EDITORIAL

PHARMACEUTICAL ADVERTISING AND PROPAGANDA: WHAT'S THE LIMIT?

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The word "publicity" comes from the Latin " publicus ," meaning "public" or "belonging to the people."
From this comes the verb "publicare," which means "to make public" or "to divulge."
Advertising, therefore, refers to the action of making something known to a wide audience.
The word "propaganda" comes from the Latin propagare, meaning "to spread" or "to extend." Specifically, it is derived from the passive future participle propagandus , meaning "that which should be spread."
Originally, the term was associated with the Catholic Church institution charged with spreading the faith, the Sacred Congregation for the Propagation of the Faith, founded in 1622.
Over time, the term became generalized to refer to any type of effort to disseminate ideas or information with the goal of influencing public opinion.
It is essential that we can define each of these concepts in order to contrast them.
First of all, advertising and propaganda are two forms of persuasive communication, so they have a common root.
The main differences between advertising and propaganda lie in their objectives and methods. Advertising seeks to promote products or services to generate sales or revenue.
Propaganda, on the other hand, focuses on spreading ideas, seeking to influence people's attitudes so that they adopt specific behaviors.
Likewise, propaganda has traditionally been described as misleading advertising.
After this initial distinction, we can point out other differences between both concepts:

Nature of the message:
Advertising is usually a commercial message that seeks to promote a specific product or service.
Propaganda, on the other hand, has an ideological content, seeking to influence people's attitudes.

Target audience:
Advertising is primarily directed at consumers who might be interested in purchasing a product or service. In principle, this is a segmented audience that is targeted to achieve better results.
In contrast, propaganda is directed at the general public, with the aim of influencing society as a whole.
The success of advertising is measured by its effectiveness in selling products or services. However, the success of propaganda is much more difficult to measure, as it depends on the ability to influence public opinion and achieve objectives.

A local example: the Professional Pharmacy Internship (PPF) is a mandatory annual course at the Faculty of Chemical Sciences of the National University of Córdoba, Argentina.
Its objective is to strengthen academic training and promote the application of professional criteria to different situations, familiarizing students with professional practice.
This involves a thorough analysis of more than one advertisement, both for over-the-counter and prescription medications, assessing their compliance with current advertising laws and regulations (whether the medication was authorized by ANMAT; whether the advertisement proposed rational, safe, or appropriate use; etc.).
The students selected advertisements from the industry where they conducted their PPF, from brochures intended for physicians, and from media outlets such as magazines, radio, and television.
The students found that 75% of advertisements for over-the-counter medications and 15% for prescription medications did not comply with current legislation.
In another, more extensive study, we decided to analyze the various regulations on drug promotion and their level of compliance, as reflected in advertisements displayed to the public in Argentina, Colombia, Ecuador, Nicaragua, and Peru.

Methods.

A total of 683 promotional items were collected from healthcare facilities, pharmacies, and public spaces, of which 132 were randomly selected and analyzed.

Pharmaceutical advertising regulations—including their alignment with World Health Organization (WHO) ethical criteria—were examined from official websites and through interviews with heads of regulatory agencies and health ministries in the five study countries.

The contents of the sample materials were evaluated to determine their compliance with national regulations and WHO recommendations on drug promotion.

More than 80% of the analyzed reports included the drug's indications, and more than 70% omitted information on adverse effects.

Fifty percent of over-the-counter (OTC) drug advertisements displayed in pharmacies included indications not approved by the corresponding health authority.

In advertisements displayed in pharmacies, no significant differences were found between the risks of inadequate information in relation to the condition of sale (MVL or prescription drugs).

The relative risk of missing dosage information was 2.08 (95% confidence interval 1.32–3.39) for items distributed in pharmacies compared with those displayed in health facilities.

The conclusions were that, although the five countries in the study generally incorporate WHO recommendations into their regulations on drug promotion and advertising, these regulations are often not reflected in the content of promotional materials.

The pharmaceutical industry spends large sums of money on advertising, and a significant portion of this spending is on digital advertising.

In some cases, direct-to-consumer (DTC) advertising can be very effective, generating a positive return on investment.

However, it has also been pointed out that pharmaceutical advertising can create conflicts of interest and potentially influence medical prescribing.

The pharmaceutical industry accounts for nearly 90% of overall digital advertising spending.

In 2021, digital advertising spending in the healthcare sector reached $2.32 billion, but has since slowed.

In the United States, pharmaceutical companies also allocate a significant portion of their advertising budgets to doctors, nurses, and other healthcare professionals.

There has been debate about whether pharmaceutical Lcompanies spend more on marketing (including advertising) than on research and development (R&D).

DTC advertising can create conflicts of interest, as pharmaceutical companies have an incentive to promote their products, even if more cost-effective alternatives exist or if advertising influences prescriptions.

Pharmaceutical advertising can influence demand for medicines, which in turn can affect overall healthcare spending.

It is crucial that the information contained in pharmaceutical advertising is based on verifiable scientific evidence and is accurate, truthful, and up-to-date.

In short, advertising is an important tool for the pharmaceutical industry, but it is essential to consider its ethical implications and its impact on healthcare spending.

Many advertisements refer to the alleged benefits of a drug, supported by a single study.

“ According to a study” is a phrase as trite as it is insufficient.

Not everything that is published is a scientific study, nor is everything peer- reviewed .

As in traditional media, there are different genres.

