

## Conclusion

Like other commercial enterprises, drug companies focus on making profits, and this determines their priorities. They have been pressing governments to allow direct-to-consumer advertising. In 2002, they lobbied the European parliament to relax the European Union ban on direct-to-consumer advertising. However, the health ministers of the European Union rejected the proposed amendment in June 2003 following an intense counter-campaign organised by consumer and health professional organisations.

Drug companies are trying to get around the current ban in Australia by running disease awareness campaigns that indirectly promote their products and by sponsoring journalists, and professional and patients' organisations. Government agencies, health professional and consumer organisations concerned about the quality use of medicines in Australia need to develop a range of strategies on how best to counteract these campaigns. We also need to improve the public's access to unbiased, accurate and comprehensive information about the options for drug treatment.

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## References

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Wellington and Auckland Schools of Medicine); 2003. <http://www.chmeds.ac.nz/report.pdf> (cited 2003 Nov)

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*Conflict of interest: none declared*

## Self-test questions

*The following statements are either true or false (answers on page 23)*

1. Some consumer organisations receive funding from drug companies.
2. Direct-to-consumer advertising is not associated with increased prescribing of the advertised drugs.

# Medicines Australia Code of Conduct: breaches

Medicines Australia (formerly the Australian Pharmaceutical Manufacturers Association) has a code of conduct to guide the promotion of prescription drugs in Australia.<sup>1,2</sup>

The report of the Code of Conduct Committee for 2003 says that 48 new complaints about drug promotion were received. Five complaints were withdrawn and some are unresolved, so the report details the assessment of 36 cases.<sup>3</sup>

Most of the complaints came from rival pharmaceutical companies, but 11 came from health professionals, five were made by the Therapeutic Goods Administration and one by a consumer organisation. Seven complaints were found not to involve a breach of the Code of Conduct and one was dismissed by the Code of Conduct Appeals Committee. This leaves 28 complaints in which at least one breach of the Code was found (Table 1).

## Note

The Medicines Australia Code of Conduct is available from:

Medicines Australia  
Level 1, 16 Napier Close  
DEAKIN ACT 2600

Tel: (02) 6282 6888

Fax: (02) 6282 6299

Web site: [www.medicinesaustralia.com.au](http://www.medicinesaustralia.com.au)

## References

1. Roughead EE. The Australian Pharmaceutical Manufacturers Association Code of Conduct: guiding the promotion of prescription medicines. *Aust Prescr* 1999;22:78-80.
2. Medicines Australia. Code of Conduct. 14th ed. Canberra: Medicines Australia; 2003.
3. Medicines Australia. Code of Conduct Annual Report 2003. Canberra: Medicines Australia; 2003.

**Table 1**

**Breaches of the Code of Conduct July 2002 – June 2003**

Company	Complaint		Sanction imposed by Code of Conduct Committee
	Drug – brand name	Drug – generic name	
Alcon	Travatan	travoprost	Withdrawal of promotional material. Corrective letter. \$10 000 fine
	Travatan	travoprost	\$45 000 reduced to \$7500 on appeal
	Travatan	travoprost	Withdrawal of promotional material \$60 000 fine
AstraZeneca	Arimidex	anastrozole	Withdrawal of promotional material \$7500 fine
	Nexium	esomeprazole	Withdrawal of promotional material
Aventis Pasteur	Vaxigrip	influenza vaccine	Withdrawal of patient leaflet
Aventis Pharma	Clexane	enoxaparin	Withdrawal of promotional material. Publication of erratum notice.
Baxter	NeisVac-C	meningococcal vaccine	Withdrawal of promotional material. Corrective advertisement.
	NeisVac-C	meningococcal vaccine	Withdrawal of promotional material
	NeisVac-C	meningococcal vaccine	Withdrawal of promotional material \$5000 fine
Bayer	Adalat Oros	nifedipine	Withdrawal of promotional material. Corrective advertisement. \$15 000 fine
Boehringer Ingelheim	Mobic	meloxicam	Withdrawal of promotional material \$15 000 fine
Bristol-Myers Squibb	Pravachol	pravastatin	Withdrawal of promotional material
CSL	Tramal	tramadol	Withdrawal of promotional material. Corrective advertisement.
	CSL web site		Withdrawal of promotional material
Eli Lilly	Evista	raloxifene	Withdrawal of promotional material. Corrective advertisement.
Mayne Pharma	Pamisol	pamidronate	Inappropriate delivery of promotional material not to be repeated
Merck Sharp & Dohme	Fosamax	alendronate	Withdrawal of promotional material. Corrective letter. \$25 000 fine
Mundipharma	Oxycontin	oxycodone	Withdrawal of promotional material
Novo Nordisk	Vagifem	oestradiol	Withdrawal of promotional material. Amendments to web site.
	Public awareness campaign and web site		\$20 000 fine
Organon	Livial	tibolone	Withdrawal of promotional material \$10 000 fine
Pfizer	Viagra	sildenafil	Withdrawal of promotional material
	Public advertisement		\$10 000 fine
	Viagra Pharmacy poster	sildenafil	\$10 000 fine
Roche	Healthy Weight Taskforce web site		\$75 000 fine reduced to \$50 000 on appeal
Sanofi-Synthelabo	Stilnox	zolpidem	Advertisement not to be used again in lay media \$50 000 fine
Schering-Plough	Elocon	mometasone	Withdrawal of promotional material
Wyeth	Efexor	venlafaxine	No further appearance of promotional material
	Efexor	venlafaxine	No further appearance of promotional material

