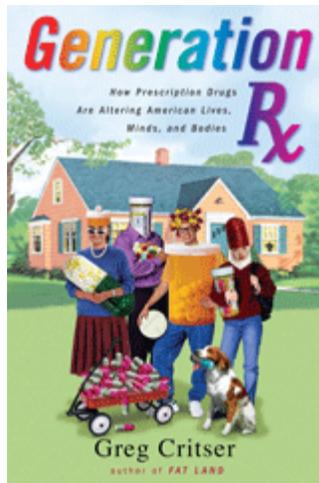


**Book Review** Reprint # 411-03

## Generation Rx: A History and Critique of Pharma “Tribal Marketing”

By John Mack



Greg Crister, in his new book, *Generation Rx: How Prescription Drugs Are Altering American Lives, Minds, and Bodies*, puts forth the notion that “big pharma” has created a nation of pharmaceutical tribes, each with its own unique beliefs, taboos, and brand loyalties. According to Crister, there are 3 such tribes:

1. **Tribe of High-Performance Youth:** children and adolescents who are medicated for depression, attention deficit disorder, and a range of other psychological and behavioral problems mostly because of “their parents’ completely understandable wish that they perform well in a society of ever increasing demands to perform well, nay, superbly.”

2. **Tribe of Productivity and Comfort (MiddleYears):** those of us at the middle-to-late points in our careers as parents and/or earners who are preprogrammed to consume drugs like Lipitor, Viagra, Prozac, and Prilosec, to “shore up our ability to produce more and better and to relieve discomfit, including the discomfit of having to watch what and how much we eat and drink and of sitting on our duff.”

3. **Tribe of High-Performance Aging:** seniors who take drugs “not only to alleviate the discomfit of aging, but also to extend their lives.”

Crister credits Pat Kelly, president of U.S. Pharmaceuticals for Pfizer, for inspiring the idea of consumer tribalism—pharma’s need to sell lifestyle, not things. “By conjuring brand tribalism—an intense, interactive, and information-driven promotion of a product and the values it is made to seem to embody—a company can not only gain new customers, but also hold on to the old ones,” says Crister.

### DTC Unbound

According to Crister, before big pharmaceutical companies could create these tribes to consume their drugs, they had to become “unbound” from government restrictions. Crister devotes about 100 pages—38% of the book—to a history of how direct-to-consumer (DTC) advertising became legal in the U.S.

I found this to be the most interesting part of the book because of the first-hand accounts of people who played critical roles in making DTC advertising possible. Some of these “DTC pioneers” are still part of the pharmaceutical advertising scene today. Also, I know some of these people personally, which makes reading the story all the more interesting. Crister’s account—which I have no reason to believe is inaccurate (the book is chuck full of references)—gave me insight into the backgrounds of these pioneers and how they got to where they are today.

Crister seems to have had unusual access to the principals—including pharmaceutical executives—involved. He peppers his story with many quotes and colorful phrases based on these interviews. Although I am happy that these people’s stories have been told in their own words, some of these words have been used to make Crister’s case against the industry.

### DTC is “Unprofessional?”

Back in the day (1982), advocates promoted DTC as a means to help overcome the notorious patient compliance problem; i.e., more than half of all patients then, as now, fail to follow doctors’ orders about taking prescribed medications.

Howard Leventhal, a member of the Institute of Medicine of the National Academy of Sciences and one of the nation’s most distinguished health psychologists, wrote an article in which he explained why patients don’t follow instructions. The reason, he claimed, is that patients confronted with “illness want ... complete and clear information on the threat and on the methods of coping...Success or failure in treatment may depend on...presenting...an effective image of a coping reaction.”

Perhaps the most influential DTC pioneer at the time was Arthur Hill Hayes, President Reagan's first nominee to head the FDA. Hayes, says Crister, had the impression that providing an "effective image of a coping reaction" is exactly what advertising can do for prescription drugs as it had already done for over-the-counter drugs.

Pharmaceutical executives, however, were initially cool—at least publicly—to the idea of advertising Rx drugs directly to consumers, according to quotes cited by Crister. "The biggest names in pharmaceuticals seemed horrified at the very prospect," according to Crister. Pharma executives told congressman John Dingell—Hayes' nemesis—that DTC was "unprofessional" and could be "downright dangerous."

Thomas Collins, chairman at the time of SmithKline French, warned that "advertising would have the objective of driving patients into doctors' offices seeking prescriptions." It's strange to hear this as a warning rather than a benefit; today this effect of DTC is viewed by pharma marketers as a positive ROI outcome and is the main defense of DTC. However, Collins went on to say, "We believe that the chances for damaging doctor-patient relations and for encouraging costly competitive battles are real, while the likelihood that meaningful patient education will occur is small."

There are a few other juicy anti-DTC quotes from pharma execs in the book. The president of Searle, for example, said of DTC that it was "dubious that the potential risks could be presented clearly, or, if so, remembered by the consumer."

