

Pharmaceutical Product Placement: Simply Script or Prescription for Trouble?

Sony Ta and Dominick L. Frosch

Pharmaceutical product placements integrate brands into story lines and may be an evolution in the industry's focus on direct-to-consumer advertising. Although still uncommon, the potential for such marketing is present and warrants attention. Medications have a unique status as a product category, and policies need to be tailored accordingly.

Keywords: pharmaceuticals, product placement, drug advertising

Sony Ta is a National Research Service Award fellow (e-mail: sonyta@mednet.ucla.edu), and Dominick L. Frosch is Assistant Professor of Medicine (e-mail: Dfrosch@mednet.ucla.edu), Department of General Internal Medicine and Health Services Research, University of California, Los Angeles. The authors thank Dr. Neil Wenger, Professor of Medicine at the University of California, Los Angeles, for providing valuable feedback on the article. In addition, they also thank the staff at *Journal of Public Policy & Marketing* and three anonymous reviewers, whose comments and knowledge of the marketing literature helped greatly enhance this article.

History of Drug Promotion

Pharmaceutical companies adapt their advertising strategies to changing opportunities within society and the marketplace to remain competitive and profitable (Lyles 2002; Wilkes, Bell, and Kravitz 2000). In 1962, the Kefauver–Harris Drug Amendment (21 U.S.C §§ 321, 355) legislated the Food and Drug Administration (FDA) to begin regulating prescription drug advertisements. A policy that the FDA implemented was the “brief summary” guideline, which required advertisements to discuss “side effects, contraindications and effectiveness” and essentially limited drug promotions to print media because the requirements made broadcast delivery difficult (Lyles 2002; Wilkes, Bell, and Kravitz 2000). In 1997, and later finalized in 1999, the FDA issued a *Guidance for Industry on Consumer-Directed Broadcast Advertisements*, which revised the prior brief summary and instead allowed companies to make “adequate provision” for consumers to obtain additional product information through other sources, such as toll-free numbers and the Internet. The drug industry responded to this regulatory change with alacrity, shifting the majority of its consumer-targeted marketing budget to television advertising and increasing overall advertising spending at the same time (Lyles 2002).

Over the years, drug companies have generated dynamically changing promotional campaigns that are effective at targeting core audiences, delivering sellable messages, and stimulating product demand (The Henry J. Kaiser Family Foundation 2003; Wilkes, Bell, and Kravitz 2000). According to the Pharmaceutical Research and Manufacturers of America (PhRMA), the industry spent \$25.3 billion on promotion in 2003, compared with \$13.9 billion in 1999 (PhRMA 2004). Although absolute dollar growth is significant, as a percentage of drug sales, this figure has remained steady at approximately 14% (Frank et al. 2000). Physician-oriented marketing (e.g., providing free drug samples, office visits by sales representatives)

remains the largest factor in drug advertising; this constituted 85% of dollars spent in 2000 (Frank 2000; PhRMA 2004). What has changed, though, is the disproportionate growth in direct-to-consumer (DTC) advertising compared with other promotional forms during this time (Frank et al. 2000; IMS Health 2001; Lyles 2002). Consumer-directed marketing plays such a significant role that in the first half of 2005, only automobile advertising as a product group spent more in media campaigns than pharmaceuticals (Nielsen Media Research 2005). This direction appears lucrative; according to a Kaiser Family Foundation Study, “each dollar spent on DTC advertising in 2000 yielded \$4.20 in additional pharmaceutical sales in that year” (The Henry J. Kaiser Family Foundation 2003).

As the spotlight on DTC advertising has intensified, so too has attention to its consequences (Lyles 2002; Wilkes, Bell, and Kravitz 2000). Proponents cite that DTC marketing provides information on common diseases, stimulates patient empowerment, enhances medical compliance, and reflects social trends for a more informed public (Holmer 2000; Pitts 2004). However, opponents argue that it does not provide enough information about therapeutic alternatives, efficacy, and costs; hinders the doctor–patient relationship; and increases the cost of medical care (Kravitz et al. 2005; Robinson et al. 2004; Woloshin et al. 2001). Although its potential consequences remain controversial, the value of DTC marketing as a sales tactic is evident and will likely continue.

Emergence of Product Placements

The ubiquity of advertisements has produced a public that is acutely aware and wary of being marketed to. In this age, many consumers use TiVo (digital recording of television shows), remote controls, or mental filters that make commercials easier to ignore. As a result, companies have responded by resorting to different strategies to deliver their messages and expose the

public to their products. Product placement, which is the inclusion of a brand into a story line for marketing purposes, is an increasingly common phenomenon. In 2004, its overall market increased by 30.5% to \$3.46 billion, with further growth projected by industry analysts (PQMedia 2005). Product placement spending can take the form of bartering (64% of cases), gratis (7% of cases), and direct transfer of money (29% of cases) (PQMedia 2005). Bartering may include the product itself; consultant and technical services; or the donation of items and services used in production, such as airplane tickets, food, and catering. Commonly, a brand owner will contract with a marketing agency that then negotiates the placements (*Brandweek* 2005; Edwards 2005b; Friedman 2004). Examples of brand integration are found in television, film, and books and include such classic examples as Katherine Hepburn throwing a bottle of Gordon's Gin overboard in *The African Queen* in 1951 (Adkinson 2005; *Brandweek* 2005; Edwards 2005b; Gabriel 2000).

