

MEDIA EDUCATION FOUNDATION



*In June 2006, marketing intern Mark Wamsley interviewed Ronit Ridberg, the producer of **Big Bucks, Big Pharma: Marketing Disease & Pushing Drugs**.*

MW: Where did the idea of creating a video about pharmaceutical advertising come from?

RR: Well, it's actually an idea that came from a number of different places. Most informally it came from staff and interns. It was an idea that kept coming back in our discussions about what kind of videos would be great to make at MEF. People kept throwing out the idea of analyzing drug ads. It is a subject that everyone knows about. Either you're watching TV and you see the ads, or you're taking medication, so you know how much they cost. Or, you know someone who's had a bad side effect with a medication. It was across the board something that we thought everyone could relate to. We thought that given the work that MEF does, it would be an absolutely perfect fit.

MW: Did you have any attitude toward drug ads before you started the film?

RR: I thought they were gratuitous. I thought they were silly. I thought they were annoying to see and had nothing to do with the products that were being advertised. We all made fun of them. It's something that if you bring it up, and I certainly did, in conversation with someone at a dinner party, everybody has an opinion about it. So, I can't say that I had a glowing opinion of drug ads before I started the film.

MW: The film levies some harsh criticism on the pharmaceutical industry. Do you consider it to be anti-prescription drug?

RR: I don't consider it to be anti-drug overall, no. I do consider it to be critical of the over-prescribing of drugs. I would say that there's a critique of drugs being the quick fix for everything. So in that way, it's really a critique more of the easy fix culture than it is of prescription drugs themselves.

MW: In the film you seem to gladly concede that prescription drugs are helpful to many people. What is it about the way that drugs are advertised that you see as harmful to the public?

RR: Prescription drugs are advertised just like most other products are advertised, so you're using a lot of traditional advertising techniques. You have beautiful imagery, whether you're in a field of flowers, or you're in a beautiful home with breakfast on the table, there's lovely music in the background. There are beautiful, healthy, vibrant people, people in good relationships, in big families -- you know, sort of good, healthy, nuclear, traditional families. The ads deliberately tell stories, stories that are crafted and messages that are created to sell a product, and usually they have really not much to do with the drug itself. So that's harmful and problematic. With few exceptions, the ads don't really reflect the medical condition. They don't really represent the side effects, other than the fact that they are read very quickly and are written on the screen. They don't show you

what those side effects might look like, so you don't really have a sense of what that side effect means. When people watch the ads, I feel like they are really identifying with the story of being on the medication. They are not identifying at all with the actual experience of what being on that medication is like. So again, whether you're talking about side effects, or the condition you might have that requires those drugs in the first place, the ads are very superficial level, glossing over those very real medical issues to present a happy smiling picture.

One of the other things about the ads that I think is problematic is that we are being sold a brand – not the efficacy of the drug. Three brands are competing and, just like any other product that you see advertised, one company is trying to get a leg up on the other company. Maybe they'll have a flashier ad. Maybe they'll have younger people. Maybe they'll have cooler-looking people. It's all of the different ways that you make something look appealing. And so people are really forming attachments to the brands, and not really to how those medications might work.

Another thing that I'll say that is harmful about how the drugs are advertised is that they're in the midst of our entertainment television. You're not in a doctor's office. You're not in a medical setting. You're not really even in an educational setting. So when the drug companies say the ads are educational – they're taking place while we're watching TV. You're likely not ready to be educated, you're ready to be entertained.

Even when they're happening during the news I feel like they are part of a problematic circle. Here's one example. In the aftermath of 9-11, the news programs were heavily filled with images of Ground Zero and stories of people who died. That was the sort of cultural consciousness at the time. And, literally, interspersed with newscasts of 9-11 stories were ads for depression, post-traumatic stress disorder, anxiety disorders, and drugs to treat those diseases. Now definitely 9-11, and the national trauma of that event, legitimately caused people to have stress disorders. Certainly many of them may have been helped by medication. But with the news and the ads so tightly linked, I feel like there was a larger conversation missing. We went straight from trauma to medication, and there really wasn't a national conversation about therapy or other ways to treat the trauma and stress of the time. So, those are some of the things that I think are problematic about the ads.

MW: I know that the film specifically addresses Direct-To-Consumer, or DTC, ads. How would you respond to drug company and advertising industry advocates who argue that this is a matter of free speech and that ultimately DTC drug ads empower the public?