Twenty-five years later and with eight years of DTC experience, the industry is still confronted by critics regarding DTC's cost, educational effectiveness, and ability to present risk information. For a review of these issues, see "[DTC Pros and Cons Presented at FDA Hearing](#)."



Borrow-Johnson

#### **AMA Weighs In**

Early on, DTC advocates recognized that the American Medical Association (AMA), which was against DTC advertising since 1984, needed to be won over if their efforts were to be realized. Wendy Borow-Johnson, currently president of Healthy Living Channel and SVP at Turner Media Group, figured prominently in turning the AMA around, according to Crister.

I know Wendy going back to the "dotcom" days when she was the founding Chair of E-Healthcare World—a conference organizer—and supporter of the Internet Healthcare Coalition, which I founded to promulgate the [eHealth Code of Ethics](#).

In 1989 Upjohn had a problem. Physicians were not prescribing Rogaine correctly and, according to Crister's account, the company "had to get the message out fast to physicians about how to prescribe the drug properly." Theodore Cooper, head of Upjohn, approached the AMA for help and Borow-Johnson, then VP of marketing at the AMA, flew down to help. She created a new informational ad aimed at physicians called "How to Talk to Your Patient," which was a big hit.

While working on the Upjohn problem, Borow-Johnson had an epiphany: she thought the AMA's anti-DTC stance was inconsistent with the association's support of activities to promote patient information and proactive patient-physician interactions such as the "How to Talk to Your Patient." Eventually, the AMA was won over and in 1992 it voted to rescind its ban on DTC.



Vanderveer

#### **Doctors are Targets Too**

Meanwhile, other pharma marketing pioneers such as Richard Vanderveer, Chairman & CEO of V2 GfK, were focusing directly on the physician. According to Crister, in the early 1990s, Vanderveer went to Joe Smith, head of Parke-Davis, and told him that he needed to institute a "micromarketing program...to target individual physicians with tailored information that we knew would resound with them as individuals, instead of carpet-bombing them all with the same data."

Crister described the defining moment thusly: "The carpet bombers' tactic had morphed into a cozy tea party for pills." Vanderveer himself says "the data put the detail person in a simpatico headset with the doctor."

Vanderveer's physician targeted marketing insights have featured prominently in Pharma Marketing News (see, for example, "[Strategies for Enhanced Physician Targeting and Segmentation](#)" and "[Out-of-the-Box Marketing: Will It Work for Pharma?](#)"). He is also an editorial adviser to this newsletter.

#### **New Jersey Country Club CEOs**

Crister's account also provides some insight into why Henry Waxman has it in for big pharma. According to Crister, Waxman thinks or thought at

the time (1982) that “many of the brand-name pharma CEOs were anti-Semitic.” Why did Waxman feel this way? Crister quotes Waxman as saying “They would talk about how greedy [the generics guys] were, how they thrive off the back of people who did the real work. I thought it was anti-Semitic. You could feel it. They were so disdainful, these New Jersey country club types.”

### **Crister’s Criticisms**

Crister, of course, has an axe to grind with the pharmaceutical industry and offers up the same criticisms of pharma marketing practices as did many other critics before him. His distinction, however, is the colorful and amusing language he uses. Here’s a sampling in no particular logical order:

- On **blockbuster drugs**: “By late 2004, blockbusterism, the jumbo golden Rx goose, seemed to have laid its last egg.”
- On **CME**: “The Demi Moore of this lap dance is CME.”
- On **Gen-X marketing**: “The synergy marketers boogied at full tilt.” I am still not sure what he means by that.
- On the **liver**: “the canary in the mineshaft of Generation Rx.”
- On **patients as consumers**: “a person with medical needs” these days acts “as if he is not going to the doctor but rather to the mall.” Crister’s main reform idea is that patients should stop thinking of themselves as consumers and that we all should cut down our own use of prescription drugs. Not a bad suggestion, but utter radicalism to some pharmaceutical marketers.

- On the **Pharmaceutical Marketing Congress**: “the world’s fair of pharmaceutical marketing.”
- On **Pat Kelly**, president of U.S. Pharmaceuticals for Pfizer: “unquestionably, the definitive lead guitar player in the rocking world of modern drug marketing.”
- On **physician detailing**: “more of a pharmaceutical lap dance than, like, and old-fashioned sales call.” For more on the relation of sex and sales reps, see Pharma Marketing Blog (“[Sexy Reps Sell Rx](#)”).
- On **polypharmacy**: “in that regard most drug companies have been as responsible as a thirsty sailor in port after a year at sea.” He said “thirsty,” but I am sure he meant “horny.”

### **Conclusion**

Aside from the seminal events described above, Crister also recounts the history of many other “firsts” in DTC, including the first DTC ad that mentioned a drug by name and, afterward, the first non-branded, help-seeking ad that was designed to “drive patients to their doctors.” I’ll leave it up to you to read the book if you want to learn more about these events.

I will also leave it up to you to read the book for Crister’s solutions, which appear to be the usual ones suggested by other critics. Crister does suggest something unique: get a healthy life in order to “pharmaproof” yourself.

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