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# Direct-to-Consumer Messaging: A Phenomenological Examination of DTC Best Practices

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**Direct-to-Consumer Messaging: A Phenomenological Examination of DTC Best Practices**

by

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A thesis submitted in partial fulfillment  
of the requirements for the degree of  
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## Table of Contents

Abstract .....	ii
Chapter 1: Introduction .....	1
Chapter 2: Literature Review .....	3
Chapter 3: Method .....	13
Methodology .....	13
Participant Selection .....	15
Chapter 4: Results .....	18
Third-Person Effect .....	21
Chapter 5: Discussion .....	24
Chapter 6: Conclusion .....	27
Chapter 7: Study Limitations .....	29
Works Cited .....	30
Appendix A .....	33
Appendix B .....	34
Appendix C .....	37
Appendix D .....	48
Appendix E .....	58
Appendix F .....	62
Appendix G .....	66

## **Abstract**

This study is designed as the building of a foundation in standardizing best practices when designing Direct-to-Consumer messaging. With this being a new and expanding field of marketing and advertising for the high visibility pharmaceutical industry, an establishment of conceptual template, around which Direct-to-Consumer messaging campaign can be built, offers an opportunity to build a new and vibrant branch on the well-established messaging field. This is particularly important when recognizing the unique needs and requirements of both the pharmaceutical industry and its audience in learning of and about new products.

This study attempted to identify current perception of Direct-to-Consumer practices by industry laypersons with in-depth interviews conducted through a phenomenological framework. Participants were interviewed on a range of relevant areas, including directly regarding their perception as well as a broader collection of their thoughts and impressions.

The results of this study show clear areas of interest, identifying various tactics and strategies employed within Direct-to-Consumer messaging and pointing to areas of potential perception cultivation by those crafting the message. The study also uncovered the presence of the Third-Person Effect playing a key role in determining the response of participants on perception, and potentially opening the door for integrated methods that have been developed with Third-Person Effect in mind when building messages. This study offers a significant first-step of study into the phenomenon of Direct-to-Consumer advertising, as well as a foundation upon which future, larger scale, and more generalizable research can be done.

## Chapter 1: Introduction

The 1980s marked a shift in the way consumers interacted with the pharmaceutical industry as direct-to-consumer (DTC) advertising of prescription drug products became prevalent alongside the more traditional advertising to physicians and healthcare professionals (Aikin, 2004). This was a change in the dynamic between laypersons and the healthcare industry, as it offered consumers the opportunity to learn about the use, risks, and benefits of their medications. Providing information that had previously been aimed solely at healthcare professionals allowed for a greater level of access and investment by consumers into their personal health management. Rather than needing to either do a great deal of research, a daunting task in a pre-Internet world, or trust in their prescribing physicians without knowing the information personally, consumers could now become informed of what products were available and shape opinions on what they thought best for themselves.

This development offers an interesting dynamic; while the pharmaceutical industry is required to speak truthfully in advertising, highlighting the major risks inherent to the drug in language the consumer could easily understand (Ventola, 2011), it still serves as advertising, focusing on cultivating good will and a positive perception by consumers, which would then lead to greater sales, exposure, and profits. These facts in mind, it would seem beneficial to answer the question:

**RQ1:** How is DTC advertising perceived as a source of information?

This question can offer insight into the actual consumptive purpose of the advertisements, identifying the experience of the targeted public and their perception of the message, whether

consumers use the messaging to gather information or purely as a commercial advertisement.

This would then lead to a further question:

**RQ2:** How do consumers perceive current messaging strategies?

In essence, this question cuts to the practically applicable purpose of this study. Utilizing the two previous perceptions of the messaging, as a source of information or as advertising only, the study attempted to identify whether there are identifiable patterns in how messages are received by the consumer. The answer to this question can offer insight for the industry into how future messaging should be built, depending on the internally determined purpose of advertising.

The study also attempted to answer:

**RQ3:** Does DTC advertising influence consumer perception of the communicating company?

By answering this question, the study sought to define the experience of the consumer and how it affects the relationship between consumer and advertiser. These three questions served as a foundational outline for the way the study was designed, allowing for information gathered to be focused into a cohesive set of results. The answers to these questions can build off one another to explore the overall phenomenon of DTC advertising of pharmaceutical products as well as the more specific topic of what strategies can be utilized to build a better message.

