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Pharmaceutical Research

PHRM – 404

Research On:

"A Study on Pharmaceutical Promotional Practices in Bangladesh with respect to USA and India"

Prepared For:

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To

Ms. Kohinoor Biswas

Course Instructor

Pharmaceutical Research -PHRM – 404,

East West University, Bangladesh.

Subject: Submission of Research paper of PHRM – 404.

Dear Madam,

I am very pleased to submit the research paper on "A Study on Pharmaceutical Promotional Practices in Bangladesh". I am also thankful to you for your help on the whole research work process. I think this paper will help me on the future life as well as professional work life.

I will be pleased if you grant my paper and guide me with your valuable comments.

Sincerely,

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CERTIFICATE

This is to certify that, the project work on *"A Study on Pharmaceutical Promotional practices in Bangladesh with respect to USA and India"* submitted to the Department of Pharmacy, East West University, Mohakhali, Dhaka, in partial fulfillment of the requirements for the degree of Bachelor of Pharmacy (B. Pharm) was carried out by ~~Is~~ Ms. Fatema-Tuz-Zuhura Nancy(Id# 2005-3-70-013) under our guidance and supervision and that no part of the thesis has been submitted for any other degree. We further certify that all the sources of information of in this connection are duly acknowledged.

Kohinoor Biswas
29.12.09

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Table of Content

1.0 *Abstract*

In an attempt to study the promotional strategy of pharmaceutical products in Bangladesh compared to other countries like USA and India, this research has been organized and arranged. For the research purpose, I have collected the secondary review data via internet, some journals and books. The secondary review data contains the promotional strategy of pharmaceutical products in USA and India. The primary review data is collected Questionnaire survey of the doctors to know the promotional behavior of pharmaceutical products in Bangladesh. Few marketing experts of the leading pharmaceutical companies were also interviewed to have an insight on pharmaceutical promotional practices. The research will help to understand how the promotional strategy of Bangladesh is more or less similar and comparable to USA and India.

Keywords: *Pharmaceutical Marketing, Promotional practice of pharmaceutical, Promotion of Medicine by Pharmaceutical Company, Pharmaceutical Promotional practice in Bangladesh.*

2.0 Introduction

Marketing is the combination of four elements: product, price, promotion and distribution, this all together called marketing mix. Promotion is one of the vital elements among the four elements. It provides information regarding the product to the customers. Before customers can purchase a product, they must know its availability, its characteristics or benefits and where it can be purchase. It is means of communication of product to the customer.

World Health Organization (WHO) defines promotion as "all informational and persuasive activities by manufacturers and distributors, the effect of which is to induce prescription, supply, purchase and/or use of medicinal drugs".(Masood, et al., 2009)

International Federation of Pharmaceutical Manufacturers Association (IFPMA) defines promotion as "any activity undertaken, organized or sponsored by a member company (pharmaceutical company member of IFPMA) which is directed at healthcare professionals to promote the prescription, recommendation, supply, administration or consumption of its pharmaceutical product(s) through all media, including the internet".(Masood, et al., 2009)

2.1 The promotion is of four types

1. Advertising
2. Personal selling
3. Sales promotion
4. And publicity used to promote a specific product.

(Idea developed for this research work)

2.2 The role of promotion

1. Informing: The basic objective underlying all promotion is providing information. Firms want to tell potential customers about themselves as well as what products are available, where they can be purchased, and for what price.
2. Increasing sales: Aside from providing information, encouraging prospective customers to purchase products is the most common promotional objective, since sales mean survival and success for firms. Using advertisements, coupons, and other promotional methods, firms attempt to persuade customers to try new products, remind them to the benefits of products that have been on the market awhile, and reinforce their choice of particular brands.
3. Stabilizing sales: Firms also rely on promotional activities to reduce or eliminate substantial variations in demand throughout the year. Companies marketing seasonal products may step up promotional efforts during slow times of the year to use production facilities and distribution systems most effectively
4. Positioning the product: Often a firm uses promotion to position a product as different or superior to competing products. Positioning means emphasizing certain product features to create a specific image for the product and add to its

appeal. Firms often rely on advertising to position products.(Skinner & Ivancevich, 2003)

3.0 Objective

The main objective of my research is to know the promotional practice of pharmaceutical company in Bangladesh in comparison with the promotional practice of USA and India.

My research question was "How the promotional practice of pharmaceutical company in Bangladesh is going on compared with USA and India?"

- Identifying the Promotional practice of pharmaceutical company in Bangladesh, USA and India.

- Comparing the Promotional practice of pharmaceutical company in Bangladesh, USA and India.

4.0 Methodology of the research

For ethical research process I was very careful about data correctness and validity and I have done cross checking.

In my research, I have taken information from two sources

1. **Primary review sources:** Here, the data is collected from questionnaire to the doctor about the promotional behaviors of pharmaceutical industries in Bangladesh.
2. **Secondary review sources:** I have taken USA and India as the standard reference and tried to collect the data regarding the promotional practice of pharmaceutical in USA and India. Here, the research data is collected via internet mainly, books and others journals are also used as the tools. Here physical survey was not possible due to geographical problem. So, whatever the relevant information I got from the vast internet, I tried to include it to my research paper.

Discussion

5.1 Promotional practice of pharmaceuticals in India

India has a large pharmaceutical industry. A major expansion started in the early 1970s when the Indian government took two fateful decisions. Firstly, it decided to permit domestic manufacturers to produce generic versions of patented molecules without permission from overseas innovators—provided a different manufacturing process was employed. Secondly, small scale pharmaceutical units were eligible for huge fiscal incentives and state subsidies. The new policy led to an unprecedented growth of medicine makers. Today an estimated 17 000 pharmaceutical companies produce over 40 000 branded formulations, many times more than the rest of the world.(*Gulhati, 2004).*

Since the industry has free access to medicines discovered abroad, there is little incentive to undertake research to make new drugs. Consequently, nearly all companies are engaged in vicious competition to sell the same molecules under different brand names. Over 140 brands of omeprazole and over 120 brands of cefadroxil exist in India. As companies resort to unconventional methods to sell their brands, ethics take a back seat. Expanding indications, exaggerating efficacy, ignoring contraindications, and underplaying adverse effects have become routine practice. (*Chandra M Gulhati., 2004).*

Some recent examples illustrate these questionable marketing methods. Nimesulide, a non-steroidal anti-inflammatory drug, is being recommended for use in neonates and infants for undiagnosed fever. The European Medicine Evaluation Agency has contraindicated its use in children below 12 years due to its hepatotoxic potential.[1] Metoclopramide is marketed for nausea and vomiting in all age groups including low birthweight neonates,[2] though its use was restricted in the West in the mid-1990s to people aged over 18 years. The Nootropil brand of piracetam is indicated for cortical myoclonus in people older than 16 years.[3] In India, it is recommended for social maladjustment, lack of alertness, loss of memory, and learning disabilities in children. Known side effects are conveniently side stepped. (*Gulhati, 2004).*

Companies find it hard to generate prescriptions based solely on science. Relying on published datasheets issued by the inventing companies reduces the scope of a drug

because of the inconvenience of contraindications, precautions, drug interactions, and adverse effects. Sometimes, for purely promotional purposes local data are generated, as happened with letrozole, which was given to over 430 young women to test its efficacy in inducing ovulation. (*Gulhati, 2004).*

Without new molecules, companies create "novel" products by mixing two or more medicines in a fixed dose combination. Such combinations are often irrational, and some pose danger. Short term use of combinations of quinolones with imidazoles for undiagnosed diarrhoea is encouraging *Salmonella typhi* resistance to quinolones. (*Gulhati, 2004).*

Just as elsewhere, gifts and other incentives to prescribers are used by manufacturers to promote their products—and the methods are often ingenious. There is little consumer resistance to these practices for two reasons: faith in the perceived integrity of the medical profession, and lack of information. An examination of 1200 randomly selected formulations showed that only 316 had package inserts, and none had patient information leaflets.[6] Many poor, illiterate people in India ask pharmacists for medicines for common problems such as colds, cough, aches, and pains. In order to tap this lucrative market, companies produce "branded generics." These are not promoted to the medical profession, but to pharmacies, which are offered huge discounts. In the process it is conveniently forgotten that inducing pharmacies to sell prescription drugs without prescriptions is unethical and illegal. (*Gulhati, 2004).*

In India apart from registered medical practitioners, un- registered medical practitioners, i.e. "quacks" play an active role in health care system. In this situation pharmaceutical promotion can influence not only the use of a product, but also play an active role in our benefit of use of medicines. In India, like other countries, the promotional information of prescription drugs and drugs sold without prescription (OTC-Drugs) is regulated by national legislation. Code of Ethics for Advertisement of Drugs, is a guideline to regulate the promotion of prescription drugs as well as OTC drugs marketed in India.

Considering the socio-economic condition in our country there is no way to avoid the situation of self-medication which is now an important element in Indian health care

systems. Pharmaceutical information is of persuasive value which induces consumers to purchase drugs. Consumers, Naïve and uneducated consumers fall easy victims to unethical drug promotion practices. .(Shubhang, 2007).

A health professional obtains information from commercial sources of different pharmaceutical manufacturers through their sales professionals. Most of the time, pharmaceutical manufacturers claim that their newly introduced formulation is superior in respect of therapeutic efficacy to the existing formulation. Sales professionals produce their promotional documents and distribute the free samples along with eye catching visual-aids to target the increase of sales. The health professionals are initiated by such misleading documents and information to prescribe the product without justifying their claims. .(Shubhang, 2007).