Among pharmaceuticals, however, this practice has not been as widely used as with other products (Nielsen Media Research 2005), and only occasional examples in fictional entertainment have been noted, including the antidepressant Zoloft (Pfizer) in *The Sixth Sense* and the contraceptive NuvaRing (Organon) in the television show *Scrubs* (Edwards 2005a; Gabriel 2000; *Pharmaceutical Executive* 2004). In addition, there have been cases of celebrity spokespeople compensated by the pharmaceutical industry to speak on behalf of particular diseases and who then mention specific brand treatments during interviews (e.g., Lauren Bacall on *The Today Show* for Visudyne [Novartis] and Peggy Flemming on *Good Morning America* for Lipitor [Pfizer]) (Hamilton 2002; Petersen 2002a, b). Reasons for pharmaceuticals' slow use of placements may include the conservative nature of drug companies, concerns about trivializing medications and illness by association with entertainment, and the feasibility of

translating medicines into popular culture (*Pharmaceutical Executive* 2004). Despite this, the Entertainment Resources and Marketing Association (ERMA), an “association of entertainment marketing agencies, studio executives, and corporations who engage in the business of branded entertainment, product placement and integration,” is actively looking for placement opportunities for its clients, which include Johnson & Johnson, Procter & Gamble, and GlaxoSmithKline, as well as numerous other companies, including medical device manufacturers (ERMA 2005). In addition, the marketing literature mentions other possibilities and has reported that Court TV had an information booth at the 2005 Pharmaceutical Marketing Congress to promote such potential (Business Wire 2005; Gabriel 2000; *Pharmaceutical Executive* 2004). Advertising agencies recognize the utility of product placements, and the scripting of medicines into entertainment media may eventually play a larger role with the industry’s DTC focus. Unlike other products, the use of prescription drugs in placements may warrant particular attention, given their unique regulatory status and potential for significant health effects.

How Placements Stimulate Viewers

Product placements are conceptualized to influence consumers through several mechanisms. One model proposes that brand inclusions stimulate product recall and consumer opinion through the placement method used (Russell 2002). Brands may be integrated into a script through a visual presentation and/or auditory presentation; it is theorized that the verbal modality stimulates viewer cognition more than visual use alone (Russell 2002). The third dimension in this model is the degree of connection between the product and the story line—for example, whether the brand is used as a background prop or whether a character interacts with it. Experimental research suggests that viewer memory and attitude for a product are affected by the characterization of the placement along these three dimensions, that memory is stimulated the most when modality

(visual or verbal) is incongruent with plot connection, and that persuasion is improved by a congruency between modality and plot (Russell 2002). For example, Junior Mints candy was used incongruently in an episode of the television show *Seinfeld* when one of the characters dropped some into a surgical operating field. In contrast, according to this model, if the candy were simply used in the usual context, such as a character eating the product at a movie theater, memory may not be as engaged but the placement may be more persuasive. Thus, depending on the desired promotional outcome—to improve brand recognition and/or to influence consumer attitude—placements may be tailored along these three dimensions.

Brand inclusion is also theorized to influence consumers through a “parasocial” relationship hypothesized between a viewer and screen characters (Russell and Stern 2006). The template for television shows consists of core characters that return in subsequent episodes, and over time, viewers build an attachment to characters and develop opinions about them. For programs that return for additional seasons, long-term viewing only strengthens this emotional relationship. When product placements are included in a show, it is theorized that they also integrate into this parasocial relationship (Russell and Stern 2006). Not only does a viewer witness the brand in its own context, but additional meaning is communicated because of the product’s association with a character. Thus, the relationship a viewer has with a character may influence the viewer’s attitude to the brand being used.

The conceptual frameworks describing how placements affect viewers apply to pharmaceuticals as well; however, medicines, and especially prescription drugs, are a unique product category, and their use in placements requires additional consideration of other factors. A feature that distinguishes most pharmaceuticals from other products is the difficulty consumers may have when gauging a drug’s utility. Although audiences can directly and immediately

determine their preferences for products such as particular food and automobile brands from experience or personal tastes, their opinion on pharmaceutical brands may not be as clearly determined and independent. This is likely because audiences do not have the medical knowledge required to evaluate clinical indications and utility. Equally, these audiences do not have the clinical knowledge to appreciate the risks and side effects of these medicines as well. In the case of brand drug placements, the parasocial relationship between a viewer and a character may not only facilitate a communication of a character's preference for a product but also convey an assumed medical knowledge of risks and benefits to be possessed by the character. In this capacity, viewers may relate to characters on a personal level and may also now identify characters in a position of expertise, especially if the character portrayed is a physician or nurse. Although this has not been studied specifically with pharmaceutical product placements, one study found that viewers considered embedded clinical messages in an episode of *ER* new factual knowledge (Brodie et al. 2001). It is possible that audiences view such shows as sources of medical information because of a trusted relationship developed with the characters.