## **Chapter 2: Literature Review**

Utilizing a phenomenological approach to this type of study is a well-worn and validated path. While the small sample sizes and exploratory nature of this approach prevent results from serving as definitive proof of concepts, the approach allows a different range of possibilities. In essence, this approach allows for the research to define an area of thought or focus future research through the collection of thought or opinion surrounding the topic. A 2013 paper by Cooney, Murphy, and Sixmith attempted to explore and define the use of phenomenology a means of doing substantive research. This paper lays a strong foundation for what phenomenology is and attempts to do, stating “It is a way of describing phenomena as they appear to the person experiencing the phenomena” (Tuohy, p.18). The paper focuses on laying the groundwork for using phenomenology as an interpretive approach to individual experiences, asserting that “As the focus of interpretive phenomenology is to explore the lived experience, it is important to recognise that people’s realities are influenced by the world in which they live; the researcher needs to understand that experiences are linked to social, cultural and political contexts” (Tuohy, p.19). The researchers, through study of the established body of work on phenomenology, concluded that “An interpretive phenomenological approach is suitable for research that aims to understand and interpret participants’ experiences, to determine the meaning of the experiences” (Tuohy, p.20).

A 2012 paper by Converse attempts to take this idea of phenomenology and identify how it can be used, not only from a theoretical standpoint, but in identifying tactics to use when applying a phenomenological approach. Specifically, the study hones in on the use of in-depth

interviews, the strategies in building these interviews, and the process of sampling. The study's author, Converse, explains that, through interview "the researcher focuses on the phenomenon as experienced by the participant" (Converse, p.31). Converse goes on to identify the value of these interviews, stating "During the indepth interviews, the participant reflectively recalls their experience with prompting of the researcher to bring light to the meaning of the experience. Each participant has a unique meaning of the lived experience of the phenomenon which the researcher gathers in order to come to understand the phenomenon" (Converse, p.31). Converse's paper in particular informs the process by which the interview script (Appendix A) and selection criteria were developed for this proposed study.

Many studies have been done showcasing the use of phenomenological theory in research, particularly as relates to ideas of perception. A 2011 paper by Tul, Unruh, and Dick attempted to explain the effect that yoga could have on lessening chronic pain. Data was gathered through interviews of subjects with an eye open themes or concepts that emerged as universals or generally present. This led to an understanding of beneficial effects of yoga stemming from a mental modification as opposed to an actual lessening of pain. This in turn can act as a launching point for future studies to explore the actual efficacy of the practice. This concept is continued in a 2013 paper by King, wherein the researchers used in-depth interviews to attempt to define a particular phenomenon. In this case, the researchers were looking to gain insight into "the relevance of socializing agents on adolescent identity development and the need for continued global support for individuals with multiple, marginal, fluid identities" (King, p.308). The study identified areas of concern, highlighting key factors to the phenomenon while laying the groundwork for future, more specified and focused studies in order to definitively explain concepts. This type of identifying process is further validated in a 2010 paper by Crotser



and Dickerson, in which researchers attempted to understand the ways in which a layperson can respond to communication of medical information, the process by which it is received, and the contributing factors to perception. The paper also explicitly states that “future research is indicated” (Crotser, p.367), highlighting the fact that, again, this approach benefits from a strong background in use as foundational research attempting to guide future thought.

There is also a place for phenomenology when attempting to build a more ambitious study. In a 2013 paper by Vakich, Lowes, Niles, et al, researchers attempted to understand the way humanity as a collective is represented by its messaging to an unknown outside force. The researchers collected data and information surrounding the topic, compiled the messages sent out through a program designed to attempt contact with extraterrestrial life, and analyzed it looking for commonalities or prevailing ideas. This study did not look to solely lay the groundwork, instead attempting to build out a cohesive and thorough idea on its topic. This is further seen in a 2008 paper by Aho, in which researchers, through a thorough study of the pharmaceutical and psychiatric industries, attempted to identify and define the limitations of industry professionals as well as some possible industry norms that may be outdated or wrong. In these two cases, the phenomenological approach is used to delve into a subject, offering the researchers something tangible with which to go about exploring an established idea. These two approaches in mind, the adaptability of phenomenology allows for the possibility that, should a foundational or exploratory study into an unresearched or under-researched field can quickly shift gears to a more ambitious and comprehensive study.

It is important to note that, while the pharmaceutical industry is a well-researched field, the particular area of direct-to-consumer advertising and its relation to public perception is a completely untouched concept. Further, the field is replete with quantitative studies exploring

efficacy of drugs, hard numbers, figures, or statistics, and very little in the way of exploration of messaging. Particularly, the perception of the consumer is left untouched, as some in-industry research has been done. In a 2010 paper by Srivastava and Sahrma, researchers attempted to identify how people working within the pharmaceutical industry strategically design the message seen by the consumer. And yet, the researcher never went to the consumers themselves, instead finding what the industry perceives as important for the consumer to hear, see, and know. This theme is continued in a 2008 paper by Crigger, Barnes, et al, in which the researchers interviewed and observed the communication between pharmaceutical companies and nurse practitioners. This was done as a way of cataloging the determining factors amongst healthcare professionals on perception of marketing strategies. This angle is also seen in a 2003 paper by Wright and Lundstrom, which built around the relationship between physicians and sales representatives from the pharmaceutical companies. Again, we see an examination of professional-to-professional communication and perception, never getting an idea of how the consumer is influenced and what determining factors shape their perception.

