



## PHARMACEUTICALS EXPORT PROMOTION COUNCIL

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### Exporting disease, making a killing

Latha Jishnu / New Delhi May 19, 2010, 0:02 IST

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<http://www.business-standard.com/india/news/exporting-disease-makingkilling/395350/>

This is without question one of the scariest books I've read in recent times. Ethan Watters, a San Francisco-based journalist and author who explores social trends for publications such as *Wired* and *The New York Times Magazine*, has written a chilling book on how multinational pharmaceutical companies export ideas about mental illnesses common in the US to make a killing from marketing the drugs for such conditions in countries which had no concept of such things as depression.

Mental illnesses popular in the US, such as post-traumatic stress disorder (PTSD), anorexia and depression, in particular, are now spreading across the world with the speed of contagious diseases, says Watters, who went about investigating why this was happening although different cultures view mental illnesses through a complex prism of religious, scientific and social attitudes. In short, the West, primarily the US, has been homogenising the way the world goes mad.

Underlying this trend is the western assumption that human beings are innately fragile and should consider many common emotional experiences as illness that require professional intervention. There is also the dangerous assumption that certain types of events in a person's life, such as being laid off, are certain to result in psychological trauma that requires psychiatric care and medication. Why is mental illness being globalised to such an alarming degree that different conceptions of the troubled mind in different cultures are being overridden by the dominant view and are fast vanishing? The reasons are complex.

Foremost among them is that mental health experts and leading academics across the world are being trained in the West, where diseases have been categorised and turned into the universal standard — a one-size-fits-all checklist approach. However, the simplest answer to the question, according to the author, is pharma profits. "These multibillion-dollar conglomerates have an incentive to promote universal disease categories because they can make fortunes selling the drugs that purport to cure these illnesses," writes Watters.

*Crazy Like Us* is an engaging book of just five crisply written chapters. Four of these deal with how an unknown or differently perceived illness was introduced into different societies in recent decades, resulting in a sharp spike in such illnesses: anorexia in Hong Kong, PTSD in Sri Lanka in the aftermath of the 2004 tsunami, the changing perception of schizophrenia in Zanzibar and the marketing of anti-depressants in Japan beginning this century by a host of pharma giants led by GlaxoSmithKline (GSK) and orchestrated by their international lobbying organisation Pharmaceutical Manufacturers of America or PhRMA.

While PTSD hit a post-tsunami Sri Lanka, thanks to the well-meant but clueless efforts of western psychiatrists who brought the American way of counselling to the island — and drug companies like Pfizer in the wake with the right medications — in a mad rush to intervene in other cultures after a natural crisis, anorexia became rampant in Hong Kong after educational programmes were launched in schools

publicising the condition and offering 24-hour helplines and therapy for a condition that was little known till then. But to read the chapter “The Mega-Marketing of Depression in Japan” is to have your blood run cold as Watters exposes the extraordinary planning, mobilisation and subterfuge that went into this strategy. The aim: to sell a class of anti-depressants known as selective serotonin reuptake inhibitors (SSRIs) that were too difficult to market in Japan because of the country’s stringent rules governing clinical trials. In the 1990s, all western drug giants had been unable to sell SSRIs in Japan because it insisted on large-scale clinical trails on Japanese patients. This meant years of effort and prohibitive costs, a huge gamble for drug firms if there was no market for their product. As a spokeswoman for another multinational, Eli Lilly, complained in a newspaper interview: “The (Japanese) people’s attitude towards depression is very negative!”

Watters’ account of how GSK went about changing the fundamental understanding of sadness in Japan — accepted as a melancholic condition afflicting some people — into a disease that could kill is a masterly piece of investigation and analysis that begins with a high-brow conference of scientists and academics held in Kyoto in 2000. It tells how the company picked the brains of top academics like Laurence Kirmayer, an expert in the different cultural mores of mental illness, to universalise the world view on depression. It was a brilliant strategy that paid handsomely.

The master stroke was an advertising campaign that described depression as *kokoro no kaze*, “a cold of the soul”, a common illness of the brain that could kill patients if they were not medicated. Within a year of Paxil, GSK’s top anti-depressant medication, coming into Japan, sales had topped \$100 million. In 2008, it had crossed \$1 billion. The tragic irony is that recent large-scale trials of SSRIs in Japan have failed to show any positive effects.

Even if you’ve read *The Truth About the Drug Companies*, *The \$800-Million Pill* or *Selling Sickness*, Watters’ book comes as an eye-opener. Among the more disturbing disclosures is his detailing of GSK’s dishonesty on Paxil. In-house assessments of the drug that have come to light through lawsuits and government inquiry reports show the drug has not been effective. He quotes a company memo that reported that results of Paxil were “insufficiently robust” and urged GSK to “effectively manage the dissemination of these data in order to minimise any potential commercial impact”.

*Crazy like Us* reveals what is undeniably the most disturbing aspect of globalisation so far.