5.2 Existing practice in India

Information

Doctors in developed countries have relatively better access to objective sources of information to offset what the industry promotes. There is not much documentation on drug information given to doctors in India. Most of the Indian articles deal with the accuracy of product information as given by medical representatives, package inserts and advertisements in medical journals. Drug advertisements in Indian medical journals contain less information on safety and clinical pharmacology. Gifts and incentives Studies suggest that doctors hold a range of views about gifts. However, smaller gifts and those useful in helping patients are more acceptable. Doctors readily accept gifts that are smaller and socially more acceptable. But they have double standards, and would frown if a politician accepted a similar gift. There was also a sense of 'unique invulnerability', that only 'other' doctors are influenced by gifts. Gifts from modest product samples to exotic cruises turn out to be a good investment for the companies, which spend huge amount of money because they are assured of returns. However, patients disapprove of gifts other than samples.

Trading practices

Internationally, it is well known that pharmaceutical firms have aggressive promotional tactics, but such practices have not been documented within the Indian subcontinent, either from the point of view of the strategies or the ethics of drug promotion. For example, people often get medications directly from chemists and retailers, bypassing doctors altogether, and drug companies exploit this link. The initial findings of the study seem to suggest that the doctor's prescription is not so powerful, after all, in the Indian drug market.(Shubhang, 2007).

6.1 Promotional practice of pharmaceuticals in USA

The pharmaceutical industry plays a significant role in the United States' economy. According to the National Institute for Health Care Management, U. S. consumers spent $154.5 billion on prescription drugs in 2001. This amounts to 10% of total health spending , which accounts for 14.9% of the U. S. GDP as of 2002 . Public health activists have voiced their concerns in both public media and specialized journals about the pharmaceutical Industry's economic power and influence. After all, if large corporations can influence politics and legislations, pharmaceutical companies can just as likely influence medical care and research. An assessment of the extent of the pharmaceutical industry's influence on patient care and medical research can be made through an analysis of its marketing tactics. These tactics can be arranged in four categories, from the least to most potential harm to consumers: physicians-targeted promotions, direct-to-consumer advertising, and unethical recruitment of physicians and data manipulation in clinical trials.

1. PHYSICIANS-TARGETED PROMOTIONS

Drug companies' promotions subconsciously influence physicians' prescription patterns. In 2002, the pharmaceutical industry spent $15.63 billion on promotions, which include free office supplies, all-expenses-paid events, sales representatives, and awards to physicians, of this promotional budget, $8,000 to $13,000 is spent on each physician. In a survey it is observed that the pharmaceutical company's all-expenses-paid seminars at "popular sunbelt vacation site[s]" do not affect their objectivity. The number of

prescriptions written for two promoted drugs were compared before and after the physicians attended the seminar, it was found that the numbers of prescriptions for those two drugs, when compared against the national average, significantly increased after the seminar. Promotion-induced subconscious influence is a widely studied phenomenon. A 10-year study of internists at seven university hospitals, published in 1990, found that frequent contact with sales representatives also changed prescription pattern. A study in a 2001,it was found that Doctors who had contact with pharmaceutical representatives were 13 times more likely to ask that a particular drug be added to an insurance plan's list of approved drug . An ideal physician provides his or her patients the best available care for the most economical price; however, despite physicians' reassurances, studies show that promotions influence how they prescribe. If doctors under subconscious influence prescribe the promoted drug and it is a more expensive alternative, thereby causing patients to incur higher treatment costs, in theory at Least, the patients are still receiving quality care. .(*Hoiman, 2005).*

2. DIRECT-TO-CONSUMER ADVERTISING

Heavy direct-to-consumer (DTC) advertising strongly correlates with increased sales for the promoted drugs but, in terms of both money and health, may not be in the best interest of patients. Between 1990 and 1998, the number of patients who sought medical attention for allergy symptoms hovered around 14 million; the number sharply rose to 18 million in 1999. This rise coincided with the expenditure in the same year of 15%+ of the $1.85 billion DTC advertising dollars that were targeted at prescribed oral antihistamines. (This 15 % accounts only for the three most heavily advertised and prescribed oral antihistamines: Claritin, Allegra, and Zyrtec). The following data better illustrate the fact that higher expenditures in drug advertisements result in an increase in the number of prescriptions written for that drug and thus, greater profitability. In 1999, prescriptions for the top 25 DTC- advertised drugs rose 34.2% and sales grew by 43% over the previous year's figures. DTC Advertising rose from $2.3 billion in 2000 to a projected $7.5 billion in 2005 (Parker and Pettijohn, 2003, p. 279). These numbers suggest that advertisements may have prompted those who previously had no need for the drug to imagine that their conditions were more serious and needed the help of the drug. If DTC

advertising only motivated certain patients to see their doctors more often, its harmful effects would be debatable. The larger and more important problem of DTC advertising concerns potential health risks posed by new drugs. New drugs are not time tested; their long-term effects are unknown; many patients who can be just as effectively treated with less expensive, older drugs are risking their health when using newer drugs. Vioxx (*rofecoxib*), a COX-2 inhibitor, is a case in point. COX-2 inhibitors were intended to replace non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, as a superior temporary pain reliever that does not have the side effect of gastrointestinal bleeding. Arthritic patients have long relied on NSAIDs to temporarily relieve pain, but when NSAIDs are taken on a long-term basis, they can seriously damage the gastrointestinal lining and, with no advance warning, can cause life-threatening internal bleeding. This side effect is an even greater danger to those who had previously suffered serious gastrointestinal conditions such as ulcers, because in these patients, life-threatening side effects can occur even if the drug is taken for only a short period of time. For arthritic patients who are suffering or have previously suffered serious gastrointestinal conditions such as ulcers, or who are allergic to NSAIDs, or who had been using NSAID on a long-term basis, the arrival of COX-2 inhibitors, which include Vioxx, Celebrex, and Bextra, was welcome news, as these new drugs were reported to be safer than NSAIDs for the gastrointestinal system. However, as with any new drug, there is the potential for side effects that had remained un-discovered during clinical trials (which focus on short-term efficacy and side effects); prescriptions for the new class of drugs should only have been written for those at risk from NSAIDs. This was not the case. By 2001, Vioxx had become Merck's best-selling arthritis drug as well as the most heavily advertised drug in the U. S., reaping a profit of $1.5 billion, which represented a 300% increase over the previous year's sales (Parker and Pettijohn, 2003). Yet by September 30, 2004, after studies had shown that it doubles the risk of heart attacks and strokes if taken for over 18 months, Merck voluntarily withdrew Vioxx from the market . Many arthritis patients who "might have done just as well with ibuprofen or other inexpensive over-the-counter remedies" unnecessarily risked their health and some suffered severe consequences by using the newer, more heavily promoted drugs such as Vioxx. .(*Hoiman, 2005).*

3. DATA MANIPULATION

Evidence suggests that pharmaceutical companies manipulate clinical data to prevent negative re sults from reaching the public. In 2000, Searle announced that its newest arthritis drug, Celebrex (*celecoxib*), the first of the COX-2 inhibitors, was safer on the gastrointestinal system than the older NSAIDs such as ibuprofen. This claim was important both for the patients and the marketer because gastrointestinal complications from using the older arthritis drugs account for approximately 107,000 hospitalizations annually. Celebrex was heavily marketed and soon cost patients $2 per pill (Parker and Pettijohn, 2003, p. 280). But in 2004, when Group Health Cooperative of Seattle reviewed the protocol of the study that Searle had conducted for FDA approval and that was kept in FDA's public information database, the agency found that Searle had reported only the six-month results, which showed that Celebrex produced fewer gastrointestinal problems than the older drugs, instead of the results for the entire 12-month study, which revealed no such difference (Brownlee; Rennie and Mora, 4 April, 2004). Data manipulation distorts the flow of medical information to all physicians and ultimately has the potential to affect the quality and reliability of patient care.(*Hoiman, 2005).*

6.2 Existing Practice in USA

Pharmaceutical marketing and promotion in USA has divided into two categories:

1. Traditional pharmaceutical marketing and promotion: techniques and tools
2. Pharmaceutical marketing in 21st century: latest techniques and tools in global village.

(Masood, et al., 2009)

1. Traditional pharmaceutical marketing and promotion: techniques and tools

a. Advertisement

Advertisement of drugs is done mainly by 3 ways.

- Directed to consumers Advertisement (DTCA)
- Advertisement in mass media (legally allowed only in two countries USA and New

Zealand)

• Directed to prescribers Advertisement

• Through advertisement in professional publications, books, journals, conferences electronic media and cyber space.