Unlike other products for which the consumer relationship is dichotomous between the product and the purchaser, in the case of prescription pharmaceuticals, there is a triangular relationship among the medicine, the consumer/patient, and a physician intermediary. A model that explains drug product placements must account for the notion that consumers may not directly purchase prescription items. Drug consumption depends on an agreement between the patient and a physician, and the use of placements may affect this additional facet. Several studies in the field of DTC advertising demonstrate that discussions between patients and physicians are altered and that patients who see drug advertisements often discuss and request these brands (Lyles 2002; Wilkes, Bell, and Kravitz 2000). In addition, experimental research

using actors simulating symptoms of depression suggests that patients who request brand medications are more likely to receive a prescription than patients making requests that do not mention a particular brand (Kravitz et al. 2005). Product placements of drugs may synergistically work with traditional DTC commercials by raising patients' brand recognition and influencing their attitudes, as we already discussed. Inclusions may also increase consumption by potentially enhancing traditional direct marketing tactics to physicians, the ones who are ultimately the gatekeepers to use. Unlike the lay audience, doctors have the medical expertise to frame a drug placement in context outside the show and are likely affected by placements differently. Unless the drug is used for an off-label (non-FDA-approved) indication or the product is new to market, physicians are not likely to view drug placements as providing new clinical product information. What placements may provide, however, is greater brand visibility from others in the same product category and a sense of mainstream acceptance for the brand, which may ultimately affect prescription patterns.

The Difficulty with Identification

Product placements are currently monitored by marketing firms, including Nielsen Media, which defines a placement as any form of brand inclusion on screen (*Brandweek* 2005). Any verbal or visual integration of a brand into a plotline is considered a product placement. However, this definition is nonspecific because the labeling of a particular item used in a story as a true placement hinges on the writers' intent. The use of brands may just reflect the reality of life in American society and a writer's creative license. Especially with the medical profession, the mention of brand medications or the visualization of brand paraphernalia on screen (e.g., magnets, clipboards, posters) can be argued to just reflect current medical practice and jargon. For a more precise determination, knowledge of possible backstage negotiations between

marketing agents and show representatives is required, which are usually confidential. Without such knowledge, product placement may ultimately be in the “eye of the beholder.”

To illustrate, we recorded medical-themed television shows on broadcast networks to examine the medications that were mentioned over a four-week period in fall 2005 (see Table 1). The majority of medications mentioned were those that are commonly used with inpatient care and most likely reflect the hospital settings of these shows. These medicines do not parallel those that are commonly marketed DTC, because those typically treat outpatient ailments (Wilkes, Bell, and Kravitz 2000). The pharmaceuticals in the shows were mostly incorporated as generics, and fewer medicines were mentioned by brand. Other than the integration of a drug in the context of a treatment plan, none of the brands were qualified by the characters, and there did not appear to be significant differences between the role of the brands in the scripts and the drugs mentioned by generic name. However, it is impossible to state confidently during the time of the broadcast which of the product inclusions were deliberate commercial placements, if any at all. This attempt illustrates the difficulty in defining a brand placement because the strength of it as a marketing vehicle is in its stealth. A good placement is one that is not obvious to the viewer and, as a result, makes it difficult to define and follow. Although our convenience study does not provide evidence for the presence of drug placements in television, with an average of six verbal mentions of a medicine per episode, it suggests an opportunity for such marketing.

Despite inconclusiveness, the mention of one brand seemed unusually suspicious as a commercial drug placement. Lupron (TAP Pharmaceuticals) was mentioned on four occasions in an episode of *House*. Of particular interest is that the doctors were using this product to treat hypogonadism, which is not an FDA-approved indication for this medicine. Indeed, Lupron is traditionally used to suppress testosterone production as a treatment for prostate cancer.

However, it is also interesting to note that a newer pulse-dosed Lupron is currently being evaluated as a treatment for hypogonadism in an FDA-registered clinical trial (FDA 2006). The off-label use of this product in this show and the concurrent FDA trial appear more than coincidental. Public relations at both TAP Pharmaceuticals and Fox were contacted to discuss this issue but declined to comment. Again, it is difficult to determine whether the inclusion of Lupron was a placement, or whether the error with its use was intentional or an oversight by uninformed writers.

Current Regulatory Policy

Several issues need to be addressed in the discussion pharmaceutical placement. First, criteria should be established to define specifically a promotional inclusion from mere scripting due to artistic license. As we illustrated with our small convenience survey of television shows, it may be impossible for viewers to distinguish the two. The Federal Communications Commission (FCC), which oversees interstate radio and television communication, already has policies on program sponsorship, which is defined when there is an exchange for money, services, or other valuable consideration (FCC 2005). Such sponsorship must be disclosed under FCC policy during program broadcast. Usually, this requirement is met in the form of a sponsor list shown with the credits, but there are no guidelines specifying font size or duration on screen for which this list must appear. Only viewers who intentionally watch the credits are ever aware of these commercial considerations. Disclosure under current FCC guidelines seems to be an accurate way to establish and track product placements, but its monitoring and enforcement has been lacking, as described by FCC commissioner Jonathan Adelstein (2005), who only recently raised the issue to higher priority. In addition, the most traceable placements, those for which there is a direct exchange of money to broadcasters and studios, occur in only one-third of cases, and the

bartering of services and goods as payment, which may be more difficult to track and regulate, accounts for the majority of placements (PQMedia 2005).

