

## Survey Results

# How Should Pharma Engage in Social Networks?

## Thoughts on Best Practices

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PMN86-02

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**T**he pharmaceutical industry is currently experimenting with social media as a channel for promoting products and/or enhancing disease awareness. Some of these efforts have been less than stellar, while others have been exemplary (see "Pharma Marketers Dive Deeper Into Social Media": PMN Reprint #86-01; <http://bit.ly/2TIKc>).

Defending their social media marketing missteps, pharmaceutical companies tend to invoke absent, unclear, or contradictory FDA guidance regarding regulation of the drug industry's use of the Internet. While it is true that the FDA has been lax in this regard (see "Developing Guidelines for Pharma's Use of the Internet & Social Media"; Reprint #PMN84-04; <http://tinyurl.com/d9esng>), most pharma social media faux pas have more to do with a lack of clear and consistent internal guidelines than with a lack of external regulations.

### Internal Guidelines Needed

Each pharmaceutical company should have its own guidelines for best practices in the social media space. Stacy Reese, Associate PRA Director at AstraZeneca, speaking on "Managing the Risks Associated with Online Discussions" at CBI's 8th Annual Forum on eMarketing for the Pharmaceutical Industry noted that when the FDA is doing more than pharma companies with social media, "we need to figure out how to get in there."

The main takeaways from Reese's presentation are (1) there are many social media marketing issues that need to be addressed, and (2) pharma companies must develop standards that tell them how to address these issues before they get too deeply involved.

Some pharma companies, including AstraZeneca, may well be on their way to developing internal social media standards and getting advice from outside interested parties such as ad agencies.

"No one is going to be able to monitor exactly what is said between two people in a conversation," said Andy Levitt (<http://tinyurl.com/l96mdf>) of Health-Talker, a company that creates word-of-mouth and social media solutions for pharma, in a comment to a Pharma Strategy Blog post (<http://bit.ly/RRSNE>).

"This is part of what gets pharma so nervous, and generally for good reason," said Levitt. "I think we as an industry would be wise to get comfortable with the idea that conversations between consumers are happening, and that the rules/guidelines that govern their content must be different than what is demanded of TV, print, web, etc."

### Learn from a Discussion of the Issues

Pharma companies can either develop best social media practices by learning from mistakes and public criticism (eg, see "Novo Nordisk's Branded (Levemir) Tweet is Sleazy Twitter Spam!"; <http://bit.ly/gwQgO>) or through discussion and analysis of specific issues. The latter, of course, is preferable.

To assist in that discussion, *Pharma Marketing News* provided the following forums and tools:

1. an ePharma Pioneer Club members-only discussion of the first-ever pharma branded Tweet (see "Pharma Twitter Best Practices"; PMT#079; <http://bit.ly/pJP2S>). What can we learn from this? Is it a good model for other brands to follow?,
2. the "Rate Your Social Media Marketing Readiness" Self-Assessment Tool (see box, below), and
3. the survey, "How Should Pharma Engage in Patient/Physician Social Networks?"

This article focuses on presenting a summary of the above-mentioned survey, which explores issues relating to pharma advertising and engagement in social networks. Included are comments from respondents.

The results of this survey do not offer a basis for a scientifically significant analysis, but they do suggest ideas that may be helpful to pharmaceutical marketers who are currently working on developing their own internal guidelines.

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### About the Survey

A total of 97 people responded to this survey between 13-May-2009 and 2-July-2009. It is still open for your opinion here: <http://bit.ly/8XiCU>. Eighty-two percent (82%) of respondents indicated that they were “very” or “somewhat” supportive of the pharmaceutical industry (42% and 40%, respectively). Only 7% indicated that they were “very” or “some-what” unsupportive. Slightly over half (50.5%) of the respondents were employed at agencies or other companies that had pharmaceutical companies as clients. Twenty-one percent (21%) were employed at pharma or biotech companies and the remainder were consumers, patients, healthcare professionals, or bloggers/web site owners in the health/pharma sector.

