

Direct-to-Consumer Branding of Prescription Medicines in Australia

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Abstract

For prescription pharmaceuticals, branding primarily targets the medical profession in an effort to achieve brand recognition, brand preference and brand loyalty and, in turn, increase prescriptions. Despite direct-to-consumer-advertising of prescription pharmaceuticals not being allowed in Australia, there have been cases of branding pharmaceutical products directly to consumers via “un-named” product promotion and disease awareness campaigns. The purpose of this paper is to provide a review of current pharmaceutical marketing strategies in Australia. It also considers branding issues facing pharmaceutical corporations including industry regulation of promotional activities, as well as suggesting future implications and opportunities for research.

Background

Direct-to-consumer Advertising of Prescription Medicines

Direct-to-consumer advertising (DTCA) of prescription medicines has been legal in the United States (US) since the mid 1980s and in New Zealand (NZ) since the mid 1990s. While DTCA is not legal in Australia, Disease State Awareness (DSA) and un-named product advertisements to consumers are legal and are self-regulated by the pharmaceutical industry. There is active debate over the impact of DTCA within NZ and the US, and in other countries considering its potential adoption. Some of the argued benefits include the provision of health information to consumers, involving consumers in health decision-making and potentially improving patient compliance (Hoek, Gendall, and Calfee, 2004). Some of the concerns over DTCA include the focus on profit to the pharmaceutical industry as opposed to public health; the potential for disease mongering; the creation of a “pill for every ill” mentality; and negative impact doctor/patient interactions (Coney, 2002; Mintzes *et al.*, 2002). With the trans-Tasman regulatory scheme for therapeutic products proposed for introduction in 2006 there has been considerable discussion and lobbying within Australia and NZ with regard to the future of DTCA, and the NZ Government has recently launched a review of the regulation of DTCA (Ministry of Health, 2006), which may have implications for both countries.

Branding Issues for Pharmaceutical Companies

Kotler *et al.* (2003) defines a brand as a "name, term, sign, symbol or design, or a combination of these, intended to identify the goods or services of one seller or group of sellers and to differentiate them from those of competitors" (page 631). The brand helps customers to make choices by delineating the unique qualities and value that the product or service provide to the customer (VanAucken, 2003, p.xi). Brands are argued to assist customers to make purchase decisions in increasingly cluttered retail environments, providing a useful cue as to product quality, attributes and "personality" (e.g., Aaker, 1997; Maheswaran, Mackie and Chaiken, 1992; Park and Srinivasan, 1994).

Establishing brand loyalty, both with the medical profession and with consumers directly, is a high priority for pharmaceutical companies in an effort to increase prescriptions of the branded product and increase market share. With the rise of generics and limited periods in which to exploit patent monopoly and recoup on research and development costs, pharmaceutical companies are under pressure to develop enduring trademarks and brand power (Weston, 1999). Marketing experts in Australia have identified the Pharmaceutical Benefit Scheme (PBS) as a potential threat to pharmaceutical companies due to disparities in the subsidisation of certain prescription medicines. It is suggested that with careful brand building companies can overcome this and other potential threats including the increase in alternative therapies and the growing availability of inexpensive generics via the Internet (Spence-Stone, 2002).

In this increasingly competitive environment, pharmaceutical companies are spending less time and money on traditional product attribute promotion, and focusing instead on the emotional concerns of prescribers and consumers, and reinforcing the benefits, personality and “human” values of their product to fit. This building of brand value can be achieved through a variety of marketing strategies, including emotional appeals via DTCA (in the countries where it is permitted) as well as un-named product advertising, DSA, public relations activities and regular sales and educational activities targeting GPs and other health professionals.

Current Pharmaceutical Branding Practice in Australia

Developing a Pharma “Superbrand”

Weston (1999) describes pharma “superbrands” as capable of surviving patent expiration and achieving “a bond with the consumer at a level which transcends mere functional performance” (page 3). She describes the importance of developing a “user-friendly” brand name that “evokes wellness rather than illness” and has “global appeal” (page 4). Prescription medicines used to treat erectile dysfunction provide some good examples. The name “Levitra” was derived from elevate, but also “Le” suggests masculinity and “vitra” is similar to “vitality” and “virility”. Similarly, Pfizer named their product “Viagra” to suggest vigour and strength, while rhyming with Niagara and evoking images of free and forceful flow (Anonymous, 2003), although in recent times some have suggested that these connotations may be beyond the thought processes of the target audience (O’Shaughnessy and O’Shaughnessy, 2004). The letter X is commonly used in drug nomenclature as it is often associated with technology and innovation, and the letters Z, C and D are also used to imply potency of a drug (McNeil, 2003).

