# Under the influence

When given a prescription, do you realise how far big business influences what medication you're offered? We shed light on the complex relationships between drug companies, researchers, healthcare professionals, patients and patient groups

You're ill, so you see a doctor. You're told what's wrong and prescribed some pills. You take the pills, then you feel better.

That's how it should be, but what goes on behind the scenes is a great deal more complicated.

Pharmaceutical companies influence healthcare at every level, from developing a new drug through to a doctor prescribing it to you, whether it be during research, licensing or promotion.

## Big business

Pharmaceutical production is estimated to be the UK's third most profitable economic activity, after tourism and finance.

According to the National Audit Office, pharmaceutical companies spend more than £850 million a year on marketing and promotion. Because of such significant spending, questions are often asked about the medication you're prescribed.

## Scrutiny

Concerns about this level of influence have been examined in recent years. In 2005, a House of Commons Health Select Committee report called for changes in practices of the pharmaceutical industry, regulators, healthcare professionals, patient groups and the government.

The committee wanted more regulation, transparency, accountability, education for healthcare professionals and drug safety measures. Disappointingly, the government rejected many of the recommendations outright. Others were accepted, including measures to restrict the promotion of drugs.

Some of these recommendations also fed into revisions of the code of practice of the pharmaceutical industry's trade association, the Association of the British Pharmaceutical Industry (ABPI).

But we have found these moves have made little difference.

## The players

There are many players (see illustration, opposite) in the complex world of pharmaceutical production who can have a real impact on your health.

We asked those closest to patients about the extent of industry influence today.

First are GPs, who will have prescribed drugs for most of us. We surveyed 200 about the interaction they have with drug companies and found that they still receive many visits from drug reps and invites to company events, as well as promotional material through the post.

Second are patient organisations, some of which provide information and support to those with long-term conditions. They're often part funded by drug companies, so we asked several companies and patient groups about the transparency of their relationships. Some refused to disclose how they were funded and how such money is used.

For our guide on saving money on over-the-counter drugs, see 'Painless savings', p34.

**Drugs production is estimated to be the UK's third most profitable economic activity**

**TELL US YOUR STORY**

**Have you ever been concerned about why a healthcare professional has recommended a certain medicine for you? Have you questioned why your patient organisation has material, talks or campaigns promoting a certain treatment? Let us know by emailing letters@which.co.uk or write to us at *Which?*, PO Box 44, Hertford X SG14 1SH.**

## DRUG COMPANIES

**FUNCTION** These companies are responsible for the research, development, sales and marketing of medicines throughout the world.

**ISSUE** According to the ABPI, it costs around £550 million, and takes between ten and 12 years, to develop a new drug – so companies need to work hard to establish a strong brand and recoup research and development costs.

## HEALTH JOURNALS

**FUNCTION** Published research helps prescribers to choose treatments and aids the decisions of Nice and the MHRA (see opposite). Drug companies also use published reports when lobbying Nice and the government.

**ISSUE** Not all trial results have to be published, so those with inconclusive or negative outcomes may not be seen. Also, the Health Select Committee expressed concern about ghost writing, where articles by medical writers appear under the names of academics (see p40).

ILLUSTRATION PAUL THURLBY

## MHRA – THE LICENSORS

**FUNCTION** The Medicines and Healthcare products Regulatory Agency (MHRA) is the government body responsible for issuing licences and ensuring that drugs and medical devices are safe. It assesses new drugs for quality, efficacy and safety, and regulates the manufacture, research and marketing of drugs.

**ISSUE** The MHRA is funded by industry fees, which it competes for alongside other European regulators. In its report, the Health Select Committee said that the MHRA was too close to the industry. The committee also said the agency's scrutiny of data for licensing decisions was not rigorous enough.

## NICE – THE GUIDANCE PROVIDERS

**FUNCTION** The National Institute for Health and Clinical Excellence (Nice) is an independent organisation that provides guidance on public health, treatments and clinical practice as requested by the Department of Health (DoH). This usually happens if there are similar drugs available or if guidance isn't clear. Its drugs guidance covers England and Wales. Scotland and Wales have similar groups and all UK countries can choose to follow Nice guidance.

**ISSUE** Nice can give a recommendation only when asked by the DoH – there are many drugs for which no guidance has been issued, so you could take a drug that has not received its full scrutiny.