### Advertising on Social Networks

There are several options available to pharmaceutical marketers for promoting products via online consumer and physician social networks. The survey asked respondents to indicate how appropriate or inappropriate they think each of the following advertising options are:

- placing clearly labeled product display ads on social network pages just as on any other Web page, and

- developing a Facebook page or a forum on a social network site that indicates it is a sponsored page/forum.

Respondents could answer “Very Appropriate,” “Somewhat Appropriate,” “Somewhat Inappropriate,” or “Very Inappropriate.” Figure 1 shows a quantitative summary of the responses.

A higher percentage of respondents consider placing branded display ads on social media sites inappropriate than the percentage who believe developing a sponsored site is inappropriate (29.9% vs. 17.0%, respectively, Figure 1).

### Branded Ad Best Practice

It may be that the best practice with regard to branded ads on social networks—at least consumer networks—is not to do any branded advertising at all, especially within a conversation. “The less (visibly) a brand interferes with a social network, the more positive the impact on the brand,” said Brian Towell (<http://tinyurl.com/qfw9nd>), Top Dog at Doghouse, an interactive agency based in the UK.

“The benefit to a brand is found in supporting/enabling the conversations around the brand without

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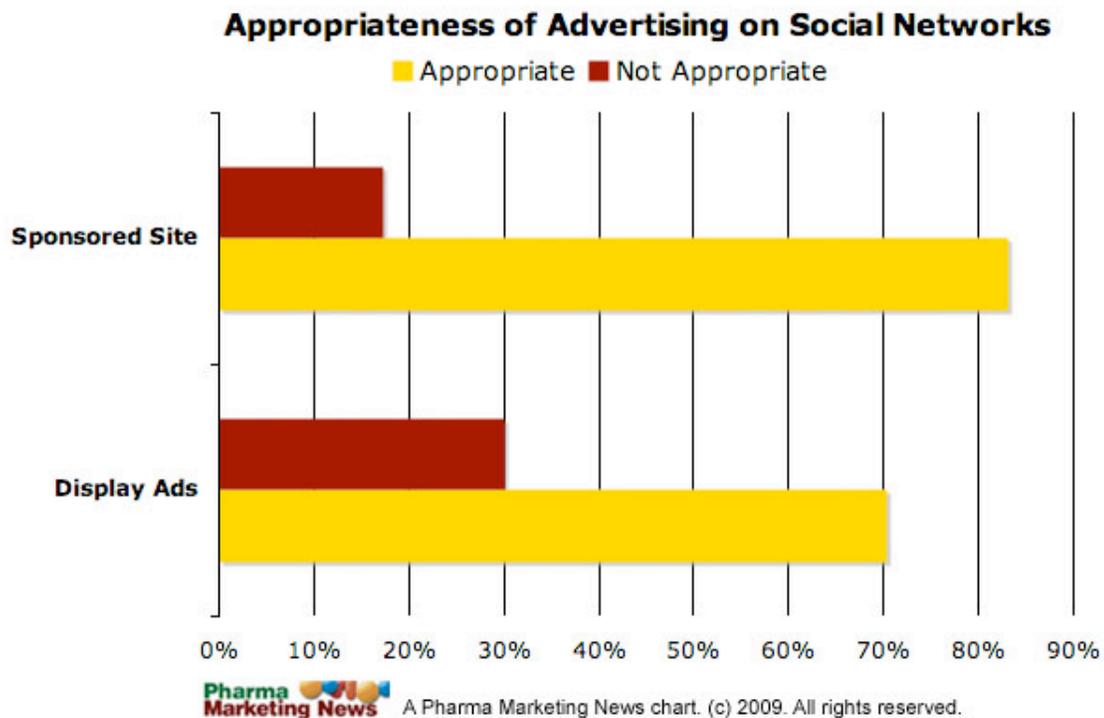


Figure 1: Appropriate and inappropriate percentages are sums of “Very” and “Somewhat” responses.

interruption/interference,” said Towell. “This is the road to trust, not blatant promotion in places where the real fuel is the passion of the network.”

