Pharma Marketing News
www.pharmamarketingnews.com

Reprinted from Volume 5, Number 7 (July 2006)
Published by **VirSci Corporation** www.virsci.com
PO Box 760, Newtown, PA 18940 • 215-504-4164

Feature Article Reprint # 57-01

PR: Advertising by Other Means

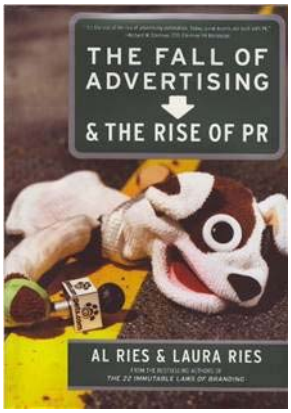
By John Mack

Karl von Clausewitz (1780–1831), Prussian general and military strategist, has been purported to have said that war "is merely the continuation of policy by other means." If you look at marketing drugs as a kind of war, then you might say that public relations (PR) is marketing by other means. That is, by means other than advertising, which most people equate with marketing; ie,

Marketing = Advertising

Longtime marketing strategist Al Ries and his daughter/business partner Laura Ries (A&L), however, espouse this definition of marketing:

Marketing = PR + Advertising
(specifically, PR first, advertising second)



"PR first, advertising second. This is the key to success in today's marketing arena" is the main takeaway message of the book, *The Fall of Advertising & the Rise of PR*, written by A&L.

At first, I thought A&L's ideas did not apply to the pharmaceutical industry. I was wrong. The book's premise is very relevant to how drug brands are built. A&L even mention several drugs including Botox, Viagra, Prozac, and Vioxx as examples of products that became worldwide brands with almost no advertising. Although some of these products are heavily advertised today (or were advertised in the past before they were withdrawn from the market), the advertising only became important when the brands faced competition in the market. This fact further supports A&L's thesis that PR builds brands whereas advertising defends brands or reinforces the brand position already established by the PR.

Contrary to conventional wisdom, marketing a drug begins well ahead of FDA approval and launch. While direct to consumer (DTC) advertising is not allowed prior to approval, PR is not so hobbled. Hence, as I will demonstrate with specific examples below, PR comes first in drug marketing, followed by advertising.

The Many Faces of PR

After many years interviewing pharmaceutical marketers and writing about pharmaceutical marketing for this newsletter, I have seldom thought much about public relations and wrote even less about it as a marketing tool used by the pharmaceutical industry. Most of the time, pharmaceutical marketers talk about DTCA—direct to consumer advertising—or medical journal ads or in-office brochures, etc. PR just has not been discussed much by marketers.

Like most people, I thought the primary role of public relations was the protector of a company's image and the source of corporate/CEO speeches and press releases. Indeed, PR is used by the pharmaceutical industry to achieve many of these traditional PR goals, including to:

- Improve the pharmaceutical industry's reputation
- Improve a particular pharmaceutical company's reputation
- Buttress the "Value of a company's Pipeline"—ie, generate investor interest in the company's stock
- Aid lobbying efforts ("An Integral And Necessary Part Of The Lobbying Mix")—ie, debunk or promote social programs and legislative actions that will affect the drug industry (eg. Medicare, consumer directed healthcare)
- Boost employee morale
- Last but not least, manage a crisis

Merck—to cite a notable recent example of the traditional use of PR by the pharmaceutical industry—spent about $52 million in 2005 on its "Putting Patients First" PR campaign. Most of this money, however, was actually spent on TV advertising. A&L claim that "advertising does not have the credibility to counteract unfavorable publicity" (see "Patients Come First?" for more on the credibility of Merck's advertising campaign).

Marketing Disguised as PR
Public Relations, however, is not just for managing a company's image and for damage control. In addition to the above roles, PR is also used to:

- “Clearly Display”—ie, promote—a Product's Purpose, Benefits and Value
- "Earn"—ie, buy?—Media Coverage For Your Health Story
- "Develop Public Education Campaigns to Increase Awareness," most often of a "medical condition" for which a drug is indicated

I compiled the above lists from presentations made at a recent industry conference ("2nd Annual Pharmaceutical PR & Communications Summit"), the tagline of which summarizes the three main functions of PR in the pharmaceutical industry: "Enhancing Corporate, Brand and Industry Value." Enhancing brand value is actually what marketing is all about. Ergo, PR must play a role in marketing and it is worth exploring here what that role is using real world examples. Sometimes, as we will see, the distinction between PR and marketing is very blurred.

