

# Direct-to-Consumer Advertising (DTCA) in Pharmaceutical Industry: An Inquiry from Public Policy to Practice and Consumers' Perspective

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## Abstract:

This research paper has addressed an explicit gap in the literature of pharmaceutical industry and healthcare management for a marketing promotion technique, direct-to-consumer advertising (DTCA), which has remained to be an academically neglected area by the scholars of Pakistan. Thus, the purpose of this research was to unearth the prevalence of direct-to-consumer advertising (DTCA) of over-the-counter (OTC) or non-prescription medicines and to assess its impact on consumer purchase behavior. Mixing of two qualitative methods comprising meta synthesis of literature followed by twenty five in-depth qualitative interviews with medical doctors, pharmacists, drug policy developers cum regulators and marketers of OTC medicines, and patients in Karachi-Pakistan (comprising medical doctors, pharmacists, and healthcare marketers) took place. Samples were selected through snowball sampling method, while the data was analyzed through thematic analysis. The research presents quite useful insights as it has revealed that DTCA is exploited by certain unscrupulous circles, which are attempting to market their unlicensed and unregistered medicines while with prior approval, federal drug authority only allows DTCA for only registered OTC medicines and some multivitamin complexes. It was concluded that DTCA has a profound influence only on perceptions and need recognition stage out of the five stages of consumer purchasing model. Thus, pharmaceutical and health industry experts are advised to change their attitude towards DTCA in Pakistan and must avail it as useful means of promotion and branding of medicines in Pakistan in conjunction with such othertools.

**Keywords:** Direct-to-consumer Advertising, Pharmaceutical Marketing, Healthcare Policy and Management, Consumer Behavior

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## INTRODUCTION

Pharmaceutical industry has been the center of attention of various scholars from different disciplines. Marketers in particular have also contributed extensively from the very basic analysis of marketing strategies to much focused studies such as consumer buying behavior, healthcare professionals' behavior in terms of prescribing medication and so forth. The pharmaceutical companies (domestic and multinational) in general, exercise promotion of their products through rewarding heavy incentives to physicians in the form of cash payments, discounts, giveaways, donations for hospitals or clinics, travel allowances to participate in conferences abroad for gaining fresh knowledge or enjoying vacations, etc. Such type of marketing strategy, however very successful, has paved way for numerous ethical dilemmas. Direct-to-consumer advertising (DTCA), a term typically referred to as a form of communication by pharma companies for promoting medicines. Such form of advertising and communication is usually regulated by federal drug authorities in different countries. Internationally many studies have been conducted to study the impact of DTCA its influence on consumers (Coney, 2002; Deshpande, Menon, Perri III, & Zinkhan, 2004).

In Pakistan, DTCA remains to be highly neglected and overlooked area by the industry and the academic scholars (Vana & Qureshi, 2016). Marketers as well as other professionals within the healthcare industry needs to be educated about the alternate strategies for promotion of medicines and brand-building domestically. However, such an education requires strong empirical and research evidence for proven effectiveness of DTCA. Therefore, this research has been promulgated while selecting the area of over-the-counter (OTC) medicines, which seem to be easily available in

different pharmacies across the country.

DTCA evolved about three decades ago as a sub-domain of advertising, integrated marketing communication, and marketing. Worldwide many authors have been ascertaining about it from various perspectives, such as its merits and demerits to marketers and physicians (Bell & Kravitz, 2000; Bell, Kravitz, & Wilkes, 1999; Donohue, Cevalco, & Rosenthal, 2007; Frosch, Krueger, Hornik, Cronholm & Barg, 2007; Gellad & Lyles, 2007; Gilbody, Wilson, & Watt, 2005; Hollon, 2005; Layton, Kim, Alexander, & Emery, 2017; Lipsky, & Taylor, 1997; Parker & Pettijohn, 2003; Sinkinson & Starc, 2018; Turner & Knoepfler, 2016; Wilkes, Williams & Hensel, 1995). However, few studies analyzed it from consumers' perspective (Coney, 2002; Deshpande, Menon, Perri III, & Zinkhan, 2004) and physicians and patients perspective (Gonul, Carter, & Wind, 2000; Holmer, 1999). Some authors investigated it from public policy dimension (Calfee, 2002; Donohue & Berndt, 2004; Lexchin & Mintzes, 2002), educational or awareness potential (Kaphingst & DeJong, 2004), and DTCA through digital media dimension (Liang & Mackey, 2011). But in the developing and underdeveloped countries, such studies remain absent. Hence, it surfaces research gaps. This inquiry explores and explicates DTCA in nexus with over-the-counter (OTC) drugs category in the context of consumers and physicians, educational or awareness potential, marketers and drug regulators, and drug regulations or policy. Thus, it is a unique enquiry of its own kind.