One company—Novo Nordisk—recently received some criticism for posting a branded tweet via Twitter. This special case was discussed in the ePharma Pioneer Club members-only podcast mentioned above (listen to the podcast here: <http://bit.ly/pJP2S>).

Of course, non-US survey respondents, which make up 33% of the total, are likely not to favor branded direct-to-consumer (DTC) advertising of any sort.

“Being in the EU I am not convinced of the value of DTC promotion,” said James Harper, Strategic Director, Athena Medical PR. “DTC information sharing is another matter - Pharma should (and does) play a critical role in keeping patients informed about their medication, disease and adherence matters - this is where an open presence in SM has value.”

Even in the EU, however, it is permissible to provide branded promotional messages to physicians who are also engaged in social media. Branded messages are appropriate “only to physicians and should be in closed social network,” said an anonymous, non-US pharma employee respondent.

US respondent Amir Gresham, Entrepreneur and consumer advocate at TrueAid, (<http://bit.ly/guHjO>), does not like any pharma involvement with social media.

“I don't feel that Pharmaceutical companies should have ANY opportunity to engage in social media,” said Gresham. “They have already taken advantage of DTC Advertising along with every other resource. Social networking is the truthful voice of the consumer. Something that anti-social Big Pharma is afraid of. They've had their chance. Allowing them any control would only help further their agenda, something we WILL NOT allow.”

Other respondents suggested a more reasonable approach.

“It all depends on the therapeutic category,” said Nicole Rivera, Product Marketing Manager, Devon International Group. “While it may be appropriate for Advil or Tylenol, or Avalox to have a facebook page, it might not be appropriate for HIV or Oncology drugs such as Reyataz or Femara.”

### FDA Guidance Needed

At least one respondent mentioned fair balance and the need for “1-click” access to the full PI.

“[Pharma product promotion on social networks] should be allowable ONLY if fair balance requirements are clearly met & there is a 1-click link to the full PI AND ALSO a summary of critical safety info,” said Elisa Cascade, Vice President, iGuard.org. Obviously, this is a regulatory issue that should be addressed by the FDA and incorporated into a company's best practices document.

Guidance from the FDA is also needed about reporting adverse events that pharma sponsors of social networks may come across.

“Clear guidance from the FDA is needed regarding pharmaceutical company responsibility in reporting adverse events discussed on a social network site,” said Cascade. “Our position is that if a pharmaceutical company chooses to post or otherwise engage with a social network (e.g., financial relationship for advertising or other activities), then the company should be held responsible for reporting the information discussed, including adverse events. Alternatively, if the pharmaceutical company has no relationship with the social networking site, then they should not be held responsible for unmonitored conversations.”

### Other “best practice” remarks from respondents:

“As long as the ads and sponsored pages are clearly labeled as such -- and not designed to deceive readers into thinking they're nonsponsored material - I say let it happen.” – Anonymous

“Social media is just a channel to disseminate information. [Pharma product promotion on social networks] should be allowed...as long as it's (1) unidirectional and the wall/comments are shut off due to regulatory issues/concerns, or (2) it's open forum and heavily moderated by a regulatory task force within the pharma company.” -- Jess Seilheimer, VP, Acct Group Supervisor, euro rscg

“I don't think social networks should be used by pharma employees to advertise or market products. They are communication networks used for multiple purposes. The notion that pharma is going to exclusively use social networks for branding and promotional purposes is not consistent with the whole community theme of social media.” -- Clifford Mintz, Blogger, BioJobBlog

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### Engaging in Social Networks

In addition to advertising on social networks or creating/sponsoring branded social networks of their own, pharmaceutical marketers may be interested in posting messages to social networks or replying to messages on such sites.

