

No life without pills?

The medicalisation of daily life

This case study looks into the problems of pharmaceuticals in Germany and their effects on the countries of the south. Taking pills has become an integral part of life for a great number of people in many countries. And it is not just old and ill people who consider taking pills part of their normal daily routine, but more and more healthy individuals, among them particularly young people. Food supplements, pills which claim to strengthen the immune system and performance-promoting tablets are nowadays not only sold in pharmacies, but increasingly in supermarkets as well. There are many other pharmaceuticals that are taken in the belief that they improve one's health and wellbeing. Pharmaceuticals have become a new society drug. There is however, hardly any problem awareness as with other habits like alcohol or nicotine. What is behind this?



"Every minute of pain is a minute lost." Don't think – just swallow Frankfurter Rundschau 31.12.1999

Never before has the intake of pills been so widespread in Germany as it is today. For everything and against everything there are the little coloured "helpers". The expectations of people taking tablets are high. Even minor feelings of ill-health are to be overcome as fast and uncomplicatedly as possible: "Switch off pain" reads a well-known German slogan. Or: "Every minute of pain is a minute lost."

be removed with the help of a drug. The learning effect for the future life is enormous.

Such behaviour can be described under the concept of medicalisation. Solving every problem with the help of pharmaceuticals appears to be easy and comfortable, it is, however, expensive for the consumers and often useless. The intake of vitamin preparations is, for instance, only useful in the presence of certain diseases, in other cases superfluous. The only winner from such behaviour is the pharmaceutical industry who earns a good deal of money from the sales of such preparations.¹

People are consuming more and more pharmaceuticals – with more or less efficacy – instead of changing their lifestyle, their working habits, leisure time activities, sleeping habits or mobility – changes, which may sometimes not so easy to achieve. Pills are taken in the hope of removing health disorders in a simple and effortless manner. The faith in tablets is already promoted at an early age. Already the little ones learn in their families that there is a pill or a syrup for almost any problem. Any kind of unrest, lack of concentration or performance disorder is supposed to

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What makes us ill?

According to a study of the Federal Association of Pharmaceutical Manufacturers in Germany, Germans spent € 4.2 m on OTC drugs in pharmacies, drugstores and consumer markets in 2000.² Many people try to fight feelings of ill-health without



Advertisement for scientific books: "Vitamin S. Rapid action for psychologist." A perfect example of how the concept of medicalisation is transferred to other parts of life

searching for the underlying causes. But it is especially the effects of our way of life which make us ill. The lack of room for manoeuvre as well as emotional demands, lack of independence at the workplace and at leisure time have long been known to produce an increase in tablet consumption.

But it is not the patients alone who put their trust in the concept of "taking pills". The number of doctors quickly reaching for the prescription pad and thus supporting useless tablet consumption is high too.

According to the 1998 Health Report for Germany, about one third of the German population takes prescribed pharmaceuticals daily or almost daily.³ There is no doubt about the therapeutic benefit which pharmaceuticals have in a number of diseases. Within the scope of psychosocial or psychosomatic problems, however, taking to tablets is frequently of no help.

It is particularly the pharmaceutical industry who is interested in medicalisation. Opening up new markets and the increase in sales of their products increase their profits. For this purpose, sophisticated marketing strategies are applied – strategies which appear to be successful.

Consumers are made believe that complaints can be switched off easily and rapidly without the need of looking into the causes. Such ideas are presented to the consumers and the doctors who frequently prescribe the requested preparations. And the advertising efforts of the pharmaceutical industry do not fail to make an impression on the doctors, either.

Even the latent criticism of patients in pharmaceuticals is able to maintain the medicalisation. The statement "Doctor, I only take natural drugs" reflects that the faith in "chemical" pharmaceuticals has been exchanged by the faith in new "natural" pharmaceuticals.⁴ The circle closes and an analysis of the disease-provoking living conditions does not take place.

A look at the Third World

Such patterns of behaviour of consumers and doctors can also be observed in the Third World, where it is often considered modern to copy the lifestyle of industrialised countries.