• Continuous Medical Education (CME). These days this tool of pharmaceutical promotion is very popular by which pharmaceutical companies use educational events for their marketing purpose by investing on physicians or opinion leaders paid as speakers, education events, lectures excursions i.e. national excursions for participation in conference/seminars and symposia, foreign excursions for participation in conference/seminars and symposia. Industry gets double benefit from CME programs. At one end they oblige their customers (prescribers) and as return get increased prescription. On the other end they promote their image as a responsible organization of the society to use corporate social responsibility (CSR) concept. (Masood, et al., 2009)

b. Sponsorships

Companies also try to make direct payments to the doctors by various indirect ways i.e. for clinical trails (entering patients in clinical trials against payment), national and international conferences and symposia sponsorships, free medical camps, and opinion leaders (to deliver lectures) for health care professionals. (Masood, et al., 2009)

c. Personal Selling

Personal selling is most important way of drug promotion. It adopts detailing in combination with many other tools. Detailing is most commonly used technique world wide and by definition detailing is "the personal sampling and other promotional work among doctors, dentists, and other professional persons done for pharmaceutical concerns; in order to secure goodwill and possible distribution or prescription of the product". Sales representatives are the focal resource for applying most of the techniques of pharmaceutical marketing means relationship between prescribers and medical representatives is supported by various gifts and materials. The adopted tools of promotion for this technique are drug information brochures, literatures, drug samples,

giveaways, personalized gifts, sweepstakes in conferences and workshops and many other tools. (Masood, et al., 2009)

2. Pharmaceutical Marketing In 21st Century: Latest Techniques And Tools In Global Village

Pharmaceutical marketing have also adopted modern techniques according to developments in technology. Few of them are adopted independently and some are being used in combination or to support traditional techniques. (Masood, et al., 2009)

a. Internet Based Drug Promotion: Using Corporate Blogs, Social Network Webs and Many Other Online Methods

Pharmaceutical industry is focusing on the advantages of the internet and the development of new media forms to promote their products. Electronic detailing, interactive websites, email prompts and viral marketing campaigns using social networking sites such as YouTube, MySpace and Facebook are among the tools being used. (Masood, et al., 2009)

b. Electronic Detailing

With the technological development, many existing methods and practices has been either replaced or modified in combination with technologically developed methods. Electronic detailing (e-detailing) is one of the methods of drug promotion introduced few years back as technologically develop tool. In pharmaceutical industry it has been introduced as a new communication channel for the promotion of drugs among the physicians. For e-detailing digital technologies like internet, video conferencing, and interactive voice response are adopted to interact with physicians. (Masood, et al., 2009)

c. Direct to Consumer Advertisement of Prescription Drugs

Direct-to-consumer advertising of prescription drugs (DTCA) is legal in 2 industrialized countries, the United States and New Zealand. No new legislation was introduced to allow this form of advertising; both countries' laws were silent with respect to the target audience for prescription drug advertising. However, since the early 1990s when the US

pharmaceutical industry spent less than $100 million per year advertising prescription drugs to the public, DTCA has grown enormously, with spending reaching $3.2 billion in 2003 and the proportion of advertising revenues devoted to DTCA growing from 9% in 1996 to 13% in 2003. Under the Federal Food, Drug, and Cosmetic Act, the Food and Drug Administration is responsible for ensuring that the labeling and advertising of prescription drugs is truthful and not misleading. Section 502 (n) of the act (21 U.S.C. 352 (n)) prohibits the advertising of drugs that is false or misleading or that fails to provide required information about product's risks. Although in beginning, advertising of prescription drugs was primarily addressed to health professionals, but over the period of time, consumers have became a primary target audience. After the change target audience of advertisement, direct-to-consumer advertising (DTCA) has become the favorite channel of the pharmaceutical companies for marketing their products. Spending on DTCA for prescription drugs reached $3.27 billion in 2003, almost 5 times the $695 million level seen in 1996, and over 25 times the $130 million level seen in 1993. Part of this growth resulted from the Food and Drug Administration's August 1997 Draft Guidance for Broadcast Advertising of Prescription Medicines, which effectively opened the door for pharmaceutical companies to advertise prescription drug products on television and radio. (Masood, et al., 2009)

Regulations and Codes Of Conduct To Control Pharmaceutical Promotion

The issue in pharmaceutical marketing is not only the misuse or abuse of the drug promotional techniques, but the absence and weak enforcement of the regulations and self regulatory codes could also be responsible for uncontrolled drug marketing. Many developing countries have no appropriate law to control the pharmaceutical promotion. (Masood,etal.,2009)

Abuse of Marketing Techniques In Pharmaceuticals

The pharmaceutical industry has contributed more to the well being of humanity than any other. Arguably among other achievements, it has helped to remove tuberculosis, astroenteritis, and diphtheria from among the 10 leading causes of death in the western

world and also achieved a mile stone by playing basic role in removal of small pox, plague and polio, the main causes of death and disability especially in the developing countries few decades back. But despite these achievements, yet the avoidable suffering caused by the pharmaceutical industry, particularly to the poor of the world, seems at times beyond comprehension. Alliances between medical profession and pharmaceutical industry have become increasingly widespread in recent years. While there are clearly benefits for doctors and their patients derived from the medical profession working with the industry, concerns has been arisen that commercial imperative of industry may conflict with physicians' independence and professional integrity. It is fact that marketing and promotional activities may influence the physicians' decision regarding prescribing medication. Little information is available about means of the promotion of pharmaceuticals in all over the world especially in the developing countries there is no documentation of the promotional practices, means and tools influencing doctors prescribing behaviors. Even globally we can find few studies that addressed the issue but on in a very narrow and specific area of the scene. (Masood, et al., 2009)

Promotional Spending

Gifts given by the pharmaceutical industry to physicians are common and controversial. Their expenditure on marketing is increasing day by day. Only in USA, pharmaceutical industry spends nearly twice as much on marketing as on R&D. In 1998 pharmaceutical industry spent US$12724 million in United States only on promoting its products. In 1998 expenditure were dominated by free drug samples provided to physicians (equivalent retail cost of US$ 6602 million) and office promotion (US$ 3537 million), followed by (DTCA) Direct to consumers advertisement (US$ 1337 million) hospital promotion (US$ 705 million) and advertising in medical journals (US$ 540 million). It has been estimated that on average, more then US$8000 is spent per physician annually and this budget is increasing every year. According to IMS (International Medical Statistics) and CAM, spending for the promotion of prescription drugs in US during the year of 2004 was more then 57.5 Billion out of which 15.9 (27.7%) was spent on free samples, 20.4 (35.5%) on detailing 4 (7%) on Direct to Consumers Advertisement

(DTCA), 2 (3.5%) on meetings, 0.3 (0.5%) on e-promotion, mailing etc, 0.5(0.9%) on journal advertisement and 14.4 (25%) were the unmonitored promotional expenditures (estimate) (24). IMS have not included the spending on phase IV "seeding" trials, trials which are specifically designed for the promotion the prescription of new drugs and have no interest in generation of scientific data. In 2004, 13.2% (US$4.9 billion) of R&D expenditures by American pharmaceutical firms was spent on phase IV trials (24). Out of these marketing budgets; focus of the companies shows increasing trend on the budget allocation for detailing mode and direct to consumer advertisement. In 1996 budget spent on detailing mode of promotion was 3 billion which reached 4.8 billion in 2000 (only in 5 years). Similarly spending on direct to consumer advertisement was 0.8 billion which in the 5 years reached 2.5 billion USD in United States (25). Pharmaceutical industry has been the most profitable industry in the country for a decade. According to an analysis of 2001 data, it was five times as profitable as the average Fortune 500 companies. The industry deserves great credit for supplying miracle drugs, but no responsible industry would engage in the price gouging and advertising abuses that taint its reputation today. (Masood, et al., 2009)

Bribes

Bribing in pharmaceutical industries have become an international trade and concluded that pharmaceutical is one of the most corrupt among the industries. The bribe is being paid to type of governmental official who could conceivably affect the interest of pharmaceutical companies such as bribes to cabinet members to get drugs approval for marketing, bribes to social security bureaucrats who fix prices for subsidized drugs; to health inspectors who check pharmaceutical manufacturing plants; to customs officials, hospital administrators, tax assessors, political parties and others. Usually the slides they use for their lectures are provided by the host pharmaceutical company. Topics for these lectures are just repetition. If the drug company didn't expect the gift to influence the doctor's decision, why would it give the gift? According to a 1992 article published in The New England Journal of Medicine written by Douglas Waud, M.D., the term gift should read bribe: A gift implies that no strings are attached. Companies offer everything from free golf games to week-ends in resort hotels, from free tickets for theatre festivals

to dinner cruises. The evening invitations to the most expensive local restaurants arrive once or twice a week, let alone the free lunches which are mine for the asking. The most guests have to do is to sit through a half hour presentation of a company's product. (Masood, et al., 2009)

Abuse of Sponsorships

Companies also try to make direct payments to the doctors by various indirect ways i.e. Enter patients in clinical trials against payment, National and International conferences and symposia sponsorships, free medical camps, and foreign trips. Sponsorships also involve "promotional research", use of opinion leaders by the way of calling them to present company provided presentations among the health care professionals.(Masood, et al., 2009)

Impact of marketing on prescribing behavior and behavioral changes towards offers

Here a question arises, "Are the pharmaceutical promotional activities really able to influence the behaviors of the physicians?" Many studies concluded that pharmaceutical marketing is not only influential to the doctors' attitude also their prescribing behaviors. Pharmaceutical companies give gifts to doctors as a part of promoting and marketing their products. Although many doctors deny the potential for gifts to influence their judgment, it has been found that medical practitioners' attitudes to the pharmaceutical industry, their knowledge about pharmaceutical products, and prescribing behavior are influenced by industry promotion and gift-giving. As for as attitude change is concerned, it has been changed for example "Now" they (prescribers) ask for or readily accept the offer for free travel and hotel accommodation, give green cards against donations for building funds and refuse to see the medical representatives if donation is not given. Group of doctors have formed companies and prescribing their products. They have an increasing liaison with chemists to prescribe a product which provides more discounts. (Masood, et al., 2009)

7.0 Promotional practice of pharmaceuticals in Bnagladesh

The pharmaceutical sector in Bangladesh is the fastest growing sectors of the economy in Bangladesh. It is estimated that over $250 million have been invested in this sector over the last couple years in terms of facility modernization as well as new facilities.(Bangladesh Economic News, 2009)

Unlike, other the pharmaceutical company they promote their medicines to the doctors directly and sometimes to the retailer of the shop. In Bangladesh, the pharmaceutical companies donot promote their product to the customer like America..All the promotional Practises are governed and controlled by a body known as Drug Administration. They usually make rules and laws to control not only the promotional behavior of the company but also take care of the all process starting from manufacturing to selling the product. It is also provided in laws of pharmaceutical promotion that no medicines can be promoted through advertisement . For better, understandment, I am providing the code of pharmaceutical marketing practise followed by the pharmaceutical industries

7.1 Code of pharmaceutical marketing practice followed by pharmaceutical industry in Bangladesh:

1.1 The formulation of this Code of Pharmaceutical Marketing Practices has been consequent upon the initiative of the Pharmacy professionals and realization by the Ministry of Health and Family Welfare and the Directorate of Drugs Administration to promote and support continuous development of and strict adherence to the ethical principles and practices with respect to marketing of pharmaceutical products.