The survey asked respondents their level of agreement or disagreement with the following options:

- **It is OK to Post Anonymously Using an Alias:** Just like any other user of social networks, it is perfectly OK for an agent or employee of a pharma company to post messages under an alias that allows anonymity.
- **Must Reveal Relation to Pharma Company:** Pharma agents and employees can use an alias to protect their true identity when posting, but should include a statement in their posts that they are employed by a pharma company.
- **Posting of Brand Messages Should be Prohibited:** Anonymous or not, pharma agents and employees should never post messages that promote or mention brand name drugs.
- **ALL Posts Must be Pre-cleared by MLR:** Before a pharma company agent or employee posts ANY message (even if no brand name is mentioned) to a social network site, it should be cleared or pre-cleared by the company's legal/regulatory people.

Note: When speaking about pharma employees posting to social networks, they could be acting independently or as part of their job as marketing professionals. The survey did not distinguish between the two cases. Respondents could agree or disagree "Strongly" or "Somewhat" or "Neither Agree Nor Disagree." See Figure 2 and Figure 3 (pg 6) for quantitative summaries of the responses.

### A Question of Transparency

Many patients and physicians who post messages and content on social networks use an alias instead of their real names. This protects their anonymity so that they may reveal personal information about themselves or voice opinions without fear of recrimination. For example, patients may fear that employers will discriminate against them if they reveal a medical condition that will increase the employer's health insurance costs.

Respondents were somewhat divided on whether or not pharma agents and employees can use an alias to protect their true identity when posting, as long as they include a statement in their posts that they are employed by a pharma company (49% agree this is OK, 43% say it's not OK). Only 16% of respondents,

however, felt it was appropriate to post anonymously without any disclosure.

"Yes, many people on social networks are anonymous (i.e., don't use their real names), but this defeats the purpose of these networks," said Jonathan Richman (@jmrich), Director of Business Development, Bridge Worldwide. "In fact, a larger portion aren't anonymous at all. Consider sites like Facebook, MySpace, Twitter, and LinkedIn. The vast majority of people here use their real names and true identities. There's a reason for this. It's what the community expects. I tell you a bit about me and you tell me a bit about you. When that balance gets disrupted, the connection breaks down and the network falls apart."

Pharmaceutical companies should warn employees about unauthorized posting and editing of content on social media sites such as wikipedia, especially from company computers (see "Simply Irresistible: Abbott Tampering with Wikipedia Entries"; pg 7).

"We all know examples of rogue sales reps who go too far resulting in a letter from the FDA, and worse, resulting in restrictions on activities by the pharma," said Andrew Bast (@andrew\_bast), SVP, General Manager, Epsilon.

### Clearance by Legal Regulatory is a Barrier

Practically every piece of information published by a pharmaceutical company must be pre-approved by its medical/legal/regulatory (MLR) department. This applies to web pages, patient education leaflets, TV ads, whatever. If the product brand name is not mentioned or if no benefit claims are made, there may be some latitude—it depends upon the company. The review process takes time and is not conducive to carrying on discussions in social networks.

Perhaps the 34% of respondents who disagreed that ALL posts must be pre-cleared by MLR were thinking of non-branded messages. Or they may have considered situations where specific guidelines were in place. "If messages have to be cleared by legal/regulatory, the smooth back & forth of a conversation will likely go away," said an anonymous respondent. "Setting up clear guidelines about what can be discussed and what's off the table before starting seems the way to go."

Ellen Hoenig Carlson (@ellenhoening), Founder, Advance MarketWoRx, agrees: "I think that employees/agents should be following some guidelines but should have freedom to speak without preclearing

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### Rules for Pharma Engagement in Social Media