The Fall of Advertising & The Rise of PR
In their book, A&L contend that PR is too important to take a “backseat to advertising.” They claim that “advertising people sometimes put down the PR function as a secondary discipline, useful only in a crisis or perhaps to publicize the latest advertising campaign.”

Some of the points made by A&L ring true. You might agree or disagree with what they say. Please feel free to take the Pharma PR vs Advertising Survey to give us your opinion.

Advertising Has No Credibility
According to A&L, “you can’t launch a new brand with advertising because advertising has no credibility. It’s the self-serving voice of a company anxious to make a sale.”

I don’t think anybody would argue that most pharmaceutical advertising lacks credibility. Some people, including Minnesota Governor Tim Pawlenty (R), even call DTC ads “silly.” Whether it’s consumer advertisiing or physician promotion, lack of credibility dogs the pharmaceutical marketer.

“PR allows you to tell your story indirectly through third-party outlets, primarily the media,” write A&L, whose book was published before the ascendancy of “consumer-generated content” (CGC), which includes blogs, podcasts, wikipedia, and discussion boards. These have credibility, DTC ads and sales reps do not. Blogs even rival traditional media. As one blogger put it, “Are blogs following the media, or are they becoming the media?” (see “Let's Talk About Blogs”).

A&L contend that “a sign that traditional advertising is in trouble is the intense interest in alternative media.” Lack of credibility of advertising and the rise of CGC as a credible source of information is causing a “feeding frenzy” among pharmaceutical marketers eager to exploit the possibilities.

If only marketers could “commandeer” CGC channels to deliver marketing messages, then drug brands would have wings! But only PR can be effective at inserting positive marketing messages within the content of these channels (just as PR has been effective at placing stories in traditional media channels). Ad agencies can only hope to place their ads in the margins.

PR First, Launch & Ads to Follow
Do pharmaceutical marketers follow A&L’s advice and build their brands with PR followed by advertising? Or do they employ the conventional approach, which is:

1. Develop a new product
2. Research the new product to make sure it offers consumers a significant benefit
3. Hire an advertising agency to launch the product with a “big bang” advertising campaign
4. Over time, use advertising to build the new product into a powerful brand

A&L call this Development, Research, Advertising, Branding or “DRAB” for short. It sounds like a typical drug launch and brand campaign, right? Wrong!

The Chantix Case Study
Pharmaceutical marketers follow A&L’s maxim: “Never run advertising until the major publicity possibilities have been exploited.” That is, PR first, advertising second. To illustrate this, let's look at Chantix, a newly-approved drug for smoking cessation, brought to the market by Pfizer.

Chantix was approved in May 2006, but as of this writing in July 2006, the traditional forms of pharmaceutical consumer marketing—ie, advertising, including direct-to-consumer (DTC) print and TV ads, web sites, etc.—have not yet begun.

The product web site (www.chantix.com) is not "fully operational" and mostly is focused on collecting names and email addresses of visitors

wishing to receive future information. The majority of the information on the Web site (other than the required package insert) is traditional PR material such as links to the Pfizer and FDA press releases announcing the approval of the drug.

When A&L speak of PR, they are not talking about press releases. They are talking about getting the story of your brand presented by a credible third party—and the most credible third party source of information is the media, especially print media and especially national newspapers such as *USAToday* and the *Wall Street Journal*.

On July 5, 2006, the Chantix public relations campaign began in earnest with the publication of a news story in the *Wall Street Journal* ("Pfizer Drug Appears to Help Smokers Quit").

From an advertiser's point of view, the article could have been more "positive," but from a PR point of view, it was a knockout. For one thing, the article appeared "above the fold" on the front page of the Personal Journal section.

The *Wall Street Journal* article also featured Chantix research trial results originally published in the prestigious *Journal of the American Medical Association* (JAMA) and other medical journals. Of course, it's not all positive news, which makes it even more credible. Most of the negative stuff, thankfully, appears towards the end of the article where it has less of an effect on the mind.

