

Psychiatry has effectively become a commodity that is being sold to the drug industry

Links between the pharmaceutical industry and the UK Department of Health have become so intertwined that the public's health is being put at risk, says the recent and highly critical report on the influence of the pharmaceutical industry from the House of Commons select committee on health.¹ The report (see May MHT) blames lax controls at the Department of Health for allowing pharmaceutical companies to expand their influence over the public and over the medical profession, which has led to over-prescribing by doctors and an unhealthy reliance on medicines by the public.

There's so much money to be made from drugs that these days drug companies spend more on marketing (particularly of a new product) than they do on research and development. Their aim is to maximise income for the company and profit for shareholders, rather than to increase the well-being of the population. Of course, this is how global capitalism works, and hard sell is what you have to do in order to make money. And, without strict regulation (and even with it), it's no surprise that some professionals are taking advantage of the opportunities such a 'rich' industry provides to increase their own wealth.


Working as a doctor in the NHS, I have noticed a huge change in the activities of drug companies in my chosen profession of child and adolescent psychiatry. When I had my first placement back in 1992, most child and adolescent psychiatrists worked psychotherapeutically and use of medication for childhood mental health problems was infrequent. Now the opposite is true, with the majority of my colleagues (but by no means all) having come to rely on medication as a first line, and often only, treatment offered.

Back in 1992 I didn't encounter any drug company promotional material. Now I get invited to conferences of 'experts' to 'discuss' a new treatment, asked to fill in questionnaires about my practice, asked to join a panel of reviewers for a journal (created with drug company money), all accompanied by non-pecuniary inducements. Drug company reps contact my department offering to give presentations with a 'free' lunch, send me 'free' samples of questionnaires for screening for particular disorders and free

'educational' material for parents and teachers about a particular disorder (of course, all talking about the disorder as a biological thing, which naturally suggests it needs a biological ie. drug treatment). I also hear about new 'educational' campaigns about a particular disorder (ADHD springs to mind here) run by high profile, pro-medication parent support charities, only to discover that the campaign is supported by drug company money. Meanwhile other parent support/campaigning charities are trying to warn the public about the potential dangers of prescribing psychiatric drugs to children but, without big money behind them, their message is rarely heard (although this is beginning to change since concerns about the safety and lack of efficacy of SSRI antidepressants in the under 18s became public knowledge).

It is these aspects of the drug company influence that cause me most alarm. What the drug company marketing departments have realised is that, with something as vaguely defined as mental health, there is more to be gained from 'disease promotion' than from competing with other drugs for the same disorder (as may happen, for example, in diabetes care). Here the task of the drug company becomes that of convincing the medical profession and the public that certain 'psychiatric disorders' are more prevalent than previously thought, and are under-diagnosed and under-treated. Such strategies, if successful, will open enormous new markets (as we have seen in my profession with, for example, the dramatic rise in prescribing of antidepressants and stimulants to under 18s in the last few years), given the elastic and culture-specific nature of how we define normality.

Some practitioners (including me) believe that, as a result, both theory and practice in psychiatry have effectively become a commodity that can be and is being sold to the drug industry. It shouldn't have taken a group of MPs to point this out. Our professional bodies' (such as the Royal College of Psychiatrists) complacency on this issue inevitably raises questions about how deep into their institutions the problem of a conflict of interests goes, and thus how far a reliance on drug industry money in shaping theory and practice is already 'institutionalised'.



outside
the box

¹ House of Commons Select Committee on Health. The influence of the pharmaceutical industry. London: the Stationery Office www.publications.parliament.uk/pa/cm/cmhealth.htm

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