CONVERTING JAPAN & WOMEN to PAXIL

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Effective drugs are inherently risky. They always have and always will cause problems. However the shape those problems take and our methods for detecting and dealing with them vary according to the social arrangements in place through which the medical use of drugs is channelled. The current arrangements through which drug taking is channelled were put in place in the United States in 1962. The key elements are that companies can hold product patents on medical drugs, that these drugs are made available to patients through prescription only arrangements and that companies have to demonstrate efficacy for their drugs by means of controlled trials.

These arrangements mean that companies can make blockbuster profits out of lifestyle drugs like Paxil rather than life-saving treatments for severe diseases. The scale of the profits gives companies an incentive to hype the benefits of treatment and hide the hazards. Prescription only arrangements encourage companies to market diseases and make it difficult for doctors to recognize treatment induced problems. Controlled trials make it seem as important to doctors to give a drug like Paxil for nervous problems as to give an antibiotic for a life-threatening infection. Company control of these trials mean the data are hidden, and the articles reporting the studies are ghostwritten and bear little relationship to the findings from the study.

This control enabled GlaxoSmithKline to persuade Japan it had Paxil-deficiency disorder and to persuade women that they need Paxil during the antenatal period – even though the company knew Paxil was inferior to older antidepressants on the Japanese market and was likely to cause congenital defects in children born to women taking Paxil.

If we want to change things we need to look at product patents, prescription-only arrangements and access to the data from clinical trials.