The pharmaceutical industry fully utilises its possibilities in this part of the world as well. Vitamins are, for instance, promoted in glossy brochures or on billboards as efficient measures against insomnia, weakness of any kind or poor nutrition. Even the cancer fright has to stand the racket for a commercial argument (see picture). As a consequence, poor people will spend their – anyway low –

condition for long-term change. The social causes of famine and malnutrition are not alleviated by tablets. (HD)

- 1 More information on vitamins: *Pharma-Brief* 4/2000, Wem nützen Vitamine?
- 2 Health report of the Federal Government, Statistisches Bundesamt (Federal Statistical Office) IS-GBE
- 3 Gesundheitsbericht für Deutschland (Health report for Germany) 1998, chapter 7.7
- 4 Ellis Huber: Handeln statt Schlucken – Gesundheitspolitische Strategien zum rationalen Umgang mit Arzneimitteln, In: Braun / Glaeske (Hrsg.): Lieber Handeln als Schlucken – Strategien gegen den Arzneimittelmissbrauch, Sankt Augustin 1991, S. 31

Cancer Concerns

CAROTENO COMPLEX
100% Natural Antioxidant Complex from Natural Ingredients

FLAVONO COMPLEX

According to the following alarming statistics released by the South African Cancer Association:

- 12 women are diagnosed with breast cancer every day.
- Approximately 3 men are diagnosed with colon cancer every day.
- 1 in every 3 males and 1 in every 4 females will develop heart disease before the age of 60.

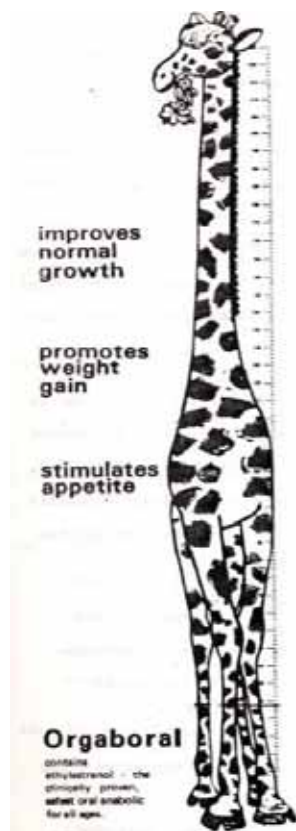
Abusing the fear to get cancer. Vitamin ad in an African magazine

Lifestyle 3/1997

income on dubious and, in part, risky preparations which will not remove the reasons for their complaints. It would be far cheaper and healthier if people spent their money on local vegetables and fruit which, besides being part of the food needed, provide the valuable vitamins at the same time. And, on top of this, there is no money left for the urgently required education of the children which would offer a decisive

How many pills do you need?

The first thought that often comes to mind in connection with health improvement is pharmaceuticals. However, health is influenced by multiple factors. The reasons underlying a disease have to be discovered and fought. This is why quickly taking tablets does not solve problems but frequently rather creates new ones. A meanwhile historical example illustrates this relationship.



More growth thanks to pills?

Philippines 1983

Some years ago, the preparation Orgaboral[®] was promoted in the Philippines and in other Third World countries for children.⁵ The promises were fantastic: improvement of normal growth, stimulation of appetite and promotion of weight gain. This was to be achieved by the hazardous anabolic steroid ethylestrenol. Other manufacturers also offered so-called anabolic steroids with similar indications in the Third World with none of these indications, however, being justified.⁶ It is malnutrition which is one of the main reasons for disease in poor countries. It leads to a higher infection risk, but also to exhaustion, fatigue, loss of appetite and poor growth. It is particularly cynical to pretend fighting these symptoms with the help of a drug when the reason is malnutrition.

The advertisement made as many as three misleading and dangerous promises.

- ◆ „Improves normal growth“ – While the administration of anabolic steroids does indeed initially promote the growth of children but will lead to the premature cessation of growth in the long bones of the limb so that the size of the limbs will be smaller in the end. This will result in children who will eventually remain shorter than if they grew more slowly and naturally.⁷

- ◆ „Promotes weight gain“ – Underfed children do not need hormones to gain weight but sufficient food.
- ◆ „Stimulates appetite“ – The indication “stimulation of appetite“ in a hormone preparation is macabre, since the reason underlying the lack of appetite is malnutrition. It therefore makes much more sense to spend money on food rather than on useless and dangerous drugs. Sufficient food will automatically lead to appetite.

Moreover, preparations like Orgaboral[®] have serious side-effects: among others, they lead to irreversible androgynisation in girls and women and bear the risk of liver cancer.