PR's goal of planting a new idea in the mind—that Chantix is a NEW and different and more effective smoking cessation product—has survived unscathed by the negative vibes that appear later in the article.

Reaching Somebody Who Counts

The importance of the Chantix article is not its direct influence on public opinion, but its influence on other media. The story will be picked up by other publications and rewritten in dozens of papers across the country. PR has done its job according to A&L: it has reached "somebody who counts," namely the *Wall Street Journal*.

Note that more often than not, such stories are "planted" in the media well in advance of a product's approval. An example of this is Acomplia, a prescription diet pill currently being promoted in the US prior to its approval and launch.

Acomplia was recently approved in Europe (July 2006) and is expected to be approved in the US by the end of 2006. Already, however, the press is full of stories about this drug as well as Alli, a compet-

Medical Journals in Danger of Losing Their Credibility

Recently, there's been a spate of revelations at respected, peer-reviewed medical journals regarding the non-disclosure of financial ties of authors to drug industry sponsors of the research they are reporting. The latest involves the Journal of the American Medical Association (JAMA) as reported in PharmaGossip Blog:

> **JAMA - it's all about the Benjamins!**
> JAMA says it was misled by researchers: For the second time in two months, the Journal of the American Medical Association says it was misled by researchers who failed to reveal financial ties to drug companies.
>
> The studies' validity—and the prestigious journal's reputation—are at stake, and JAMA is tightening its policies for researchers as a result.
>
> 'This is costing us,' said Dr. Catherine DeAngelis, JAMA's editor-in-chief. 'It's costing us really good articles and God knows what it's costing us in ads.'

Non-disclosure is costing journals more than just ad revenue—it's costing credibility as well. DeAngelis also had this to say:

> "We'll get killed," she said, referring to the potential damage to the journal's reputation. "The issue is not what can those [drug] companies possibly gain; it is the issue of perception."

Even the negligent authors recognize the impact on the media (and hence on the public):

> "I do believe that conflicts sometimes exist and should be disclosed, but I hope this issue does not get overblown by the media," co-author Nancy Cook said. "I think that could harm the reputations of honest and well-meaning researchers and lead to public mistrust where none is warranted."

DeAngelis predicted continued disclosures as JAMA gets serious about implementing its new policy.

Pharmaceutical marketers should support current efforts by medical journals to implement more strict rules regarding financial disclosures of authors. Otherwise, the industry may lose a very important channel for credible PR marketing to physicians.

ing over-the-counter diet pill awaiting approval in the US.

GSK, the marketer of Alli, launched a Web site to establish itself as an online weight-loss authority (see "Question Everything"). The Web site does not mention Alli. However, the *Wall Street Journal* article about the Web site ("Web Site Is a Prelude To Glaxo's OTC Weight-Loss Pill") does. The article even played down a major issue of Alli—its troubling flatulence and anal leakage side effect—referring to it more euphemistically as "incontinence." Could the Alli PR agency ask for anything better?

Pro PR

Not all pharma PR, however, is focused on the "lay public." The most important pharma PR is focused on the healthcare "professional public." This form of pharma marketing is so important that it is given a special name in pharmaceutical circles: "professional relations." So, we can still call it PR. To distinguish it from the lay version of PR, I will call it "Pro PR."

Some forms of Pro PR, such as continuing medical education (CME), are being taken out of the hands of marketers and therefore are in danger of being marginalized. For more on this, see "Could Chill Kill CME?" and "Trends in Commercial Support of CME" (Reprint #56-01) in the June 2006 issue of Pharma Marketing News.

By far the most important form of Pro PR is the placement of favorable research articles in medical journals like JAMA, which is to the medical public what the *Wall Street Journal* is to the lay public. If you get an article published in JAMA, not only will it get to "somebody who counts" in the medical world—such as key opinion leaders (KOLs) who influence ordinary doctors—but it also will get to somebody who counts in the lay world: editors of print media like the *Wall Street Journal* (the Chantix story is an example) and TV news programs.

The majority of the authors of the three studies cited in the Chantix *Wall Street Journal* article either have done "consulting work or received honoraria or research grants from Pfizer and other drug companies, or are Pfizer employees or shareholders."