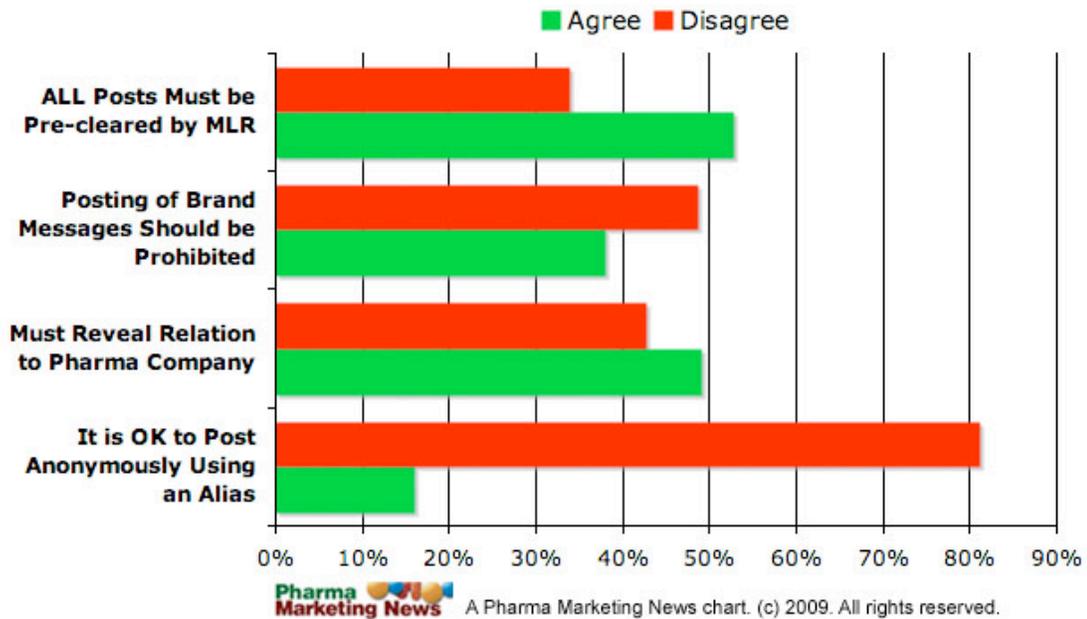


Figure 2: Rules for Pharma Engagement in Social Media (All Respondents). Agree and Disagree percentages are sums of “Very” and “Somewhat” responses. See Figure 3, below, for more analysis.

