

Book reviews

ADRIANA PETRYNA, ANDREW LAKOFF AND ARTHUR KLEINMAN (eds), **Global Pharmaceuticals: Ethics, Markets, Practices**, Duke University Press, Durham, NC, 2006, 301 pp. ISBN: 0-8223-3729-0 (cloth) 0-8223-3741-X (pbk) \$79.5 hardcover, \$22.95 paperback

Global Pharmaceuticals contributes to a relatively recent group of books that provide an informed critique of the pharmaceutical industry¹. Its freshness lies in the disciplinary perspective, which is not predominantly biomedical or ideologically driven.

In the introductory chapter, 'The Pharmaceutical Nexus,' commercial images of arthritis victims who are celebrating their pain-free state (having taken the latest blockbuster anti-inflammatory) are juxtaposed with images of millions infected by HIV who have no access to life-saving drugs. After World War II the pharmaceutical industry transformed itself, using increasingly sophisticated marketing techniques which have been astonishingly effective because of the high degree of information asymmetry and supplier-led demand that exists in the health sector generally. *Global Pharmaceuticals* will help readers untangle the 'morass of economic and moral paradoxes' behind economic and market statistics about the industry. Readers with a practical focus may be frustrated by the lack of explicit policy implications in the book. However, this not an uncommon characteristic of anthropological and ethnographic work. The cross-national essays and studies are both substantive and engaging, and readers can, based on their own disciplinary perspectives, draw their own policy conclusions.

The next chapter, 'Globalizing Human Subjects Research' raises relevant concerns about a clinical trials industry that is growing rapidly because of a combination of factors, including US regulatory requirements and a 'drug pipeline explosion.' Alongside legitimate hand-wringing about the ethics and incentives of drug research, this chapter would be stronger if it had devoted more critical attention to the need for such research and the scientific methods that are normally required for rigorous investigation.

'The New Medical Oikumene' considers industry's role 'in structuring expert and popular understandings of mental illness over the last two decades, specifically focusing on North America and Great Britain.' It explores marketing strategies related to what has become known as 'disease mongering'—the marketing of panic, the rise of depression, and marketing of other mental health 'disorders.' It

¹For example: *The Truth about the Drug Companies* by Marcia Angell. New York: Random House, 2004.

considers how critics are silenced, data are suppressed, and ghostwriting is used to gain credibility. In short, it explains how 'industry marketing can both transform the perceptions of physicians' as well as those of their patients. 'Clinicians,' concludes the only clinician author in the book, 'meanwhile continue to believe they are not unduly influenced by pharmaceutical companies.'

'Educating for Global Mental Health' explores the forces that led to the adoption of selective serotonin re-uptake inhibitors (SSRIs) as new anti-depressants in Japan. Was it 'a global evolution of medical treatment or an agent-driven enlargement of global markets?' In his analysis the author pays particular attention to 'moralizing strategies'—such as patients' rights to receive up-to-date treatments—and collective industry strategies that create awareness of illnesses such as depression—legitimately or not, particularly in the case of mental health problems which were stigmatized in Japan where depression was considered uncommon. 'The campaign to de-stigmatize mental illness in Japan [was] spearheaded by the [collective] efforts of the foreign pharmaceutical companies introducing drugs that affect the central nervous system.' Marketing tactics included celebrities 'coming out' about their own depression which was 'a watershed point' in Japan, much as it was in the US when Prozac was first introduced. In addition to 'educating' doctors, marketers sought to promote a belief that these drugs had proven efficacy in the sense that antibiotics and hypertensive drugs do, as though the brain were an organ that could be studied in the way that the heart or liver or kidney can be. The Japanese case study describes how 'corporations in general go about achieving their goals of influencing public opinion, morality, and ultimately policy.'

As the author of 'High Contact' points out, identifying the actual consumer is a complex problem within the context of the prescription drug market. He unpacks the potential contributing factors to the apparent rise in antidepressant sales during the Argentine financial crisis of 2001. This chapter is the most detailed in its consideration of the pharmaceutical industry's marketing strategies, from the collection and dexterous use of an amazing wealth of prescription data to specific marketing techniques such as the 'Anxiety Disorders Week' campaign. The discussion of marketing strategies is prefaced by an observation about the difficulty of teasing out the difference between biomedical expertise—which should guard against 'the crude logic of profit'—and industry marketing—given that biomedical expertise is 'ensconced in the market' in 'an atmosphere of interested knowledge.' Was the primary cause of the dramatic increase in psychopharmaceutical use (in the midst of a declining pharmaceutical market) the financial crisis in Argentina or promotional strategies that exploited the crisis? In what seems almost to be a surprise ending, Lakoff concludes that a specific tactic—'the work by sales reps and opinion leaders to convince doctors to prescribe the newer SSRIs instead of tranquilizers'—was key to a rise, not in overall sales but in the sale of newer higher-priced products. Therefore, at least in this case study, the questionable pharmaceutical industry tactics did not trump biomedical or 'interested' knowledge in changing prescribing—if one can have faith in this newer class of SSRI drugs as indeed being a better choice from a biomedical perspective.