When the hurdle of identifying a brand drug mention as a product placement is overcome, another consideration to answer is whether it warrants similar regulation to traditional forms of drug promotion, such as commercials. The Federal Trade Commission (FTC), which aims to protect consumers from “unfair, misleading, deceptive or fraudulent practices” (FTC 2005) was petitioned by a consumer group to require immediate captioning of any placements as advertisements when they occur. The rationale was that brands integrated into a plot have an “implied claim,” which may violate the FTC policy on misleading marketing if not disclosed (Engle 2005). In their rejection of this request, the FTC noted that there is no deceptive practice with paid placements because claims of a product’s performance and quality are not made, and thus advertisement disclosure under FTC policy is not warranted (Engle 2005). By FTC standards, brand integration as a general category does not meet traditional definitions of an advertisement unless “objective claims” about the product’s characteristics are made. However, the FTC stated the following:

If, through product placement, false or misleading objective, material claims about a product’s attributes are made, the Commission can take action against the advertiser through an enforcement action pursuant to Section 5 of the FTC Act. (Engle 2005)

The consumer group also petitioned the FCC with this matter, but a final decision has not been made (Moore 2005). These petitions do not specifically address concerns with regulated items, such as prescription medications. However, as the FTC’s policy regarding product placements in its response seems to hinge on the definition of “advertisement” and what a “claim” is, it

appears that the FTC will treat drug placements in fictional shows as any other product placement, with scrutiny on a case-by-case basis.

The FDA, which is the agency responsible for prescription drug advertising, does not have a specific policy regarding how drugs are promoted outside of traditional commercial advertising, such as with placements in fictional shows. Their stance on product integration is especially unclear because the FDA does not have an explicit definition of what constitutes an advertisement.

The [FDA] act does not specifically define “advertising” or “advertisement.” According to FDA regulations (21 CFR 202.1[1][1]), “Advertisements subject to section 502(n) of the act include advertisements in published journals, magazines, other periodicals, and newspapers, and advertisements broadcast through media such as radio, television, and telephone communication systems.” (FDA 2004)

Whether the FDA regulates commercial brand integration, as the FTC does, seems to hinge on the definition of “advertisement,” which, in the case of the FDA, seems to be intentionally open. There are no examples yet of regulatory action taken against drug placements by the FDA to clarify their position. Other examples, such as paid celebrity spokespeople, fall under established FDA and FCC guidelines because celebrities are not playing characters in a make-believe show when they mention a brand. In this role, they are required to disclose financial ties with companies and discuss a product under FDA guidelines similar to any broadcast advertisement. As seems to be a pattern, the effectiveness of these guidelines depends on careful monitoring; the paid endorsements by Lauren Bacall and Peggy Fleming that we mentioned previously were not revealed to the networks until after the broadcasts (Hamilton 2002; Petersen 2002a).

To understand better the regulatory environment surrounding prescription drug advertising and brand inclusion, a review of similar products and their marketing policies may

also add context and complement this discussion. Over-the-counter (OTC) medications (e.g., many cold remedies, nonnarcotic pain treatments) do not need a prescription to be obtained and are purchased as regular consumer products. These drugs are evaluated for safety by the FDA, but unlike prescription drugs, their advertising is under the jurisdiction of the FTC (FTC 2005). Because of this, brand placements involving OTC drugs reflect FTC regulations for general products, which, as we discussed, do not warrant special FTC disclosures as advertisements. Similar to OTC medications are dietary supplements, such as weight-loss products and herbal remedies, which also do not need a prescription at purchase. Although the FDA is responsible for the safety of such medications, the Dietary Supplement Health and Education Act of 1994 (Public law 103-417) established that substances classified as supplements are not “drugs” and fall under different safety regulations from prescription and OTC medicines (Fontanarosa, Drummond, and DeAngelis 2003). Because the FDA does not consider supplements drugs, labeling of these products is not permitted to include any “disease claims.” Other than this stipulation, the monitoring of dietary-supplement advertising is similar to OTC drug promotion and is the responsibility of the FTC (FTC 2002).

The marketing and purchase of alcoholic beverages is regulated to a greater extent than either OTC drugs or dietary supplements and may be more consistent with a discussion on prescription drug placements. The FTC oversees alcohol advertising, which must meet the FTC’s “truthful, non-deceptive and fair” clause and must not target underaged viewers (FTC 2005). A voluntary broadcasters’ ban prevents distilled spirits from being advertised by traditional commercials on most television networks. However, placements are allowed for both liquor and beer in television and cinema; industry groups recommend that advertising and placements of alcoholic products should be limited to audiences that are less than 30% underaged viewers (Join

Together 2005). As such, placements seem to be a vehicle for distilled spirits manufacturers to promote their products on television, despite the voluntary broadcaster's ban. This use of placements to bypass regulations is a concern with pharmaceutical placements.