The development of brand names, trade-marks and logos is fundamental to building a memorable brand, as is consistency of design and colours. Brand names carry with them a range of associations, whether these come from concrete references or lexical meanings (O’Shaughnessy and O’Shaughnessy, 2004). Packaging should be closely aligned to the trademark and to the shape and colour of the drug itself (for example Viagra’s blue diamond-shape trademark featured on GP advertising in Australia is also the colour and shape of the Viagra tablet itself). Parry (2003) refers to the effectiveness of packaging, citing the example of Sarafem which is in fact another drug (Prozac) re-packaged in a lavender coloured pill and promoted with the image of sunflowers by pharmaceutical giant Lilly to treat Premenstrual Dysphoric Disorder in women.

Of primary importance in developing a brand is the development of a brand personality or the emotional qualities that the target market can identify with. This is usually achieved through visual imagery, the use of celebrity endorsements (for example Gary Sweet promoting Levitra in Australia) (Australian Consumers' Association, 2004) or the use of a spokes-character to make consumers more comfortable with or to humanise a product. Spokes-characters are particularly effective in helping consumers to associate with particular benefits or values of a brand; for example, they might represent qualities of the brand such as powerful, strong or gentle – or might represent the disease that the brand is treating. A good example is “Cravings Man” in the Nicorette advertising campaigns, who promotes the message that nicotine craving can only be overcome by smokers trying to quit with the help of a Nicorette patch (Superbrands, 2002).

Australian Regulation of the Promotion of Prescription Medicines to Consumers

Prescription pharmaceutical advertising in Australia that predominantly targets health professionals is regulated via the Medicines Australia Code of Conduct Edition 14 (currently under revision). Section 9 of the Code (Medicines Australia, 2002) details how the pharmaceutical industry should interact with the general public in Australia; it specifically covers “Promotion to the General Public” (9.4) and “Patient Education” (9.5). These sections of the Code prohibit the promotion of a prescription medicine product directly to consumers or any encouragement to seek a prescription for a product, but allow for educational information on medical conditions and the range of treatments that may be prescribed by a consumer’s General Practitioner (GP) (Medicines Australia, 2002). The Code of Conduct Committee adjudicates any complaints made with regard to prescription pharmaceutical advertising or promotion; however, there have been few complaints with regard to activities targeting consumers and the majority of complaints are made by pharmaceutical companies regarding competitor activity (Medicines Australia, 2005).

Current “Un-named Product” Advertisements and Promotions

Complying with the letter of the law described above, there have been recent examples of “un-named” product print advertisements targeting consumers in Australia. This includes the Levitra “When/Now” campaign and the Viagra “Welcome Back Tiger” campaign, which were promoted to consumers without the product name, but to GPs with the product name and the requisite product information. In the former campaign, branding techniques including consistent colours and fonts were employed as well as the flame trademark and positive imagery of a mature man and woman looking at each other upside-down and smiling. The Viagra campaign utilised a spokes-character (tiger) as well as consistent colours and fonts, and the positive imagery of a mature man (with tiger head) and seemingly satisfied woman sitting together on a couch.

A similar series of “unnamed product” print advertisements by Abbott Australasia (manufacturers of Reductil) featured close-up images of attractive but seemingly confident overweight women. Each advertisement featured the text or trademark “I decide” and used branding techniques, including consistency of fonts and colours. The emotive and positive nature of the text in these advertisements (as with those previously described) could be classified as “transformational messages” (Rossiter and Percy, 1997). Transformational messages focus on positive end states and desired emotions. For example, in the “I decide” series the text reads: “Today I decided to

stop being fat...Losing weight means you'll feel much happier about your body, wear the clothes you love and feel great about yourself too...". The use of transformational messages in pharmaceutical advertising has been shown to generate greater brand awareness with consumers in the US (Roth, 2003).

The prevalence and the effects of these brand-building but "un-named product" advertisements on consumers and their interactions with GPs in Australia requires further research and exploration, particularly when similarly branded campaigns target GPs and consumers concurrently. While some would argue these advertisements do not support the "spirit" of the Medicines Australia Code of Conduct, there have as yet been no complaints, and no rulings against this form of pharmaceutical advertising. An interesting example of "un-named product" advertising occurred in 2000, when the Arthritis Foundation encouraged arthritis sufferers to ask their doctors about an exciting new treatment via a community service announcement on ABC television. The community service announcement was run following a donation of \$250,000 to the Arthritis Foundation by the makers of Celebrex (Searle and Pfizer) (Barry, 2000).