This probe has been designed such that it falls as an exploratory study in two subsequent stages. In the first phase, the prevalence of the DTCA is inquired via meta synthesis of extant literature, while in the

second phase, the impact of DTCA on the consumer purchasing behavior of these medicines is assessed. In nexus with DTCA and OTC drugs, it ascertains consumer perceptions, attitudes and preferences towards particular products before, during and after their relevant purchases. Thus, such a combination of research caters a potential and very viable academic research gap in Pakistan and help pharmaceutical industry professionals in developing alternative branding and marketing strategies, which appear effective and less prone to ethical concerns (Vana & Qureshi, 2016).

### **Research Gap, Problem and Purpose**

International studies on DTCA focus only aspects such as business growth and healthcare professional's prescribing behavior (Layton, Kim, Alexander, & Emery, 2017; Lipsky, & Taylor, 1997; Sinkinson & Starc, 2018; Turner & Knoepfler, 2016). There is very limited amount of work done on the direct-to-consumer advertising (DTCA) internationally in the matrix of developing countries, while there is absolutely no academic contribution to this topic in Pakistan. There is a dire need to undertake investigations that focus on gauging the effectiveness of DTCA, perspectives of consumers' purchasing behavior (in terms of its impact on the consumers' perceptions, attitudes, and preferences), and healthcare policy, regulations, and management in nexus with DTCA (Vana & Qureshi, 2016).

This study helps in educating marketers within the pharmaceutical industry about DTCA as an effective branding cum promotional tool for their products. Thus, marketing strategies can benefit from the untapped potential of it especially for over-the-counter (OTC) or non-prescription medicines. Therefore, this study aims to fill the research gaps and add value in the theoretical contexts of DTCA, public policy

(for healthcare), and consumer behavior.

### **Research Questions**

The following research questions are to be answered through this research:

- a) What are the rules and regulations pertaining direct-to-consumer advertising (DTCA) of over-the-counter (OTC) medicines set by the drug authorities in Pakistan?
- b) What media are typically used for direct-to-consumer advertising (DTCA) by pharmaceutical companies?
- c) Which tools of advertising and promotional are used for tracking the effectiveness of direct-to-consumer advertising (DTCA) by pharmaceutical companies?
- d) What type of restrictions, if there are any that are involved in the promotion of drugs through direct-to-consumer advertising (DTCA)?
- e) What is the perceived effectiveness of marketing medicines through direct-to-consumer advertising (DTCA) in the eyes of physicians?
- f) How influential is direct-to-consumer advertising (DTCA) for the prescription practices of over-the-counter (OTC) medicines by physicians?
- g) How influential is direct-to-consumer advertising (DTCA) for the purchasing behavior of over-the-counter (OTC) medicines?

### **LITERATURE REVIEW**

#### **Direct-to-Consumer Advertising (DTCA)**

Direct-to-consumer advertising (DTCA) sometimes refers to the marketing of pharmaceutical products but applies in other areas as well. This form of advertising is directed toward patients, rather than healthcare professionals. The Food and Drug Administration is responsible for regulating

DTC advertising in the United States. The FDA's version of guidelines, for pharmaceutical drug advertising was updated in 2009 and then in 2015 (Federal Drug Authority, 2009;2015).