RR: The one thing that that I'll concede to the industry is that there have been studies that prove more people are going to their doctors to ask about certain drugs and disorders. That's one of the things the industry touts as proof that these ads are educational. What I would say to that is, while it might be true that more people are going to their doctors, they also waste a lot of time and effort when they demand drugs that are not appropriate for their conditions-if they even have a condition. In the worst case scenario, people have even gone to the trouble of switching doctors if they don't get what they go in asking for. I understand what the industry is trying to say, but I don't agree. Like I said earlier, ads are trying to sell us products. They're not trying to educate us. I think it would be interesting if there were ads about exercise, or ads about food and how we eat, and nutrition and our health and other ways to address some of the ailments that these drug ads are addressing. That might be more educational than having us ask our doctor about a drug that might not benefit us.

MW: When you actually started creating the film, how did you go about selecting participants?

RR: There were a couple of different ways that I found people to interview for the project. When I first started doing research, I started with literature. I started looking online, finding books, finding articles, both in the popular press (newspapers and magazines) but also in academic journals and medical journals. I was trying to get a feel for the topic and also to find out who was writing about it, who the major players were, who was speaking out and who was publishing. From that very early research, I read two amazing books. I started with *The Big Fix* by Katherine Greider, and I immediately knew I wanted to interview her because the book was so accessible, and it was so informative. It also was so infuriating that I literally wanted to throw it across the room of the cafe where I was reading it. So that's an example of reading a book and locating a potential interviewee. Bob Goodman was referenced in several articles about pharmaceutical promotion to doctors, and I started reading about No Free Lunch. I looked up his website and I just emailed him. It was just a process of finding people who were working on these issues and getting in touch with them and seeing if they were available and interested in working with me.

It was important to me to try to get people from across the spectrum. I didn't want all doctors. I didn't want all journalists. And at some point in an early staff screening there was a very strong request for an industry voice or former industry voice. So, I reached out to Bob [Goodman], who I already had interviewed and asked if he have any contacts with former drug reps. That's how I found Gene [Carbona]. It was really a combined effort of research and connections. Marcia Angell comes up at the top of any kind of search around these issues. She has a fantastic book also that was completely inspiring. I knew Liz [Preston], for example, because she was local and had coincidentally been writing about direct-to-consumer advertising in her work as a communications professors, so that was a natural fit. I really tried to have a variety of perspectives and a variety of experiences. There were some people that didn't agree to be interviewed. I tried to interview someone from Advertising Age [magazine], which I thought would be interesting because it would be someone from the marketing/advertising industry, and that just didn't work out. We thought about a lot of different directions, and these were the six that came together.

MW: One of the big premises that seemed to come out of your interviews was that pharmaceutical advertising affects the way Americans think about their health and well-being. From your perspective, what are some of the changes that need to happen in order to create a healthier relationship between ourselves and our personal wellness?

RR: That's a really hard question. I think to create a healthier relationship between ourselves and our wellness, and to better understand wellness, we need to recognize that there are other options besides pills. It's very important that we have medication available and accessible for us, but I also think that there are other ways to approach the way we experience our life whether we're talking about stress, or depression, or not being able to sleep, or a myriad of other disorders that we experience. I think that we could really step back and look at the broader picture – see how we're eating, see how much caffeine and sugar we're ingesting. Maybe we're having trouble sleeping because we are too caffeinated. Maybe kids are having trouble focusing because they have too much sugar and caffeine in their systems. There was a huge move that happened recently that soda machines are going to be withdrawn from elementary schools, and that probably will have a large effect on attention problems of kids in school. So, I think there's a more holistic approach that we could take to our health and our personal wellness, which is looking at other lifestyle issues like food, nutrition, sleep, healthy relationships, healthy work preferences and lifestyles.

I think it also would be beneficial if we could have more personal relationships with our healthcare practitioners – if we don't just look at going to the doctor's office as a chance to go to "drive-through prescription-land" and could actually talk to someone who has medical training about something we're dealing with. Doctors could also use training on how not to view patients as drive-through customers, and on devoting time to exploring other possibilities to address health challenges. I just think we need to get in touch with ourselves. I think if you're sitting in front of the TV for several hours at a time, that's where you're exposed to these drug ads. But, it also means that you're being bombarded by media messages and media stories and you're not really out there exploring and creating on your own. You have less of a creative outlook on how to deal with your own personal issues, so you might just take what's coming at you because it's an easy fix.