In papers done exploring the role of the consumer, the focus has largely been on perception of a particular type of medication. In a 2013 paper by Green, Horne, and Shephard, the researchers attempted to identify whether labeling of a drug, such as natural remedy, pharmaceutical, or personalized medicine. This test identified predictable patterns by which perception of the type of drug could be determined, essentially finding that risk versus reward played pivotal roles in a patient's willingness to use a type of drug. However, this does not attempt to explain how messaging from the pharmaceutical industry can affect perception when unable to alter the labeling. This is continued in a 2012 paper by Danjulaityte, Falck, and Carlson, in which researchers attempted to define the determination of perception of risk by

users of a drug. This study found, among other things, that illicit use of prescribed drugs is viewed as more acceptable than use of non-prescription medicine. However, this is again not defining perception of the messaging, or the industry at all, simply the use of drugs for non-prescribed purposes.

Beyond study of the pharmaceutical industry, looking into the specific area of DTC advertising, some key defining research has already been done. A 2004 paper by Aikin was tasked with identifying the way DTC advertising is received and the way it is perceived, as a concept, by consumers and physicians. The study compiled two phone surveys of consumers, one done in 1998 and the other in 2002, which identified, among other findings, that a majority of consumers believed the advertising “felt the ads provide enough information to make a decision about whether to discuss the drug with a doctor,” (Aikin, p.3), however it should be noted that this number had declined year over year.

Further, it was found that nearly a third (32%) of respondents “felt the ads help them make better health decision” (Aikin, p.4). However, the study also found that “60 percent felt the ads do not provide enough information about risks,” (Aikin, p.4) and 58% “believed the ads make the products seem better than they are,” (Aikin, p4). Essentially, the study found a disconnect between consumer opinions of the concept of DTC advertising, viewing it as a positive idea, and the practical application of this messaging, perceiving their experience with it as having positive and negative traits.

In a 2011 paper by Ventola, the researcher looked into the part that DTC advertising plays in the healthcare marketplace. The study first outlined the history of DTC advertising, using this background framework to launch into an exploration of what this form of messaging offers to consumers and what arguments exist both for and against it. What was found was that,

on the one hand, this form of advertising promotes an opening of lines of communication between consumers and healthcare providers, inspiring a more informed consumer populace and reducing the incidence of illnesses and diseases going undiagnosed, undertreated, or sufferers facing social stigma relating to their condition. However, the study also found that this form of advertising can result in patients being under-informed or misinformed regarding drugs and conditions, can result in overemphasis on treatment through prescription, can strain relationships with healthcare providers, and lead to inappropriate prescribing. These two papers do a good job of laying the groundwork for understanding DTC advertising and the role it plays in the healthcare industry. However, neither looks into effects on perception of the pharmaceutical industry or specific messaging strategies, instead focusing on how consumers use the advertising to interact with physicians.

The study proposed in this paper is designed to fill a void in the literature involving DTC advertising, specifically as it relates to how messaging can be standardized to find a predictably positive reception. A 2005 paper by Wosinska offers a glimpse into the role that this particular form of advertising plays in the marketplace. Author Marta Wosinska attempted to identify the relationship between DTC advertising and consumer compliance with prescribed therapy. The study notes that “Poor compliance with prescribed therapy cost pharmaceutical companies \$15-\$20 billion annually” (Wosinska, p.331). This in mind, the ability to influence consumers to improve adherence rates exists as a primary goal of the industry.

What was found was that, on one hand, DTC advertising has a rather small influence on consumer compliance to prescribed drug therapy. DTC messaging was “not found to be particularly effective in increasing compliance compared with other drivers, such as time-invariant brand quality and severity of condition” (Wosinska, p.332). However, the study

concluded that “even minimal sales resulting from improved compliance are a win” (Wosinska, p.332) while contending that “a properly designed compliance campaign could be more effective than secondary compliance effects of acquisition campaigns” (Wosinska, p.332). This, in essence, cuts to the core of the proposed study as, Wosinska is concluding that a shift in messaging to a more compliance focused model could offer ever greater economic benefits than the currently used models designed to increase number of users.

However, in the body of knowledge developed after this paper, the focus has tended to be on the people receiving the message, rather than the messaging itself. A 2008 paper by Sheng Yuan attempted to build a foundation for predicting the effectiveness of DTC advertising. This was done through interviewing of an adult sample, questioning how those interviewed view DTC advertising in general, and attempting to identify predictors from the collected data. Yuan found that personal demographics, factors like age and education, could predict how the person interviewed would perceive DTC advertising as a concept. The study does not, however, give insight into what strategies can be used to build successful messaging, instead focusing on finding patterns in types of consumers. This has tended to be the general direction of research; when not focusing on the perception of the physician or effects on the patient/physician relationship, studies have looked into what kind of people can be seen as most positive or negative, from a demographic standpoint, toward the concept of DTC advertising. The area of messaging strategy, on the other hand, has been largely ignored by researchers, leaving a void in the literature.