All western nations, with the exception of New Zealand and the United States, have historically (i.e. since 1940s for Australasia, North America, and Europe) banned direct advertising of pharmaceuticals to consumers (Ventola, 2011). DTCA can be very helpful in augmenting sales of prescription medicines, but can also lead to overuse. In 2002, the Secretary of Health and Human Services began requiring all drafts of FDA regulations, including letters related to advertising violations, to be reviewed and approved by the FDA's Office of Chief Counsel before issuance (Donohue, Cevalco, & Rosenthal, 2007). In 2005, Pharmaceutical Research and Manufacturers of America released its Guiding Principles on direct-to-consumer advertisements (DTCA) about prescription medicines, with the intent to stop congressional action to end industry self-regulation (Arnold, 2006). This great amount of advertising has been successful in raising the prescription rate of DTC drugs by 34.2%, compared to only a 5.1% increase in other prescriptions (Sheehan, 2003). In developing countries like Pakistan, DTCA has been exploited by pharmaceutical companies to influence consumer behavior towards purchasing sub-standard and spurious products including less risky medicaments (just like multivitamins, pain killers, and cough syrups, which do not fall in life saving drugs category). Some typical examples include: DTCA for whitening and fairness creams and treatments (for beauty care to skin ailments), fast fat or weight loss, height growth, muscle growth, and so on. The marketers of such companies make exaggerated claims about their effectiveness and miraculous results (Vana & Qureshi,2016).

### **Consumer Behavior**

Consumer behavior is the study of individuals, groups, or organizations and the processes they use to select, secure, use, and dispose of products, services, experiences, or ideas to satisfy needs and the impacts that these processes have on the consumer and society (Keller, 2020; Kuester, 2012). It studies characteristics of individual consumers such as demographics and behavioral variables in an attempt to understand people's wants. It also tries to assess influences on the consumer from groups such as family, friends, sports, reference groups, and society in general (Elizabeth, 2014; Lynn, 2011).

The components of consumer behavior comprise some of the most salient aspects, which are taken into account in consumer behavior studies. Perceptions are defined as a process by which a person selects, organizes, and interprets things into meaningful and complete picture of the world (Armstrong, 1991; Foxall, 2014; Kotler, Burton, Deans, Brown, & Armstrong, 2015). Consumer attitudes can further be classified into following categories: (1) beliefs, (2) feelings, and (3) behavioral intentions towards a particular thing in the context of marketing, it could be towards a particular product or brand one is exposed to. Preferences are the desires by each individual for consumption of goods and services that translate into choices based on income or wealth for purchases of goods and services to be combined with the consumer's time to define consumption activities.

### **Stages of Consumer Buying Process**

Consumer buying decision process involves a comprehensive six stages (Kotler, et al., 2015; Verville & Halington, 2003). In reality however, actual purchasing is only one stage of the process. It appears essential to note



that not all decision processes lead to purchase of a product by a consumer. An exhaustive list of all the six stages of the buying process includes: need identification, information search, evaluation of alternatives, purchase decision, purchase, and post-purchase evaluation. Need identification involves the recognition by a consumer about the difference between the desired state and the actual condition. For example, in the form of hunger for food, this tempts a person to eat. It is notable here to mention that this process can also be triggered by a marketing professional through the display of product information by which a person enters into a stage whereby s/he feels her/himself to be in a deficient state. Information search process involves searching internally for available alternatives, for instance recalling from one's memory (Kotler, et al., 2015). External search may also be involved by the consumer at this stage, if there is need for more information. This is usually done through friends, relatives, co-workers and other personal contacts of the consumers, commonly referred as word-of-mouth communication. It is the realization of this stage that marketers usually avail for providing potential information sources for consumers, for instance, for brand awareness (containing brand recall and recognition), influencing for purchase, or reinforcing behavior. Regarding evaluation of alternatives, the consumer establishes the criteria for evaluation of the alternatives that the consumer desires. Rank and weight to each of the alternatives are assigned. Hence on the basis of it the consumer decides whether he or she may want to pursue with a particular alternative or not. If the consumer is not satisfied with his particular choice after the evaluation, he may return back to the information search. Purchase decision is the fourth stage, where the purchase takes place. According to Altekar & Keskar (2014), the final purchase decision can be

disrupted by two factors: negative feedback from other customers and the level of motivation to comply or accept the feedback. Purchase is the stage where purchasing takes place and a consumer buys a brand, goods or service by ordering and paying or receiving it on credit terms. Post-Purchase evaluation stage is critical to retain customers, as customers compare products with their expectations and are either satisfied or dissatisfied. This can then greatly affect the decision process for a similar purchase from the same company in future for repeat buying, mainly at the information search stage and evaluation of alternatives stage.

