

April 28,2006

DTCA consultation
Sector Policy Directorate
Ministry of Health
PO Box 5013
WELLINGTON, NEW ZEALAND

Dear Sir,

I am the Chairman of Medwatcher Japan, which is a non-profit organization founded in 1997. It represents the interests of patients in drug policy and believes that all drugs marketed should be acceptably safe, effective, affordable and meet real medical needs.

Medwatcher Japan supports Option 3 Ban DTCA and regulate disease-state advertising (Therapeutic Products Advertising Code + harmonization with Australia's policy on DTCA and disease-state advertising).

Currently, DTCA is officially prohibited in Japan. However, we are faced with growing sales promotion pressure from drug companies. Today, so many leading newspapers are carrying various advertisements to recruit the subjects for clinical trials of new drug development. This kind of advertisements is not regarded as DTCA, but in effect it works like a "disease awareness" campaign. Cleverly devised traps are hidden under the disguise of an educational disease article in popular magazines.

The story of Iressa (gefitinib) in Japan is one of such examples. Before the new-drug application was accepted the drug company

took advantage of every opportunity to promote Iressa as a "Wonder Drug" for cancer. Many patients scrambled to receive this epoch-making new drug. Iressa was prescribed for more than 15,000 patients within a few months after the approval and 177 deaths due to acute lung injuries within 6 months after the launching of Iressa. All of the trials published afterward showed no benefit compared to placebo. If it were not for such a big promotion, there would be far less victims of this tragedy. Another example of DTCA in Japan is anti-depressant campaign or widespread promotion of SSRI. Drug companies do not make a crude propaganda, but they adopt the style of enlightenment or scientific education. They generate consumers vague anxiety through exaggerated expression, and try to induce them to take antidepressants. In some cases, "disease awareness" campaign will give patients earlier chance of diagnosis, and might bring them some benefits. Generally speaking, however, drug companies are likely to overestimate the benefit, and underestimate the risk of their products. They will exert their economical leverage and credulous people will be easily misled by false advertisements. We must admit that there is a lack of communication between medical professionals and consumers. To solve this problem, however, the introduction of DTCA will produce the opposite effects.

As Lewis Thomas described in "Medusa and the Snail"(1979), *"The trouble is, we are being taken in by the propaganda, and it is bad not only for the spirit of society; it will make any health-care system, no matter how large and efficient, unworkable."* This description here is about the US, but these problems are now becoming global situation.

Therefore, we are against the introduction of DTCA in our country and have a deep concern over the New Zealand's decision about DTCA. The Government of New Zealand has a great responsibility for the health of the world. We sincerely hope

that New Zealand will make a judicious decision.

Very respectfully yours,

Toshihiro Suzuki

Chairman

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