## PRESCRIBERS

**FUNCTION** GPs, hospital doctors and some pharmacists and nurses can prescribe medicines.

**ISSUE** In an environment where information is updated rapidly and there's so much doctors and health care professionals need to know, they have to rely on many sources to prescribe the right drug for you. But government subsidies for various sources have been removed recently, and a lack of independent information, mixed with intensive promotion from companies, can make choosing difficult.

## PATIENT ORGANISATIONS

**FUNCTION** These groups, usually charities, offer support and information, often through the internet, helplines and support groups. Some run disease awareness campaigns and lobby Nice and government to make drugs available.

**ISSUE** Many groups receive funding from drug companies – the top five UK pharmaceutical companies between them fund 180 different patient groups. Although the funding can be valuable, there is concern that it could compromise independence and information it provides to you.

## PATIENTS

**FUNCTION** You, your family and anyone who's ever needed to take medication – whether visiting a doctor, hospital or pharmacy: drug companies want your business.

**ISSUE** In our survey almost a third of GPs said patient requests help them decide whether or not to prescribe a new drug. Although companies can't market prescription-only drugs to patients directly, information about these drugs still reaches you via the media, patient groups and information online.

# Doctors under pressure

**Whether reading, listening or discussing, or even wining and dining, your GP is regularly exposed to pharmaceutical industry influence**

The code of practice produced by the Association of the British Pharmaceutical Industry (ABPI) was tightened in 2006.

The new code put stronger restrictions on the material and hospitality that drug companies can supply to GPs.

We checked whether contact with drug companies had decreased by surveying GPs just after the new code was introduced and again a year later.

Despite GPs being more aware of the code this year, the overwhelming picture is that little has changed in the amount of contact GPs have with pharmaceutical businesses (see 'Targeted about treatments', below).

## Code in practice

The only significant change is that the number of mailings about specific drugs has fallen. Visits from drug reps and invites to sponsored events remain at similar levels, and they can really build up (see

## Targeted about treatments

**We asked 200 GPs about their contact with drug companies**

**4.2 VISITS ON AVERAGE FROM DRUG REPRESENTATIVES A MONTH** One visit a week may be more than enough for a busy GP, but 2 per cent of those surveyed said they had received 20 visits in one month. The ABPI code states that a representative shouldn't visit a GP more than three times a year, but with many companies promoting products this can add up. A third of GPs felt the number of visits had dropped since 2006 but our survey shows this isn't the case.

**5.1 PROMOTION MAILINGS A WEEK ON AVERAGE** In the six months following a medicine's launch, companies can send GPs a detailed mailing with information about the new drug, and no more than three other mailings about it. No more than eight mailings about any medicine may be sent to a health professional in one year.

**22% OF GPs WERE SPONSORED TO ATTEND A CONFERENCE, SEMINAR OR TRAINING IN THE UK IN PAST 12 MONTHS** And a quarter said one of their practice nurses had been sponsored to attend a conference, seminar or training in the UK in the past year.

**5% OF GPs WERE SPONSORED TO ATTEND EVENTS ABROAD IN THE PAST 12 MONTHS** Most GPs think that the number of invites and the quality of the venue and level of entertainment has stayed about the same over the past year. Four per cent said one of their practice nurses had been overseas to a sponsored event.

**49% OF GPs WERE OFFERED A THERAPY REVIEW PROGRAMME IN THE PAST YEAR** A review should ensure patients are getting the right treatments, through clinical assessments. Sponsors can provide a nurse to do reviews that should include a range of treatment options and allow prescribers to choose them for each patient. Thirty-nine per cent of GPs offered a review accepted it.

## 'I WANTED MY NAME REMOVED FROM A JOURNAL ARTICLE I DID NOT WRITE'

**Dr Aubrey Blumsohn**
*academic*

While information from pharmaceutical companies can be useful, it's vital that healthcare professionals and regulators have access to robust, independent data on drugs to help them make decisions.

Problems began for one academic we spoke to when he was doing research for Proctor & Gamble (P&G) into its osteoporosis drug Actonel, at the University of Sheffield.

