Should drug information be an integral part of health care?

The fact that the effects of drugs are incompletely known makes special demands on drug information for the public. Much of this information is marred by poor content, choosing target groups by likely sales, and giving drug-centred rather than health-centred information. These problems arise from the imbalance between the relative quantities of commercial and independent drug information, the separation of drug information from health education, and strong commercial and professional interests. Suggested solutions include setting standards, integration, and using pharmacists to distribute drug information. Such actions may, however, create new problems. It might be necessary or desirable to regulate the quantity, forms and sources of commercial drug information aimed at consumers. Drug information should be regarded as an integral part of health care and treated accordingly. Furthermore, the widening range of substances used to influence health, shrinking prescription requirements, biased reporting in mass media, and national industrial priorities are changing the drug information scene and demand new solutions.

Problems of drug use and drug prescribing have usually been blamed on physicians’ behaviour and their failure to communicate adequately, while patients have been considered to be passive recipients. However, it is patients who regulate drug use by consulting doctors and expressing demands and wishes, and by their compliance. In many developing countries most drugs can be obtained without consulting a physician. In developed countries self-medication is also common, and increasing numbers of drugs are being released from prescription requirements [1]. Furthermore, many professionals in developed countries are encouraging patients to contribute to and share therapeutic decisions. In this paper we examine the information provided on non-prescription drugs directed promoted to members of the public by drug companies.

Defining good drug use both in general and for individual patients is a difficult and controversial task because data on drug effects, especially their long-term overall effects, are meagre. A crucial question concerns indications: for example, even though a drug may have been shown to be effective in serious cases, the point when the likelihood of adverse effects outweighs beneficial effects is usually unknown. This lack of data on health effects makes special demands on drug information.

Information on non-prescription drugs: old problems and familiar ‘solutions’

Many problems have been identified in the drug information packs provided for consumers (Table 1). They relate to three underlying structural factors: first, there is much more commercial than independent drug information, even in countries where independent information is well developed such as the UK and the USA [2]. The main motive of commercial information is sales rather than health. Second, drug information is mostly separated from other health information and from health education. Third, there are strong professional interests, especially among pharmacists [3].

Many pharmacists benefit directly from selling drugs. All health professionals gain power from knowing more about drugs than do patients, and this may reduce their motivation for giving independent drug information, or encouraging self-medication.

Various measures have been proposed to improve matters: increasing independent drug information, setting standards for advertising (the most visible form of commercial information), integrating drug information with other health education for the public, and transforming pharmacists into health professionals. All these approaches have merits, but, if no more is done, they may create new problems. For example, even if more independent information were provided, it would be unlikely ever to exceed the quantity of commercial information, but it would tend to overemphasise the role of drugs in solving health problems.

Quality control of advertising can result in advertising that appears more balanced and scientific looking.

ELINA HEMMINKI, MD, Research Professor, National Research and Development Centre for Welfare and Health, Helsinki, Finland.

ANDREW HERXHEIMER, MB, FRCP, Chairman, International Society of Drug Bulletins.

Table 1. Problems with drug information provided by pharmaceutical companies for the public

| Problem                                                                 |
|------------------------------------------------------------------------|
| Poor content and irrational appeals                                    |
| Target groups not chosen by health needs but by expected sales          |
| Imbalance and lack of coordination between information on drugs, on other therapies, and on health promotion |
| Health needs are not taken as starting point and the information is drug centred |
but patients may be more misled, because they cannot distinguish it from independent information. Furthermore, only printed and other forms of advertising which can be easily documented can be effectively controlled. Putting restrictions on them can displace drug marketing efforts to grey areas, such as articles and feature programmes in mass media, lobbying and financing of health-related activities.

Pharmacists could be a good new resource for distributing independent drug information. However, if their income depends on sales of drugs, the conflict of interest is too great to allow the provision of independent advice and information. One solution would be for pharmacists to become salaried employees of health services; then their own income would not directly depend on drug sales and they would be freer to take the viewpoint of health.

New solutions to old problems

The first step in solving the structural problems of commercial drug information for the public is to change the agenda for discussion (Table 2). First, who is allowed to give drug information? Should it be regarded as treatment? Not everyone may treat patients. Most countries have defined health professionals and their rights, and have laws on quackery. Could drug companies and their advertising agents be considered to be practising quackery—ie recommending treatment without being licensed to do so?

Second, should therapeutic information be permitted that may be harmful to health? Does drug centred and/or unbalanced information harm health?

Third, if commercial information is allowed, should its forms and quantity be restricted? Should only forms which can be publicly controlled be used, and should indirect drug advertising, eg financing health activities, be forbidden?

