

FACT SHEET

Marketing

Problem #1: B-I has engaged in extensive pre-launch publicity to create markets for flibanserin.

- To protect the public, and the public's trust in the safety of drugs, pre-launch publicity of medicines is disapproved of in the current regulatory environment. Nevertheless, Boehringer-Ingelheim (B-I) has sponsored various publicity schemes over the past year to build "awareness" of HSDD and thereby create markets for flibanserin.
- B-I strategies in 2009 and 2010 include:
 - PR campaigns which use celebrities to target the public
 - PR campaigns which recruit sexuality health professionals as marketing collaborators
 - Sponsoring and contributing to television programs on HSDD
 - Underwriting Continuing Medical Education (CME) programs on HSDD

Problem #2: B-I publicity erroneously promotes low sexual desire as a medical disorder to create a market for flibanserin.

- Ogilvy Public Relations, funded by B-I, is directing an extensive media campaign, ***Sex Brain Body: Make the Connection***, to frame low sexual desire as a prevalent and under-recognized neurotransmitter disorder (HSDD) that could benefit from pharmaceutical intervention.
- This campaign includes:
 - ***www.SexBrainBody.com***, a website administered by The Society for Women's Health Research (SWHR), that includes information, tools and self-quizzes for women to assess their sexuality. (It also provides feedback to B-I about website visitors.)
 - Compensated appearances on television, the Internet and in print, by celebrities and celebrity sexuality experts.
 - Sponsorship and editorial input for a Discovery Channel documentary, ***Understanding Female Sexual Desire: The Brain Body Connection***, now being repeatedly broadcast as an "infomercial" (Edwards 2010).
- These programs are depicted as "educational", while B-I's input, including payments to the players, is hard to discern.
- The campaign conveys information in ways that prioritize its marketing agenda, as opposed to accurately reflecting the state of knowledge in the field.
 - ***www.SexBrainBody.com*** deploys survey results generated from flawed science that overgeneralize female sexual difficulties and oversimplify female sex life.
 - Evidence of neurotransmitter roles or imbalances in female sexual desire is over-stated (see Arnow et al. 2009).
- Overall, this campaign illustrates how drug companies promote medicalization, and as such supports allegations of "disease-mongering" (Conrad 2005; Moynihan 2003).

Problem #3: B-I marketing can contaminate scientific, academic and professional integrity, as well as threaten informed consumer decision-making.

- B-I marketing uses "thought leaders", prominent academic sexuality experts, as paid authors and spokespeople.
 - This siphons off the cream of a new and small discipline, and reduces potential criticism.
 - Not clearly disclosing spokespersons' financial affiliations, jeopardizes new trends in academic and professional transparency.
- For instance, the B-I-funded ***sexandahealthieryou.org*** campaign, launched in 2009, recruited sexuality experts to "help" B-I with publications and projects.
 - This included, via the Association for Reproductive Health Professionals, expert meetings, the production of "fact sheets" and clinical tools, and strategic planning, all guided by a B-I funded team (ARHP, 2010).

- Through numerous **CME courses** (e.g. Medscape 2010), B-I marketing controls the information available for medical students and healthcare professionals.
- Clinical trial results are released via the B-I PR department, and as such do not provide adequate material for recipients to appropriate degree of critical scrutiny.
 - Limited information is offered about trial methods and results.
 - Adverse effects are downplayed, and drug efficacy over-stated.
 - Conflicting or negative results are minimized or excluded.
- Marketing is disguised as science, misleading lay consumers and jeopardizing their ability to make independent evidence-based decisions.

Problem #4: Contrary to its claims, B-I marketing is likely to undermine women's empowerment and sexual diversity.

- Contrary to company claims, medicalization, as accomplished through B-I marketing, is likely to increase stigma and discrimination for people labeled with a condition (Read et al. 2006).
- "A medicalized understanding of women's experiences cannot readily co-exist with personal empowerment" (Gammell & Stoppard 2003, 112). For instance, it contradicts what women themselves see as causes of their low sexual desire.
 - The 209 women in the HSDD Registry identified stress or fatigue (66%), dissatisfaction with their physical appearance (41%), their overall relationship with their partner (20%), and/or sexual techniques (14%) to be prime causes of their low sexual desire (Maserejian et al. 2009).
 - B-I frames evidence such as this as meaning that women "don't recognize the brain as an important female sexual organ" (B-I Press Release 2010).
- As seen with depression, B-I's marketing could result in millions of healthy women taking a potentially harmful drug they do not need. This would have health consequences, and may also affect cultural norms and expectations.
 - The availability of pharmaceuticals can be associated with "...a tendency to redefine, in medical and biological terms, what are currently considered normal emotions, moods and temperaments" (President's Council on Bioethics 2003, 261).
 - Pharmaceuticals bring "a high price in obligations and demands" for what are acceptable thoughts, feelings, and behaviors (Healy 1997, 64).

References

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