Positive Impact of DTCA on Consumer Behavior Concerns of Medical Doctors a common perception in reviewed studies was that patients are more informed as a result of DTCA and that this has improved the patient-physician interaction. In a study with over 2500 patient responders, 14% of respondents disclosed health concerns as a result of DTCA and 6% requested preventive care. Stratification of the responding group showed higher rates for patients with chronic conditions or who were taking three or more medications (Murray, Pollack, Donelan, & Lee, 2004). Regarding *education/awareness through DTCA*, proponents of DTCA believe that the practice helps to educate patients, giving them more control over their care and improving well-being (Donohue, Cevasco, & Rosenthal, 2007; Holmer, 1999). Supporters also feel that patients are more educated and feel empowered for seeking help for medical conditions. In several reports, DTCA was described as a way to bring patients into office to talk about rarely discussed conditions. In nexus with better *consumer compliance to prescription*, DTCA has been suggested to help improve patient compliance with drug regimens in addition to increasing the likelihood of having patients get

their prescriptions reordered and continuing their regimen. Some surveys found that physicians believe that DTCA exposure encourages patients to take a more active role in their healthcare as well as follow their prescribed regimen more accurately. *Better diagnosis* of DTCA can help improve public health by encouraging more people to talk with health care professionals about health problems, particularly under-treated conditions such as high blood pressure and high cholesterol. Also, DTCA can help in removing the shame that accompanies diseases that were rarely discussed in past, such as erectile dysfunction or depression (Vana & Qureshi, 2016).

### Negative Impact of DTCA

*Unnecessary increased utilization of drugs and medicines* can take place by patients as a consequence of DTCA. It is also suggested that DTCA could increase utilization and health care costs by focusing on only the newest and the most expensive drugs, could potentially result in adverse health outcomes, and give consumers a false sense of security regarding the safety of advertised drugs. Some health care providers object to the resulting demands from patients for certain brand name drugs that may be inappropriate for their condition, or are more expensive than other options, or have side effects of which the patient is unaware, or are less effective than advertised. Another perspective is *diminished time for evaluating a patient*. Healthcare providers are under pressure to limit the time devoted to office visits and to increase their productivity in terms of numbers of patients seen, but many health care providers would prefer to spend more time on diagnosis and treatment and less time for convincing patients that they do not need advertised drugs (Donohue, Cevalco, & Rosenthal, 2007; Frosch, Krueger, Hornik, Cronholm & Barg, 2007; Gellad & Lyles, 2007; Gilbody, Wilson, &

Watt, 2005).

*Impeded doctor's effectiveness* appears another critical concern. Some health providers consider that with exposure to DTCA, patients may withhold information from their doctors or even attempt to self-treat themselves with over-the counter and alternative medicines, both of which lead to non-optimal outcomes. Aiming prescription drug ads to consumers can affect the "dynamics of the patient-healthcare-provider relationship," and ultimately, the patient's quality of care. It has also been seen that DTCA can motivate consumers to seek more information about a product or disease. *Misinformation* - the design and implementation of DTCA has been perceived as misleading, affecting negatively the relationship between patient and physician.

DTCA has been accused of lacking educational value, misleading consumers into thinking that they have conditions that can be cured with the advertised medications. As a result, doctors may have to spend more time of the clinical visit on addressing misunderstandings of drug and treatment options (Hollon, 2005; Layton, Kim, Alexander, & Emery, 2017; Lipsky, & Taylor, 1997; Sinkinson & Starc, 2018).

### RESEARCH METHODOLOGY

The philosophical paradigm being used in this research is interpretivism with inductive approach for the sake of exploring and interpreting undiscovered phenomenon (Myers, 2008). Thus, an exploratory inquiry is applied by mixing meta synthesis method of searching and evaluating pertinent studies in databases of EBSCOhost, JSTOR, ProQuest, and others available in Higher Education Commission Pakistan's national digital library. It was followed by in-depth interviews. Meta synthesis revealed published papers on DTCA during current three decades. Specific themes and areas

of research were identified, which allowed conducting open-ended, unstructured interviews. Mixing of few qualitative methods and taking utmost care of research yardsticks' assist in attaining the goals of rigor, authenticity, credibility, and trustworthiness of research with robust results because triangulation falls feasible (Creswell & Creswell, 2018; Creswell & Poth, 2018).