Before proceeding to the Methods section, it is important to briefly define the research questions being posed, as well as some of the verbiage being used. As a whole, the research questions are deigned to deliver a complete picture of Direct-to-Consumer advertising,

identifying the various purposes and perceptions of the phenomenon. RQ1 seeks to identify consumer perception with regards to informational value, developing a baseline understanding of the perception of DTC advertising. This is important to establish as, at its core, this question of perception determines the current state of the phenomenon. As the study seeks to identify and standardize how DTC is designed, it is an essential step to understand how the phenomenon is currently perceived. This allows those creating the messages to better understand whether current strategies are cultivating the desired effect. RQ2 is a much narrower question, looking not at the overall phenomenon, but at the individual strategies used within the advertising. By identifying, not only what these strategies are, but how they are perceived, will allow for designers to better direct future efforts. With the intention being to establish rules and templatature for DTC advertising, it is a vital step to identify what is working and what isn't. RQ3 then moves to the next step, examining the impact of the phenomenon on the communicating company. While it is essential to answer the questions posed by RQ1 and 2, RQ3 attempts to answer the question of responsible use. As with any tool, it is important to understand, not just how the tool works, but what the outcome of use is.

With regards to verbiage, there are three words in this study that need to be defined, as they are words with multiple uses in general speech, but are being used very specifically in this study: drug, information, and strategy. When speaking of drugs, in this study, the word is used to mean “a natural or synthetic substance used in the prevention of disease, a medicine” (OED, 2015), and more specifically, this study is concerned with drugs that are available by prescription only, not over-the-counter. It is important to make this distinction, as this study is looking only at these products, and not “a substance with intoxicating, stimulant, or narcotic effects used for cultural, recreational, or other non-medicinal purposes. A controlled substance used illegally and

often habitually” (OED,2015). This study is also not looking at drugs in the broadest sense, meaning “any substance, of animal, vegetable, or mineral origin, used as an ingredient in pharmacy, chemistry, dyeing, or various manufacturing processes” (OED, 2015). By keeping the scope of the definition narrow, the researcher can prevent the potential derailing of this study by discussion over non-relevant issues. The use of “information” in this study is much more straightforward, as it is being specifically used to refer to an educational use. When, in RQ1, the word information is used, it is asking whether consumers of DTC advertising perceive the phenomenon as an educational experience, or perhaps a more passive or entertaining one. Finally, when using the word “strategy” and its derivatives, this study is referring to messaging strategies employed within specific examples of DTC advertising. This means, for example, concepts ranging from celebrity endorsement and art direction to tone. “Strategy,” as a concept, is being used solely within the context of the DTC advertisements themselves throughout this study.

An additional point of note is the nature of regulations on what is allowed, required, and forbidden within DTC advertising. First, there is a distinction between OTC, or over-the-counter drugs and prescription drugs, as the FDA only regulates the latter, whereas the FTC regulates the former (FDA, 2015). As this study is focusing on prescription drugs, the FTC regulations are not necessary to consider. The FDA requires only three things to be included in DTC advertising: at least one approved use for the drug, the generic name of the drug, and all risks of using the drug, with available exceptions to the final point under certain circumstances (FDA, 2015). Beyond these three requirements, advertisers are forbidden from certain things, mainly having to do with making specific claims that are unsubstantiated or deceitful. The final requirement is in the realm of ad design, stating “The layout of an ad – the way information is presented – can affect

whether an ad meets the fair balance requirement” (FDA, 2015). The fair balance requirement is a law that “requires that product claim ads give a ‘fair balance’ of information about drug risks as compared with information about drug benefits. This means that the content and presentation of a drug’s most important risks must be reasonably similar to the content and presentation of its benefits” (FDA, 2015). The language herein is very specific in the things that are allowed, forbidden, and required, which does place some limits on how advertisers can employ language and symbols in designing their advertisements. However, the language does also offer interpretation in stating about the Fair Balance requirements, “This does not mean that equal space must be given to risks and benefits in print ads, or equal time to risks and benefits in broadcast ads. The amount of time or space needed to present risk information will depend on the drug’s risks and the way that both the benefits and risks are prevented” (FDA, 2015). Coupling this alongside the FDA’s largely hands-off approach to monitoring, in which the FDA does not review and approve all ads before release, limit the drugs allowed to be advertised, the language used, or the money spent on campaigns (FDA, 2015), there exists quite a bit of room for discretion on the part of the advertiser.