Cigarettes have possibly received more government scrutiny for their marketing than any other product. In 1971, Chapter 36 of U.S. Code Title 15 specifically forbade cigarette advertising on any medium of electronic communication under FCC jurisdiction, which includes television but does not include cinema. Almost three decades later, the Master Settlement Agreement of 1998 (see http://naag.org/upload/1032468605_cigmsa.pdf), between the largest cigarette manufacturers and most U.S. states, provides a legal framework to enforce prior voluntary declarations by tobacco companies to ban the use of product placements in television and movies. In between these enforceable regulations, tobacco companies and studios were engaged with cigarette placements in television and cinema as revealed from a study of industry documents before the mid-1990s despite explicit voluntary bans on such promotions (Mekemson and Glantz 2002; Sargent et al. 2001). The example with cigarettes illustrates several key points relevant to the discussion on prescription drug placement. For example, the term "advertising" from U.S. Code Title 15 does not seem to include brand placements in its definition, because for nearly 30 years after until the Master Settlement of 1998, tobacco placements were present in television. This definition seems to be consistent with current FTC policy regarding product placements, as we previously discussed. In addition, another point raised is that the use of brand inclusions during this time, as with distilled spirits, seemed to allow cigarette manufacturers to bypass regulations with television advertising. Finally, in the case of cigarette marketing, voluntary industry bans on product placement in the 1990s did not seem to be effective with limiting its use.

Some would argue that OTC medications, dietary supplements, alcohol, and cigarettes are all drugs that have an effect on human physiology, as prescription drugs. In addition, OTC and herbal supplements are similarly viewed as therapeutic. The review of the regulatory standards surrounding the marketing of these products does not reveal a uniform code but rather demonstrates different policies regarding each one. Although it is hopeful to believe that prescription drug placement policy would be informed by precedent, it is unclear what that is. Advertising for products such as OTC treatments and herbal supplements appear to fall under traditional FTC guidelines, and placements of these products do not require new regulations. Alcohol placements are allowed in the context of government and industry guidelines to prevent marketing to underaged audiences. Tobacco placements are now banned by legal agreement.

Ethical Dilemmas

The intention of product placement is to market the brand, and numerous consumer groups deride shows and movies that include placements as “advertainment.” The concern with placements as a form of drug promotion is that, at its most benign, it may skirt FDA regulations, such as the need for a balanced discussion on effectiveness and risks and, at its worst, may violate FDA marketing policies altogether. Because television shows and cinema are fictional and do not claim to reflect reality, any subtle mention of a medication may be protected from FDA regulations by the First Amendment. Distilling “creative license” with a drug inclusion from promotional placements is difficult for viewers and potentially for regulators as well. Such murkiness makes policy making difficult. Product placement may be limited only by the industry’s reticence or consumer backlash if deemed egregious. Unlike products that are unregulated or those that are not linked to health directly, medicines placed in shows are a special circumstance and may require additional transparency. The general public may not view

shows as completely fictional and may be unable to separate reality from fantasy. One product placement agency describes the purpose of placements as follows:

Products used in motion picture or television are perceived by the audience to be chosen by the star thus receiving an implied endorsement;... products shown ... within a storyline ... have higher credibility than products in advertisements which the audience knows are paid announcements. (Vista Group 2005)

From the parasocial model, audiences may extrapolate physician/characters who prescribe particular brands or trusted characters who take those medications as endorsing the safety and efficacy of those drugs for real use. For other products, such as alcohol and OTC medications, consumers are likely to be influenced by characters as well, but these products do not require the same disclosures. Characters who use alcoholic products may be viewed as youthful, fun, and romantic without a suggestion of ill effects from excessive use. Many current OTC drug commercials use characters who portray physicians or patients in need of treatment for stomach upset, diarrhea, arthritis, and heart disease (aspirin) and are not required to discuss side effects. In this case, OTC product placements are an extension of traditional commercial advertising. Fictional scenarios in commercials are moved to fictional situations in shows without violation of laws. In contrast, prescription drug commercials require a balanced disclosure of risk, and this may be absent in a product placement. It could be argued that if prescription drug placements are intended for marketing, they should be considered like other types of drug advertising and be regulated by the FDA accordingly.

Another issue raised from our informal survey of brand integration is the extent to which the First Amendment should be allowed to protect creative license with medication use in entertainment. The drug Lupron was used for a non-FDA-approved indication. Even if this

example was not a promotional placement, it raises concerns with the inadequacy of current monitoring of pharmaceuticals on screen because the potential for commercial abuse with unsubstantiated claims is present. There have been numerous examples of drug manufacturers releasing DTC campaigns later withdrawn because of FDA warnings about misleading and overreaching statements (Gahart et al. 2003). Our observation suggests that drug inclusion in scripts is, at best, poorly supervised and leaves the possibility for aggressive marketers to abuse this potential.

Conclusion

As the history of drug promotion in the United States evolves with changing needs and opportunities, so will consumer-directed marketing. An increasingly popular promotional tool used by marketing agencies is product placement. For pharmaceuticals, however, this possibility raises some regulatory and policy questions. Current FCC, FTC, and FDA guidelines do not specifically address prescription drug inclusions in fictional entertainment and leave potential for abuse. To address this issue, the initial steps are to decide whether brand drug inclusions warrant monitoring, what criteria can be used to define and track placements, and whether such tactics deserve regulatory oversight similar to traditional prescription advertising. There are three policy alternatives to take. The first is to enforce established federal regulations better. Because the FTC does not consider placements advertisements,, paid drug inclusions will be treated in this proposal like other product placements, with an FCC-mandated sponsorship list in the credits. A variation on this would be to have sponsorship reported at the beginning of a broadcast and not at the end. The second main policy alternative is to recognize commercial drug placements as advertisements and require them to follow similar FDA guidelines as traditional prescription drug commercials. Such an approach would make drug inclusions nearly impossible for scripting