That's quite a gamut of drug company interest by these authors. Obviously, Pfizer has worked hard and paid good money to employ medical researchers to get these studies published. This is a major focus of Pro PR—Publish or Perish!

Advertising As "Cheerleader"

Only when the "new idea" has been planted in the minds of the professional and the lay public has the groundwork been laid for traditional advertising—"cheerleading" as A&L would say (what they say, in fact, is "What advertising needs to do is rein in its creativity and get back to cheerleading")—to take over. This happens when the drug is officially "launched" and made available for sale.

Ads are Expensive, PR is Not

At the beginning of this article I presented quite a long list of roles that is guaranteed to keep Pharma PR professionals and agencies flush. One of these professionals, Ilyssa Levins, president of HCIL Consulting, wrote a "PR View" column in a recent *Medical Marketing & Media* magazine in which she asks and answers the question: "Why should marketers allocate more help-seeking DTC spending to PR?"

Levins contends that a mere $4 million to $6 million PR campaign ("a drop in the proverbial bucket for a DTC advertising budget") delivers a "significant level of disease-state media relations..."

This illustrates another maxim of A&L: Advertising is Expensive, PR is Inexpensive. "Most companies spend considerably more on advertising than on PR," say A&L, "sometimes by several orders of magnitude." Unfortunately, value and price are firmly linked in the mind—expensive advertising is perceived as more valuable than inexpensive PR.

PR is particularly effective when used to replace or supplement traditional "help-seeking" advertising. Help-seeking ads are communications disseminated to consumers or healthcare practitioners that discuss a particular disease or health condition, but do not mention any specific drug or device or make any representation or suggestion concerning a particular drug or device. These ads are also known as unbranded or disease awareness ads.

As long as ads do not mention a drug by brand name, they are not required to include fair balance information—that is, safety and side effect information.

PR can generate disease-awareness stories in the media in which drug barnd names are mentioned but not the fair balance. That is, since the media are not regulated by the FDA, these stories do not have to mention drug side effects. Of course, the press releases from the manufacturer must include fair balance information.

One example of how this works can be found in the erectile dysfunction (ED) drug marketing arena. Recently, Viagra and other ED drug ads have returned to TV in the form of disease awareness ads that link ED to hypertension, diabetes, and high cholesterol.

The TV ads have only 60 seconds to make the case. It would be much better to have a trusted "independent" third party source talk about the connection. Especially impressive would be an article devoted to the subject in a major media publication like the *Wall Street Journal*.

Was it a coincidence to see the story "Doctors can use the 'Viagra visit' to screen men for heart disease" in the Health Matters column of a special section of a recent issue of the *Wall Street Journal*? This has all the signs of a successful PR campaign that fits hand in glove with the disease awareness advertising campaign, the purpose of which is to broaden the use of ED drugs to a much larger segment of the male population thereby boosting limp ED drug sales (for more on this, see "Blockbuster or Ballbuster?").

The premise of the "Viagra visit" article is that "erectile function" is an early-warning signal for heart attacks and stroke. This is based on some evidence, which I can only assume is credible since it was cited by the *Wall Street Journal*!

Use of Celebrities

Advertising and PR both use celebrities to help add credibility to their messages. For Pro PR, the celebrities are key opinion leader (KOL) physicians who are employed by pharmaceutical companies to spread the word about new products, among other roles that they play. Celebrity actors and athletes are often used in DTC advertising and associated PR campaigns.

PR activity associated with arranging and managing press interviews with key opinion leaders, celebrities and patients may not be closely reviewed internally at pharmaceutical companies. Spokespeople do not have to provide fair balance and could be “loose canons” as far as oversight by the PR firm that places them on TV shows.

Spokespeople can say whatever pops into their heads and make the most outlandish endorsements with impunity a la Tom Cruise. In addition, when celebrity endorsers in the pay of pharmaceutical companies appear on TV interview shows or Web sites, there often is no disclosure that they are being paid by the sponsor.

Fard Johnmar, author of the blog Healthcare Vox, contends that "responsible public relations practitioners inform media about who is sponsoring a promotional effort and put them into contact with company spokespersons, upon request."