It is more than dubious that the pharmaceutical industry appealed to the parents' responsibility in its advertising campaign, thus making capital out of their misery. After numerous protests of critical groups, however, Orgaboral[®] was withdrawn from the market. But the example shows clearly how subtle mechanisms create markets for products which we do not need at all. After all, pills do not help where social reasons are the basis of the problem (HD)

5 International Organization of Consumers Unions (IOCU), Anabolic Steroids - Availability and Marketing, Penang, August 1983, p. 15

6 More information: BUKO Pharma-Kampagne, Kinder im Visier der Pharmaindustrie, Bielefeld 1995

7 see footnote 5, p. 13

Vitamin nonsense

At present there is hardly a market in the industrialised countries where so much money is made as in the vitamin market. Vitamin preparations and food supplements are trendy among young and old people. The call for a well-balanced diet that covers the vitamin demand of the body goes unheard. No offer appears too absurd to avoid digging deep into one's pocket although sufficient food makes additional vitamins unnecessary. And it is never useful to swallow dubious combination products. Only in cases of diagnosed deficiency the administration of an individual vitamin may be useful.



A sophisticated advertising strategy which does not just work on children billboard in Essen – Spring 2001

It seems that the child does not like the offered meal of fruit and vegetables. No problem, says the advertisement. A multivitamin syrup at a price of “only” 4 € is said to supply the child with all vital vitamins. This suggests wrongly that parents need not feel badly about children who do not stick to a well-balanced diet. Predictable health damages seem to be preventable in an apparently simple manner. A syrup or a tablet are meant to do the job. “Chewing or sucking just one tasty Centrum Junior Caplette provides an essential contribution to the daily vitamin demand...” This slogan advertises the drug for children from the age of four onwards.⁸ The German Society for Nutrition (DGE) comments on this: “Vitamin and mineral preparations are principally unable to substitute a full and well-balanced diet and should not be used as an alibi for unbalanced eating habits.”⁹

Because on the long run, such a consumption pattern – i.e. to solve any problem by taking a drug – will have far reaching consequences. Behaviour trained during childhood will be continued in adolescence and adult age. “You can’t teach an old dog new tricks,” says an old proverb.

The “sin tester”

The website of Whitehall-Much, an supplier of vitamin combination preparations, features a so-called sin tester for consumers. With the question “How sinful do you live?” everyone can fill in an online questionnaire and have the result evaluated at once. Roughly speaking, the result is always the same: the recommendation of a Centrum preparation. It sometimes reads: “Just add vitamins from A to zinc to your daily diet, this will often help to make you more aware of the small daily sins and thus avoid them.”¹⁰ Pills as some kind of moral authority? A dubious mechanism!

For those who keep to a well-balanced diet and do sports, a different argument is used to make them take vitamin preparations: loss of vitamins in fruit and vegetables due to transport and storage. The public opinion has become widespread that vitamins in food are no longer sufficient¹¹ and that pollution is increasing. The German Society for Nutrition, on the other hand, confirms the good quality of fruit and vegetables offered in Germany. This is why they recommend to eat vegetables and fruit, preferably uncooked, five times a day.¹² Fresh



A simple and also pleasant way of securing the vitamin demand: a visit at the weekly farmers' market

food has another essential advantage: eating it is a pleasure – and that is something you can hardly say about a pill.

8 www.whitehall-much.de/produkte/centjun.htm

9 www.dge.de/Pages/navigation/fach_infos/bp0898.htm

10 www.vitamin.de/contest/test.cfm

11 Representative study of the Deutsche Angestellten Krankenkasse DAK (a public health insurance) by the Meinungsforschungsinstitut Forsa, press release 1999, quoted after: Untersuchungsbericht Nahrungsergänzungsmittel der Verbraucher-Zentrale Hessen, April 2000

12 DGE aktuell 11/ 2001 dated 27.03.2001

Vitamins – ready to wear?

Matters become even more abstruse where even clothes are used for vitamin substitution.

The Japanese Fuji Spinning Company is planning to launch a so-called vitamin shirt in the spring of 2002. The fibres are enriched with a provitamin which, when worn on the skin, is converted into vitamin C. The vitamin effect is said to be maintained even after 30 washings.



Why eat it if you can wear it?

The company's spokesman, Makoto Suzuki, has his eye on a specific target group: women with an interest in skincare.¹³ However, the vitamin uptake via the skin is extremely low, whereas allergic skin reactions are possible. In this case, too, spending on fruit and vegetable would be an alternative which makes more sense. (HD)

13 news.bbc.co.uk/1/hi/english/world/asia-pacific/newsid_1442000/1442057.stm 16. July 2001

How the consumer is painfully misled

There are drugs in Germany which are available on prescription, but, at the same time, over the counter. While prescription-only drugs may not (yet) be publicly promoted in Germany, this does not apply to OTC preparations. Advertising promises a lot and the only compulsory warning in Germany: “As regards to risks and side-effects, ask your doctor or pharmacist” is often of precious little help. Drug intake of OTC’s without a doctor’s control or advice may lead to long-term damage for the patient – as the example of Thomapyrin® shows.