MW: Working on the film did you get any other ideas about possible, positive changes for the health care system in general?

RR: There are a lot of people out there working on very tangible changes, and there's a very large healthcare reform movement out there. People want universal health care. They want affordable prescription drugs. One of the problems of the current system is that there's just a proliferation of drugs out there that are not necessarily better than drugs that are already on the market. These are called "me-too" drugs. They cost an exorbitant amount because they are new and they're brand name, so there are certainly other models than that. Marcia Angell, in her interview, talked about how if you could just stop the me-too market, if you could have legislation that requires that new drugs have to be proven to be better, or more effective or safer than older drugs, than that would pull the rug out from under the marketing of prescription drugs. You wouldn't be trying to compete with anyone else; you would just have the best ones that were out there.

MW: The film mentions several campaigns that are actively working for greater regulation of the pharmaceutical industry. What are some examples of groups working for change, and are there any with potential that you are particularly excited about?

RR: We do talk about a couple of particular organizations in the film. One of them is the non-profit group No Free Lunch which Bob Goodman founded. His campaign really is to educate medical students and practicing physicians, doctors, nurse practitioners, and other health care providers about pharmaceutical promotion, and to try to encourage them not to take gifts or perks from industry, because they really do influence their perception of the medication, and their prescribing. No Free Lunch is an example of a group that's really working on the ground level with those who will be, hands on, in charge of our health care.

The other group that's featured in the film is Public Citizen which is a consumer advocacy group started by Ralph Nader in the 70's. They have six different factions: there's Congress Watch, there's Global Trade Watch, there's an auto safety component. The Health Research Group is one of their six branches. They really look out for drug safety and, they do a lot of drug comparison. Public Citizen publishes a book called *Worst Pills, Best Pills*, which is a huge volume of prescription drug comparisons. It includes studies about the drugs, which ones cost more, which ones have been proven to be safe and effective, which ones they have questions about. They do a lot of petitioning to the FDA and to Congress to pull drugs from the market that they deem to be not as safe. They also have a searchable website where you can look up a drug that you are prescribed and find out its history and other information about it.

Another organization that's been around for about fifty years is the Medical Letter, Inc. It is completely independently funded. They take no drug company money. They are an independent reviewer of new drugs. Gene Carbona now actually works for the Medical Letter. That was a really interesting twist to his former drug rep identity. That newsletter, for example, for anyone in the medical profession, is a great resource for really getting independent news and reviews about prescription drugs.

I think that both of these groups are really encouraging people to do more research. Instead of thinking that the ads are educating you, go out and do your own education. When you get a prescription from your doctor, or a free sample for that matter, it's so easy to just take it and go get your prescription filled without asking any questions. There are tons of groups out there working for change, and I encourage everyone to do some searching online in your particular interest, whether it's health care reform or prescription drug costs or industry-sponsored research or industry promotion. There are so many different facets of this issue. That was one of the challenges of making this film – boiling it down to a 45 minute, digestible piece. But whatever you're interested in, that's where you should start searching. There are groups working on every issue imaginable.

MW: Hopefully your film will have some positive effects itself. What would be your ideal response to the film, both from the public, and from the pharmaceutical industry?

RR: My ideal response to this film is for it to be a catalyst for thinking about these issues in a new way. Whether it's seeing those ads on TV in a new way, or seeing that prescription you've just been handed in a new way. At MEF we always want viewers to start talking about whatever the issue at hand is in that movie. My hope is that if you see this movie, and you see it with a friend, you might leave fired up about it and talking about it, and really asking questions. That's what we try to get people to do here: ask questions. We don't purport to give all the answers. We really are pushing you to ask the questions, "Why does it have to be this way?" or, "How did it get to be this way?" or, "Is this really the best system in place?". I also want people in general to become much more engaged in their health care, and in their own experiences, to make more conscious decisions about their health care. Again, it's not about "Don't take medication", but if you're going to take medication, do some research. Really have a conversation with your doctor about what that medication is and what it will do for you or not do for you. Look into alternative ways to deal with some of the issues that you are struggling with. Get second opinions. Just really become more engaged. That will empower people. Ads don't empower people. You become empowered when you start taking a more active part in your choices and in your decisions, and in the way you treat your body.