### Rules for Pharma Engagement in Social Media

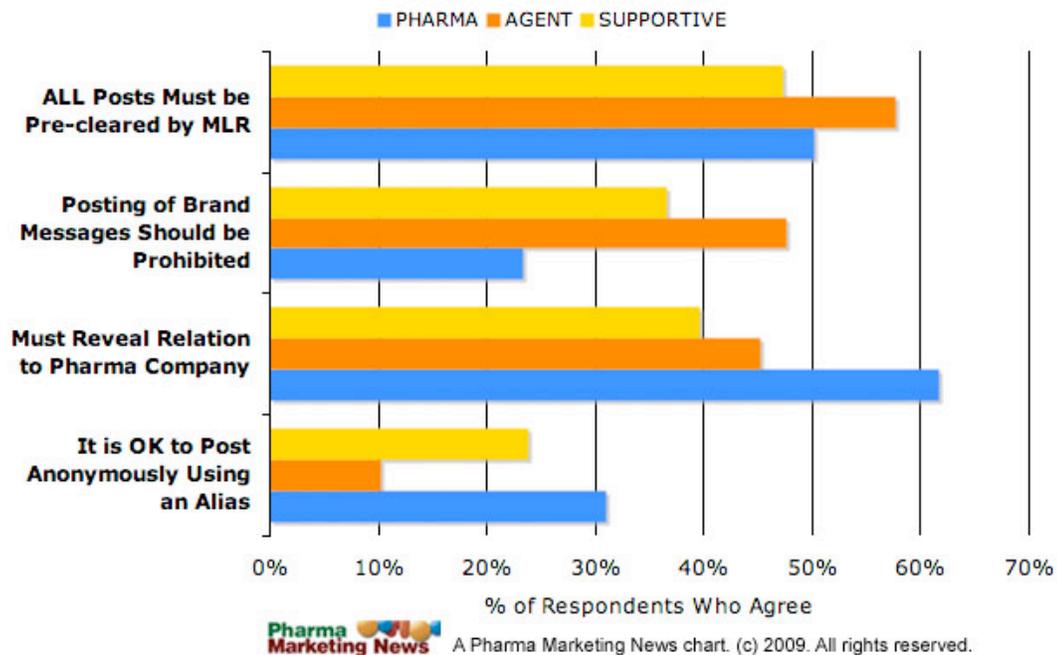


Figure 3: Rules for Pharma Engagement in Social Media (Comparing Pharma, Supportive, and Agent Respondents). Agree and Disagree percentages are sums of “Very” and “Somewhat” responses. Pharma = respondents employed by the pharmaceutical industry, Agents = Employed at a marketing, advertising, or communications agency having pharma companies as clients, Supportive = respondents who indicated they are “very supportive” of the drug industry.

everything especially if [they are] not talking about a brand name...companies don't pre-clear everything employees say in each conversation they have!"

*Some other comments include:*

"General disease/medication related content should be free to post [without MLR pre-clearance]," said James Harper (@jamesharper), Strategic Director, Athena Medical PR (UK/EU). "After all, those that work in the industry have a lot of knowledge that can be of value to other people out there."

"I think you have to distinguish between postings that are personal and postings on behalf of the company as a company employee. If on behalf of the company, they should be labeled as such. Mentioning branded drugs would be okay, to me, if referring to news and including links. Touting branded drugs = not OK."

"Here lies the problem: does SN change anything regarding what an employee says or does?" asks Eugene Pozniak (@EuropeanCME), Managing Director, Siyemi Learning. "Will they now be acting in some kind of official capacity even when they are Tweeting while tipsy in a dark corner of a night club?"

"If the poster is acting as an agent of the company they should not be anonymous," said Evelyn Cadman (@EvelynCadman), Principal Consultant, Bioscience Translation & Application. "I have seen non-compliant posts on twitter from a consumer goods company--all company posts should pass through legal--they amount to labeling/advertising. I work with a number of companies all trying to compete fairly in the marketplace. It is frustrating for them to see other companies break the rules and apparently get away with it."

#### **Protected Peer-to-Peer Conversations**

"The issue in my mind is two fold," said an anonymous agency respondent who indicated that he/she was very supportive of the drug industry. "On one level a social interactive network among healthcare professionals should be viewed by pharma, FDA and other regulatory bodies as another means of scientific exchange and thus protected. This demands that the members of such a network should have open access to the companies Medical Director/Department to supplement information, answer professional questions and help to educate the professionals in their decision making processes. The second level, the patient/consumer should have a different type social media capability. Pharma should have and support interactive conversation and exchange about diseases as well as patient experiences and learnings. This should help more patients in their

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### **Simply Irresistible: Abbott Tampers with Wikipedia Entries**

Originally posted on Pharma Blogosphere  
(<http://bit.ly/u7c4C>)

According to Patients Not Patents, a group that "challenges the validity of medical patents before the United States Patent and Trademark Office," Abbott Laboratories is a serial Wikipedia tamperer.

"Newly available data show that employees of Abbott Laboratories have been altering entries to Wikipedia, the popular online encyclopedia, to eliminate information questioning the safety of its top-selling drugs," said the groups press release.

"In July of 2007, a computer at Abbott Laboratories' Chicago office was used to delete a reference to a Mayo Clinic study that revealed that patients taking the arthritis drug Humira faced triple the risk of developing certain kinds of cancers and twice the risk of developing serious infections. The study was published in the Journal of the American Medical Association in 2006.

"The same computer was used to remove articles describing public interest groups' attempt to have Abbott's weight-loss drug Meridia banned after the drug was found to increase the risk of heart attack and stroke in some patients.