With Thomapyrin®¹⁴, Boehringer Ingelheim markets the best-sold pharmaceutical in Germany. In 2000, this meant 17.6 million packages.¹⁵ The mixture of ASA, paracetamol and



“Thomapyrin wishes you a safe journey. Germany’s most sold painkiller.” Not everything that is frequently used is good as well. Advertising on ticket covers of German Rail.

coffein has been known to potentially induce habit-forming abuse and renal damage. As a result of the long-term use of this painkiller it is estimated that 500 individuals a year in Germany become dependent on dialysis or require kidney transplantation as a result of kidney failure.¹⁶ It is remarkable that the 20-year education campaign about the risks has reached the medical profession, however, not the patients. As little as 0.5% of the packages sold in Germany are nowadays prescribed by doctors.

The dubious drug continues to be marketed to the consumers who are not educated and, what is more, disinformed by the pharmaceutical advertising – to their damage. Even a complete website under the heading of www.kopfschmerz.de („Kopfschmerz“ is the German word for headache) is run by the company with the aim of reaching the consumers (see box).

While the health insurances and their members have to bear the cost involved in dialysis and kidney transplantations (estimated at at least 250 m € per year¹⁶), the company is left with a hefty profit.

Nevertheless are consumers not completely powerless. They still have a very efficient means: refusal – or, if necessary, the selection of safer alternatives such as acetyl salicylic acid or paracetamol as single ingredients.

From the Thomapyrin website:

„On the occasion of the 50th anniversary of Thomapyrin and UNICEF, ten internationally renowned artists have joined to carry out a special art project in favour of UNICEF. Under the motto “My childhood – pain and healing“ (childhood stands for UNICEF, pain and healing for Thomapyrin) they created objects of graphic arts.“

The case of Thomapyrin® finally also reflects the failure of drug control in Germany. The drug holds a valid license and the authority apparently lacks the courage to simply prohibit this bestseller that gets patients down. (HD)

14 Thomapyrin® Schmerztabletten. composition: acetylic salicylic acid 50mg, paracetamol 200mg und caffeine 50mg

15 Gerd Glaeske: Medikamente 2000 – Psychotrope und andere Arzneimittel mit Missbrauchs- und Abhängigkeitspotential,

16 Letter from Prof. Dr. Peter Schönhöfer to the BMZ (German Ministry for Development) dated 7.1.2001, letter on file

Drugs on prescription: Not always useful

It is not only consumers who tend to fight every kind of disorder with a pharmaceuticals. It is also doctors who prescribe too many and not always useful drugs. The expenses for pharmaceuticals in Germany are exploding due to the prescription of dubious and irrational pharmaceuticals.



The prescription pad is often too quickly at hand and not everything which is prescribed is useful

A look at the prescribing patterns of the largest German Federal State shows the implications of irrational drug use induced by doctors. The dubious expectorant ACC (acetylcystein) of Hexal, which was prescribed 1.5 million times (turnover: DM 21.5 m) by doctors in North Rhine-Westphalia alone ranks as high as number 3 of total prescriptions. It is followed on rank 4 by Voltaren Emugel[®] (1.4 million prescriptions).¹⁷ The efficacy of the analgesic ingredient diclofenac as an ointment on the skin is just as dubious.

In Germany, an amount of DM 37.75 billion was spent on 850 million prescriptions. Of these, six to eight percent present with a potential for abuse and habit formation. These are particularly sleeping pills and tranquilisers as well as codein-containing pharmaceuticals such as cough medicines, painkillers and migraine analgesics.¹⁸ This group is led by the tranquiliser diazepam ratiopharm. 2.3 million of packages were sold over the pharmacy counters in 1999.²²

Tablets for the hyperactive child

The increase in prescriptions of methylphenidate (Ritalin[®], Medikinet[®]), which is used in cases of so-called "hyperkinetic behavioural disorders" is particularly questionable. This indication is highly debated, the therapeutic success dubious. The psychotropic drug has to be prescribed on a special DDA prescription, since the substance presents with high habit-forming properties.