In terms of the industry, I'm not really expecting a response from the industry about this film. I guess the response that I would want from people in the industry would be to recognize, perhaps...let's say they are a sales representative, to recognize that there are some ethical questions about the culture in which they work....and to maybe do some poking around! And also, I would like the film to encourage people within the industry to ask each other questions and to not necessarily stay silent about some of these issues. I don't expect a response from Big Pharma, "The Industry." I assume that there would be party-line responses. It would be great if someone in industry could realize that these ads are not benefiting the public health in the way that they are suggesting. We don't call for a ban of DTC in the video. We generally don't call for censorship, or bans, or things like that at MEF. But, there is a strong movement to ban DTC advertising driven by other organizations, and I think if this could be part of that educational effort, or advocacy effort, then more power to them.

MW: The film is in the process of being released right now. What has been the response so far?

RR: So far the response to the film has been really enthusiastic and supportive – from former industry folks who have seen it and have said that it speaks to their experience, to professors at medical schools who think it should be required viewing for medical students. People in general have thought that it's a great new way to look at advertising. So, all in all, it's been very positive feedback. With the work we do at MEF, we generally look at things which people have become so used to seeing, and we take them out of their normal context. Whether it's TV, the movies, or what have you, we re-contextualize them so you see ads in a different setting and have the opportunity to realize how absurd the situation often is.

MW: What is the role that documentaries like *Big Bucks*, *Big Pharma* play in educating and organizing the public? Are they limited? And how do they reach beyond other means of reaching people?

RR: First of all, I think that these kinds of documentaries give people a language to talk about issues. Maybe you think the ads are funny, or stupid, or crazy, or you don't understand them, or you find them annoying. But maybe you haven't really gone past that response to think about why these prescription drug ads are on TV, or what effect that they're having on you or on the public. In that very basic sense, it's a chance to really package an argument, or a different way of looking at the same media. It gives people a new way to look at it, a new language to talk about it so that they can begin to make new choices.

I think the other great thing about MEF films, or this film in particular, is that watching a movie is a way to bring people together. Maybe you're at home and you're watching the news and you see these ads, and maybe you have some reaction to them, or you have a reaction to the cost of your drugs, or you have a reaction to pharmaceutical promotion in general, but there's not really a constructive forum for you to air those feelings or ask those questions. When you have a film like this, hopefully if you're watching with other people there's an immediate opportunity to bounce ideas off of each other, or even challenge each other (or even challenge the film, that's totally fine), but to really start that conversation so that you're bringing these issues to light, and they become visible when they haven't been before.

MW: Now that your producing and editing work has drawn to a close, what can you say you liked most about the day-to-day work of making a film like *Big Bucks*, *Big Pharma*? Are there any aspects of film production that you'd rather delegate out to someone else?

RR: There are so many different stages to this process and I've liked many of them. I love the research stage. I love just immersing myself in articles and books and getting to read about all of these different issues and getting to read all these different perspectives. I really love that part. It's just an exciting process of conducting the interviews and getting the transcripts and getting the material and then really trying to figure out how to make it work, how to cull down these hours, and hours, and hours of interview tape to a coherent argument. Then you have hundreds of ads collected, and trying to pick and choose, and find that perfect combination of ad and interview clips that really work well to push the point across that we're trying to make.

MW: So, I have to ask you as a last question, how do you feel about your film being released at the same time as an arguably more famous producer, namely Michael Moore, is working on a film dealing with some of the same issues?

RR: People have been asking me about Michael Moore's film for a while. I remember when we first found out that he was going to tackle the health care industry, there was a concern that we were going to step on each other's toes. But what immediately followed was the excitement of just getting the material into the public sphere so that people are talking about these issues. Knowing that he has so much more money and many more resources than I do, it's going to be a totally different creation. From what I've read so far, although he's been very secretive, he'll really be focusing on the health care industry, and I imagine looking at the cost of health care. We have different focuses. I think that more than competing, I presume the movies will really work together and complement each other. I would love for there to be ten movies about this, because I think that the more perspectives that are out there on the same topic, the more ways people can start talking about it. So maybe Michael Moore's film won't work for some people, and maybe *Big Bucks*, *Big Pharma* will, or vice-versa. I'm very excited to see it!

MW: Well, thank you for joining us today Ronit, and good luck in your future endeavors.

RR: Thanks so much. What fun!