## Chapter 3: Method

### Methodology

Phenomenology, being a school of thought founded in the subjective world of the subject's perception, enables research to be done that focuses on individual thought. Through the analysis of this personal thought and the synthesis of thoughts from different individuals, conclusions can be drawn, finding patterns or themes regarding how perception is built. A 2013 study exploring how "synthetic life" is perceived used phenomenology as the primary mechanism. Asserting that "perception itself is obviously also a part of our own experience of embodiment" (Rehmann, p.20), the researcher then built out a definition of "life" around the definition of phenomenology. In essence, the study was designed to offer a working idea of what "life" is by approaching from an experiential standpoint, rather than a biological one. As relates to the study of DTC advertising, this is an important point, in that it offers a launching point from which we can justify perception and experience as determining factors in successful messaging. Digging through a long, and strongly defined history of phenomenology as a theoretical launching point, there are countless examples, both conceptual and practical, that validate the use of phenomenology, and in turn, the perceptions defined through it, as a barometer for success and a guiding force for cultivating more complete and thorough success.

Moving to the particular mechanism of this study, it has been shown that deep and meaningful information can be synthesized through in-depth interviews with a relevant public. A 2014 study on identification of students with hearing loss as "Deaf" or "Hard of Hearing" utilized a phenomenological framework and in-depth interviews in order to identify perception

within a defined community. The researchers posited that, “only through interviewing caregivers/parents about perceptions of identity and hearing loss in the students can the researcher learn of prior experiences that contribute to definitions of hearing loss and impact of hearing loss on the family unit that may affect how the caregivers/parents identify and perceive their children in relation to hearing loss” (Kemmerly, 2014). While the specific subject matter differs greatly from the subject of this study, the intention is quite similar. By interviewing experiencers of the phenomenon, parents/caregivers and consumers of DTC advertising respectively, rather than the specific source of the phenomenon, the students with hearing loss and the pharmaceutical industry respectively, it is possible to understand how and why perception is defined. In the case of this particular study, interviewing laypersons with no professional experience in pharmacy allowed the interview to focus solely on identifying determining factors of perception obtained through messaging, without having to consider the intention of the professionals who designed the message.

It should also be noted, briefly, that, by utilizing a phenomenological framework, this study was designed to grow and evolve organically. Though the mechanism used was standardized in order to centralize the results, the study was allowed to grow and find results beyond those initially stated, should they be relevant. This was done in order to enhance this study’s viability as the foundation of a broader field of inquiry, allowing researchers to identify and pursue a wider array of study with regards to DTC messaging, rather than constraining the findings to those originally posited.

## Participant Selection

Subject selection was based on two main criteria: an age minimum of 20 and maximum of 59 and familiarity with the pharmaceutical industry. For the first point, the age-gate is in place to verify that all subjects are capable of representing themselves and that they have the ability to seek personal healthcare without requiring parental consent. Furthermore, this age range was chosen because it represents a sharp jump in prescription drug use. A study by the CDC found that 48.3 percent of people in this age group use prescription drugs, as opposed to 29.9 percent in the 12-19 demographic (Gu, 2010). This factor ensured that information collected is useable and begin the process of ensuring relevance to the desired goals. The second point is designed to ensure that any subjects chosen for interview was knowledgeable with regards to the subject at hand while increasing the likelihood of both personal exposure to DTC messaging and a subjective perception of the industry and the concept of DTC messaging. ‘

There were four criteria for exclusion of participants: not meeting either of the selection criteria, being themselves or directly related to a pharmaceutical industry professional, having a history of abuse of prescription drugs, and having no knowledge of or interaction with the pharmaceutical industry. The first criterion is in place to simply ensure that the selection criteria are met. The second criterion is in place to ensure that any subjects chosen for interview are, in fact, laypersons indicative of a general perception. This negated the possibility of perception being determined by factors beyond DTC messaging, such as personal bias honed through employment in the industry. The third criterion is meant to ensure that any subjects interviewed are approaching the pharmaceutical industry from a legal and healthy perspective, are familiar with the industry for reasons that do not include chemical dependency, and are possible target audience members for the proper use of advertised medications. The final criterion ensured that

any participants taking part in the interviewing was familiar with the industry and its messaging and can reasonably be expected to maintain an informed opinion. Through these methods of selection and exclusion, interviews conducted should be free from recognizable anomalous behavior. Multiple interviews were conducted in order to confirm recognizable trends or themes, if any are present.

Interviews were conducted following a predetermined interview script (Appendix A) in order to focus questioning. The script is designed to gather information methodically, standardize the interview experience (thus neutralizing the effect of the interviewer on the subject), and provide an outline for the ideas and concepts that need to be explored. That in mind, the script was not followed by the letter as the interview was allowed to go at the subject's pace while attempting to cultivate genuine perception and mentality, rather than forcing subjects to follow the interviewers train of thought. This may include deviation from question order as well as inclusion of supplemental questions to explore ideas or concepts discovered through the interviewing process. Interviews were recorded for audio only, subjects were told of this beforehand while signing an informed consent form (Appendix B). Before beginning the recording, subjects were offered the chance to pull out of the study as well as offered the opportunity to pull their participation from the study at any point during or after the interview, the result of which would be the deletion of the interview recording in their presence and the removal of their presence from any study materials.