1.2 This Code of Pharmaceutical Marketing Practices has been drawn up by A committee with the Director of Drugs Administration as the Chairman And the representatives of the following bodies as the members:

- Pharmacy Council of Bangladesh

- Bangladesh Medical Association
- Bangladesh Pharmaceutical Society
- Bangladesh Pharmaceutical Manufacturers Association

1.3 This Code has been formulated with due consideration to the socio - Economic, cultural and health care context of Bangladesh. The following documents have been considered as references for the Formulation of the Code:

- Ethical Criteria for Medicinal Drug Promotion, WHO, Geneva.
- IFPMA Code of Pharmaceutical Marketing Practices.
- Code of Practice for the Pharmaceutical Industry, Association of British Pharmaceutical Industries, London.

2. DEFINITION OF CERTAIN TERMS

2.1 "Pharmaceutical Product" means any pharmaceutical or Biological product intended for use either in the cure, Mitigation, treatment, prevention or in vivo diagnosis disease in Humans, or to affect the structure or any function of the human body.

2.2 "Promotion" means those informational and marketing activities, Undertaken by a Pharmaceutical company or with its authority, the Purpose of which is to induce the prescribing, sales, or use. It includes the activities of representatives and all other aspects of sales promotion in whatever form, such as journal and direct mail Advertising; participation in exhibitions; the use of audio-cassettes, Films, records, tapes and video recordings; the use of view data Systems and data storage devices such as memory discs accessed and Reproduced on television apparatus, visual display units and the like; The provision of samples, gifts and hospitality. The term "Promotion" does not include to:

i. Replies made in response to enquiries from particular doctors or to replies in response to a specific communication, whether of Enquiry or comment, including letters published in a medical Journal.

ii. Announcements of pack changes, adverse reaction, warnings or Recall of products provided they contain no product claims.

iii. Scientific/clinical papers presented in seminars, scientific Films on diseases and their management shown to the doctors.

iv. "Trade Advertisements" such as catalogues, price lists or other documents issued with a view to the trade but not Containing any reference to product usage other than a generic

name and therapeutic classification.

2.3 The terms "Medical Profession", "Practice of Medicine", Practitioner" and "Doctor" should be interpreted to include Health-care professionals duly registered by relevant statutory Authority.

2.4 The terms "Medical Representative" means a person whose duties Comprise or include calling upon member of the medical profession For the purpose of promotion of pharmaceutical products.

3. OBJECTIVES

3.1 The main objective of the Code of Pharmaceutical Marketing Practices it to support and encourage the improvement of health care through the rational use of Medicinal substances. The Code emphasizes the importance in the public interest of providing the health professionals (doctors, pharmacists, nurses as relevant) with accurate, fair and objective information on medicinal Substances.

3.2 The Code accepts the principle that such information should be presented in a form and by ways and means which conform not only to legal requirements but also a ethical standards and to standards of goods taste.

3.3 The Code, therefore, represents an act of self -discipline and appeals to pharmaceutical manufacturers and distributors, the promotion industry, health personnel involved in the prescription, dispensing, supply and distribution of drugs, universities and other teaching institutions, professional associations, patient and consumer groups, the professional and general media (including publishers and editors of medical journals and related publications), and the public. To use these criteria as appropriate to their spheres of competence, activity and responsibility. To adopt measures based on these criteria as appropriate, and monitor and enforce their standards.

4. PRODUCT LICENSE

4.1 A pharmaceutical product must not be promoted prior to the grant of the product license authorizing its sale or supply.

4.2 Pre-registration feasibility studies, awareness campaigns or promotional activities of any other form, may be conducted with prior approval of the licensing authority of the relevant authorities and that should be confined to a reasonable extent.

5. NATURE L AVAILABILITY OF INFORMATION

5.1 The company concerned shall on request, promptly provide the health professionals with accurate and relevant information about the pharmaceutical product which the company markets.

5.2 Information about pharmaceutical products should accurately reflect current knowledge or other responsible opinion and should be based on an up-to-date evaluation of available scientific evidence and should reflect this evidence clearly. Claims should not be stronger than such evidence warrants. Every effort should be made to avoid ambiguity.

5.3 Information on pharmaceutical products must be accurate and balanced and must not mislead either directly or by implication.

5.4 Information must be capable of substantiation, such substantiation being provided without delay at the request of the relevant person or authority.

5.5 No public communication shall be made with the intent of promoting a pharmaceutical product as safe and effective for any use before the required approval of the pharmaceutical product for marketing of such use is obtained. However, this provision is not intended to abridge the right of the scientific community and the public to be fully informed concerning scientific and medical progress. It is not intended to restrict a full and proper exchange of scientific information concerning a pharmaceutical product, including appropriate dissemination of investigational findings in scientific or lay communications media, nor to restrict public disclosure to stockholders and others concerning any pharmaceutical product as may be required or desirable under law, rule or regulation.

5.6 Particular care should be taken that essential information as to pharmaceutical products' safety, contra -indications and side effects or toxic hazards in appropriately and consistently communicated, subject to the legal, regulatory and medical practices of Bangladesh.

5.7 Promotional communications should have medical clearance by the qualified person of the company as provided for at clause 15.

6. CLAIMS & COMPARISONS

6.1 Claims for a medical products must be based on an up-to-date evaluation of available evidence and must reflect this evidence accurately and clearly.

6.2 Exaggerated or all-embracing claims must not be made and superlatives must not be used. Claims should not imply that a medical product, or an active ingredient, has some special merit, quality or property unless this can be substantiated.

6.3 Any statement about side-effects should be specific and based on data submitted with the license application or notified to the licensing authority, or on published data to which references are given. It should not be stated that a product has no side effects, toxic hazards or risks of addiction.

6.4 The word "safe" must not be used without rational qualification.

6.5 The word 'new' should not be used to describe any product or presentation, which has been generally available, or any therapeutic indication, which has been generally promoted, for more than twelve months in Bangladesh.

6.6 Comparisons of products must be factual, fair, and capable of substantiation. In presenting a comparison, care must be taken to ensure that it does not mislead by distortion, by undue emphasis, or in any other way.

6.7 'Hanging' comparatives, which without having any appreciable reason, merely claim that the product is 'be tter1, 'stronger' etc. must not be used.

6.8 Brand names of products of other companies must not be used unless the prior consent of the proprietors has been obtained. The ownership of the trade -mark shall be acknowledged.

7. DISPARAGING REFERENCES

7.1 The products or services of other companies should not be disparaged either directly or by implication. Substantiated comparative claims inviting fair comparisons with a group of products or with other products in the same field are permissible, provided that such claims are not presented in a way which is likely to mislead, whether by distortion, undue emphasis or otherwise.

7.2 The clinical and scientific opinion of members of the medical and allied professions should not be disparaged either directly or by implication.

8. PRINTED PROMOTIONAL MATERIALS

8.1 A pharmaceutical company should provide the member of the health profession with a data sheet while promoting the product to him. The content of such data sheet should be approved by the licensing authority.

8.2 All other printed materials which is issued by the product license holder or with his authority should comply to the content of the data sheet and must include certain information specified hereunder in this code.

8.3 (i) Except for "abbreviated advertisements", as defined in clause 8.4 of this code, the following information must be given clearly and concisely on printed promotional material:

a. The name and address of the holder of the license, or the name and address of the part of his business, responsible for the promotion of the product.

b. A quantitative list of the active ingredients, using approved names where such exist, or other non-proprietary names; alternatively, the non-proprietary name of the product if it is the subject of an accepted monograph.

c. At least one authorised indication for use consistent with the data sheet.

d. A succinct statement of the information in the data sheet relating to the dosage and method of use relevant to the indications quoted in the advertisement and, where not otherwise obvious, the route of administration.

e. A succinct statement of the side -effects, precautions and contra indications relevant to the indications in the advertisement; the substance of the relevant information in the data sheet being given in a concise form.

f. Any warning issued by the Licensing Authority which is required to be included in advertisements.

8.3 (ii) The information required by Clause 8.3 (i) (d), (e) and (f) must be printed in such type and in such a position that its relationship to the claims and indications is readily appreciated by the reader.

8.4 (i) The requirements of Clause 8.3 do not apply in the case of an "abbreviated advertisement" . An "abbreviated advertisement" is one, the text of which contains in relation to the product no more than:

a. The brand name of the product.

b. The approved names of the active ingredients, where such names exist, or other non-proprietary names; alternatively, the non - proprietary name of the product if it is the subject of an accepted monograph.

c. The name and address of the product license holder, or the name and address of the part of his business responsible for the promotion of the product.

d. One indication for use, or more than one indication provided that these are in accordance with the data sheet.

e. A concise statement, consistent with the data sheet, giving the reason why the product is recommended for such indication or indications.

f. A form of words which indicates clearly that further information is available on request from the license holder or is to be found in the data sheet relating to the product.

8.4 (ii) An abbreviated advertisement must always contain the information required by Clause 8.4 (i) (a), (b), (c) and (f). The information required by Clause 8.4 (i) (d) and (e) is optional. An abbreviated advertisement must not include any illustration which is likely to convey any information about the product or imply claims which are additional to those provided in accordance with Clause 8.4 (i) (a) to (e) inclusive.

8.4 (iii) An abbreviated advertisement directed towards a doctor is permissible only when it constitutes ad advertisement appearing in a publication sent or delivered wholly or mainly to doctors. A loose insert included in such a publication cannot be an abbreviated advertisement.

8.4 iv) An abbreviated advertisement cannot appear as part of another promotional item, such as in a brochure consisting of a full advertisement for another of a company's products.