Nevertheless has the number of prescriptions in Germany multiplied by 20 (!) since 1990. Whereas some 4,000 children took the dubious drug in 1985, a figure of around 75,000 has to be assumed today, and the quantity of prescribed doses nearly doubled from 1998 to 1999¹⁹ (see figure on p. 9). 23,000 children and youths are treated over a prolonged period of time, although there is no medically useful long-term treatment for this indication. This development made the Federal Ministry of Health perform a study on the development of methylphenidate consumption. The results are expected to be available by the end of 2001.²⁰

Drug treatment always needed?

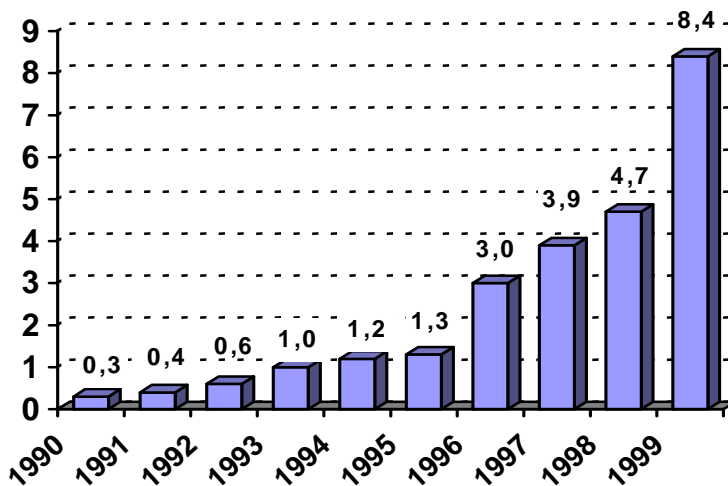
There are grounds for assuming that many of these thoughtless prescriptions are made upon requests of parents and teachers, although there is little known about the long-term consequences for the children.²¹ Children have to function, the schedule at home and at school does not allow for conspicuous behaviour. And it is exactly these misleading promises that are made for methylphenidate: children who are otherwise very lively will be quiet and concentrated for a short time. However, the children pay



A popular old German children's book features the "Zappelphilipp", a kid which can't sit calmly at the table. Today he would be rather likely be treated with drugs – with questionable results.

for this short-term relief with unforeseeable consequences. In contrast to the expectations, the children's school performance usually does not improve.

Increase in the amount of Ritalin prescribed (million daily doses)



The new habit

Ritalin® is not the only problem. While cigarettes and alcohol have so far been considered common society drugs, pharmaceuticals are more and more taking their place. The total number of individuals addicted to pharmaceuticals is estimated at 1.5 million in Germany.²⁰

Over the past 10 years, the regular intake of painkillers (once or twice per week) has doubled from 10% to 20% of the population.²² It is particularly worrying that children form one of the major groups of consumers.

Children swallow more

Children up to the age of 5 are prescribed, on average, as many pharmaceuticals as the age group from 45 to 49. The little ones are prescribed as many painkillers as never again in their later years plus, on top of this, a whole range of, frequently alcohol-containing, multivitamin preparations and tonics. Vitamin D is routinely administered as prophylaxis against rickets as is fluoride to promote dental development.²³ Such early habituation to pharmaceuticals leads to a steadily increasing drug intake among adolescents which might even result in tablet addiction.

In a study carried out in the USA, 30% of college students admitted that they had taken painkillers during sporting competitions to allow them to participate or continue despite an injury.²⁴

Pharmaceuticals are meanwhile considered the starter drug number one among adolescents. It is no coincidence that new narcotics like ecstasy are offered in form of pills and are no longer taken by the outsiders of society, but by those who consider themselves as its "achiev-

ers". For example, 4% of all 16-year olds and 10% of all 25-year olds in Germany take ecstasy and speed regularly. Adolescents fall victim to the illusion that such „designer drugs“ will increase their performance rather than paralyse it.²⁴ The borderline between pharmaceuticals and narcotics is shady, the medicalisation of society is in full swing.

Regular drug intake among German adolescents²²

Age	13	18
Painkillers	15%	22%
Antihypertensives ²⁵	5%	7%
Psychotropic drugs	0.5%	4%

An example from Kenya

Rapidly taking to pills is not only widespread in industrialised countries. A similar trend can be observed in countries of the south, as an example from Africa shows.