Dr Blumsohn says that P&G denied him access to key information he needed to be able to form any conclusions from the research he'd carried out. Then ghost-written abstracts were published under his name in a medical journal, but P&G had repeatedly denied access to key information so Aubrey could not verify the company's analysis independently.

After extensive correspondence and complaints from Dr Blumsohn, P&G finally released the information.

He says: 'Findings that were published, and which P&G intended to publish, were impossible to reproduce in any plausible way, and the graphs had been constructed so that critical bits were omitted.

'I tried to get the journal to print a letter explaining what had happened, dissociating myself from the research, but it would publish only that I wanted my name removed, without explanation of why.'

He later complained to the MHRA but it said its remit did not cover research conduct after drugs have been licensed and that no 'regulations governing clinical trials' had been breached.

Dr Blumsohn adds: 'I believe that research should not be published unless the named academic has seen and verified all the relevant facts and given permission for publication.'

PHOTOGRAPHY ALAMY, NIGEL GREENSTREET

'A mountain of promotion in just one month', below right).

### Reliable information

With the pressure that GPs are under it's vital that independent sources of information are available. But with reduced government subsidies of such publications and concern about the integrity of some academic research, this is not always the case (see case study, opposite).

### Sanctions

The ABPI says its members supply more than 80 per cent of medicines prescribed in the UK, so many are covered by its code. The code carries various sanctions if breached, although fines can't be issued. Sanctions can involve: a company's procedures being audited; recalling published or distributed material; issuing a corrective statement; placing adverts in medical or pharmaceutical press giving details of cases; or companies being suspended or expelled from the ABPI.

### Which? says

When the government responded to the select committee, it committed to reviewing measures to help reduce the level of promotion that GPs face. But our research shows that the measures aren't working and that the revised code has made little difference.

Having restricted funding for independent sources of information, the government must now commit to a review that will give doctors more access to such information and really limit the marketing that GPs deal with throughout their working day.

## Our research

In February 2006 we questioned 200 GPs about their relationship with drug companies in an online survey. The questions were repeated in February 2007, again with 200 GPs, to monitor any impact of the new code of practice. Percentages quoted are from 2007 unless otherwise stated.

## GP OPINION ON THE IMPACT OF PROMOTION

**We asked 200 GPs what they thought about the impact of contact with drug companies**

**'It's a good thing that drug companies provide promotional materials and visits about new drugs'**

50% AGREE
26% DISAGREE

**'There aren't enough sources of independent information on new drugs'**

48% AGREE
23% DISAGREE

**'I trust the information I receive from drug companies just as much as independent sources'**

7% AGREE
74% DISAGREE

**'I'd rather receive information from drug companies about new drugs in a marketing or promotional format than not receive it at all'**

50% AGREE
23% DISAGREE

**'I often feel pressured by drugs company representatives into meeting with them'**

34% AGREE
36% DISAGREE

## A MOUNTAIN OF PROMOTION IN JUST ONE MONTH

**GP** *Manchester area*

We asked a GP to record all contact from the drugs industry she had in one month.

She was offered nine conference places and 13 meals and received nine visits from drug reps, ten letters, 21 leaflets, two patient information booklets and one training DVD. This amounted to 22 companies contacting her about 31 drugs.

She says: 'Normally this stuff is filtered into the bin, but this exercise was surprising – by collecting it over a month it was really interesting to see just how much we get.'

Of the nine invitations, most events took place in a hotel or restaurant and offered perks, including food. Meals were also provided by some reps who visited the surgery. 'One rep brought a chef to provide Indian food for us,' she recalls.

In her practice, reps can visit only on Mondays and Fridays. 'They're restricted to 15 minutes, but they always go over, and often I excuse myself and leave.

'Once a rep arrived without an appointment while I was running a busy surgery. I refused to see him but he continued talking and insisted on handing over information.'

Other tactics during the month included 'a free external nurse to audit our current patients with a certain condition and convert them to their drug'. She also received offers of free sample packs, GP pocket guides and patient information, all endorsing specific drugs.

She says: 'I don't think the leaflets are much use, and the visits aren't beneficial, except for details about new drugs.'

But she has seen some progress: 'Before, there were many enticements: trips abroad in the guise of conferences used to be offered as a prescribing incentive, but this has been reined in and they're encouraged to use education conferences and tools to promote their products. There are some benefits, but it's too much bombardment, and drugs reps can often be too pushy.'