Branding via Disease State Awareness Campaigns

As previously mentioned, the building of brand value can be achieved through a variety of marketing activities, including DSA campaigns. The concept of "branding a condition" has been explored by Parry (2003) with the view that "if you can define a particular condition and its associated symptoms in the minds of physicians and patients, you can also predicate the best treatment for that condition," (page 43). Parry identifies three different strategies that can be used to brand a condition and associate it with a product: increasing the importance of a disease; re-defining or reducing stigma relating to a disease; or developing a new condition to create recognition of an unmet need (then introducing the product to meet that need and hence become the market leader in that category).

The majority of cases of disease branding in Australia have followed the first strategy. However, the promotion of erectile dysfunction and weight loss drugs described earlier would potentially fit the second strategy of reducing stigma relating to disease, and several recent papers have demonstrated use of the third strategy in the US (Tiefer, 2006; Woloshin and Schwartz, 2006). A recent Australian example of increasing the importance of, and thus consumer concern about, a disease was the promotion of onychomycosis (a usually benign fungal infection of toe and/or fingernails) by Novartis, the makers of Lamisil. Their disease awareness campaign (including television and print advertising) featured an extremely unattractive spokes-character that personified the fungus, and introduced himself to consumers as "Hi, I'm Digger...I'm a Dermatophyte and I love living under your nails!". Australian GPs were concurrently targeted with identically branded advertisements featuring "Digger"; however, these urged GPs to "check diabetic patients' feet for onychomycosis, which can lead to serious complications." It is noteworthy that the GP-targeted advertisements focused on patients with diabetes, whereas the consumer-targeted appeared to be directed to all consumers. Interestingly campaigns of a similar nature in the US (Langreth and Herper, 2006), the UK (Jackson, 2003) and the Netherlands (Sheldon, 2002) attracted widespread criticism for over-stating the severity of the condition, potentially at the expense of more critical areas of medicine.

A recent example that brought about a complaint to Medicines Australia was the Baxter-sponsored advertisement for meningococcal C vaccine. This print-based advertisement featured an image of the feet of a dead person lying on a mortuary bench, with a tag tied to a toe providing information about the prevalence and severity of the disease. The tag was detachable and could thus be taken to a GP in order to ask for more information about vaccination. Medicines Australia found the advertisement in breach of the Code of Conduct Section 9.5 (Patient Education) as:

- it did not provide balanced information regarding prevalence of meningococcal C
- the community message was presented in a way that could cause alarm
- the tear-off portion to be taken to the person's GP potentially encouraged prescriptions of Neiss Vax C
- the prominence of the manufacturer's name as well as other branding techniques, such as the colouring and capitalisation of the letter C, linked the advertisement to their product (Medicines Australia, 2004).

A third example of disease branding to consumers in Australia to increase the importance of a condition by a pharmaceutical company also involved a patient support group: the National Asthma Council. In this instance, the makers of Seretide (GlaxoSmithKline) targeted Australian GPs over a two-year period with a campaign featuring "Puff", a dragon spokes-character. This campaign won a national award as it succeeded in increasing brand recognition among GPs by 16%, and sales achieved 115% of forecast (National Marketing Institute, 2002). However, in 2002 "Puff" also became the mascot of a National Asthma Council awareness campaign that was directed to consumers and included television advertising and a website (Hughes and Minchin, 2003). Puff, who has recently been reintroduced in marketing directed to GPs, is an acclaimed example of the increasingly prevalent and seemingly more effective emotional branding of pharmaceuticals: "in a sea of product-attribute style branding, the company has developed an enchanting, friendly brand with Seretide and its purple dragon, a trade character that effectively engages its audience" (Spence-Stone, 2002).

Future Implications

While an imminent introduction of DTCA in Australia is unlikely, there is an increasing trend in DSA and "un-named product" advertisements within the mass media, as well as increasing availability of information and advertising via the Internet. If we look to countries more advanced in health care marketing and branding such as the US, there appears to be an increase in DTCA (Elliott, 2004; Langreth and Herper, 2006) plus increased DSA campaigns to consumers (Thomaselli, 2004). Pharmaceutical companies are also targeting young consumers as a receptive market to DTCA, currently forming attitudes towards brands – even if they are not current users of pharmaceuticals, they will be in future and potentially (as caregivers) have influence over current users (Baca et al., 2005). The use of spokes-characters and availability of merchandise has also increased in the US and includes such characters as Metadate Man, a superhero used to promote Metadate CD to treat ADHD (Diller, 2001; Rubin, 2004). Further research is needed to determine how Australian consumers perceive pharmaceutical company sponsored DSA advertising and other promotion of prescription-only products and whether it has any adverse or positive effects on public health.

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