Furthermore, researchers use different designs with very different objectives, advantages and limitations.

To this end, most journals include a section explaining to authors the different types of articles and the publication process they follow.

What about non-scientific media?

Prescription drug commercials haven't always been legal in the United States; in fact, they're a relatively recent phenomenon.

Until the 1990s, as in almost every country in the world, pharmaceutical companies directed their advertising and marketing efforts exclusively at doctors.

But the paradigm changed in the last decade of the last century.

Other players emerged in the healthcare sector, such as insurance companies, pharmaceutical companies became much more powerful, and the rise of the "consumer movement" helped empower patients to make their own decisions.

The Food and Drug Administration (FDA) gradually relaxed restrictions until it finally opened the door—first in newspapers and magazines and later on radio and television—to prescription drug advertising.

Under the new rules, pharmaceutical advertising spending soared from about $1 billion in 1997 to more

than $4 billion in 2005.

And since then until the present decade the number has continued to grow.

Today, pharmaceutical companies spend between $8 billion and $12 billion annually on advertising, according to estimates from various sources, with a large portion of this budget going to television commercials for prescription drugs.

US authorities are quite lax in their enforcement of regulations.

The FDA's activity in this area has been mediocre in recent years.

The regulatory agency tends to focus narrowly on details such as side effects rather than addressing broader issues of medical advertising.

In theory, it requires prescription drug advertisements to communicate a fair balance of benefits and risks; but in practice, research suggests that pharmaceutical companies often fail to convey a balanced image of their products.

Since prescription drug ads began invading homes in the United States, a heated debate has raged over their appropriateness.

Critics argue that they stimulate demand for expensive and dispensable drugs, and raise the costs of medical care without necessarily improving patient health outcomes.

The American Medical Association (AMA) has repeatedly called for a ban on direct-to-consumer advertising.

This practice inflates the demand for new, more expensive drugs, even when these drugs may not be appropriate.

Another concern for industry professionals is that patients often go to their doctor's office having already made a decision about which medication they need for treatment.

The doctor may not consider the medication suitable, or there may be significant contraindications, and this puts the doctor in an awkward position.

Doctors may tend to accept their patient's (mistaken) request to avoid being negatively evaluated on the post-consultation form, which would affect their reputation and income.

Critics also allege that the ads promote the medicalization of conditions that are normal or minor, encouraging consumers to seek pharmaceutical interventions in situations that may not require medical treatment.

The case of New Zealand

New Zealand is the only other country in the world where direct-to-consumer advertising of prescription drugs is permitted, although there are some differences with the United States.

New Zealand's regulatory framework, overseen by the Ministry of Health, imposes stricter standards to ensure accurate and balanced advertising and prevent the spread of misleading information.

Pre-Screening System (TAPS) requires pre-approval of advertisements before they are broadcast.

In contrast to the US approach, which does not require prior approval, the New Zealand model is considered somewhat less permissive towards pharmaceutical companies.

And the government agency Pharmac negotiates drug prices, making them more affordable.

According to experts, this also indirectly limits the need for aggressive marketing by pharmaceutical companies, which makes a difference compared to the highly competitive and expensive US environment.

In any case, there is also a strong debate in New Zealand about the potential negative effects of prescription drug advertising, with numerous voices opposing it within the industry.

The New Zealand Medical Journal (NZMJ), the country's leading scientific journal for the medical profession, published an editorial calling for these ads to be outlawed and blaming the powerful pharmaceutical lobby and its close ties to the political elite for the failure to do so. The Trump administration is debating policies that would make it more difficult and expensive for pharmaceutical companies to advertise directly to patients, a measure that could cost more than US$10 billion in annual advertising spending.

It thus seeks to curb this practice by adding legal and financial obstacles.

The two main policies under discussion are: requiring greater disclosure of a drug's side effects in each advertisement, which would make TV ads much longer and prohibitively expensive; or not allowing drug companies to deduct their direct-to-consumer advertising spending from their taxes, according to these people.

Limiting pharmaceutical ads would be a major victory for Health and Human Services Secretary Robert F. Kennedy Jr.

RFK Jr. has long sought to more strictly regulate drug marketing. He has argued that Americans consume more

For example, AbbVie Inc. and Pfizer Inc. were the largest investors in the last five years.

The former spent $2 billion on direct advertising last year, primarily on campaigns for the anti-inflammatory drugs Skyrizi and Rinvoq .

These drugs generated more than US$5 billion for AbbVie in the first quarter of 2025.

Pfizer faced propaganda that was as global as it was fallacious with its mRNA- based vaccines .

Regarding side effects, the Food and Drug Administration (FDA) relaxed advertising regulations in 1997.

Before that, pharmaceutical companies had to list all possible side effects if they wanted to mention the condition the drug was intended to treat.

The FDA change allowed ads to disclose fewer side effects and also allowed them to refer customers to their doctors, a phone number, or a website for more information.

In the following years, spending on pharmaceutical television advertising soared.

By 2024, 59% of the pharmaceutical industry's spending was on TV advertising, making it the third-largest TV ad spender, according to MediaRadar .

More targeted drug ads may motivate patients to talk to their doctor about a medical condition such as depression or erectile dysfunction.

However, there are also drawbacks.

The ads can be used to boost sales of expensive, brand-name drugs when lower-cost generic alternatives may be available, he said.

In any case, Ethics is the limit.

And Ethics seems almost extinct nowadays…