Fifty-seven children from an elementary school in a rural area of Kenya were interviewed about their tablet intake during the past 30 days. At that time, the children were, on average, complaining about 25 complaints each. Only 28% were reported to adults and 19% treated. One third of those children who took pharmaceuticals did so without consulting adults. The children bought antimalarials and painkillers (paracetamol and ASA) in pharmacies and took them on spec.²⁶ (CF)

- 20 BMG (Federal Ministry of Health) press release No. 12, 15. August 2001
- 21 Gerd Glaeske, *Medikamente 2000, Psychotrope und andere Arzneimittel mit Missbrauchs- und Abhängigkeitspotential in Jahrbuch Sucht 00*, Neuland
- 22 Hurrelmann K, *Sind Arzneimittel die Einstiegsdroge für Ecstasy?*, Bielefeld, 2000
- 23 Gerd Glaeske, *Ein Indianer kennt keinen Schmerz*, www.mabuse-verlag.de/
- 24 Tricker R, *Painkilling drugs in Collegiate Athletics: knowledge, attitudes and use of student athletes*, Corvallis, USA *J Drug Educ* 2000; 30 (3); p. 313-324
- 25 *Drugs against low blood pressure*
- 26 Geissler PW, Nokes K, Prince RJ et al., *Children and medicines: self treatment of common illnesses among Luo schoolchildren in western Kenya*, Charlottenlund, Dänemark, *Social Science and Medicine* 2000; 50 (12), p. 1771-83

17 Confidential data

18 Gerd Glaeske, *Medikamente 2000, Psychotrope und andere Arzneimittel mit Missbrauchs- und Abhängigkeitspotential in Jahrbuch Sucht 99*, Neuland

19 Schwabe U, Paffrath D, *Arzneiverordnungs-Report 2000*, Springer, Berlin, Heidelberg, 2001

MIMS Africa, a pharmaceutical index for doctors, advertises the lipid-lowering agent Xenical® (active substance: orlistat) on its cover page (see illustration on p. 11). The benefit is more than questionable. Side-effects are well-known though. Fatty stools, bowel incontinence and vitamin deficiency are but a few of the known side-effects.³³

Even the pharmaceutical manufacturer Roche admits that the pharmaceutical has not yet lived up to the high expectations: "However, this is to be changed by means of a marketing which is more clearly focussed on the patients' needs."³⁴ The company also tells what it means by this: 10% of 800 doctors enrolled in a study as volunteers who took the pharmaceutical lost weight corresponding to approximately two sizes. "This gives hope for more frequent prescriptions,"³⁵ says Karl Schlingensiefel, head of Roche's pharmaceutical business in Germany.

Advertising a dubious lipid-lowering agent like Xenical® in Africa where large parts of the population are underfed or ill-fed is indeed abstruse. Moreover, a weight reduction can be achieved by an adjustment of eating habits and more activity all over the world – without risks or side-effects.

Something for everyone

The pharmaceutical industry has something on offer for underweight Africans as well: tonics! These are frequently offered for children and elderly individuals. The fact that they are said to remove concentration disorders, general fatigue, etc. makes them even more dangerous. In the Third World such symptoms are frequently due to malnutrition or are normal age symptoms and do not require drug treatment. Nevertheless does the advertising make the consumers believe that they are doing something for their health when taking chemical cocktails. In reality, they are a heavy economic burden on poor people who ignorantly fall for the promises of such advertising. (HD)

South Africa:

A tonic which is addictive

The German company E. Merck offers the pharmaceutical Reactivan® as a so-called tonic in South Africa. Its active ingredient is fencamfamine which belongs to the appetite-suppressant group of the amphetamins. Merck does not offer this combination preparation in Germany.

In Germany, however, this concentration of fencamfamine would fall under the regulations of the Dangerous Drugs Act. The corresponding information is not listed in the South African compendium at all. The side-effects only mention "Dryness of the mouth, minimum circulatory effects". The only warning reads: "Do not take in the evenings", and nothing indicates the habit-forming potential.

By the way, fencamfamine inhibits the appetite via the central nervous system. Why a restorative contains an appetite-suppressant with habit-forming properties, will remain Merck's secret.³⁵

27 Antibabypille Petibelle/Yasmin, *arznei-telegramm*, 12 / 2000, p.103

28 Deutsche Gesellschaft für Ernährung spezial 4/2000 vom 6.9.2000

29 www.magersucht.de

30 1 capsule conatins: 150mg calciumpyruvat, 58mg calcium, various vitamins and trace elements

31 www.millenniumvitamins.com/produkt-4.html

32 *arznei-telegramm* 5/2001, p.50

33 Presentation of Wolfgang Becker-Brüser (*arznei-telegramm*) at a public seminar of BUKO Pharma-Kampagne in Bielefeld, 21.6.2000