The creation of knowledge on which drug information is based also needs attention. Currently, most of the data used both in commercial and independent drug information are generated by or on behalf of the pharmaceutical industry. That may explain why we know so little about non-drug solutions to health problems and about long-term effects of drugs. Because society pays for much of the research done by the pharmaceutical industry in drug prices, it is necessary to consider additional ways of organising and funding therapeutic research [4,5]. In Finland, a fixed percentage of tobacco sales is reserved for law for health education activities, including research; similar arrangements could be useful for drug research too.

Five relatively neglected problems that need solutions

1. In countries with a strong tradition of allopathic medicine, the concept of a ‘drug’ used to be clear-cut. With the current wave of ‘natural’ medicine, various alternative drugs, most of them not requiring prescription, have emerged. Drugs and drug-like substances are used to change normal physiological phenomena, and some cosmetics and foods are marketed like drugs. These groups of substances are governed by different regulations and their use tends not to involve health professionals. This widening scope of health-related substances may have a major impact on self-medication.

2. Because in many countries prescription requirements are being waived, there is likely to be more pressure to advertise them directly to actual and potential users of drugs. For example in Finland, drugs containing ketoprofen, topical hydrocortisone, dexamethasone; in the UK, H2-receptor antagonists and acyclovir cream; and in Australia, salbutamol are now available without prescription. Proposals to exempt oral contraceptives from the prescription requirements are being considered in several countries [1,6]. Without someone who is concerned with health to mediate between commercial interests and the patient, patients may be more vulnerable when they use these drugs.

3. Two new indirect ways of marketing drugs have gained popularity: marketing disguised as research, and science reporting in mass media. The latter includes commercial drug information presented as news articles or documentaries: a pharmaceutical company or someone on its behalf issues press releases about new or coming innovations which are then published as news; or a firm encourages journalists to write articles on either the drug itself or the health problem for which it is intended.

4. The drug industry is an important advertiser in mass media [7] and its interests are likely to be respected. This means that many publications or broadcasters hesitate to criticise companies or their products.

Table 2. Drug information for the public is part of health care: issues which need debate

- Should only health professionals be regarded as qualified to determine the content of drug information?
- Should therapeutic information be permitted that may harm health?
- If commercial drug information continues to be allowed, should its forms and quantity be restricted?
- What therapeutic research should be organised in addition to that funded by industry, and how?
- Possible ways of resolving the conflict of interest for pharmacists between depending on sales of medicines and giving independent advice about them?
- What will be the effects of changes in the roles of drugs in society on the content, forms and provision of drug information?
5. Some developing countries, having been dependent on multinational companies for medicines, now want to become more self-sufficient by supporting their domestic drug industry [8]. In such circumstances the success of domestic companies may become a governmental priority over the promotion of rational drug use.

For all these reasons, pharmaceutical companies have a strong interest in safeguarding and strengthening their role in patients' self-medication, both through advertising and other methods. In attempts to regulate commercial drug information, the interest and power of drug companies should be realistically considered.

Conclusions
The provision of drug information to consumers is a complex task. It is not just a matter of distributing high quality independent information. Current unbalanced or misleading commercial information and structural problems need to be considered. A long-term aim could be to make provision of drug information a part of health care, and to regulate it like other forms of health care. This option needs public discussion now.

References
1. Proprietary Association of Great Britain (PAGB). Momentum grows for POM to P switching. In: OTC Directory 94/95. London: PAGB, 1994.
2. Peters G. Information and education about drugs. In: Blum R, Herxheimer A, Stenzl C, Woodcock J (eds). Pharmaceuticals and health policy. London: Groom Helm, 1981, 93-121.
3. Norris P. The changing role of pharmacists and the distribution of pharmaceuticals in New Zealand. In: Davis P (ed). For health or profit? Auckland: Oxford University Press, 1992, 36-52.
4. Herxheimer A, Zentler-Munro P, Winn D (eds). Therapeutic trials and society. London: Consumers' Association, 1986.
5. Advisory Group on Health Technology Assessment. Assessing the effects of health technologies: principles, practice, proposals. London: Department of Health, 1992.
6. Peura S. Käskauppalääkkeit — nusia haasteita apteekeille. Dosis 1994;10:64-6.
7. Santalahdi P, Topo P. Tuoko lisääntyvä lääkemainonta ongelmia? Suom Laakari 1993;48:2468-71.
8. Ballance R, Pogány J, Forstner H. The world's pharmaceutical industries. Aldershot, UK: Edward Elgar for UNIDO, 1992, 161-2.

Address for correspondence: Dr Elina Hemminki, National Research and Development Centre for Welfare and Health, P.O. Box 220, 00531 Helsinki, Finland.