8.4 (v) An abbreviated advertisement is not permissible where the licensing authority has required a warning to be included in any advertisement relating to the medical product, and/or the licensing authority has issued a direction that abbreviated advertisements should not be issued.

8.5 Promotional materials, such as mailings and journal advertisements, must not be designed in a manner which may obviously defeat its purpose.

8.6 Promotional material should conform, both in text and illustration, to the standards of good taste and should recognize the professional standing of the recipients. Relevant

human figures and photographs may be used in promotional materials subject to approval of licensing authority. Such illustration should respect the tradition, culture and social values of the people of Bangladesh.

8.7 Doctors' names, photographs or a prominent portrait must not be used in a promotional material or in any other way by which any individual doctor may be identified or the e ethical code of the medical profession is contradicted.

8.8 Promotional materials should not imitate the devices, copy slogans or general layout adopted by other companies in a way that is likely to mislead or confuse.

8.9 Where appropriate, for example e, in technical and other informative material, the date of printing or the last review should be stated.

8.10 No advertisement included in a journal may consist of more than two consecutive pages. 8.11 Postcards, other exposed mailings, envelopes or wrappers should not carry matter which might be regarded as advertising to the lay public or which could be considered unsuitable for public view.

8.12 Telephone and Telex messages must not be used for promotional purposes.

8.13 In a two page journal advertisement only one page need include the information required by Clause 8.3 of the Code provided that the other page (except where it faces the age on which the information is printed) includes a reference, on an outer edge, in at least 8 point type, indicating where that information appears. Where the two pages of the advertisement are not facing, neither must be false or misleading when read in isolation. Where an advertisement consists of a double -sided insert in a journal, neither side must be false o r misleading when read in isolation.

8.14 In a multi-page advertisement, the information required by Clause8.3 of the Code must appear on one or more continuous pages and where such an advertisement consists of more than four pages, the advertisement must include a clear indication as to the location of this information.

8.15 Promotional materials should be used within two years of its approval by the licensing authority. However, fresh approval may be obtained for further use.

9. REFERENCES TO OFFIC IAL BODIES

Promotional material should not include any reference to the

Committees formed by the government or to the licensing authority, unless this is specifically required by the licensing authority.

10. ART WORK, GRAPHS, ILLUSTRATIONS ETC.

10.1 Illustrations must not mislead as to the nature of the claims or comparisons being made, nor as to the purposes for which the product is used; nor should illustrations distract from warnings or contra-indications.

10.2 Art work illustrations must conform t o the letter and the spirit of the Code. Graphs and tables should be presented in such a way as to give a clear, fair, balanced view of the matters with which they deal, and should only be included if they are relevant to the claims or comparisons being made.

10.3 Graphs and tables must not be used in any way which might mislead; for example, by their incompleteness or by the use of suppressed zeros or unusual scales.

11. REPRINT, ABSTRACTS AND QUOTATIONS

11.1 It is only permissible to include in promotional material reasonably brief abstracts of, or quotations from, articles by members of the medical profession and to include in such materials reference to doctors names in a bibliography of published works. In no case, however, should doctors names be used in a prominent manner in promotional material.

11.2 Quotations from medical literature, or from personal communications received from doctors, must accurately reflect the meaning of the author and the significance of the study.

11.3 Quotations relating to medical products taken from public broadcasts (e.g. audio and television) and from private occasions, such as medical conferences or symposia, should not be used without the written permission of the speaker.

11.4 The utmost care must be taken to avoid ascribing claims or views relating to medical products to authors when such claims or views no longer represent or may not represent, the current views of the authors concerned.

12. DISTRIBUTION OF PRINTED PROMOTIONAL MATERIAL

12.1 Promotional material should only be sent or distributed to those categories of health-care professionals whose need for; or interest in, the particular information can reasonably be assumed.

12.2 Any information designed to encourage the us e of medical products in clinics, industrial concerns, clubs or schools must be addressed to the medical staff only.

12.3 Mailing lists only include those health -care professionals as defined in this code. Requests from doctors to be removed from promotional mailing lists must be complied with promptly and no name may be restored except at the doctor's request or with his permission.

13. AUDIO -VISUAL MATERIAL

13.1 Audio-visual material qualifying as promotional material must comply with all relevant requirements of the Code, with the exception of Clause 8.3.

13.2 When audio-visual material is used to promote a product, the information required by Clause 8.3 (i) of the Code must be provided either by way of a document made available to all persons to whom the material is played or shown, or to whom it is sent or except in the case of material which consists of sound only, by way of inclusion as part of the audiovisual material.

13.3 Wherein the information required by Clause 8.3 (i) is provided as part of the audio-visual material, it must appear visually in or with the advertisement and be of sufficient clarity and duration that it can be read easily.

13.4 Audio-visual promotional material is subject to the certification requirements of Clause

14. MATERIAL REPRODUCED ON TELEVISION, APPARATUS, VISUAL DISPLAY UNITS

14. (i) Promotional material which is made available to hospitals, doctors, pharmacists etc., by systems which enable the material to be accessed and reproduced on to television apparatus, visual display units arid the like, must comply with all relevant requirements of the Code, with the exception of Clauses 8.3 and 8.14. Such material includes view data systems, memory discs and the like, but not video-tapes, which come within the scope of Clause 14.

14.(ii) The obligatory information required by Clause 8.3 (i) (a) - (f) must be available through the system conveying the promotional material and instructions for accessing that information must be displayed with the promotional material.

14.(iii) Promotional material made available in this way is subject to the certification requirements of Clause 15.

15. CERTIFICATION OF PRINTED PROMOTIONAL MATERIAL

15.1 No promotional material shall be issued unless the final text and layout have been certified on behalf of the company by an authorized person in the manner provided by this clause. The authorized person shall be a pharmacy graduate or a medical graduate. The authorized person may be a full time employee of the company or r retained by the company. The retainer ship of an individual by more than one company is not allowed.

15.2 The names of authorized persons, together with their qualifications, shall be notified in advance to the licensing authority. Changes in the names of the authorized persons must be promptly notified to the Licensing Authority.

15.3 The certificate shall certify that the signatories have examined the material in its final form that in their belief it is in accordance with the requirements of the relevant advertising regulations and this Code of Practice, is consistent with the product license and the data sheet, and is a fair and truthful presentation of the facts about the product.

15.4 Companies shall preserve all certificates, together with the m material in the form certified, for not less than three years and produce them upon request from the Licensing Authority or the appropriate committee formed by the government.

15.5 The foregoing procedure shall apply, with the necessary variation, to audio-visual material prepared by or on behalf of companies in accordance with Clause 13, to promotional material provided by or with the authority of companies for reproduction on television apparatus, visual display units and the like in accordance with Clause 14.

16. SUSPENSION OF ADVERTISEMENTS OR PRACTICES

In the event of the Code of Pharmaceutical Marketing Practices Committee (CPMPC) requiring a company to suspend a practice or the use of an advertisement pending its decision on a complaint relevant to the safe or proper use of the product; the company shall comply forthwith.

17. MEDICAL REPRESENTATIVES

17.1 Medical Representatives must be adequately trained and possess sufficient medical and technical knowledge to present information on the company's products in an accurate and responsible manner.

17.2 Medical Representatives should at all time maintain a high standard of ethical conduct in the discharge of their duties.

17.3 The requirements of the Code which aim at accuracy, fairness, balance, and good taste apply to oral representations as well as printed material.

17.4 Unfair or misleading comparisons must be avoided by Medical Representatives.

17.5 Claims made for products by medical representatives must be limited to the indications permitted by the product license.

17.6 Medical representatives must not employ any inducement or subterfuge to gain an interview. No payment of a fee should be made for the grant of an interview.

17.7 Medical representatives must ensure that the frequency, timing and duration of calls on doctors, or on hospitals, together with the manner in which they are made, do not cause inconvenience. The wishes of an individual doctor, or the arrangements in force at any particular establishment, must be observed by medical representatives.

17.8 Medical Representatives must take adequate precautions to ensure the security of medical products in their possession.

17.9 Medical Representatives must not use the telephone to promote products to the medical profession unless prior arrangement has been made with individual doctors.

17.10 Medical representatives compensation should be such so as not to encourage unethical practices.

17.11 When discussion about a product is initiated by a medical representative, he should be able to place before the doctor for reference, on request by the doctor, the approved data sheet of the product.

17.12 Companies should prepare detailed briefing material for medical representatives on the technical aspects of any product which the medical representative is to promote. Briefing material must comply with the relevant requirements of the Code and, in particular, is subject to the certification requirements of Clause 15.

17.13 Medical representatives should not make a claim for a product based on the regulatory management of that product, or of competing products, or based on any warnings issued in relation to other products, unless in accordance with a specific requirement. However, a medical representative may refer to such matters in answer t o a specific question.

17.14 A company may only employ as medical representatives persons who are graduates in science and have undergone at least 4 weeks training on the relevant fields.

18. SAMPLE

18.1 Where the company so desires samples of pharmaceutical products may be supplied to the medical and allied professions to familiarize them with the products, to enable them to gain experience with the product in their practice, or upon request.

18.2 Free samples for legally available medicines may be provided in modest quantities to the prescriber.

18.3 Free samples for legally available non -prescription medicines should not be provided to the general public for promotional purpose. However, subject to the approval of the Licensing Authority, exceptions may be made with certain categories of medicines, which may be distributed to the general public or to certain groups of people for promotional purpose. Such categories of medicines may include nutritional supplements, oral dehydration substances, birth spacing medicines & devices etc.

18.4 No samples should be mailed to doctors except in response to a request. Samples which are sent by post must be packed so as to be reasonably secured.