Non probabilistic, snowballing sampling method was used in order to draw a sample of twenty medical doctors, pharmacists/chemists, other healthcare professionals comprising drug policy developers cum regulators and marketers of OTC medicines, and patients i.e. consumers. Twenty five interviews were undertaken, five from each category of participants, since saturation point was reached. To qualify samples, it was assured that they do have a reasonable knowhow about DTCA and OTC medicines. Interview protocol enabled us to transcribe the verbatim, while in the next stage, thematic analysis helped in identifying core themes and categories of data for comprehending the phenomenon (Creswell & Creswell, 2018) i.e. policies and practices about DTCA for OTC drugs, consumer behavior, and the role of health policy, regulations, and management in a developing country but emerging market of South Asia, Pakistan.

## ANALYSIS AND FINDINGS

### Insights from In-depth Interviews

Keeping in view the research question, when inquired about the rules and regulations pertaining to direct-to-consumer advertising (DTCA) set by federal drug authorities (FDA) in Pakistan, the participants from healthcare policy making body cum regulators to practitioners and patients presented their views as per their knowledge and understanding. Officials from Drug Regulatory Authorities of Pakistan (DRAP) provided very useful insights.

DRAP allows DTCA only for over-the-counter (OTC) medicines, which include multivitamins, pain killers (particularly headache remover), analgesic creams, cough syrups, chewable tablets for calcium to throat infection, gastric problems removing medicaments, family planning tablets and treatments, etc. Ads inclusive of radio and TV commercials (TVCs) to digital media including social media marketing campaigns are designed for creating a wareness educating masses about the hazardous effects and precautions from diabetes, depression, joint diseases, breast cancer, other cancers, dengue, malaria, tuberculosis, HIV/AIDS, and other diseases inclusive of pandemic viral ailments.

As per the participants' views, the role of Pakistan Electronic Media Regulatory Authority (PEMRA) seems questionable. The lack of coordination between government regulatory bodies like PEMRA and DRAP results in many problems, which are being faced by consumers in Pakistan, since they are exposed to ads of fake products as well by scrupulous firms. There is no check and balance implemented by PEMRA regarding electronic media policy of the government, which could help in inhibiting the unauthorized advertisements.

One healthcare marketer apprised that "many national and multinational companies, health department of Government of Pakistan, and renowned cum credible non-governmental organizations (NGOs) sponsor such ads and awareness campaigns." Similarly, drug policy makers and regulators to medical doctors, chemists, pharma marketers, and patients or consumers all endorsed the positive role of several stakeholders for DTCA regarding educating masses. One medical doctor opined that "we trust in some but not all DTCA because government is behind the approval process." Similarly, one chemist/pharmacist

intimated that “a lot of patients visited us and inquired about diabetes testing kits after watching a cricket legend, Waseem Akram in the ads. The same thing happened when some TV celebrity was advertised to make ladies aware about breast cancer.” One drug official stated that “indeed low risk medicines are allowed for DTCA instead of antibiotics and other life-saving drugs. All other medicines are barred from DTCA in Pakistan.”

When inquired about the type of medium or media typically used for DTCA in Pakistan, mixed responses were obtained as participants had differing opinions about the types of mediums being used for DTCA of pharma products in Pakistan. Some considered TV as the most prominent medium, while majority pinpointed radio commercials. Among the responses included press advertisements and digital media as well, comprising social media messages. However, medicines which have higher budgets are advertised through TV commercials. Only healthcare marketers were inquired about the effectiveness of DTCA, they briefed that they assess the output derived from DTCA. They continuously track their effectiveness by measuring brand awareness (recall and recognition), rating services, sales and expenses analysis, and so forth.

When inquired about understanding the typical problems or constraints involved in the effective usage of DTCA by the pharmaceutical firms in Pakistan, a number of problems were highlighted by the respondents (particularly healthcare marketers). These included unnecessary waiting periods which are caused during the approval process by Drug Regulatory Authority of Pakistan (DRAP) in order to approve the applications. The procedure includes raising an application with DRAP on a prescribed form developed by it along with all its supporting documents. Once the application for DTCA is granted for a period of 5 years,

only then those pharmaceutical companies are allowed to initiate their advertising campaigns. However, no changes in the approved advertisement content or its mode are allowed during this period. Other problems were highlighted in the form of unscrupulous advertisement done by unregistered and unlicensed pharma companies like homeopathic, natural medicines, and many other black marketers. “There are no controls, checks and balances which must be there to discourage them”, says a patient.

