DTCA in New Zealand, finding a healthy balance

To compare United States (US) pharmaceutical companies' spend and associated operating standards regarding Direct to Consumer Advertising (DTCA) with those of New Zealand—as Sarah Every-Palmer, Rishi Duggal and David B Menkes do in their article published by the NZMJ (Vol 127 No 1401: 29 August 2014)—is to compare apples with oranges.

The dynamics of medicines supply New Zealand are very different from those operating in the US and the provision of information to consumers through advertising of prescription medicines is a healthy balancing of the heavy restrictions on supply that PHARMAC generates.

The New Zealand direct-to-consumer advertising (DTCA) environment is very different to that found in the USA. For a start, all local advertising must comply with Advertising Standards Authority’s (ASA’s) Codes of Practice and in particular the Code for Therapeutic Products. In addition, industry agreed as a condition for allowing DTCA in New Zealand that all advertising be independently checked for compliance with the ASA Codes by the Therapeutics Advertising Pre-vetting Service (TAPS). Since inception, when DTCA was first approved, the TAPS Adjudicators work closely with Medsafe, the ASA and media companies to ensure DTCA meets the high standards of social responsibility required by the Codes.

At any time a complaint may be made to the ASA regarding advertising, in any media that may be considered in breach of the Codes. Complaints regarding DTCA are extremely rare, reflecting the value of independent pre-approval.

At Medicines New Zealand we go beyond the call of legal duty in publishing an additional set of requirements in our Code of Practice that the pharmaceutical companies we represent are obliged to follow in all realms of their operational activity including DTCA.

It is ironic in a sense that the Every-Palmer, Duggal and Menkes article raises the issue of being misleading when they proceed to lump all advertising together. We are concerned at the view expressed that advertisements promote products for which there is limited evidence of effectiveness. Prescription medicine regulation means that there is robust evidence for a medicine's efficacy before it is allowed to be sold or advertised in New Zealand under the Medicines Act.

It is also worth remembering whilst reading the views put across in the said article regarding television advertising that, as the world becomes increasingly digitally orientated, the access individuals have to information about different pharmaceutical products is only going to grow and even now if a person is looking for an alternative product to that which they are currently being prescribed, they will easily find it online irrespective of whether they'd seen it advertised on TV.

By allowing DTCA in New Zealand consumers are empowered to discuss alternative pharmaceutical products with their trusted GP and that is exactly the point: a medical practitioner will always have the opportunity to present their own professional view...
on what they think is the best option for their individual patients—and write the prescription accordingly.

In summary, New Zealand is not the United States and the fact that both countries happen to have DTCA is where the comparison ends.

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