



05 May 2006

DTCA Consultation  
Sector Policy Directorate  
Ministry of Health  
PO Box 5013  
WELLINGTON

**Submission from the Access to Medicines NGO Coalition (ATM) on the Ministry of Health review of direct-to-consumer advertising of prescription medicines (DTCA) regulations in New Zealand**

**1.0 Introduction**

- 1.1 Thank you for the opportunity to provide a submission on the ongoing review of regulations around DTCA. We appreciate that the ATM was given more time to allow its working group to prepare this submission.
- 1.2 The ATM combines the voices of a large number of Non-Governmental Organisations (NGOs) advocating for increased access to medicines in New Zealand. Members of the coalition are disease-specific groups that provide support, information/education, health promotion or clinical services to their constituent groups.
- 1.3 Our member NGOs aim to reduce the number of people affected by the conditions we represent and/or to increase the health, well-being and quality of life of these individuals, their families and communities.
- 1.4 To help us meet this goal, the ATM seeks among other things to ensure that health outcomes are maximised by efficient and coordinated use of all health sector services (including the use of medicines), and that health practitioners are provided with adequate and appropriate resources and supported by an infrastructure that encourages best practice.
- 1.5 We are aware of a range of views among consumer groups about the benefits or harms of DTCA. Without detailed research or surveys, we do not think it is fair to conclude one way or the other whether support groups /consumer groups regard these benefits or harms as being of such significant weight as to justify a strong level of regulation.

**equitable and affordable Access To Medicines for all**

Members: ADDvocate, Alzheimers New Zealand, Asthma New Zealand, Balance, Cancer Society, Carers New Zealand, Contenance Association, Cystic Fibrosis New Zealand, Diabetes New Zealand, Diabetes Youth, Epilepsy New Zealand, IDFNZ, Kidney Kids, LAM Trust, Leukaemia and Blood Foundation, Lysosomal Diseases New Zealand, Multiple Sclerosis Society of New Zealand, Myeloma Matters, New Zealand AIDS Foundation, New Zealand Organisation for Rare Disorders, Parkinsons New Zealand, Prader-Willi Syndrome, Prostate Cancer Foundation.

## **2.0 Response to selected consultation questions**

- 2.1 The ATM is concerned about those issues around DTCA relating to 1) the quality use of prescription medicines; 2) the provision of consumer information to maximize public health and safety; and 3) the appropriate and proper standards for prescription medicine advertising.
- 2.2 The ATM submits that the dynamics of DTCA could influence ordinary New Zealanders' decisions on pharmaceuticals use, which, if we were to maximize health outcomes, need to be in line with medical best practice.
- 2.3 The ATM is aware that there is little direct evidence of both the positive and negative impact of DTCA on health outcomes. However, we consider that a strictly enforced regulatory environment may address a number of concerns about DTCA.
- 2.4 We do not deny that advertising serves to inform consumers of the availability of medicines, and various aspects of the conditions they treat. It therefore has the potential to prompt consumers to pay proper attention to health issues and access medication when necessary.
- 2.5 It should be recognised that more widespread internet use has led to patients increasingly taking an active role in their own health care. Advertising then also has the potential to improve patient compliance because an informed patient is more likely to adhere to medical regimens than one who is uninformed.
- 2.6 On the other hand, the ATM believes that pharmaceutical advertisements are persuasive tools because the very nature of advertising itself seeks to turn "informed" consumers into paying consumers.
- 2.7 A balanced application of advertising between purposes of information or persuasion requires the strict enforcement of rules covering advertisements of pharmaceutical products. More specifically, rules should address concerns regarding the lack of balance between benefit and risk, poor presentation of risk data, and absence of cost information.
- 2.8 The ATM supports Option 1 outlined in Section 6 of the consultation document, given that some change to DTCA regulation seems inevitable under impending joint regulatory arrangements with Australia, and that the default position is at least to have this option as the minimum regulatory approach. We take the view that if greater regulation is to be applied, it would have to be substantiated by strong evidence of the need for such regulation, as well as strong community interest in such additional regulation.
- 2.9 We doubt that strong community support for increased regulation can be substantiated. We consider that an evidence base for stronger regulation is equivocal at best.
- 2.10 The ATM expects that the decision Government makes about DTCA regulation would be grounded in evidence, best practice, and the provision of quality information to health professionals and the community.

**3.0 Closing comments**

- 3.1 Thank you again for the opportunity to provide a submission on the review of regulations around DTCA in New Zealand.

Yours sincerely

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