Regarding the perceived effectiveness of marketing medicines through DTCA in Pakistan, different opinions and viewpoints were made by different respondents. Some healthcare marketers were very straightforward and told that DTCA is not very effective in our country, where the literacy rate and the health awareness seem at very low. However, others appreciated the role of DTCA in shaping behavior of the consumers, while they are seeking essential info about some diseases, their possible causes, cure, medication, and consuming medicines. Majority of the pharmacists/chemists consider DTCA as bad for them as many patients become aware of some diseases and their treatments, and start self-medication.

Regarding the impact of DTCA on the behavior of the medical doctors in Pakistan, some respondents indicated a form of retaliation by the doctors for certain pharma products, which are promoted by DTCA as opposed to be promoted through doctors and healthcare experts through the traditional way, because various fraudulent companies also apply DTCA illegitimately to fool consumers. Some examples include: fast reduction in body weight, quick muscle gain, height growth, skin fairness, etc. However, other respondents indicated the changing behavior of the medical practitioners and appreciated their efforts for



providing more information to the consumers who seek their advice after viewing such advertisements.

Regarding the effect of DTCA on the behavior of patients in Pakistan, as per the responses, it is sufficient to say that DTCA has a very undeniable role in shaping the behavior of the consumers in Pakistan. It helps consumers in identifying their ailments or health conditions, followed by the type of medicines available in the market that help them in providing the required relief. However, sadly in a country like Pakistan, not many people are educated and courageous enough to actually engage in self-medication for minor health conditions, therefore they still heavily rely on medical doctors for their advice and consultation. The dilemma is that they also rely on recommendations of healthcare workers to even chemists or pharmacists.

## **DISCUSSION AND CONCLUSION**

Due to dearth of literature and theoretical underpinning regarding direct-to-consumer advertising (DTCA) from developing countries perspective, the role of public health policy, regulations, and its management, and consumer behavior, this study tried to fill the research gaps and provide theoretical contribution. Based on meta synthesis of global literature and findings of in-depth interviews from five groups of participants (including medical doctors, pharmacists/chemists, other healthcare professionals comprising drug policy developers cum regulators and marketers of OTC medicines, and patients or consumers) to have a 360 dimensional view, various useful sets of knowledge have been learnt in the matrix of DTCA from a developing country perspective.

**Federal Drug Authority's Concerns** - Drug Regulatory Authority of Pakistan (DRAP), which is an extremely important entity

for regulating all different types and medicines and drugs in Pakistan, follows a very strict policy for DTCA of medicines in Pakistan. No prescription medicines are allowed for DTCA in Pakistan, and only certain type of medicines, which fall within the category of OTC medicines, such as pain killers, analgesic creams, multi vitamins, and several other low risk medicines are allowed for DTCA in Pakistan. However, even for such types of medicines, DRAP asks all the pharmaceutical companies of Pakistan to seek prior permission. The approval process for DTCA of medicines is a lengthy and not an easy one for the pharmaceutical companies in Pakistan. Intending companies need to follow a prescribed procedure in order to seek DTCA approval of OTC medicines in Pakistan. Thus, highly controlled and regulated policy exists but its execution and management remain loose and full of loopholes or flaws.

**Types of Advertising Media Used for DTCA and its Effectiveness** - Direct-to-consumer advertising (DTCA) of over-the-counter (OTC) medicines in Pakistan is reported in almost all advertising mediums of Pakistan whether they comprise: radio, television, outdoor medium, press, and digital media. Some advertising mediums were more dominated by DTCA of medicines than others. For instance, radio medium which is perceived to be a cheap advertising medium with its widest circulation all over country from the rural corners to the urban metros of Pakistan is reported to be massively used for such form of advertisements. Marketers attach cost- benefit analysis with the use of DTCA, since they gauge their effectiveness by measuring brand awareness (recall and recognition), rating services, sales and expenses analysis, and so forth. Hence, they set pertinent marketing metrics and analytics.