"The site's editors restored the deleted information, but Abbott's activities illustrate drug companies' eagerness to suppress safety concerns," said Jeffrey Light, Executive Director of the Washington, D.C.-based advocacy group Patients not Patents. "The argument that drug companies can be trusted to provide adequate safety information on their own products has been used by the pharmaceutical industry to fight against government regulation of consumer advertising. Clearly such trust is misplaced. As Abbott's actions have demonstrated, drug companies will attempt to hide unfavorable safety information when they think nobody is watching."

"The changes are part of over one thousand edits made from computers at Abbott's offices. The data was obtained from WikiScanner, an independent site that allows users to look up anonymous changes to Wikipedia articles."

ability to comply with their prescribed therapies as well as help patients question and better interact with their healthcare provider. I would also add that this second level is probably very troubling to most pharma regulatory and legal departments as it would introduce a host of discussions about specific products, their uses and potentially pharma's liability."

### Public Guidelines/Policies

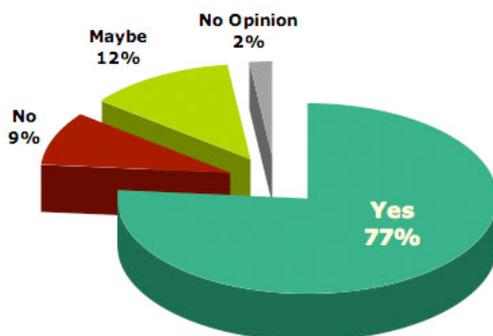
A few respondents suggested that pharmaceutical companies should have internal guidelines for their employees to follow with regard to participating in social networks. Many companies probably do have such guidelines already. There is also an obvious need for the FDA to provide regulatory guidelines for promotion via the Internet and social networks.

The pharmaceutical industry, through its trade association (PhRMA), has developed public guidelines for print and TV direct-to-consumer (DTC) advertising and for interactions with physicians. Some companies have expanded upon these guidelines and made them public.

But there are no public guidelines/policies regarding the use of the Internet, neither published by PhRMA nor by any individual pharmaceutical company that I am aware of.

The final question of the survey asked, therefore, if pharma companies should develop and make public their own guidelines—distinct from any FDA or other regulatory guidelines—for their use of and engagement in social network sites that include policies related to advertising and posting messages. An overwhelming majority (77%) of respondents said yes (see Figure 4, below).

**Should Social Media Guidelines be Public?**



Pharma Marketing News A Pharma Marketing News chart. (c) 2009. All rights reserved.

Figure 4: Should a Company's Social Media Guidelines/Policies be Public?

"Overall I think transparency would help the industry so publishing [guidelines] would likely be a good thing," said an anonymous pharmaceutical employee respondent. "However, if guidelines are to be made public, the industry needs to think about how a patient, physician, or the media will read & interpret them as well as how their employees/agents will interpret them. My suspicion is that what looks ok to the industry will not always look ok to the public so clarity is important. And maybe the guidelines should include some mechanisms for conversations when a member of the public feels the company has overstepped the company's guidelines. And please, no backroom guidelines that some disgruntled or disgusted employee makes public to the "horror" of the media. Either go public with guidelines or don't!"

A few respondents noted that the FDA must first weigh in before pharma companies can or should develop their own public guidelines.

"The FDA and the Pharma companies need to work together to make public guidelines," said Nicole Rivera. "It's not fair to ask the Pharma companies to issue the guidelines because they haven't been given any direction at all."

"Not sure how important a company's own guidelines could be versus regulatory guidelines unless they are even more strict," said an unidentified respondent.

"Like guidelines on how they interact with CME, pharma may see this as commercially sensitive information," noted Eugene Pozniak. "But there should be guidelines and minimum standards set by a regulatory body for the sake of transparency."

Of course, best practice guidelines, no matter how comprehensive they are, will not satisfy everyone. "These policies need to be publicized so consumers can learn what the pharmas are doing," said this anonymous healthcare professional respondent. "But disclosure does not make these reprehensible practices OK. The public needs to be able to learn about the tactics & the slippery rhetoric to stay one step ahead and protect themselves."

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