An initial participant pool of 18 participants volunteered to take part in the study as interviewees. Of these 18 participants, 11 were disqualified under criteria established within the exclusion criteria. Of the remaining seven participants, one chose to withdraw participation midway through their interview and one participant asked to withdraw several weeks after their

interview. This posed somewhat of an issue, as the shrinking participant pool alongside the withdrawn interviews pushed the number of interviews conducted and usable to five. That being said, there are two major reasons for which this exists as a sufficient data set for the study; the study's purpose and the nature of remaining interviews. From the beginning, this study was designed as a conceptual framework upon which to build future research. Participant numbers were purposefully kept small as a means of identifying broad trends in order to make future, quantitative research, more directed and focused. While the final number was smaller than initially planned, it obtained success in this proposed intention, as the remaining interviews offer clear concepts upon which future research can be based. While this study could possibly be broadened by further data collection, doing so would be an inefficient use of time. The time would likely be better served collecting data through a larger, statistics based study of the themes identified within this study as it stands.

Those interviewed were questioned about their familiarity with the industry, seeking to eliminate subjects with too much familiarity (professionals, students of the field, etc.) as well as those from whom information gathered would not provide meaningful insight (those with little or no interaction with the pharmaceutical industry or its messaging). From here, the aim would be to obtain information regarding the specifics of the person's relationship and interactions with the industry, the specifics of their perception, and the specifics of messaging observed or received. Through this collection of information, the goal would be to synthesize disparate thoughts and ideas from the various participants in the hopes of finding discernible patterns or predictive factors.

## **Chapter 4: Results**

Through the five interviews, certain trends became evident, supporting certain ideas while leading away from others and casting more questions for future study. For the most part, responses addressed three major areas: perception of familiarity, perception of effectiveness, and perception of best practices. For the case of this study, these three areas serve as pillars, around which baseline assumptions can be and quantitative study can be based.

Early in all interviews, participants were asked questions regarding their familiarity with direct-to-consumer advertising. The questions were asked in multiple ways in order to adjust for personal perception. When initially asked, “How would describe your personal level of exposure to DTC Advertising,” responses ran a wide gamut, one respondent stating, “It’s (DTC Advertising) just not a part of my life,” while another lamented “I can’t seem to escape them (DTC Advertising), no matter what I do.” Overall, two of the respondents noted a general unfamiliarity with DTC Advertising, while the remaining three all defined varying levels of frequent familiarity. When presented with an opportunity to define familiarity along a polar, linear scale, the respondents, regardless of response, immediately placed themselves with the realm of familiarity or unfamiliarity.

Later on in the interview, all respondents were asked to identify specific examples of DTC Advertising, having discussed the concept and understanding what it entails. The responses to this question painted a much different picture than the earlier responses by soliciting the information in a different manner. In response to this question, regardless of personal

perception of familiarity, all respondents were able to list off a number of examples of DTC Advertising, many of which were duplicated across respondents. The various respondents referenced Viagra, Cialis, Allegra, and Levitra, among others, as common and ubiquitous subjects of DTC advertising.

This is an interesting result as, despite perceived familiarity, despite differences in media consumption, both in outlet and levels, respondents were similar in their ability to identify DTC Advertising to which they'd been exposed. This delineation of perception and reality marks a point of future study, highlighting a real-world difference between how advertising is perceived and the actual impact it has as well as the general perception of what advertising is as a concept through the eyes of non-industry professionals. Essentially, while the industry works to build specific definitions in order to identify what does and does not work, the public would seem to ignore these definitions while still exhibiting signs that the advertising has been effective. It must be noted that this is evidenced through five interviews and would need to be explored on a much larger scale in order to be quantified. It would, however, be irresponsible to ignore the dichotomous phenomenon occurring here that allows a message to be simultaneously ignored and received.

Responses to perception of best practices were the most difficult to unravel, though possibly the most rewarding, as the respondents addressed several areas consistently, doing so, however, with varying approaches and ideas. Tone, imagery, and detail of information were all points of focus for the respondents, while concepts like celebrity endorsement and the ubiquitous fine print were brought up by several respondents.

Tone and imagery were largely viewed as interconnected concepts with similar goals, points of focus, and concerns. Specifically speaking, these concepts were seen as reliant on the

purpose of the advertised drug in order to direct the applied tone and imagery. This mentality was best summarized by a respondent who stated, “there was one, I don’t know what company, but they used cartoons, and it was like animated, and I didn’t think that was like appropriate because, like, it wasn’t for kids, so it wasn’t like, it was like for, it was an adult medication, but I don’t feel like cartoons, they’re like, necessarily the appropriate way because they just take the seriousness out of it, so it’s just a joke to me, is how I perceived it.”