In a perfect world media would be informed about paid endorsements. That, however, is not the problem. Media also have to disclose the endorsement. So, we have two parties that need to voluntary do the right thing! The probability of both parties doing the right thing in the absence of agreed-upon industry guidelines is very low.

What Does "Buy" Mean?

Do public relations practitioners "buy" media coverage. Take the following quiz: PR "buying" media coverage is most like which of the following:

(1) Buying search words on Google

(2) Buying lunch for physicians in exchange for sitting in at a detail

(3) Buying an ice cream cone

The answer is (2).

In the same way that sales reps used to "buy" physician prescribing before AMA and PhRMA gifts to physicians guidelines were implemented, PR practitioners "buy" media coverage.

Of course, no physician worth a nickel would ever admit that he changed his prescribing habits just because he got a free lunch or a free pen. But gift giving must be effective—pharmaceutical companies still spend a fortune on promotional items for physicians!

Similarly, no reporter will write a favorable story just because he/she was wined and dined at a press conference. What about taken out to a fancy dinner? Golf outing? Significant other included? How much of this goes on? We don't know. That's why I say PR is cloaked in a “mystery wrapped inside a riddle.”

Traditional pharmaceutical advertising and marketing is much more transparent and pharma marketers are restrained from using such practices by laws, regulations, and industry guidelines. I don't know of any such regulation of PR marketing.

Other “Stealth” PR Practices

There are other PR practices that influence how pharma products are portrayed in the media and that can be said to be “stealthy.” An example is the Video News Release (VNR), which is a technique whereby a video or radio program is produced, edited and distributed to local and national

television, radio stations and cable networks (collectively, "media outlets") by PR firms.

As reported by the Center for Media and Democracy, “According to a 2002 survey by DS Simon Productions (a leading VNR producer and the creator of the Abraxane package), 88 percent of TV stations use VNRs from medical, pharmaceutical and biotech corporations in their newscasts, and 82 percent of stations used more VNRs that year than the year before” (see “Doctor Doctor, Give Me the News”).

“The advantages that healthcare VNRs have over traditional advertising are numerous,” points out the Center for Media and Democracy. “For starters, they're much cheaper to produce. A top-quality VNR can be created and distributed for less than $30,000, and could score a comparative ad value in the six-figure range if it gets airtime in multiple metropolitan markets.”

Often, a TV or radio station airs VNRs without any editing or acknowledgement of the source. “Furthermore,” points out the Center for Media and Democracy, “the FDA restrictions on healthcare VNRs are still fairly loose. Unlike advertisements, VNRs aren't required to be submitted for advance FDA approval. Even if federal regulators did have a problem with the facts or claims presented in a news release, by the time they issued a complaint, the VNR would be long out of rotation.”

Johnmar says “whenever I sent out a VNR I always noted who was paying for it—even if it was sponsored by a pharma company providing funds to a non-profit. Now, did the media always say that it was sponsored by the pharma company OR the non-profit? Not very often. Now, is that my fault for putting out the VNR, pharma company spin or the media not highlighting information that was placed on the media alert, VNR, press package AND pitch? I don't think so.”

A simple solution to this problem would be to include text at the bottom of each VNR that identifies the source, similar to the station ID/logo seen in the lower right-hand corner of many TV programs. That way, the station cannot cover up the source and portray the VNR an unbiased news story that it created.

Should Pharma PR Be Regulated?

If PR is advertising by other means, shouldn’t it be regulated by the FDA just as advertising is? No, because that would raise substantial first amendment (free speech) issues. The FDA is already being challenged on free speech grounds for limiting “commercial free speech” (ie, advertisements). For the FDA (or any other government agency) to limit what media can say about drugs is clearly a violation of the first amendment and should not be tolerated.

A case, however, could be made for self-regulation by PR professionals in order to protect the credibility of the media communications developed through PR efforts.

Johnmar says "While one may argue that regulation is inadequate, the public relations profession isn’t completely free from scrutiny." Johnmar points out that “public relations materials are assessed by internal pharmaceutical legal and regulatory teams, just like all other promotional items and fair balance must be included in all press releases mentioning a study, drug or device.”