18.5 Where samples of "Prescription only" products are distributed by a representative, the sample must be handed direct to the doctor or given to a person authorized to receive the sample on his behalf. A similar practice must be adopted for products which would be unsafe to use except under medical supervision.

18.6 Distribution of samples in hospitals should comply with individual hospital regulations, if any.

19. GIFTS AND INDUCEMENTS

19.1 Subject to Clause 19-2, no gift or financial inducement shall be offered or given to members of the medical profession for purposes of sales promotion.

19.2 Gifts in the form of articles designed as promotional aids, whether related to a particular product or of general utility, may be distributed to members of the medical and allied professions provided the gift is not unreasonably expensive and relevant to the practice of medicine or pharmacy.

19.3 The requirements of Clause 7.3 or Clause 7.4 do not apply if a promotional aid of the type mentioned in Clause 19 -2 bears no more than one or more of the following particulars :

(i) The name of the product.

11) The name of the product license holder or the name of that part of his business responsible for the promotion and/or sale of the product.

(iii) The address of the product license holder or the address of the part of his business responsible for the sale of product.

IV) An indication that the product name is a trade mark.

19.4 For the promotional and of the type mentioned in clause 19.2 if brand name is mentioned it must also carry the generic name of the product and the company identity.

20. HOSPITALITY

Entertainment or other hospitality offered to members of the medical and allied professions for purpose of sales promotion should always be secondary to the main purpose of the meeting. It should not extend beyond members of the professions. The level of hospitality should be appropriate and not out of proportion to the occasion;(CODE OF PHARMACEUTICAL MARKETING PRACTICES, 1992)

21. MARKETING RESEARCH

21.1 Marketing research is the collection and analysis of information and should not be used to promote ones products to undermine other. The use to which the statistics or information is put may well be promotional. The two phases should be kept distinct.

21.2 Methods used for marketing research must never be such as to bring discredit upon, or to reduce confidence in, the pharmaceutical industry. The following provisions apply whether the research is carried out directly by the company concerned or by an organization acting on the company's behalf.

21.3 The following information must be made available to the informant at first approach:

(i) The nature of the survey.

(ii) The name and address of the organization carrying out the work.

(iii) The identity of the interviewer.

21.4 Questions intended to solicit disparaging references to competing products or companies must be avoided.

21.5 Any written or oral statement given or made to an informant in order to obtain co-operation must be both factually correct and honored.

21.6 Any incentives offered to the informants should be kept to a minimum and be commensurate with the work involved.

21.7 Marketing research must not in any circumstances be used as a disguised form of sales promotion and the research operation must not have as a direct objective the influencing of the opinions of the informant.

21.8 The identity of an informant must be treated as being confidential, unless he has specifically agreed otherwise.

21.9 Precautions should be taken to ensure that no embarrassment results for informants following on from an interview, or from any subsequent communication concerning the research project.

22. RELATIONS WITH THE GENERAL PUBLIC AND LAY COMMUNICATION MEDIA(CODE OF PHARMACEUTICAL MARKETING PRACTICES, 1992)

22.1 Requests from individual members of the public for information or advice on personal medical matters must always be refused and the enquirer recommended consulting his or her own doctor.

22.2 Medicines which cannot legally be sold or supplied to the public otherwise than in accordance with a prescription, or which are legally limited to promotion for sale or supply only on prescription, must not be advertised to the general public.

22.2 (a) Pharmaceutical products may be classified as:

(i) Prescription only medicines, and

(ii) Over the counter drugs.

The licensing authority will determine the classification of a product. Advertisement to the general public in lay press may be permitted for over the counter medicines subject to prior approval of the licensing authority.

22.3 Statements must never be designed or made for the purpose of encouraging members of the public to ask their doctor to prescribe a particular product.
22.4 Information about medical products or matters related thereto, including scientific discoveries or advances in treatment, should not in general be made available to t he general public either directly or through any lay medium

22.5 The importance of such information and the existence of legitimate public interest in acquiring it may exceptionally justify holding a press conference or the issue of a press release. Invitations to attend such a conference, or the distribution of such a press release, should be confined to persons who are qualified either in medical, pharmacy or nursing profession, or established as the representatives of the medical, pharmaceutical or s scientific press, or as the medical correspondents of a responsible medium. In the circumstances set out above as to the significance of the information, and in response to an unsolicited enquiry from a person of the standing described, information may also be released in an informal manner.

22.6 A further exception may be acceptable when there exist a genuine mutual interest of a financial or commercial nature justifying the disclosure of information about medical product or related matters privately or to a restricted public. Examples are the interests of shareholders, financial advisers, employees and
creditors.

22.7 On all occasions the information whether written, or communicated by other means, must be presented in balanced way so as to avoid the risk of raising unfounded hopes of successful treatment or stimulating the demand for prescription of the Particular product.
22.8 An announcement of the introduction of a new medical product must not be made by press conference or formal press release until the appropriate steps have been taken to inform the medical profession of its availability.(CODE OF PHARMACEUTICAL MARKETING PRACTICES, 1992)

7.2 Promotional tools used by pharmaceutical company in Bangladesh:-

The printed promotional materials are the primary promotional tools used by the pharmaceutical company in Bangladesh.

The printed promotional tools includes:-

- Medicine literature
- Show cards
- Writing pads
- Stickers
- Posters
- Leaflets
- Product booklets etc(Asad, Square Pharmaceuticals)

Beside the primary gifts they also provide some special gifts like

- House hold items
- Desktop items
- Normal usable items(Asad, Square Pharmaceuticals)

The household items includes

- ✓ Blankets
- ✓ Dinner set
- ✓ Tea set
- ✓ Show piece and etc. (Asad, Square Pharmaceuticals)

The desktop items include

- ✓ Computer
- ✓ Watch
- ✓ Pen
- ✓ Pencil
- ✓ Writing pad
- ✓ Calendar and etc(Asad, Square Pharmaceuticals)

They also provide expensive customized gift items to the doctors according to the demand of the doctors or demand of the medical institution. This may include:

- ✓ A/C
- ✓ Car
- ✓ Air tickets etc
- ✓ Chamber items (chair, table and all other interior decorated items) (Asad, Square Pharmaceuticals)

7.3 Survey on promotional practice of Pharmaceutical company in Bangladesh:-

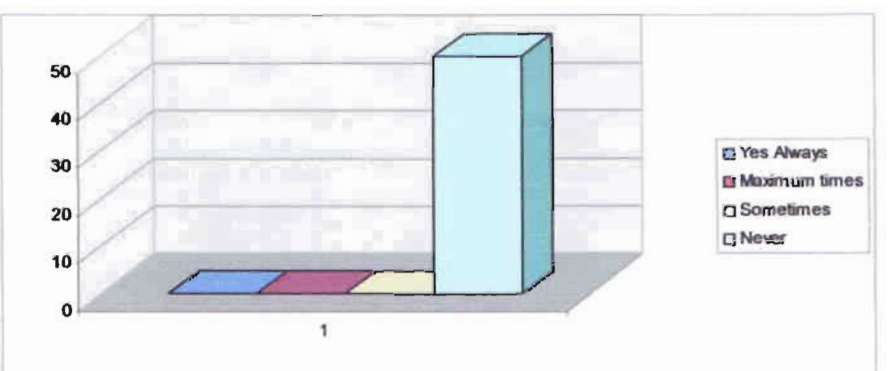
I have made a survey on the doctors to know the current promotional behavior of pharmaceutical companies in my country. I have targeted the doctors because as we know the doctors are the primary customers of pharmaceutical companies in Bangladesh. The survey is done by giving questionnaire to the doctors. The format of the questionnaire is given below for better understanding:

7.5 Data collection:

I have collected data of 50 doctors from various medical institution of Bangladesh such as Bangladesh Medical College, Dhaka Medical College, BIRDEM hospital.

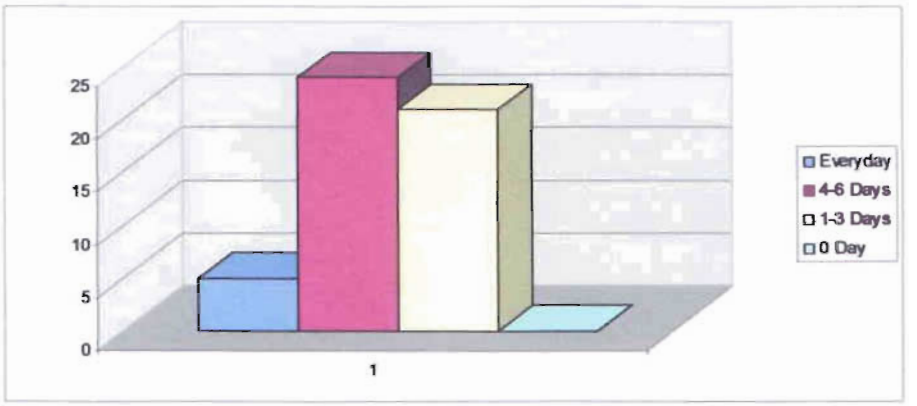
7.6 Findings of the survey:

1. Number of doctors use generic name in prescription:



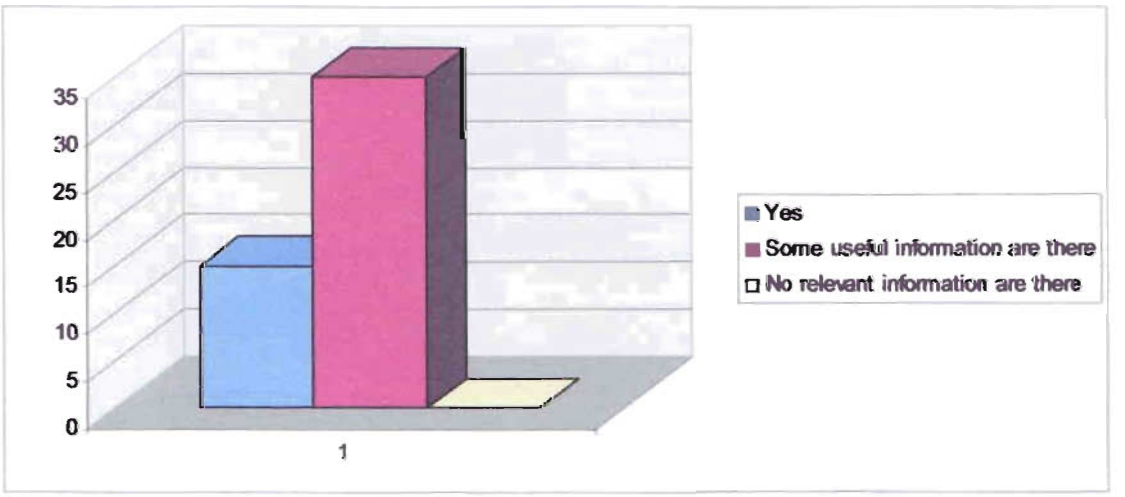
Here, 50 doctors said that they never use generic name in prescription

2. frequency of visiting a doctor by medical representative:



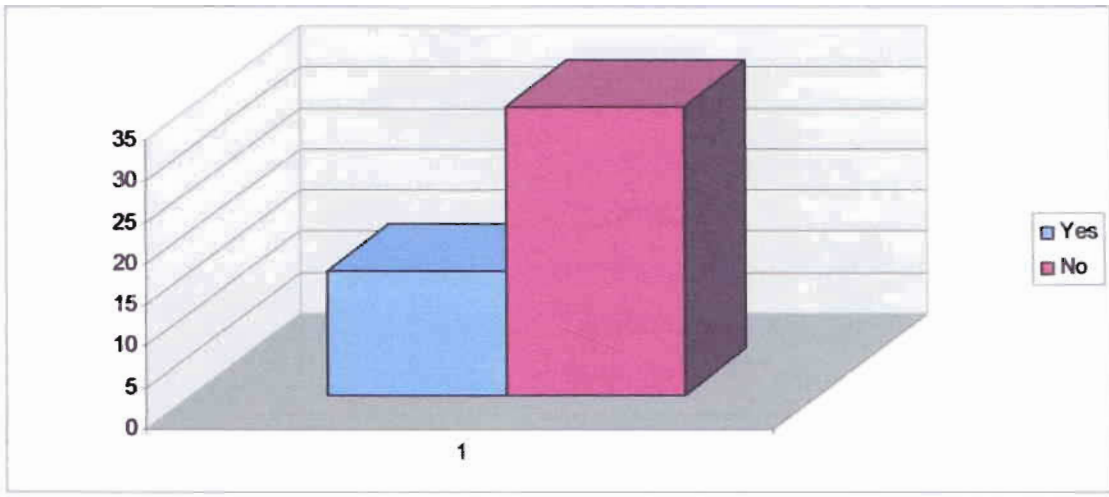
The chart shows that 5 doctors get visit by medical representative every day in a week, 24 doctors get visit by medical representative 4-6 days in a week, 21 doctors get visit by medical representative 1-3 days in a week and no doctor remains unvisited by representative in a week.

3. Content of literature provided by the pharmaceutical company



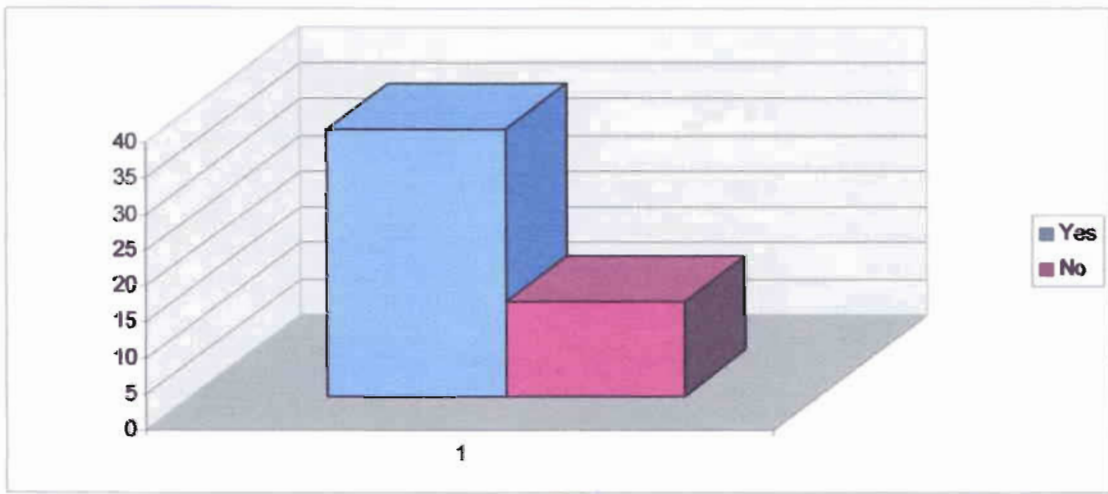
From the above chart it can be observed that 15 doctors think that sufficient information are there in the literature, 35 doctors think that some useful information are there and none of the doctors say that the literature provide irrelevant information.

4. Participation in medical conference



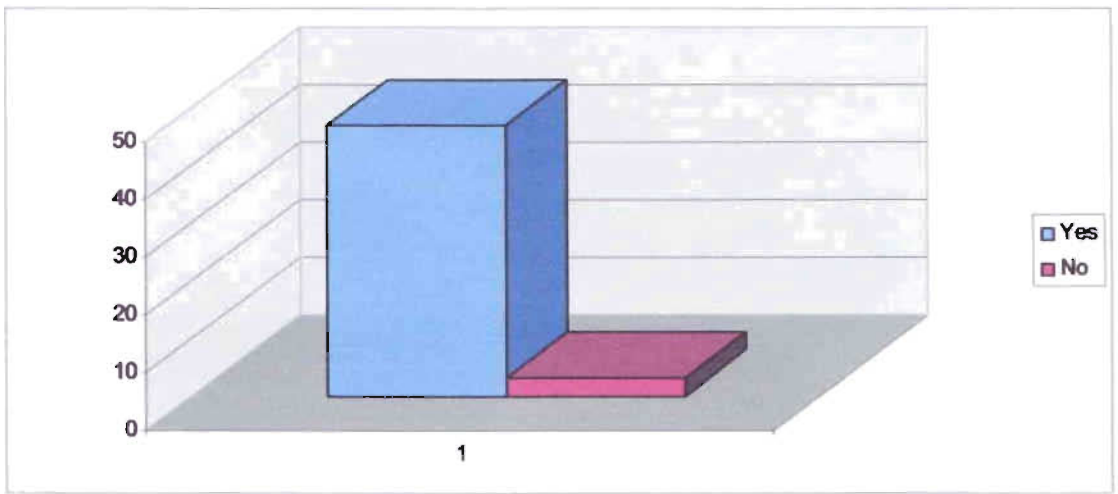
From the chart it is observed that 15 doctors participated in conference and rest 35 are not.

5. The usefulness of the conference



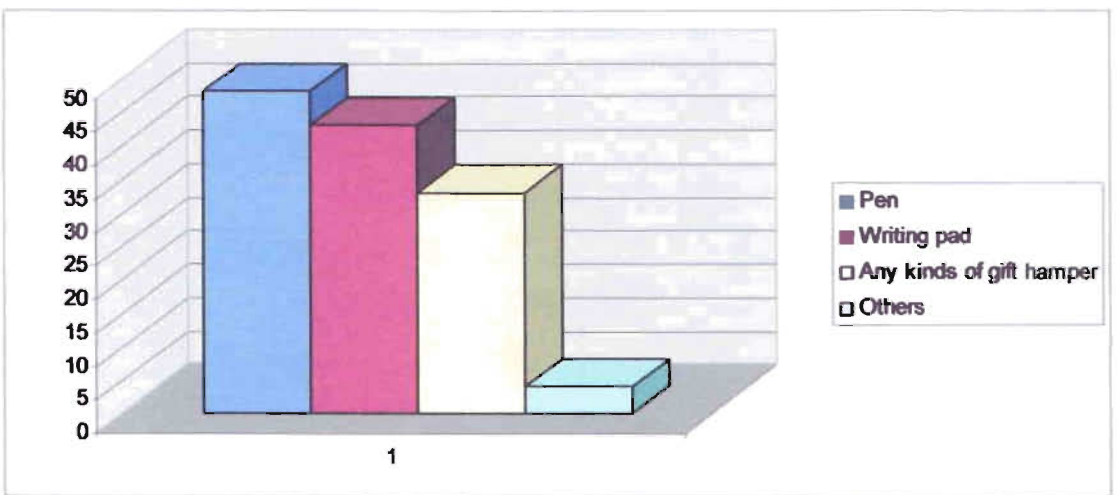
From the chat it can be observed that 37 doctors think conference is useful for them and rest 13 doctors think this is not that much useful

6. The promotional gifts accepted by the doctors



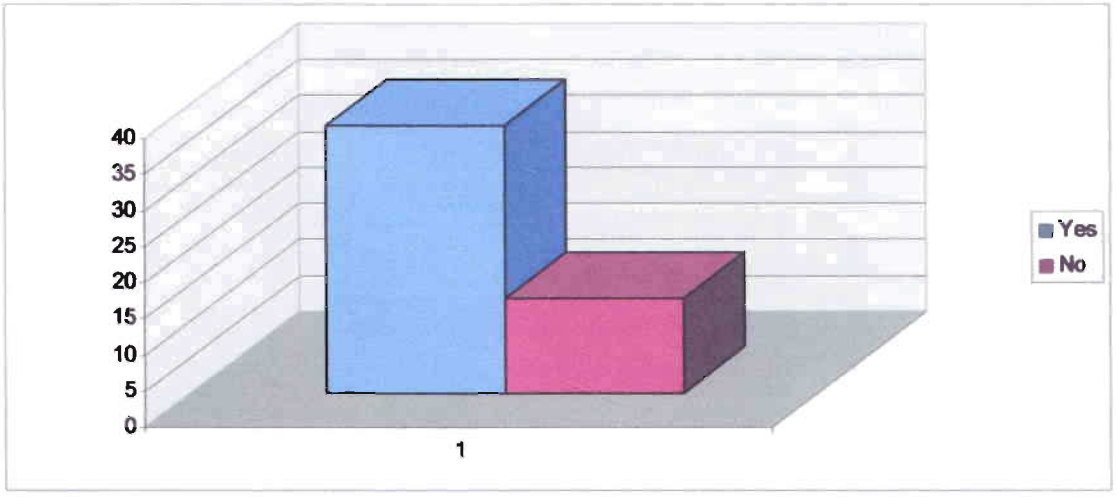
This chart provides the information that 47 doctors accept gifts and 3 doctors do not.

