
VIDEOTAPE REVIEW

Robert Richter, *Pharmaceuticals: For Export Only*. New York: Richter Productions, 1981. 57 minutes; 16mm film, \$395; videotape, \$285; rental, \$100 and \$75, respectively. Available in English or Spanish. Street address: 330 West 42nd Street, New York, NY 10036.

This material, reviewed as a videotape, was originally produced as a documentary shown in the United States on the Public Broadcasting Service. It comprised the second of a two-part series entitled *Pesticides and Pills*. The program presented a scathing attack on major pharmaceutical manufacturers based in the U.S. or in Western Europe for their practices in international marketing of therapeutic agents in the Third World. They are accused of a twofold breach of ethical practice: dumping products in the Third World that are no longer permitted for human use in the First-World countries because of government bans arising from their toxicity, and pushing toxic drugs that have been restricted to only one or a few indications in the Western countries to promote unrestrained, broad-scale use of those drugs in the Third World, often on a nonprescription basis, as if there were no risk.

Dipyrone is the prime example of the first unethical marketing practice, as it was once widely marketed in Europe and the U.S., but not since about 1950. Use of dipyrone as an antipyretic-analgesic became clearly associated with an undue incidence of agranulocytosis, at times with fatal consequences. The benefit-risk ratio for a product with utility only for such symptomatic treatment could hardly warrant use of a drug with this level of adverse potential. Equally effective, but much safer, compounds became available

and replaced dipyrone when it was banned by the Food and Drug Administration (FDA). However, companies such as Hoechst and CIBA-GEIGY continue to market products containing dipyrone in the Third World. An interview with a representative of the latter company evoked the opinion that there is only a "statistically minor risk." Testimony by an American international traveler who became seriously ill because of unwittingly taking such a product obtained overseas belies the sanguine attitude expressed. It reminds us that being part of a statistical minority can carry the risk of becoming 100% dead.

Chloramphenicol is a prime example of the second type of unethical marketing practice. Evidence is given concerning its availability even without a prescription and its use for relatively trivial infections, such as acne and athlete's foot, in Latin America, Africa, and Asia. Meanwhile, in the First World, chloramphenicol has been restricted by the FDA to a narrow scope of infectious diseases that constitute serious health hazards. This was the consequence of cases of fatal aplastic anemia that were associated with the earlier years of widespread, rather indiscriminate utilization of chloramphenicol (Chloromycetin®, Parke-Davis) by prescribers in the U.S. Similarly, the antibiotic novobiocin (Albamycin®, Upjohn) is now employed only for livestock in the U.S. because in humans it produced hepatic injury and jaundice, hemolysis, and leukopenia. However, it is sold for human use in the Third World. The point emphasized is that neither doctors nor patients are informed of the risk for fatal adverse reactions with use of such agents.

An example of an overseas government directly encouraging the use of a drug in a fashion forbidden by the FDA comes from Bangladesh. There, the long-acting progestational steroid product Depo-Provera® (Upjohn) has been embraced as a birth control agent for fighting the problem of overpopulation and extreme poverty. This agent was never approved for such a use by the FDA because of animal evidence of carcinogenicity and human evidence of infertility and other problems after cessation of its use.

The lack of action by Third-World governments to adopt or observe the standards applied by the FDA is indicated as not excusing such unethical marketing practices by Western pharmaceutical manufacturers. The view is presented that action to resolve this situ-

ation of companies exporting disapproved or unapproved drugs must come either from the World Health Organization or from the governments of the First-World countries where the offending manufacturers are based. The devotion of the companies to profit is regarded as dooming any significant self-regulation to eliminate such discriminatory practices.

One might wish that these distressing revelations were not true, but there is no way to rationalize or defend some of the situations related. As a decade has passed since these facts were gathered, one might hope that there have been actions to eliminate this problem. Unfortunately, I cannot affirm that this has occurred; it seems safer to assume that nothing has changed significantly. Human venality would seem to be the clear root of the situation. This program apparently was aimed at educating (and mobilizing) some of the stockholders benefiting from the international profits of pharmaceutical manufacturers. They are pointed to the conclusion that such dividends could be rightly regarded as blood money. The harsh accusation is leveled that unregulated drug marketing to the Third World allows some manufacturers to get away with murder.

The utility of this film for advanced students concerned with drug marketing is obvious; it is of value and interest to any class addressing pharmaceutical marketing practices (or malpractice). To those who might view it, it will present another face of the pharmaceutical industry, contrasting greatly with the one ordinarily presented to students and practitioners of medicine and pharmacy in the U.S.: the face of the Ugly American.

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