

**'Fancy a weekend at Gleneagles?' 'How about lunch - anywhere you want'
'Listen. Just have a flick though these marketing pictures and there's £50 in it for
you.' Who gets perks like these?**

Doctors.

These freebies are typical of the largesse of one of the world's most profitable industries - the pharmaceuticals industry, which enjoyed revenues of more than \$364 billion in 2001 alone. The same year The Guardian reported that the combined worth of the world's top five drug companies was twice the GNP of the whole of sub-Saharan Africa. Recently, the leading pharmaceutical companies have recorded gross profit margins of around 70 to 80 per cent.

To keep the money pouring in, the pharmaceuticals industry spreads a bit of it around - keeping its main customers (our doctors) motivated. Italian police are currently investigating a scandal involving 4,400 doctors implicated in allegations of a £152m illegal scheme incentive operated by UK drugs giant GlaxoSmithKline. According to the police, doctors were offered junkets such as free holidays, drugs or just plain cash to supply patients with Glaxo drugs instead of those of the firm's rivals. Domenico Cuzzocrea, of the Venice tax police, put it as simply as he could, telling the Associated Press: 'Glaxo put this mechanism in place to sell as many medicines as possible.'

Glaxo's Italian antics are far from exceptional. In the UK last year pressure from the Medicines and Healthcare Products Regulatory Agency led to three wholesale pharmaceutical companies ending incentive schemes through which pharmacists could exchange 'points' for share discounts or holidays if they bought the firms' products.

One of the reasons why I know about the drug companies' 'generosity' is because I used to be a beneficiary of it. That was until a moment of clarity I experienced a few years ago. I was working as a family doctor in Glasgow. Like so many other GPs I was high on drug company hospitality. Then one night I returned home from speaking at an evening meeting, clutching a £250 cheque from a pharmaceutical company and feeling rather self-important.

My Glaswegian wife, however, is not given to suffering fools. She told me she preferred the medical student she had first met pulling pints in a pub for £1.80 an hour 15 years before. She made it quite clear to me that it wasn't my wit, charisma or natural ability at after-dinner speaking that the drug companies were after; they wanted my influence.

What my wife said was patently true. At my practice alone the budget was £500,000 per year; the budget for my local area (for which I was partly responsible) was 10 times that. If the drug companies could get me to spend just 1 per cent more of my area's budget on their drugs instead of those of their rivals, it would be worth £50,000 per year to them. £250 spent making me feel important was a cheap round.

Why the hell hadn't I seen this before? As a student I'd tucked innumerable branded pens into my pocket, been given corporate stethoscopes and Filofaxes, eaten my fill of the drug companies' sandwiches, and enjoyed any number of 'sponsored' nights out. In my mind the pharmaceutical industry was simply wonderful. I couldn't get enough of it.

As a junior doctor I and my colleagues had been wined and dined at some of Glasgow's finest restaurants. By the time I became a GP pharmaceutical representatives were taking me out to lunch on an almost daily basis. Just how much did we see of them? Not only were they sponsoring practice meetings and paying for our Christmas parties; they were coming along too.

I'd even been paid £7,000 to conduct research for them. For 10 years, I realised I had almost daily contact with the industry. When I looked back I felt a sense of shame: I realised that they had got exactly what they wanted. As a result of the hospitality and the gifts, I had changed what drugs I prescribed to my patients. I felt beholden to the drug representatives and, given a choice, would choose their more expensive medications. It was only when my wife rubbed my nose in it that I saw that this was the whole point. The drug reps were preying on the natural desire of people to help their mates.

In my defence I can only say that I was doing what everybody else did. I knew no better. Since then, however, I have thought long and hard about the pharmaceutical industry. I am now fully signed up to an organisation called No Free Lunch, which aims to rid the medical profession of pharmaceutical influence.

The key to profitability for pharmaceutical companies is holding the patent to a drug. However, patents last no more than 20 years. So to remain profitable, these companies need to keep on inventing new drugs, or repackage them. In the last six years US pharmaceutical firms have introduced 487 drugs to the market. Of these, the Food and Drug Administration ruled that 78 per cent were unlikely to represent improvements over drugs already on the market, and that 68 per cent didn't even contain new chemical compounds: they were simply old drugs presented in new combinations or formulations.

When the companies think they've come up with a potentially money-spinning new (or nearly new) drug, they commission hospitals and doctors to conduct research. This can involve tens of millions of pounds being paid to hospitals, which become dependent on this research money. Consider that while the UK government spends £1 billion a year on medical research and development, the pharmaceutical companies spend £3 billion; the disparity is even worse on the other side of the Atlantic.