Individually, the respondents had varied opinions on the limitations of what is appropriate, one respondent stating “Cartoons just shouldn’t be used. Drugs are serious so you shouldn’t use something silly to sell them,” while another respondent stated “It doesn’t have to be all gray and monotone and boring, it just has to make sense why you’re being, maybe, less serious like Flintstone Vitamins.” However, with a fair bit of uniformity, the respondents agreed that advertisers should cater the taste of the advertisement to the maturity and severity of the drug being advertised. This was much the same rationale as used by a respondent who questioned the relevance and propriety of using celebrity endorsements in DTC Advertising. This respondent stated, “If I’m going to take a new drug, I want to hear a doctor or someone who has gone to school for a long time. I don’t want to hear a TV star from the 70s or a Hollywood actress with arthritis. It just feels manipulative.” This respondent went on to explain that, while the subject matter is serious and very technical, having a celebrity selling the drug is just a “marketing ploy” rather than informative.

Detail of information was another point of conflict, with the only common thread being that no respondent thought current information tactics were tuned properly. Breaking down the numbers, three respondents believed there should be more information provided in DTC Advertising while the remaining two respondents thought the current level of information to be a



bit overwhelming. One respondent in the first group noted “If the idea is to inform the consumer, why aren’t the advertisements full of information? Shouldn’t there be more details if they’re actually trying to educate us?” Another stated, “Sometimes I feel like it’s just another commercial, but if I really think about it, I want to know way more about a pill than about a hose that fits in my pocket.” On the other end of the spectrum, one respondent related, “I have really bad allergies and it seems like every day there’s a new drug for me and I just get burnt out on it. I’d rather they just tell me what’s new and let me look up the information if I want to.” The other respondent in favor of lessening the amount of information stated, “Nobody really learns anything from this stuff, it just makes them think they know more than their doctors. There’s not enough information to be helpful, just misinformed.”

Though it seems contradictory, one of the respondents who promoted lessening the amount of information provided proposed expanding the presence of potential side effects in DTC Advertising. “I don’t need to know how it works or how many extra hours I’ll be able to sleep or whatever, I can look that up, but I would like to know if the drug will cause my hair to fall out or give me a heart attack. It shouldn’t just be this tiny font or someone speed-whispering at the end of a commercial.” Though only three of the respondents broached this topic, all three agreed that this information was essential in DTC Advertising.

### Third-Person Effect

Regarding perception of effectiveness, respondents were conflicted, the tool of the interview somewhat letting down the ability to collect information. This is seen in the fact that, when asked whether they believed DTC Advertising was an effective method of messaging, all respondents skirted the issue by detailing the ways in which DTC Advertising would be effective

to others, but not themselves. One respondent stated, “I’m kind of immune to advertising at this point in my life, but I feel like it would work for most people,” while another stated, “It obviously works, I don’t know if it works on me, but it obviously works for most people.”

Across the boards, the responses tended to validate the previously studied and well established Third-Person Effect. First studied in the early 1980s, it found “that people will tend to overestimate the influence that mass communications have on the attitudes and behavior of others. More specifically, individuals who are members of an audience that is exposed to persuasive communication (whether or not this communication is intended to be persuasive) will expect the communication to have a greater effect on others than on themselves” (Davison, p.3).

The appearance of Third-Person Effect in this study, while unanticipated, was a prevalent and powerful mechanism at play. The actual function of Third-Person Effect was expounded upon in a 1996 paper by Vincent Price and David Tewksbury, in which it was posited that the effect itself may be nothing more than an artifact of faulty methodology. The study, viewing the use of questions that attempt to quantify the effect on others compared to the effect on oneself asks, “First, does the order in which these questions are asked affect the tendency of people to report greater media influence on others? Second and even more basic, does the observation that perceived impact on oneself is less than perceived impact on others require that both questions be asked of respondents?” (Price, p.121). These questions cut to the core of the Third Person Effect; in essence, if these questions are answered affirmatively, the Third-Person Effect would not be an actual mechanism of opinion, but an outcome dictated by flawed methodology in data collection.

That study was conducted by asking a series of questions relating to mass media and questioned either the Self Only, Others Only, Self then Others, and Others then Self. By offering

these four options, the researchers were able to account for whether the Third-Person Effect was present or amplified by the presence of questioning both self and others versus only self or only others, and whether the order mattered if questioning both self and others. The research showed that regardless of which set the participants fell into, there was not significant variation in the perceived impact of mass media on self or others; the Third-Person Effect showed as present throughout.

