

# Counterfeiting goes cinematic in public campaigns

A man hands over a sack full of fake medicine. A pharmaceutical dealer grins at the sight of his latest delivery. A woman lays suffering on the floor of her hut, taking medicine she hopes will save her, only to die soon afterward.

The story may be fictional, but this four-minute public service announcement (PSA) shows the real-life tragedy of counterfeit medicines. Within the next few months, the short, titled 'Pharmacide', will begin airing on national television in Cambodia, Thailand, Vietnam and Laos. The airing kicks off a creative campaign by the Rockville, Maryland-based US Pharmacopeia (USP), a nongovernmental organization promoting quality medicine, along with the US Agency for International Development (USAID).

"We wanted to really dramatize the problem of counterfeit medicines," says Patrick Lukulay, director of the Drug Quality and Information Program for USP. "People in developing countries have a limited appreciation for the deleterious effects of fake drugs; they classify counterfeit drugs as they would counterfeit clothing or purses."

The film, however, will "make it real" for consumers, Lukulay adds. The USP wanted to put the counterfeiting issue in the context of Southeast Asian life, shooting the PSA with the help of a Thai filmmaker, and the group plans to film a new PSA for African countries later this year.

Half a world away, the UK branch of Pfizer has also taken a cinematic approach to counterfeiting. Last year, local movie theaters and late-night TV aired a commercial co-sponsored by Pfizer and the nation's Medicines and Healthcare products Regulatory Agency (MHRA). It lasts a minute and features a man taking his pills only to vomit up a dead rat seconds later. While the man stares in disbelief, a voiceover notes how one of the ingredients found in counterfeit drugs is rat poison.

The graphic imagery yielded a strong response from consumers—some of whom registered complaints with the UK's Advertising Standards Authority, saying the commercial was distressing and offensive. It continued to air, however, and Pfizer set up a campaign website, <http://www.realdanger.co.uk/>, which



Pfizer



**You dirty rat:** Pfizer's anticounterfeiting campaign shows a man's surprise when he coughs up a rodent.

Charlotte Binstead of Red Healthcare Communications, which handled the commercial. "When the Advertising Standards Authority allowed for the commercial to continue airing despite complaints, they recognized that we had done it in the public's interest."

According to Graham Jackson, the Pfizer-MHRA partnership is a great example of how government and industry can together suppress the fake drug trade, adding on to nongovernmental efforts like that of the USP. "Regulatory agencies need to push the advertising and campaigning, because then it will carry more weight," says Jackson, a cardiologist at St. Thomas Hospital in London who has pushed for counterfeit awareness (*Int. J. Clin. Pract.* 63, 181, 2009).

Consumers won't trust ads from pharmaceutical companies alone, and, with the market moving faster than the message, it will take a larger effort from all three investors—government, industry and the public—to bring down counterfeits. "This isn't about promoting drugs," says Jackson, who has been a consultant for Eli Lilly and Pfizer. "This is about making sure people take the proper drugs and stay safe."

*Christian Torres, New York*

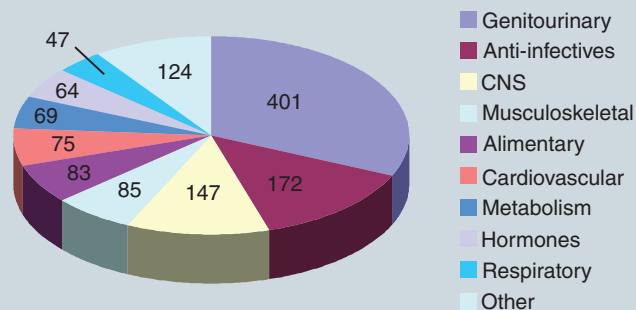
even featured a point-and-click rat catcher game.

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## Classifying counterfeits

Counterfeiting has extended across multiple categories of medications. Yet, thanks to high demand for cheap lifestyle drugs, such as Viagra and Cialis, coupled with embarrassment among men who want to avoid their physicians and pharmacists, fakes to treat a certain class of ailment are clearly the most popular. Of the **1,267 unique cases of bogus medicine** reported in 2005, a whopping 401 included drugs aimed at tackling genitourinary diseases such as male erectile dysfunction. Here's how the remaining incidents break down by therapeutic category.



Source: Pharmaceutical Security Institute, Situation Report (2005).