Once the hospitals and doctors have finished helping the industry with its research, the drug companies own their findings and control interpretation of them. Commenting on a battle he had endured with a drug company that did not wish him to publish negative findings into one of its drugs, professor James O Kahn, a leading Aids researcher at the university of California, said: ' It is common that researchers agree not to publish results if they don' t please the company. Companies are frantic to get out positive results, but not neutral or negative results. It' s very hard to publish a study that' s either neutral or negative on a commercial product.'

In 2000 Kahn found out just how hard this could be. That year JAMA (the Journal of the American Medical Association) reported how a research team he led had studied the effects of a particular therapeutic vaccine on 2,527 patients across 77 hospitals. Marketed as Remune, the vaccine was designed to boost the immune systems of people infected with HIV. The researchers found that it was no better than a placebo. When Kahn published his results, the drug' s manufacturer, Immune Response Corporation, took him to court, demanding \$7m in compensation.

A similar case took place in 1996 in Canada. Nancy Olivieri was working as a medical researcher at Toronto' s Hospital for Sick Children when she discovered that Deferiprone, a drug treatment for the blood disease thalassaemia, had potential risks for children. Apotex, the company that owned the patent, ordered her not to make her findings public, saying that she had signed a confidentiality agreement. What followed became one of the most infamous cases concerning the influence of drug company money on the integrity of research. Olivieri lost her job as head of the hospital' s blood disorders programme. She became the victim of anonymous hate mail from another member of staff. It was not until 2001 that a report for the Canadian Association of University Teachers finally concluded in her favour.

Another tactic of the pharmaceutical corporations is to employ ghost-writers who spin positive interpretations, and suppress negative views, of research into their products. Last year The Observer claimed that ' estimates suggest that almost half of all articles published in (medical) journals are by ghost-writers' The newspaper listed a series of examples, including one which involved The New England Journal of Medicine having to retract an article when it emerged that ' several of the listed authors had little or nothing to do with the research' ; another involved an article published in the journal Alimentary Pharmacology and Therapeutics, which promoted the use of the AstraZeneca drug Omeprazole and was later revealed as being co-authored by someone on the company' s payroll.

Research that is presented as being impartial can have dramatic effects on a drug's sales. Sales of a drug called Bextra rose by 60 per cent following the publication of a favourable study in The Journal of the American Dental Association. This was despite the fact that the claimed benefits had been discounted by federal regulators just six months previously. Only later did it emerge that the article had not been written by medical researchers: the lead investigators were from a research firm part-owned by advertising agency Omnicom.

Such distortions of the truth can have dangerous side effects. In March this year the Canadian Medical Association Journal published excerpts from a Glaxo internal document concerning the company's antidepressant Seroxat (known as Paxil in North America). The memo advised Glaxo staff to 'withhold clinical trial findings in 1998 that indicated the antidepressant had no beneficial effect in treating adolescents'. The company said it needed to 'effectively manage the dissemination of these data in order to minimise any potential negative commercial impact'. It seems that Glaxo's desire for profit was greater than its desire to ensure the wellbeing of depressed teenagers.

The trouble is, medical journals rely on drug company payments to survive. The BMJ (British Medical Journal) even admits: 'Doctors in Britain receive the BMJ free in part because of the support the journal receives from pharmaceutical advertising. BMJUSA, which circulates monthly to 90,000 doctors in the US, is paid for entirely by advertising. Because of advertising The New England Journal of Medicine is sent free to many hospital doctors in Britain and JAMA to many doctors in the US... Pharmaceutical advertising almost certainly does affect prescribing.'

And the drug companies' influence does not end with the subsidising of research. After the research is published, and the drugs cleared, high-flying doctors in the NHS, along with a coterie of health editors from the national press, are often whisked away to five-star hotels to attend glitzy international drug launches. These all-expenses-paid promotional trips are passed off as 'educationals'.

As a result, top doctors and journalists are given a warm feeling about the companies and act as advocates for their new drugs. Conspiracy theory nonsense? Last year the BMJ published the details of a survey of 1,000 GPs which confirmed that those who saw drug company representatives at least once a week were more likely to prescribe drugs that were not needed. Another study reported that 46 per-cent of physicians admitted that drug reps are moderately to very important in influencing their prescribing habits. It's easy to see why the drug companies set aside £10,000 a year on marketing for each doctor in the UK.

The general rule is: the more sales representatives your doctor sees, the more drugs they end up prescribing. And considering that 44,000 of Glaxo's 101,000 employees are in sales, there's a lot of reps out there to be seen. In fact, while the number of people employed in research and development by US drug companies has actually decreased by 2 per cent since 1995, the number employed in marketing has risen by 59 per cent.