# Power over patients

## We found some patient groups refuse to reveal funding from companies

Drug company funding can be a vital resource for organisations that support patients, but these links have fostered distrust, which has in turn upset some of those involved – so transparency is vital.

### The funders

The ABPI code says companies should publish lists of all patient organisations to which they provide financial support.

We looked at how the leading five drug companies in the UK publicise this funding. The ABPI says these five account for more than £4 billion of the £10.3 billion annual NHS spend on medicine. These were AstraZeneca, GlaxoSmithKline (GSK), Novartis, Sanofi-Aventis and Pfizer.

All five list the groups they support on their websites but only GSK and Pfizer say how much money they give and what it's for. And Sanofi-Aventis, AstraZeneca and Novartis declined to give us such details.

The ABPI code also requires companies to have written agreements with groups but there's no obligation to publish them. All five say they have policies in place that adhere to the ABPI code, although only AstraZeneca, Pfizer and GSK publish summaries of their policies online.

### The funded

We also asked 15 organisations that provide patient information listed by at least one of the five companies about their funding policies.

Both the Charity Commission and the Long-term Conditions Alliance publish guidelines to help charities manage relationships with corporate funders, which encourage them to be open. And some of the charities we contacted were fairly open; seven publish a list of their sponsors on their websites.

Cancerbackup and Asthma UK are the only charities we contacted that publish full details of exactly how much they get and from whom on their websites.

All of the charities that answered our questionnaire said they had written agreements detailing relationships with the pharmaceutical funders, as per the ABPI code, but only Cancerbackup and Heart UK sent us copies.

Six groups didn't answer our questionnaire. One said it represents donors, not patients, while another, a patient magazine, is not a charity – though you would not know this from the pharmaceutical company lists.

Another of the six, Heartline, said it had received one grant over two years, of £300. Both Heartline and Cancerbackup are listed on the Sanofi-Aventis website. But in 2005/06 the cancer charity received funding totalling £371,410 from 23 pharma companies.

Without both charities and pharmaceutical companies publishing detailed information, the nature of their relationships is confusing.

### Which? says

Some charities and drugs companies are trying to make relationships transparent so it's not surprising they get tired of bad press coverage.

However, while there's no regulation to ensure that both parties are always open, confusion is inevitable. A simple list of patient groups on a company website does not explain the variety and complexity of these relationships.

Real measures should be put in place, including updating the ABPI code and Charity Commission regulations, to ensure that all drug companies list how much they donate and what the money is used for, and that all patient groups provide such information, too.

Meanwhile, we want everyone to do as GSK, Pfizer, Cancerbackup and Asthma UK do – publish detailed lists of financial links, so they're open for all of us to see.

## Our research

We identified the top five pharmaceutical companies by NHS spending and randomly chose 15 patient groups they sponsor – three from each of their website lists. We looked at their websites and asked how much money each gives to each group, what it's used for and whether they have policies in place for managing their relationships.

## SMOKING BAN – WHO'S HELPING YOU GIVE UP?

**From 1 July England becomes the last UK country to ban smoking in public places, but we found that groups helping you give up approach funding in different ways**

Ash is a charity that provides information and makes policy on the harm tobacco causes. It gets funding from Cancer Research UK, the British Heart Foundation and the Department of Health. It hasn't sought drug company funding but was offered it in 2002 for a conference.

Director Deborah Arnott told us: 'We decided to decline the funding and that we should extend this policy to the whole of our organisation. We wouldn't take funding from a company that makes smoking cessation products because we advise the government on quitting smoking. There'd be danger of a conflict of interest.'

However, Quit, a charity that helps people give up smoking through various services, is funded by companies.

Quit lists as sponsors GlaxoSmithKline, Novartis and Pfizer, which all manufacture smoking cessation devices.

A spokeswoman said: 'Quit receives funding from a range of organisations including the Department of Health, European Commission, larger charities, corporates and fundraising, as well as pharma companies whose products have been clinically proven to help smokers stop. Quit takes its evidence base from Nice as well as a leading respiratory journal, and an independent healthcare information source.

'The charity turns down offers of funding from companies whose products have not been clinically proven and we refuse funding from the tobacco industry.'

QUIT
Saving Lives

ash.
action on smoking and health