7. Criteria of the gifts they usually receive from pharmaceutical company



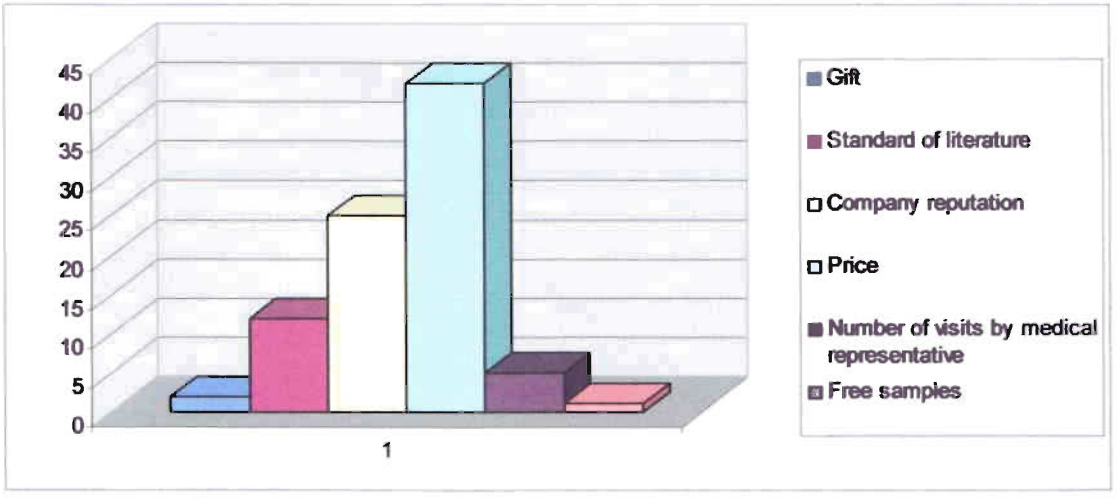
There are 48 doctors who receive pen, 43 doctors receive writing pad. 33 doctors receive gift hamper, 4 receive other kinds of gift.

8. The usefulness of the promotional gifts.



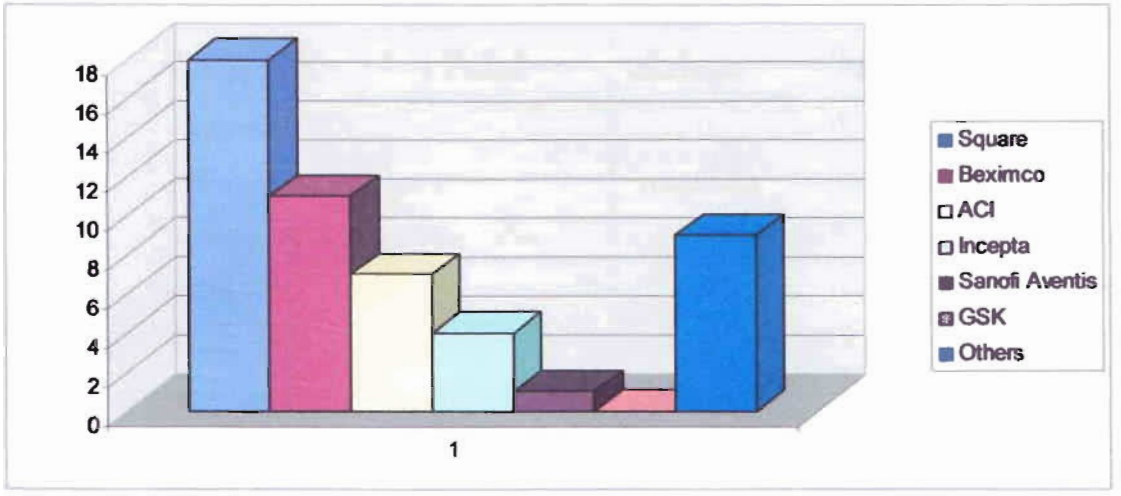
37 doctors think they are useful and rest 13 doctors think they are not.

9. the factors that considered the doctors to write a brand



25 doctors consider company reputation, 2 doctors consider gifts, 12 consider standard of literature, 42 consider price, 5 consider the no. of visits by medical representative and 1 consider free sample.

10. Doctors then asked to name the company from which they get maximum free samples



18 doctors indicate square, 11 indicate Beximco, 7 indiacte ACI, 4 indiacte Incepta, 1 indicate Sanofi Aventis, 9 said others and no GSK was found.

8.0 Observation

8.1 The comparison of Promotional practice of pharmaceutical company in Bangladesh with USA and India are:

No.	Components	USA	INDIA	BANGLADESH
1	Primary customer	Doctors	Doctors	Doctors
2	Promotion directly to the customer	Widely applicable	Very rare	Not at all
3	Promotion directly to the chemist	Widely applicable	Widely applicable	moderate
4	Promotion through advertisement	applicable	Very rare but some OTC drugs, Vitamins and contraceptives can be advertised	Not applicable at all but contraceptives and oral saline can be promoted
5	General gifts provided by company to the doctors	Pen, writing pad, calendar etc	Pen, writing pad etc	Pen writing pad etc
6	Free samples	applicable	applicable	applicable
7	Influencing doctors through	Widely seen	Widely seen	Widely seen

	unethical promotion			
8	**The activities of drug controlling body**	**Not very active and strict**	**Not very active and strict**	**Not very active and strict**
9	**Do pharmaceutical company is concerned about the patient care or their business?**	**They are concerned about there business rather than patient**	**They are also concerned about their business rather than patient**	**They are also concerned about their business rather than patient**
10	**Do the medical representative conduct ethically?**	**It is observed in America the prescription pattern changes when a doctor sees medical rep at least 13 times in a month**	**A clue of unethical conduct is also observed in India.**	**It is seen from the survey, maximum doctors are get visited by the medical representative and assume that they are also influenced by the medical rep, but no evidence is obtained**

9.0 Limitation and scope of the research:

The information of USA and India which I have collected is totally taken from internet, some journals and books. My research result could be more authentic, If I could make a survey to the doctors of USA and India as I did with Bangladesh. Due to the geographical problem surveying to the doctors of USA and India was not possible. If anyone whish to improve my research result he can make a survey to the doctors of India and USA. I hope, this would make my research result more authentic and preferable for understanding the Promotional practice by pharmaceutical company of Bangladesh, India and USA.

10.0 Conclusion:

From my research theory, data and result it can be said that the pharmaceutical promotional strategies are almost more or less same in USA, India and Bangladesh. It can be drawn from my research result that the pharmaceutical company and the primary customer of the Pharmaceutical Company i.e. doctors treat the patients as their customers. They have come into the business only to make profits. We always consider USA as the standard reference but we can see the USA is also not free of corruption in this sector, even India is also corrupted. They influence the doctors by providing bribing, gifts and other expensive materials like Bangladesh. Each of this countries have regulatory body and code of ethics to control the promotion of the drug but lack of strictness of the regulatory body, the company is doing malpractices and playing with the lives of the patient. Finally I would like to say that this is time for us to be more careful while purchasing any particular brand medicine. We have to ask the doctor about the use of the medicine while he make prescription.

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Survey on the current promotional practice of Pharmaceutical company in Bangladesh:-

Q.1. Do you ever use Generic name of the drug to the patient?

- o Yes always
- o Maximum times
- o Sometimes
- o No never

Q.2. How frequently a medical representative visits you in a week?

- o Everyday
- o 1-3 days
- o 4-6 days
- o 0 days

Q.3. the literature that get from the pharmaceutical industry, do you think they contain Sufficient information?

- o Yes
- o Some useful information are there
- o No relevant information are there

Q.4. do you ever attained any conference arranged any conference arranged by Pharmaceutical company?

- o Yes
- o No

Q.5. Do you think, They are useful?

- o Yes
- o No

Q.6. Do you accepts the promotional gifts from pharmaceutical company?

- o Yes
- o No

Q.7. If yes, please tick the gifts you usually receive

- Pen
- Writing pad
- Any kinds of gift hamper
- Others

Q.8. Do you think the promotional gifts are necessary to promote the pharmaceutical product?

- Yes
- No

Q.9. If yes, then why?

Q.10. what factor considers you to prescribe a brand?(you may tick more than one).

- Gift
- Standard of literature
- Company reputation
- Price
- Number of visits by medical representative
- Free sample

Q.11. Name the company from which you get maximum amount of free samples?

- Square pharmaceutical
- Beximco pharmaceutical
- ACI pharmaceutical
- Incepta pharmaceutical
- Sanofi Aventis pharmaceutical
- GSK pharmaceutical
- Others