Although the man in the street is mostly ignorant about all this, the pharmaceutical industry has not forgotten him; in fact, it has a special technique set aside for persuading the general public of the need to buy its products: it's called 'disease mongering'. This August the UK's Royal College of General Practitioners, which represents many of Britain's 37,000 GPs, took the industry to task over the practice. Giving evidence to a parliamentary enquiry, it said the drug companies were exaggerating the risks of many conditions in order to worry people into buying more drugs. Speaking to The Sunday Telegraph, the college's honorary secretary, Dr Maureen Baker, said: 'It is very much in the interest of the pharmaceutical industry to draw a line that includes as large a population as possible within the 'ill' category. The bigger this group is, the more drugs they can sell. If current trends continue, publicly funded healthcare systems will be at risk of financial collapse with huge cost to society as a whole.'

Not content with exaggerating the risks of known conditions, the drug companies even invent new ones. Before the launch of Seroxat, Glaxo went on a massive promotional campaign: not promoting its drug, but publicising the 'disease' for which it was supposed to provide the cure. In the month before the drug was launched in the US there were hundreds of stories in the media about the condition Social Anxiety Disorder (SAD); in the two years previously there were fewer than 50 such stories. All of a sudden it seemed, we were all suffering from SAD. Of course, for industry insiders such an approach is laudable: Glaxo was praised in the trade press for stimulating 'a strong anti-anxiety position'. So strong, in fact, that it is predicted that by 2009 the 'anxiety market' will be worth at least \$3 billion. (The situation is that much worse in the US than it is in Europe. Companies can employ 'direct to consumer marketing' in America: schmaltzy TV commercials and celebrity endorsements convince a trusting public to buy into the latest drug. Thus, in 2000 Merck Sharp and Dohme spent \$161m just on advertising its drug Vioxx in the US: that's more than was spent on promoting Pepsi or Budweiser.)

It should come as no surprise, therefore, that the best-selling drugs become not the ones that might stop the most people dying, but those that respond most to our current faddish concerns. Of the UK's top 10 selling drugs, for example, three are for cholesterol, two for peptic ulcers, and two for high blood pressure. Is prescribing these drugs really the best way to help transform our stressed-out society and its unhealthy eating habits?

Most sane-minded people would consider that something needs to be done about this situation, that these companies need to be reined in and their influence on research, doctors and public spending patterns curtailed. Surely this is a job for government?

Don't think the drug companies haven't thought of that. These unbelievably profitable companies exert enormous political power both in the UK and the US. Earlier this year, the UK government's Joint Committee on Vaccination and Immunisation recommended the introduction of the new five-in-one jab for diphtheria, tetanus, whooping cough, polio and Hib. It later emerged that three senior members of the committee had received 'industrial support' from two of the pharmaceutical firms making the vaccine, Aventis Pasteur and Merck. And with all that money it's no wonder Tony Blair loves the drug companies. Writing a foreword for a pharmaceuticals industry report, he gushed: 'A successful pharmaceutical industry is a prime example of what is needed in a successful knowledge economy. The UK's pharmaceutical industry has an outstanding tradition and has contributed very substantially to our economy and to the welfare of our citizens.'

In the US the situation is, once again, far worse. At the Republican Party convention in the summer you could hardly turn round for fear of bumping into a drug rep. As the Associated Press reported, there was 'an afternoon tea with New York state first lady Libby Pataki, sponsored by AstraZeneca; a nomination-night party for top members of Bush's re-election team, co-sponsored by Bristol-Myers Squibb; and a breast-cancer awareness luncheon funded by Novartis...' Pfizer, meanwhile, provided a supper for the Colorado delegation to the convention and an evening reception in honor of former New York mayor Rudy Giuliani. In the past year, the Associated Press revealed, the pharmaceuticals industry spent more than \$85m lobbying Congress and the Bush administration. It also donated at least \$11.5m to the Republican and Democratic parties and their presidential and congressional candidates (roughly two thirds of that money went to Republicans).

With such unholy alliances at work, it is left to individual doctors and patients to resist the drug companies' might. That's why I joined No Free Lunch. If you come to my surgery the No Free Lunch logo is the only brand you'll see. Why not ask your doctor if he is a member, and if not, why not. In the meantime, look after your own best interests. Next time the doctor suggests you go on a drug you've never heard of, ask him or her some questions about it. Have a look round the surgery to see what company's name adorns the pens or appears prominently elsewhere. If you still aren't sure, do some research yourself at home on the internet, or call us at No Free Lunch. We'd be glad to tell you what we know about the pills in your pocket. And there's nothing in it for us. Except the ability to sleep easy at night.