce that around 40% of Patients who call the primary for an appt. actually are on the money with what they have.

I don't have current stats. More will come out this year. But around 5 years ago during the big release of more pharma's on the market here is some data on scripts in the USA

In a given year...

Age 0-19 years of age around 4% of the pop. had one or several scripts filled.

Age 19-64 around 12% of the pop. group had one or more scripts filled

Age 65 and older around 30% of the pop. group had one or more scripts filled.

While the costs seem huge, this was the total pop. outside of hospitals, long term care, and inpatients who were getting scripts. It's a good base to tell us, that huge numbers of people seeking medication hasn't increased.

Wednesday, October 14, 2009 3:02:38 AM

[Recommend \(1\)](#) 

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**ken johnson (kenjohnson)** wrote:

To the charge that "there are more medicines on the market today than in 1992," we plead guilty, with pride. Pharmaceutical research companies each year spend billions--\$65 billion last year—finding new and better treatments and cures. That explains in large measure why AIDS deaths in the U.S. have dropped more than 70% in ten years and why heart disease death rates dropped 34%, to mention just two diseases.

When asked what most influences their prescribing decisions, the majority of doctors cite formularies set by payers, such as insurance companies, and peers, in that order, according to a physician survey by The Boston Consulting Group. Meanwhile, 73% of doctors in an FDA survey said that consumer ads helped their patients ask thoughtful questions. Over 91% said the patient did not try to influence treatment in a way that would be harmful.

Encouragin consumers to ask their doctor is important in a society where, for example, 45% of Americans with diabetes are undiagnosed and/or untreated. Likewise, 43% of those with hypertension. We're happy we are sometimes guilty of helping to start a potentially important and life-saving conversation.

--Ken Johnson, Senior Vice President, Communications, PhRMA

Tuesday, October 13, 2009 11:37:31 PM

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**Chris Martin (Wonks\_Anonymous)** wrote:

You forgot to note that Seldane was withdrawn from the market in 1997 because it was found to cause heart problems. Did your reporter ask the marketing genius how he felt about making people sick and putting them through messy and expensive treatments?

Tuesday, October 13, 2009 10:41:48 PM

[Recommend \(0\)](#) 

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**janiece vest (niecee)** wrote:

i was so glad to hear the piece on prescription drug costs and the related cost to the health care issue. as far back as 1987 i worked as a benefits mgr for a local firm. our group carrier back then gave us stats that stated that as much as 40% of the cost of rx's was directly related to marketing, advertising, and sales staff of the drug companies. i can see how that cost has continually contributed to the cost of insurance. so who decides how to control this marketing fisaco? is it market manipulation, or free enterprise? if this is the third largest sector of health care costs, why isn't this being addressed in Washington?

Tuesday, October 13, 2009 10:24:34 PM

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**Shawn Donovan (SMD)** wrote:

Alix Spiegel's story on NPR this morning was terrific as were others she has done recently on health care issues. I've often felt that the marketing of prescription medicines to the user was bad public policy and I'm delighted she has highlighted this problem so clearly. Leave prescriptions to doctors who prescribe not to patients who don't know what's good for them.

Shawn Donovan

Tuesday, October 13, 2009 9:22:56 PM

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**Paul Schneider (Schnides)** wrote:

If prescription drug spending is the 3rd most expensive cost in the U.S. health care "system," what are the first two?

Tuesday, October 13, 2009 9:22:25 PM

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