because of the balanced discussion required by FDA guidelines. This alternative is unlikely, given the precedent that a product placement is not an advertisement according to FTC standards; however, it is the FDA that ultimately decides and regulates prescription drug marketing, and as we noted, the FDA intentionally does not have a definition of what constitutes an advertisement. A third alternative is to view drug placements as a distinct form of promotion from commercials that requires new guidelines that specifically address their intent. Disclosure may be in the form of a citation at the end of a broadcast with “a brief summary” or “adequate provision” for viewers to get additional clinical product information. Regardless, all policy alternatives would require better monitoring of the industry than currently conducted. The FCC definition of sponsorship—as those items used because of monies paid or goods and services bartered—is a specific definition for product placement and an appropriate starting point for monitoring. We believe that prescription drugs, like OTC medications and dietary supplements, are different from other products, including alcohol and tobacco because of the perceived health benefits argued for their consumption, and this warrants distinct recognition. Because product placements are a different form of promotion than commercials, we also believe that new guidelines need to be developed for their use. In the case of drug placements, the third policy alternative discussed may be an appropriate balance between the current regulatory environment and consumer protection.

References

Adelstein, Jonathan S. (2005), “Remarks of Jonathan S. Adelstein Commissioner, Federal Communications Commission: A Response to the Commercialization of American Media Before the Media Institute,” (May 25), (accessed November 30, 2005), [available at http://hraunfoss.fcc.gov/edocs_public/attachmatch/DOC-258962A1.doc].

- Adkinson, Tom (2005), "The Product Placement Game," *The City Paper*, (May 4), (accessed February 6, 2008), [available at <http://www.nashvillecitypaper.com/news.php?viewStory=41194>].
- Brandweek* (2005), Untitled article, (January 17), (accessed November 19, 2005), [available at http://www.insidebrandedentertainment.com/bep/article_display.jsp?vnu_content_id=1000760093].
- Brodie, Mollyanne, Ursula Foehr, Vicky Rideout, Neal Baer, Carolyn Miller, Rebecca Flournoy, and Drew Altman (2001), "Communicating Health Information Through the Entertainment Media," *Health Affairs*, 20 (1), 192–99.
- Business Wire (2005), "Court TV Offers the Prescription for Great ROI: The Network Joins Exhibitors at the Pharmaceutical Marketing Congress in Philadelphia September 12–14," *Business Wire*, (June), (accessed November 19, 2005), [available at <http://www.freedomcrowsnest.org/forum/viewtopic.php?t=12341>].
- Edwards, Jim (2005a), "The Tracker: Drug Product Placements Flying Under FDA's Radar," (November), (accessed November 22, 2005), [available at http://web.lexis-nexis.com/universe/document?_m=a702a0afe891cc6430ceb036a7cdfa69&_docnum=1&wchp=dGLbVtb-zSkVb&_md5=c310d2229f2a93fce0e8d83e82d14d5a].
- (2005b), "The Tracker: P&G Placements Triple Amid Cutbacks in TV Ad Spending," (June), (accessed November 18, 2005), [available at http://www.insidebrandedentertainment.com/bep/article_display.jsp?vnu_content_id=1000968456].
- Engle, Mary K., on behalf of the Federal Trade Commission (2005), FTC Letter to Gary Ruskin, (February 10), (accessed November 30, 2006), [available at <http://www.commercialalert.org/FTCLetter2.10.05.pdf>].
- ERMA (2005), "Message from the President," (accessed November 25, 2005), [available at <http://entertainment.howstuffworks.com/framed.htm?parent=product-placement.htm&url=http://www.erma.org/>].
- FCC (2005), "Payola and Sponsorship Identification," (accessed November 30, 2005), [available at

<http://64.233.179.104/search?q=cache:w5u089bF1hEJ:www.fcc.gov/eb/broadcast/sponsid.html+fcc+sponsor+disclosure&hl=en&gl=us&ct=clnk&cd=1>].

FDA (1999), *Guidance for Industry: Consumer-Directed Broadcast Advertisements*, (accessed November 19, 2005), [available at <http://www.fda.gov/cder/guidance/1804fnl.pdf>].

——— (2004), “Guidance for Industry: Help-Seeking and Other Disease Awareness Communications by or on Behalf of Drug and Device Firms,” (accessed September 10, 2006), [available at <http://www.fda.gov/CDER/GUIDANCE/6019dft.pdf>].

——— (2006), “Leuprolide in Treating Adults with Hypogonadotropism,” (accessed April 1, 2006), [available at <http://clinicaltrials.gov/ct/show/NCT00004438>].

Fontanarosa, Phil, Rennie Drummond, and Catherine DeAngelis (2003), “The Need for Regulation of Dietary Supplements-Lessons from Ephedra,” *Journal of the American Medical Association*, 289 (12), 1568–70.

Frank, Richard, Ernest R. Berndt, Julie Donohue, Arnold Donohue, and Meridith Rosenthal (2000), “Trends in Direct-to-Consumer Advertising of Prescription Drugs,” Henry J. Kaiser Family Foundation, (February), (accessed November 18, 2005), [available at <http://66.102.7.104/search?q=cache:l36ujxbIFqwJ:www.kff.org/rxdrugs/loader.cfm%3Furl%3D/commonspot/security/getfile.cfm%26PageID%3D14881+IMS+health+competitive+media+reporting&hl=en&ie=UTF-8>].