This is true. Any communication by a pharmaceutical company, including press releases, that mentions a drug name must include fair balance information. However, there are several PR practices that require some “Guiding Principles” reminiscent of PhRMA’s Guiding Principles for DTC Advertising. I just mentioned a few such practices above.

No Guiding Principles = Possibility of Stricter Regulation

The problem is that we do not live in a perfect world where business people always do the right thing—hence the existence of industry guidelines, ethical standards, and, as a last resort, government regulation.

There is very little transparency let alone regulation of pharmaceutical marketing that disguises itself as PR. “In many cases,” says Johnmar. “we rely on the media to practice due diligence, but there is little transparency in the relationship between journalists and PR pros.”

Advertisers may push the envelope, but PR people are way out of the envelope!

PR is an important component of pharmaceutical marketing, albeit one that is “cloaked in a mystery wrapped in a riddle” in the sense that not nearly as much attention is paid to the "good, bad, and the ugly" aspects of PR marketing as there should be. Where is the PR industry's "Guiding Principles of DTC PR Marketing?"

Online Comments

The following comments on PR as a form of marketing were received via the PHARMA-MKTING online discussion group and Pharma Marketing Blog.

Comments from Gopalkrishna Iyer, a member of the PHARMA-MKTING online discussion group:

> Yes! Spin doctors are having a greater role in marketing of products.
>
> This, primarily, is happening because of the higher levels of clutter that exists in the mindspace of doctors. Marketers are having to resort to more creative (???) ways of getting their message across and making it stick.
>
> As put rightly in your post, "enhancing brand value is actually what marketing is all about" and one does put every idea to use in order to achieve that brand value.
>
> So, whether one calls it "Patient Education" "Disease Awareness" "Disease Mongering" "Patient scaring" or PR, one must not forget that such media stories have always been part of the pharma marketers' arsenal. The hype created on so many vaccines, cholesterol, HRT etc. are classic examples.
>
> However, in today's poverty stricken times (in terms hugely distinct advantages of new molecules and in terms of price pressures) marketers are increasingly covering up gaps in communication, creating pressure groups, winding up patients towards their brands and magnifying less significant aspects of disease and therapy through PR.
>
> It is the sign of our times, very much similar to the "gamesmanship" we witness in the sports arena. It is only such drama that has the power to add much needed value to a brand. It is as ethical or unethical as sponsoring a clinical study and then publishing it, or sponsoring a CME on a topic of your advantage over cocktails and dinner.
>
> The greatest influencer of prescriptions still remains the good old scientific data from pre and post marketing clinical trials. The fundamental four of Efficacy, Safety, Convenience & Cost are what finally matters to the physician and patient.
>
> To think that physicians would change their prescribing habits because of newspaper articles or television programs would be simplistic, both, from the marketers' point of view and the observers'. Yes! it will have some favourable impact on the brands it seeks to indirectly promote, and that can only be achieved by a long and sustained campaign. I also agree that PR can accelerate the marketing process and help maximise sales. Well executed communications do have the power to inspire, to motivate and trigger action. PR can also bring issues out of the closet (Erectile dysfunction) and result in brands such as Viagra become dictionary words.
>
> Whether such PR should be brought within the purview of the ethics committees is another issue altogether. Finally, marketing communications is all about creating meaningful reasons to use your product(s).

Anonymous Blog Comment:

> The apologists for PR are doing a great job in trying to justify their deeds and cast them in a very positive way...surprise.
>
> I have been involved in pharma marketing for over 20 years and wholeheartedly agree with those who believe PR is no more than a front for marketing. Everything PR does has an ulterior motive. Supporting the local heart foundation, using patient spokespeople, media-training thought leaders, are all a means to an end...an end that cannot be distinguished from the usual marketing and sales stuff.
>
> There are many people who have been involved in PR their whole lives and have never touched marketing; those are the people that believe their work is so pure and unspoiled. Those who came from the marketing ranks know otherwise.
>
> The bottom line is that this is the next frontier for the FDA, the OIG and everyone else. Talk about off-label promotion, anti-kickback, etc. etc.

Just watch...Genentech, Pfizer, Amgen will get hit first. They are the ones who use PR to a greater extent than others - or should I say abuse it.

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