I love pharma. Pharma is great. Without the industry, the world would be a worse place. Drug companies do many wonderful things. On a daily basis, pharmaceutical firms improve the quality of life for millions. They assist at births and fight death and ward off illnesses.

Pharma creates hundreds of thousands of jobs in the UK and continually forces forward the boundaries of human knowledge. Every year medicines manufacturers give the world innumerable reasons to celebrate. So, don’t be shy, let’s sing out loud: “We love pharma and we are proud.”

I’m not a sycophant. I’m happy to criticise when criticism’s due. If pharma crossed an unacceptable ethical line, I would be happy to shout: “foul”.

On issues such as the pricing of AIDS drugs and animal experiments the industry seems to be operating on another planet, and well deserves the attacks protesters have made. Importantly, these fiascos have highlighted the industry’s major PR problem; bad press has positioned itself in front of its good news.

The solution, however, is clear; the industry needs to rethink its overall PR strategy so real action on real issues is taken sooner, whilst positive news is handled and disseminated in more effective, more believable ways.

Reasons to be cheerful

The ABPI is a bloody good organisation. Every year, its annual report lists its good work and pharma’s successes in the UK.

Its latest report reviews the industry’s achievements at the beginning of a new millennium. By any standards, the reported accomplishments are remarkable. In another industry, successes like these would make governments, companies and consumers sing out loud. Indeed, this success is illustrated by its top five triumphs.

- UK pharma invests record sums in R&D spending nearly £8 million every day.
- the UK achieved record medicines exports of £7.1 billion in 2000.
- the price of NHS medicines is 14 per cent lower today than 10 years ago.
- five of the world’s 25 top drugs were developed in British laboratories.
- pharma employs 60,000 people and 250,000 in related service industries.

Selling the success

There was a time when tourists wouldn’t cross the Atlantic to see New York. As most of you will probably know, during the mid-1970s the world’s premier city had a PR problem that wouldn’t go away.

Bad press demonised the Big Apple. Instead of thinking Empire State Building, Statue of Liberty or Central Park, potential visitors thought of muggings, shootings and winding up dead.

To help turn the publicity tables, Governor Hugh Carey ordered a repackaging of the state’s vacation opportunities, which resulted in the commissioning of advertising agency Wells, Rich and Greene.

After research into tourist attitudes, I love New York was chosen as the strapline for a new publicity initiative, reflecting the pride New Yorkers felt in their home state. After playing with several different visuals, the esteemed graphic designer Milton Glaser produced the now famous four-element symbol, I [heart] NY.

Today, it is widely acknowledged that the combination of the slogan and the image in the resulting PR campaign was an act of pure genius. Indeed, I [heart] NY is marketing at its best. It conveys a simple, snappy, emotional message, which warms the heart and makes one proud to holiday in the world’s best state.

I love pharma

Pharma has three major PR obstacles to overcome. First, consumers are suspicious of faceless organisations, which they perceive as being driven by profit.

Second, illness and death are emotive issues. Even if we smoke and eat fatty foods most people believe we should have access to healthcare at any cost when diseases threaten to shuffle us off this mortal coil.

Finally, like other countries, the UK has limited resources and there is not enough tax revenues to go round.

However, when the Exchequer limits the amount of money for the NHS, doctors, nurses, managers, pharmacists and patients blame the rationing on the drugs’ manufacturers and not the state.

Given the fears and emotions big companies, illnesses and rationing inspire, it is not surprising that many view pharma as welcomingly as a mugging in NY.

For any industry, an effective organisation, such as the ABPI, that can deliver the level of achievements that it has recently attained, must be cherished and given full support. However, continued success can only be secured through a continual
process of two-way questioning and debate between the ABPI and the UK’s leading manufacturers.

As my fellow contributor, Roy Lilley, controversially illustrated in the last issue of PMA (A Brief Pharma Interlude, June 2001), sometimes we have to be cruel to be kind and to ask questions about pharma and the ABPI that some savage people would like to shoot the messenger for raising.

In the current environment, silence is not golden and pharma won’t solve its publicity problems by remaining tight-lipped and hoping problems will go away.

To win the praise it deserves, the industry must adopt a proactive and grounded communications campaign. From a personal perspective, it seems pharma needs a new mechanism for pre-preparing its PR messages and for dealing with possible publicity obstacles and gains. Most importantly, some means of rooting the industry’s views in the reality shared by patients, health professionals and many of its critics in government is desperately required.

Pharma could learn much from the I [heart] NY campaign and re-orientate its messages around the physical and emotional needs of drug consumers and payers in the UK.

Indeed, a new, consumer-focused approach could replace the current strategy of defending the industry’s position on all potentially damaging issues, however indefensible they seem to the public at large.

A British Publicity Initiative

Amongst the institutions available to launch a new PR initiative, the ABPI seems well placed to take the industry into a new era of populist communication. Although not a PR expert, the following steps seem sensible ways of improving the industry’s communications strategy.

First, the industry shouldn’t report success in money terms - this confirms the suspicion that drug companies are faceless and interested in profits not people.

Second, the industry should establish a standing panel of government representatives, health professionals, patients and interest groups, which critically appraises pharma’s stance on major issues such as animal experimentation and drug pricing.

Third, the industry should widely educate NHS managers, prescribers and pharmaceutical advisers about the operation of the PPRS, as the majority do not realise NHS expenditure on branded products is currently capped in this way.

Fourth, pharma should not try to overprotect itself from bad PR and should allow detrimental stories to run their course, avoiding allegations of industry-manipulated spin.

Finally, leading manufacturers should give the ABPI a greater role in determining industry PR strategy, based on the emotional and the physical needs of customers and the NHS (not the demands of individual companies to save face).

In sum, whether these suggestions for improved PR are usable or wise is for you and others in pharma to judge.

Whatever you decide about their pros and cons, it is blatantly clear that something innovative must be done if the ABPI is to help the industry reduce its current losses in the communications war.

Love me do

We all love pharma. The industry’s fantastic and the ABPI’s great. If asked properly, the majority of people would praise drug manufacturers for the products they make. With such goodwill in the general population, the PR battle should be easily won.

However, due to fears about big business, illness and rationing, the publicity game doesn’t always go pharma’s way.

In response, if UK manufacturers wish to improve general perceptions of their industry, an innovative publicity strategy must now be put into place.

Indeed, once pharma’s leaders realise a new PR offensive is required, it may not be long before consumers are singing: “We [heart] pharma and we are proud.”

THE AUTHOR

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