Friedman, Wayne (2004), “Placement Bonanza Remains Elusive; Advertisers, Programmers Continue to Test the Waters, but Big Deals and Big Payoffs Are Slow to Materialize,” *Television Week*, (October), (accessed November 25, 2005), [available at http://www.findarticles.com/p/articles/mi_go2037/is_200410/ai_n6662198].

FTC (2002), “Prepared Statement of the Federal Trade Commission, J. Howard Beales III, Director, Bureau of Consumer Protection, Before the Committee on Governmental Affairs Subcommittee on Oversight of Government Management, Restructuring and the District of Columbia United States Senate,” (accessed September 1, 2006), [available at http://www.ftc.gov/os/2002/10/dietary_testimony.htm].

- (2005), “Frequently Asked Advertising Questions: A Guide for Small Business,” (accessed November 24, 2005), [available at <http://www.ftc.gov/bcp/conline/pubs/buspubs/ad-faqs.htm>].
- Gabriel, Mary (2000), “Product Placement Jumps Off Movie Screens ,” (April 10), (accessed November 19, 2005), [available at <http://www.aef.com/industry/news/data/perspective/1206>].
- Gahart, Martin T., Louise M. Duhamel, Anne Dievler, and Roseanne Price (2003), “Examining the FDA’s Oversight of Direct-to-Consumer Advertising,” Health Affairs Web Exclusive, (February), W3, 120–23, (accessed November 20, 2005), [available at <http://content.healthaffairs.org/cgi/reprint/hlthaff.w3.120v1>].
- Hamilton, David P. (2002), “Celebrities Help ‘Educate’ Public on New Drugs,” *The Wall Street Journal*, (April 21), B1.
- The Henry J. Kaiser Family Foundation (2003), “Impact of Direct-to-Consumer Advertising on Prescription Drug Spending,” (June), (accessed November 20, 2005), [available at <http://www.kff.org/rxdrugs/6084-index.cfm>].
- Holmer, Alan F. (2000), “Direct-to-Consumer Advertising: Strengthening Our Health Care System,” *New England Journal of Medicine*, 346 (7), 526–28.
- IMS Health (2001), “Integrated Promotional Services, U.S. Pharmaceutical Prescription Market 1996-2000,” (March), (accessed November 17, 2005), [available at http://www.imshealth.com/ims/portal/front/articleC/0,2777,6599_41551570_41718516,00.html].
- Join Together (2005), “Wedding Disaster: Movie’s Alcohol Product Placement Raises Ire,” (accessed September 1, 2006), [available at <http://www.jointogether.org/news/headlines/inthenews/2005/wedding-disaster-movies-ire.html>].
- Kravitz, Richard, Ronald Epstein, Mitchell Feldman, Carol Franz, Rahman Azari, Michael Wilkes, Ladson Hinton, and Peter Franks (2005), “Influence of Patients’ Requests for Direct-to-Consumer Advertised Antidepressants: A Randomized Controlled Trial,” *Journal of the American Medical Association*, 293 (16), 1995–2002.

- Lyles, Alan (2002), "Direct Marketing of Pharmaceuticals to Consumers," *Annual Review of Public Health*, 23, 73–91.
- Mekemson, Curtis and Stanton Glantz (2002), "How the Tobacco Industry Built Its Relationship with Hollywood," *Tobacco Control*, 11 (March), 81–91.
- Moore, Frazier (2005), "Product Placements Infiltrate TV Shows," (July 19), (accessed November 24, 2005), [available at http://medialit.med.sc.edu/product_placements_infiltrate_tv.htm].
- Nielsen Media Research (2005), "U.S. Advertising Spending Rose 5.7% in the First Half of 2005, Nielsen Monitor-Plus Reports," Nielsen news release, (August 30), (accessed November 17, 2005), [available at http://www.nielsenmedia.com/monitor-plus/in_the_news/releases/M+FirstHalfAdSpend08-30-05.htm].
- Petersen, Melody (2002a), "CNN to Reveal When Guests Promote Drugs for Companies," *The New York Times*, (August 23), C1.
- (2002b), "Heartfelt Advice, Hefty Fees," *The New York Times*, (August 11), C1.
- Pharmaceutical Executive* (2004), "Alternative Media: Drugs on Film," (September 1), (accessed November 17, 2005), [available at <http://www.pharmexec.com/pharmexec/content/printContentPopup.jsp?id=123010>].
- PhRMA (2004), "Pharmaceutical Marketing and Promotion Questions and Answers: Tough Questions, Straight Answers," (Fall), (accessed November 18, 2005), [available at http://www.phrma.org/files/Tough_Questions.pdf].
- Pitts, Peter J. (2004), "Turning Point or Tipping Point: New FDA Draft Guidance and the Future of DTC Advertising," *Health Affairs Web Exclusive*, W4, 259–261, (accessed November 18, 2005), [available at <http://content.healthaffairs.org/cgi/reprint/hlthaff.w4.259v1>].
- PQMedia (2005), "Product Placement Spending in Media 2005: Executive Summary," (March), (accessed November 25, 2005), [available at <http://www.pqmedia.com/ppsm2005-es.pdf>].
- Robinson, Andrew R., Kirsten B. Hohmann, Julie I. Rifkin, Daniel Topp, Christine M. Gilroy, Jeffrey A. Pickard, and Robert J. Anderson (2004), "Direct-to-Consumer Pharmaceutical Advertising: Physician and Public Opinion and Potential Effects on the Physician-Patient Relationship," *Archives of Internal Medicine*, 164 (4), 427–32.