34 *Frankfurter Rundschau*, 25.10.2001

35 Rasti, Schaaber, Von sinnvoll bis gefährlich: Deutsche Arzneimittel in der Dritten Welt, BUKO Pharma-Kampagne, Bielefeld 1999

Smoking cessation: misty opinions

To quit smoking is not easy. Pharmaceuticals are supposed to help, but isn't their benefit hopelessly exaggerated by their manufacturers? Medical students in Sweden scrutinised an advertisement for such a drug.^{36,37}



Effective treatment of smokers?
Advertising in a Swedish medical journal

Bupropion is a relatively new drug for nicotine withdrawal. The therapeutic success is poor.³⁸ The slogan used by the manufacturers in a Swedish medical journal is therefore surprising: "Risk patients who should stop smoking can now effectively be treated with a drug which works in the brain."

The students at Gothenburg University noticed at first that only one of the refer-

ences had something to do at all with the slogan of the advertisement. The study mentioned therein, however, explicitly excludes risk patients. Furthermore, the studies had only included highly motivated smokers who had wanted to stop smoking. The ad talks about people "that should stop smoking". If the treatment was voluntary, shouldn't it be "that **want** to stop smoking"? That the drug is active on the brain is a truism. This goes for all nicotine withdrawal agents just as it does for the nicotine contained in cigarettes.

It may be doubted whether this is an "effective" treatment. Two studies were the basis for the registration of the drug. The results: despite treatment, 7 out of 10 patients in one study and 8 out of 10 in the other continued to be smokers after one year. This is one or one and a half less than on placebo.³⁹

What is left unsaid in this slogan is that all subjects were given intensive

psychological support. Each subject had a total of 22 consultations either personally or on the phone. This is why the (modest) therapeutic success cannot – as the advertisement makes believe – be attributed to the pharmaceutical alone.

The analysis shows that advertising is done with unfair means. Nevertheless does the cursory eye easily take in the wrong messages, the abuse is programmed.

And Bupropion is by no means harmless. Results from the United Kingdom adverse drug reaction reporting system show 126 spastic attacks under Bupropion, and 11 cases have been reported in Germany.⁴⁰ Australia reports skin reactions, some of which were severe.⁴¹ The *arznei-telegramm* concludes: „We doubt that the stated measures are able [...] to control the problem drug Bupropion. Withdrawing the risky drug from the market seems to be the logical consequence to us.”³⁹ (JS)

36 Staffan Svensson, Critical appraisal of advertisements, e-drug 29.03.2001

37 This article was first published in German in *Pharma-Brief* 4/2001

38 Nikotinentwöhnung; Nur Schall und Rauch, *Pharma-Brief* 5/2000, p. 6

39 23% (study 1) and 30% (study 2) of the smokers in the bupropion group said after 12 month that they did not smoke in the last seven days, under placebo it were 12% (study 1) and 16% (study 2).

40 Einschränkungen für Raucherentwöhnungsmittel Bupropion (Zyban), *arznei-telegramm* 6/20001, p. 64

41 *Australian Adverse Drug Reactions Bulletin*, Vol. 20. No. 2, June 2001

Pharmaceuticals: Good advice is not for free

Advice on pharmaceuticals can be obtained from doctors and pharmacists. But more and more people want to find out for themselves about possible benefits and risks of pharmaceuticals that they are supposed to take. There are good reasons to do so: medical professionals are sometimes heavily influenced by medical representatives and other promotional activities of the pharmaceutical industry. Especially in developing countries the access to up-to-date independent information is scarce. Informing yourself as a patient may also be useful in the context of better health outcomes – but it is not easy to obtain good information.

To form one's own opinion on pharmaceuticals is a legitimate request. After all, it is not the prescribing doctor who takes the tablets but the patient. And beyond (the sometimes justified) lack of trust well-informed patients are able to contribute more to their healing process and frequently even select useful therapies together with their doctors. And in case of self-medication, people are particularly dependent on good and independent information. Since no one should trust the full-bodied promises of the pharmaceutical advertising.

An important reason to inform oneself is the fact that the market for pharmaceuticals is poorly regulated and controlled in many countries. Some industrialised countries are no better: almost half of the pharmaceuticals available in German pharmacies have still not yet been tested for their efficacy and safety. Among them are many drugs with poor efficacy or no efficacy at all.⁴² But new pharmaceuticals are not always a good choice, as was painfully illustrated in the Cerivastatin (Baycol® /Lipobay®) case. This new lipid-lowering drug was withdrawn worldwide by the manufacturer in July 2001 because too many people died from using it.