**Problems and Challenges Involved with DTCA** - Several problems and challenges are figured out pertaining to the domain of Direct to Consumer Advertising (DTCA) in Pakistan. They include: lengthy approval procedure involved, fake and unauthorized advertising,

and role of media regulators. The *lengthy approval process* for DTCA appears hectic and time consuming process as opposed to the traditional promotional tools. It carries a number of limitations and restrictions. For every DTCA campaign, pharmaceutical companies need to raise a fresh application for obtaining the approval from DRAP. *Fake and unauthorized advertising* seems prevalent. Many unscrupulous elements from the pharmaceutical industry in the form of unregistered homeopathic and natural medication and others, engage in advertising of their medicines in cable TV commercials and particularly in press such as, newspapers and magazines. They often make false and guaranteed claims for the medication of certain illnesses and ailments being suffered by patients. The *role of Pakistan Electronic Media Regulatory Authority (PEMRA)* appears infirm, as it is the regulator of transmission of electronic media including DTCA by electronic means, but it overlooks transmission of unauthorized ad contents from illegitimate sources.

**Healthcare Professionals and Patients' Perspectives** - The medical doctors reported that after being exposed to DTCA of new medicines, usually most of the consumers come for inquiring about different types of medicines for assistance on the consumption of medicines. Reasons such as low literacy rate and low awareness of health matters of our people are attributed for this. There is also a sufficient evidence that some healthcare professionals also feel a little offended by the use of DTCA as a promotional tool, as they feel insecure that the pharmaceutical companies are engaging in marketing activities, which are bypassing the healthcare professionals. Pharmacists/chemists had negative image of DTCA as many patients become aware of some diseases and their treatments, and start self-medication.

Pharmaceutical marketers also get scared of those marketers who sell their unregistered and unlicensed medicines, sub-standard, and spurious medicines. However, drug policy makers and regulators to medical doctors, chemists, pharma marketers, and consumers appreciate the positive role played by national and multinational companies, government, and NGOs for spreading awareness in masses about hazardous and fatal diseases along with advice for their precautions, care, and treatment. DTCA has a very undeniable role in shaping the behavior of the consumers in Pakistan. DTCA mainly play the role of awareness creation and perceptions development, while most of the people take their medical doctors' advice before buying medicines. However, DTCA along with other tools of brand building is considered more effective.

The aggregate findings of this probe match with various studies in several dimensions: from the perspective of merits and demerits to marketers and physicians (Bell & Kravitz, 2000; Hollon, 2005; Layton, Kim, Alexander, & Emery, 2017; Lipsky, & Taylor, 1997; Sinkinson & Starc, 2018; Turner & Knoepfler, 2016, Vana & Qureshi, 2016); from consumers' perspective (Coney, 2002; Deshpande, Menon, Perri III, & Zinkhan, 2004; Vana & Qureshi, 2016); from physicians and patients perspective (Gonul, Carter, & Wind, 2000; Holmer, 1999; Vana & Qureshi, 2016); from public policy dimension (Calfee, 2002; Donohue & Berndt, 2004; Lexchin & Mintzes, 2002), from educational or awareness potential (Kaphingst & DeJong, 2004), and from DTCA through digital media dimension (Liang & Mackey, 2011).

### Recommendations

On the basis of the research findings, some key recommendations are lodged. Because of the proven effectiveness of DTCA (for big

brands of reputed companies and awareness creation and perceptions development for new brands), healthcare marketers in Pakistan should use DTCA along with other promotional and branding tools. The effectiveness of DTCA should be tracked via using multiple analytic tools. Radio communication is the most widely used medium, which can be availed along with other medium inclusive of social and digital media. Drug Regulatory Authority of Pakistan (DRAP) needs to coordinate with Pakistan Electronic Media Regulatory Authority (PEMRA) to curtail aversive DTCA approval process and inhibiting transmission of DTCA by unregistered and unlicensed medicines, sub-standard, and spurious medicines intended to deceive consumers for making money. At federal level, there is an urgency felt for the coordination of these two regulatory bodies in order to crack down unscrupulous DTCA in Pakistan.

### Caveats and Areas of Further Research

This research presents ample opportunities for scholars to extend this research in multiple directions. We only conducted an exploratory cum qualitative inquiry in one largest city of Pakistan. A large-scale quantitative probe or mixed methods research can be undertaken with multiple types of respondents from rural to urban areas. Analogous inquiries can be conducted in some other developing and under-developed countries. Different categories of pharma products can be taken. This study only covered over-the-counter (OTC) medicines; however, scholars can replicate this research by selecting a different category of pharma product.

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