Russell, Cristel A. (2002), “Investigating the Effectiveness of Product Placements in Television Shows: The Role of Modality and Plot Connection Congruence on Brand Memory and Attitude,” *Journal of Consumer Research*, 29 (3), 306–318.

——— and Barbara Stern (2006), “Consumers, Characters, and Products,” *Journal of Advertising*, 35 (1), 7–12.

Sargent, James, Jennifer Tickle, Michael Beach, Madeline Dalton, Bridget Ahrens, and Todd Heatherton (2001), “Brand Appearances in Contemporary Cinema Films and Contribution to Global Marketing of Cigarettes,” *The Lancet*, 357 (9249), 29–32.

Vista Group (2005), “Why Vista Group Product Placement?” (accessed November 24, 2005), [available at <http://www.vistagroupusa.com/serv02.htm>].

Wilkes, Michael S., Robert A. Bell, and Richard L. Kravitz (2000), “Direct-to-Consumer Prescription Drug Advertising: Trends, Impact and Implications,” *Health Affairs*, 19 (2), 110–28.

Woloshin, Steve, Lisa M. Schwartz, Jennifer Tremmel, and H. Gilbert Welch (2001), “Direct-to-Consumer Advertisements for Prescription Drugs: What Are Americans Being Sold?” *The Lancet*, 358 (9288), 1141–46.

Table 1. Pharmaceuticals by Brand or Generic Name in a One Month Sample of Medically Themed Television Shows

Program	Date	Pharmaceutical	Manufacturer	Context in Show
<i>Grey's Anatomy</i> (ABC)	October 16, 2005	Atropine Epinephrine Amitriptyline		Cardiac arrest Cardiac arrest Abused in Munchausen's case
	October 23, 2005	Morphine Droperidol Diphenhydramine		Treatment of pain (four mentions) Sedation Sedation

	October 30, 2005	Morphine Aspirin		Treatment of pain Treatment for hangover
	November 6, 2005	Morphine Nitroglycerine		Treatment of heart attack Treatment of heart attack
<i>House</i> (FOX)	October 18, 2005	Morphine Digitalis Lupron (leuprolide) Insulin Atropine Kayexalate	TAP Pharmaceuticals	Treatment of pain Suspected cause of poisoning (three mentions) Treatment of hypogonadism (three mentions) Cause of severe adverse event (one mention) Treatment of possible hyperkalemia Cardiac arrest (two mentions) Treatment of hyperkalemia
	November 1, 2005	Levofloxacin Streptomycin Fentanyl Morphine		Treatment of tuberculosis Treatment of tuberculosis Palliative care Palliative care
	November 8, 2005	Pralidoxime		Treatment of poisoning

	November 15, 2005	Erythropoietin Yohimbine Vicodin (acetaminophen/hydrocodone) Prednisone Tensilon (edrophonium)	Abbott Laboratories Valeant Pharmaceutical	Drug of presumed abuse Drug of presumed abuse Treatment of pain/drug of abuse Treatment of red cell aplasia Diagnosis of Myasthenia Gravis
<i>ER</i> (NBC)	October 20, 2005	Viagra (sildenafil) Sinemet (carbidopa/levodopa) Fluoxetine Dextroamphetamine Heparin Neosporin (bacitracin/neomycin) Methylprednisolone Dopamine Versed (midazolam) Physostigmine Haldol (haloperidol) Ativan (lorazepam)	Pfizer Merck/Bristol Myers Squibb Pfizer Roche Laboratories Ortho-McNeil Baxter Healthcare	Risk factor in setting of chest pain Experimental drug for coma (three mentions) Experimental drug for coma (three mentions) Experimental drug for coma (three mentions) Treatment of thrombosis Treatment of laceration Treatment of spinal shock Treatment of spinal shock Sedation Treatment of poisoning Sedation Treatment of acute seizures (two mentions)

October 27, 2005	Octreotide Cetacaine (benzocaine) Versed (midazolam) Cefoxitin Ethanol	Cetylite Roche Laboratories	Treatment of Gastrointestinal bleed (two mentions) Anesthetic for naso-gastric tube Treatment of agitation (two mentions) Prophylaxis for wound infection Treatment for alcohol withdrawal
November 3, 2005	Epinephrine Atropine Etomidate Succinylcholine Lidocaine Doxycycline Demerol (meperidine) Dopamine Lidocaine Morphine	Sanofi-Aventis	Cardiac arrest Cardiac arrest Intubation Intubation Anesthetic Treatment of infection Treatment of pain Cardiac arrest Cardiac arrest Palliative care
November 10, 2005	Haldol (haloperidol) Versed (midazolam) Etomidate Epinephrine	Ortho-McNeil Roche Laboratories	Sedation Sedation/intubation Intubation Cardiac arrest