*Editorial comment:* see page 8

### Editorial comment

A new edition of the Code of Conduct was implemented in 2003. Although there has not been a dramatic increase in complaints the Code of Conduct Committee has imposed more fines. Although these fines would be substantial for an individual they are relatively small in comparison to the companies' advertising budgets.

Readers of *Australian Prescriber* have expressed an interest in knowing more about the background of the complaints. More detail can be found in the report of the Code of Conduct Committee, but a common theme this year was the promotion of prescription medicines to the public.

Direct-to-consumer advertising is not allowed in Australia, so drug companies have to be careful that their information campaigns, such as disease-awareness activities, do not advertise their products.<sup>1</sup> Three of the breaches involve companies which provided information on web sites.

Novo Nordisk, which produces Vagifem (oestradiol) pessaries, promoted a web site about atrophic vaginitis, through hairdressers. While the hairdressers' capes, which displayed the web site address, were not considered to be educational material, the Code of Conduct Committee concluded that the information on the web site was sufficient to allow a woman to seek a prescription for a specific product.

Roche was found to have breached the code as it was not clear that it was the sponsor of the web site of the Healthy Weight Taskforce. It was also considered that Roche should take more responsibility for the activities of the Healthy Weight Taskforce, to ensure prescription medicines were not promoted to the public.

The Therapeutic Goods Administration complained about the CSL web site. This was found to contain information which could promote particular products to the public.

Other breaches of the code involved written material for consumers. A pharmacy poster about Pfizer's sildenafil was a serious breach, as was an in-flight magazine advertorial by Sanofi-Synthelabo. A pamphlet produced by Aventis Pasteur for patients to receive after influenza immunisation was considered to be promoting a particular product.

Two of the unsuccessful complaints involved competitions. The two companies involved had offered hand-held computers as prizes. As the Committee considered that the perceived value of the prizes was close to the limit of what might withstand public and professional scrutiny, no breaches were found.

### Reference

1. Vitry A. Is Australia free from direct-to-consumer advertising? *Aust Prescr* 2004;27:4-6.

## Book review

### CARPA Standard Treatment Manual.

**A clinical manual for primary health care practitioners in remote and rural communities in Central and Northern Australia. 4th ed.**

**Alice Springs: Central Australian Rural Practitioners Association; 2003.**

**364 pages. Price \$35 plus postage.**

*Dennis Pashen, Associate Professor and Director, Mount Isa Centre for Rural and Remote Health, Mount Isa, Qld*

The new edition (fourth) of the CARPA Standard Treatment Manual provides a reference manual for remote Aboriginal health workers, nurses and doctors in the Northern Territory. It is part of a series of primary healthcare texts for the Northern Territory. The CARPA manual is a unique resource written for and especially valued by remote health staff in the Northern Territory, but it is also used by remote health service providers throughout Australia and overseas.

The manual provides simply worded, readable and easily referenced information. I accepted the challenge of my staff to find named topics for emergency information retrieval. In all instances it took me less than two minutes to find the information they wanted by using the index section.

The manual's Northern Territory roots are obvious with the choice of topics, simple diagrams and easily understood instructions and language. The applicability to Aboriginal Australia is also obvious with topics such as kava, sorry business, worms, hanging and spear injuries. In all situations the information is simple, to the point and relevant. The presentation is attractive, the manual's font size is 12 points or greater, a blessing for those of us whose arms have shortened with the years.

I have compared the CARPA manual with the Primary Clinical Care Manual (PCCM) from the Queensland Government and the Royal Flying Doctor Service (RFDS) Queensland, and the manual of Médecins Sans Frontières. It certainly equals these excellent texts and is probably the most user-friendly manual. Each manual is designed for use in similar contexts but has its own specific idiosyncrasies, such as relationship to State legislation, RFDS medical chests and the Third World. The