Using the case of high-dose buprenorphine in France, the next chapter, 'Addiction Markets,' analyses what might be called the back-alley life of

pharmaceuticals. Like methadone, buprenorphine was originally developed and used as an analgesic², but it became the main source of revenue in France for a major multinational because of its use as an addiction-treatment pharmaceutical. Given the context of a shifting perspective on addiction treatment within the French medical community (dominated by psychiatry and psychology until the mid 1990s), the marketing of buprenorphine required the collaboration of industry and physicians, who began prescribing it clandestinely as a treatment for heroin addiction before substitution treatment, such as methadone, was considered appropriate for *toxicomanes* in France. By the time buprenorphine was legitimized as a remedy, drug users also knew it could not only counter craving for heroin but provide a safer high than heroin and help 'come down' after cocaine use. Its legitimacy helped to protect both buyer and seller in the street trade. Up to 25% of the buprenorphine prescriptions reimbursed by the national health fund were supplying the illicit market, and such diverted buprenorphine was a 'non-negligible source of revenue' for the product's manufacturer. However, the pharmaceutical industry (in the US) subsequently responded by developing a new form of presentation for buprenorphine, a flat rod that can be placed under the skin for slow release, which would allow continued use of the product for addiction treatment without facilitating its use as a street drug.

In 'Pharmaceuticals in Urban Ecologies,' based on a study in urban neighborhoods of Delhi, the authors explore 'self-medication' from a multi-faceted and textured anthropological perspective, a perspective which renders the conventional biomedical use of the term self-medication as flat and simplistic. The 'self' in self-medication is far from transparent, as individuals in the study were acting and reacting based on their own interactions with various health practitioners in the health sector as well as actors in their social milieu. The study data, based on an analytical strategy combining household interviews with practitioner surveys, indicated that patients self-treated not because of their established beliefs about the causes and best treatments for illness but because of their ever-evolving understanding of their health status and appropriate treatment which is heavily influenced, both directly and indirectly (through the experience of others in their social milieu) by the health care delivery system and the variety of practitioners they encountered in that system.

'Pharmaceutical Governance' examines the interaction of players—civil society, the state, the World Bank, the pharmaceutical industry—on an unequal playing field, and how those interactions permitted the large-scale drug treatment rollout in Brazil's battle with HIV/AIDS. While the chapter deflates some of the hype around Brazil's pathfinder experience—in terms of access for the most marginalized segments of society—most of the chapter is devoted to explaining how civil society, in the form of AIDS activist groups, was the catalyst for change in a country where democratic reform was underway, and how those groups who led the initial charge in the battle were gradually joined by the state (with somewhat passive backing from the World Bank), and—eventually—the pharmaceutical industry. The state responded to pressure from civil society (initiated in the early 1980s by gay

²Apparently the industry typically avoids addiction medication because of high drop-out rates in clinical trials and the social stigma related to addiction.

activist groups such as Gay Plague and Pink Cancer) and arguments about rights that had been embedded in Brazil's new progressive constitution; these initial arguments were buttressed by emerging data on the cost-effectiveness of treatment, which were more compelling for those 'in the economic area of government' for whom 'ethics is nonsense.' In the struggle over patent rights, the pharmaceutical industry, while 'angry' with Brazil for manufacturing generics locally, 'used the incident over pricing and generics to negotiate broader market access in Brazil' even while refuting the 'idea of emergent AIDS markets in the developing world.'

'Treating AIDS' follows logically on the heels of Brazil's experience. Despite the radical drop in triple combination therapy costs (from \$500 to \$28 per month from mid-2000 to early-2003), the dilemmas of unequal access in Uganda involve families and individuals making painful decisions about accessing AIDS treatment. In a country where extended families are both very large and an established social mechanism for giving and receiving assistance, treating AIDS can mean: (1) withdrawing other family support (e.g., taking a child out of school); (2) choosing to treat one family member over another; and/or (3) individual family members choosing death over treatment because of the burden keeping them alive would put on the family. Issues around secrecy are also defined in a spectrum that ranges from simple discretion (for those who have access to treatment because of their awareness that others do not have access), to a desire for confidentiality, to covert practices that protect the powerful or are used to their advantage. The authors are aware that the media attention on ARVs distracts attention from other healthcare problems related to AIDS victims and that, in a rapidly changing segment of the health-care sector, their description of the situation in Uganda is a snapshot in time. But, as they point out: 'As global pharmaceuticals, ARVs have captured the social and political imagination more powerfully than almost any other kind of medicine. At the same time, they are caught up in a process of fetishization that is the fate of any *thing* that so effectively objectifies a possibility.' Viewed from some perspectives, ARVs can be seen as symbolizing a battle for socio-economic equality, and that, one could argue, is perhaps the major theme for *Global Pharmaceuticals*.

MAGGIE HUFF-ROUSSELLE

Social Sectors Development Strategies, Inc.
1411 Washington Street, Suite 6, Boston, MA 02118
USA

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