And finally there are heaps of unreliable information on pharmaceuticals. This encompasses the health pages in newspapers and magazines, editors' contributions on „wonderful“ new drugs as well as the so-called health guides for patients which are quite often written or sponsored by the pharmaceutical industry itself. People have to

be aware of the fact that also experts can fall victim to disinformation. Rational selection of pharmaceuticals plays but a minor role during the course of medical studies and independent information within the scope of post-graduate training is rare. Reasons enough to inform oneself.

A little help may be the ten questions on the next page which may help you and your doctor to use drugs more rationally.

In most industrialised countries there are a number of independent and reliable sources of drug information for doctors and (less often) for patients. Such information may be difficult to find in some developing countries.

You could look in your country for a bulletin which is member of the International Society of Drug Bulletins (ISDB) which has very strict rules for independent and reliable information. These journals are usually addressed to health professionals. You also may look for a member of Health Action International (HAI). This is a network of critical health activists and professionals which may not always give direct advice to consumers but either may provide useful booklets on drugs or may direct you to other reliable sources of information. (JS)

⁴² Health risks made in Germany: Grandfather drugs, *BUKO Pharma-News* 1/1996

Don't just swallow

If you have to take a drug, it is good to know what you can expect from the pharmaceutical treatment and what you have to pay attention to. These questions may help you and make a success of treatment more likely.

10 questions to a drug

1. *What is the name of the drug? What are its active ingredients?*
2. *How does it work? Does it cure my disease or does it only alleviate the symptoms?*
3. *When and how shall I take the drug?*
4. *How can I check whether or not the drug works? What should I do when it does not work?*
5. *What should I do I forgot to take one or more doses of the drug?*
6. *What happens if do not take the drug at all?*
7. *For how long should I take the drug? What should I do if my illness gets better beforehand?*
8. *What are the most common unwanted effects? Which are rare but severe, what should I do if they occur? Can I become addicted to the pharmaceutical?*
9. *Can I take other medicines at the same time? Can I drink alcohol? Should certain foods be avoided? Does the drug slow down my reactions? Can I drive a car?*
10. *Which alternatives to drug treatment exist? What else can I do to speed up getting well?*

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Acting rather than swallowing

This publication shows that medicalisation is on progressing in many areas of daily life. It is associated with more hazards to consumers than it is with benefits. What can be done?

- ◆ Health is more than just the absence of disease. It is the highest degree of physical, mental and social wellbeing. In order to achieve it, we need healthy living and working conditions.
- ◆ Social framework conditions for health and disease have to be investigated more thoroughly and, subsequently, changes implemented on the political level.
- ◆ The “pill solution“ appears to be simple and easy. The causes of underlying disorders are, however, not fought. Once the cause has been recognised, non-drug solutions frequently offer the better alternative – without risks and side-effects.
- ◆ Health care education in pre-schools and elementary schools is particularly important for children and adolescents. These institutions should teach the youngsters that many problems can be solved without using drugs.
- ◆ Misleading advertising on the internet, in magazines, etc., should be subjected to strict control and, if necessary, prohibited.
- ◆ Expanding centres to promote self-help, contact and self-initiative can also help to empower citizen.
- ◆ There are still not enough independent information centres for doctors and consumers. Establishing such centres has long since been requested by BUKO Pharma-Kampagne and international health NGO's. It would constitute a real progress for the population's health.
- ◆ The prescription of pharmaceuticals should be limited to a carefully selected list of acknowledged pharmaceuticals, also referred to as essential drug list
- ◆ Drug research has to be oriented at health promotion and not at the marketing interests of the pharmaceutical industry.
- ◆ The conditions governing the registration and control of pharmaceuticals have to be tightened so that only such drugs are available on the market which are really needed.

The German Federal Congress of Development Action Groups (Bundeskongress entwicklungspolitischer Aktionsgruppen, BUKO) is a network of 200 Third World groups in Germany. In 1980 BUKO started a campaign against irresponsible business practices of multinational pharmaceutical companies. BUKO Pharma-Kampagne (BUKO pharma campaign) fights for a rational use of drugs. It cooperates with doctors and pharmacists, consumer organisations and students. Furthermore, BUKO Pharma-Kampagne is in touch with groups in more than 70 countries all over the world thanks to its collaboration with the network of Health Action International (HAI).

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