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## **Testimony by the Vermont Association for Mental Health**

### **“Free Drug Samples”**

***The Vermont Association for Mental Health* was one of the groups that worked long and hard for the passage of the bill S - 48 last session, landmark legislation which *promises to change the relationship and environment* between the pharmaceutical, biotechnology and medical device companies with Vermont’s medical community (primarily physicians). The Association, and other proponents argued that many financial ties between medicine and the drug industry may and often do present serious conflicts of interest. After much debate and argument, the *best interest* of patients and consumers gained status and import. Vermont’s new legislation is now viewed as a national standard for transparency and disclosure. It ends the practice utilized by drug companies of hiding behind “trade secret” clauses while banning free meals which were defined as a marketing tool rather than a necessity for educating doctors.**

**In working to create a new environment, it is our belief that the provisions in S – 48 will enhance the integrity of physicians, redefine the meaning of “scientific drug studies”, and promote objective medical education. Ultimately Vermont’s public conversation on this subject directly addresses concerns about the quality of patient care directly related to the prescribing of appropriate drugs along with recognition that the high cost of medications is one major barrier to appropriate medical treatment.**

**When Governor Jim Douglas signed this bill into law, the import of the bill was recognized beyond the borders of Vermont. The New**

**York Times and the New England Journal of Medicine both covered this story because it was news worthy then and it continues to be news worthy now.**

**The “winds of change” have shifted as Vermont and the nation examine the relationship between the pharmaceutical industry and the medical establishment. When the debate started last January of 2009, it felt like there was a direct headwind. Now on issues pertaining to the relationship of drug companies and the health care complex, the *wind is now on our back* and it is time to be consistent, be courageous and to be a leader.**

**Today is another moment in time when an important health issue is on the table. The issue is *free drug samples*.**

**The testimony of the *Vermont Association for Mental Health* today goes beyond the question of whether or not there should be disclosure, partial or public, in the free samples of prescribed products.**

**It is our recommendation to the Vermont Attorney General and the Commission on Health Care Reform that within two years, the state should eliminate (ban) free samples from the pharmaceutical industry to Vermont doctors and hospitals.**

**After considering arguments for and against free samples, *it is our conclusion that the “cost” of free drug samples far outweighs its benefits. Free samples are the pharmaceutical industries major marketing device, and the foundation for pharmaceutical sales. Only the newest and most expensive medications are included in drug samples and there are clinical studies that conclude that samples induce the use and reliance on the most expensive drugs when less***

***expensive generic medications could and oftentimes would work as well. Furthermore we have evidence from research studies that the availability of samples alters prescribing patterns when these decisions should be made solely on what is most medically appropriate. Doctors should prescribe medications based on what is medically appropriate - - and not on what drugs are stock-piled in the doctors' cabinets. And it is probable that once a patient starts on a (sample) medication, it will be the "medication of choice" for weeks, months or even years. This pattern is exactly why the drug industry provides billions of "free samples". It is not necessarily good medicine and it enhances and sustains the outrageous cost of many new medications.***

**Based on important studies including several published in the *New England Journal of Medicine*, it is estimated that the retail value of drug samples distributed in the United States in 2004 was over \$16 billion. And one can safely assume that the figure has grown considerably since then.**

**The Association has concerns that restricting free samples may cause further distress for low-income and uninsured patients. However in a national 2008 study reported in the *American Journal of Public Health*, it was found that the poor were the least likely to receive free samples whereas individuals in the highest income category were most likely to receive them. In recognizing the need for access to low cost medications, we would recommend that Vermont healthcare leaders consider the *creation of a "generic drug" center* that might work collaboratively with doctors as well as with community health and community mental health centers. Perhaps the drug industry might experiment in being a partner in the creation of "generic drug samples" as a means of reaching patients who face challenges in securing medications.**

**There is also the argument that the use of free samples affords doctors and their patients to "try out" a medication regime which**

might be considered a “therapeutic trial”. While acknowledging the virtue of this process, it represents a marketing scheme which is not necessarily in the best interest of patients or Vermont’s healthcare system.

**The *Vermont Association for Mental Health* is a citizens’ organization that recognizes and applauds the work of physicians and doctors in the field both here in Vermont and in the nation. We like to feel that our perspective is reflective of thoughtful and considered analysis. But we certainly are influenced, and educated by leaders in the field like the *Institute of Medicine* which is considered the major voice on medical issues in this country. The following paragraph captures the conclusion of their position on *Conflict of Interest in Medical Research, Education and Practice* which was published last spring.**

**“Acceptance of meals and gifts and other relationships with industry are also common among physicians who practice outside medical centers. Data suggest that these relationships may influence physicians to prescribe a company’s medicines even when evidence indicates another drug would be more beneficial. Therefore, the committee recommends eliminating these problematic relationships between physicians and industry. In addition, the committee recommends that community physicians should also follow the restrictions described previously regarding gifts, including meals, from companies; presentations or articles whose content is controlled by industry’ meetings with sales representatives; and use of drug samples. Professional societies and health care facilities should adopt policies that reinforce this recommendation”.**

**Institute of Medicine  
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**Thank you for the opportunity to consider this critically important issue. We urge you to complete the inherent design and purpose of Vermont's S - 48 legislation which now is the nation's standard in crafting a new relationship between the drug industry and the medical community.**

**Ken Liberto, Ph.D, Executive Director  
Vermont Association for Mental Health**

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