This having established the viability of Third-Person Effect as a true mechanism in determination of perception serves two purposes in this study: to validate that an outcome showing the presence of a Third-Person Effect does not point to a problem with the methodology, and the existence of a factor in the standardization of DTC messaging that is educational and potentially possible to manipulate. This is further borne out in a 1996 study by Hans-Bernd Brosius and Dirk Engel, in which the origin of Third-Person Effect was explored. The researchers attempted to find how the Third-Person Effect on perception is developed by examining its effect on different types of media and in different contexts.

The study found that the strength of the Third-Person Effect could be reliably predicted by the credibility of the media source; high credibility outlets such as the news exhibited a far weaker Third-Person Effect than low credibility outlets like commercials and campaign ads. Additionally it was found that, in the dichotomy of the Third-Person Effect, opinion of impact on oneself is largely determined by the perceived benefit or detriment of the message, while opinion of impact on other “is affected by the perceived similarity of the first person with the third” (Brosius, p.159). As the Third-Person Effect exhibits a somewhat predictable force upon perception and opinion, it offers an opportunity in designing messages around standardized method.

## **Chapter 5: Discussion**

There are insights and limitations to be found within this study, both of which should be taken as lessons for future study, both in the specific area and the utilized methodology. Certain questions ultimately offered little to nothing in the way of useful information, particularly questions asking for participants to relate specific experiences they'd had with the pharmaceutical industry. While these questions were designed to serve as potential sources of shared experiences between those interviewed, there was ultimately no collating information that served to organize respondents. Additionally, the repetition of the question "How do you specifically perceive DTC Advertising as a concept," early and late in the interview offered no real contrast with this subject. While this was implemented as a way of potentially identifying a change in perception stemming from discussing the subject, the participants all reiterated their earlier assertions. This may identify the presence of well-defined perception prior to the interview, with the subjects already having decided on their perception of DTC advertising.

In order to deliver more generalizable information, it would be highly beneficial to modify the study for a wider, quantitative study. Through interviews, this study was able to provide data to respond to the proposed research questions while serving to direct and focus future efforts. Regarding RQ1, looking into the perception of DTC advertising as a source of information, the interviews would tend to point out a gap between the current role and the desired one. Respondents seemed to agree that, in its current form, DTC advertising falls somewhat short as a source of information. And yet, the respondents pointed out the value of

this information, defining it as more valuable than other commercials, not involving pharmaceutical DTC advertising, within the same space. In essence, while the consumers offered ideas of how to better execute DTC advertising, they respected it as an important source of information and a valuable addition to the advertising environment.

This leads directly into how RQ2 was answered by the respondents. Reiterating statements from the above results section, it is important to note that this question was impacted particularly strongly by the mitigating Third-Person Effect. While a pattern can certainly be seen in the way respondents, in one way or another, all deflected their reception of DTC advertising, there are important patterns to be found in examination of the finer details. Future study focused on the above-mentioned areas of tone, imagery, detail of information, celebrity endorsement, and fine print should offer researchers the ability to build defined and standardized best-practices in order to better resonate with consumer perception. Additionally, by utilizing a large-scale, quantitative methodology, the Third-Person Effect can be somewhat nullified through anonymity and volume. By negating the personal relationship to the questions asked, researchers should be able to bypass the effect altogether. A 2014 study examining the effect of varying grammar in order to account for the Third-Person Effect can be used as a roadmap for designing future study. This study offers a defined resource from which to draw verbiage in neutralizing the Third-Person Effect. Additionally, the study found that “individuals are more likely to support public policies aimed at improving decision making when the target of such policies seem to be people in general” (Cornwell, p.440). This fact shines light on the part that manipulation of the Third-Person Effect may be able to play in directing perception in order to standardize best practices. As such, while the unexpected appearance of the effect serves to somewhat mitigate the toolset

used in this study, it offers a new direction and possibly a strong tool in future research and practice.

RQ3 stands as highly informative, despite culminating in a negative answer. Asking if DTC advertising influences consumer perception of the communicating company, the interviews would tend to show a lack of any real connection between the two. In essence, while participants could readily list off specific drugs, they were unable to connect them to the producing company. Ultimately, it is not apparent from this study whether perception of specific companies is a widespread enough phenomenon to be valuable in identifying best practices. Future study may find this to be a worthwhile avenue of exploration, however this study tends to show a disconnect between observation of DTC advertising and perception of pharmaceutical companies.

## **Chapter 6: Conclusion**

It is important to note that this study does not attempt to offer any proof or definitive answers as to how to build a template from which DTC Advertising can be hewn. Instead, the intention was to begin building a foundation for future study while highlighting the successes as failures of the practice in its current state. Through the implemented methodology, this study was able to identify fruitful areas for future study, highlighting a cursory glance into the issues of DTC Advertising as seen by non-industry professionals. As a building block in opening a new area of interest, this study has succeeded in spite of a few limiting factors.

The concept of Third Person Perspective exemplifies the purpose of this study, appearing unexpectedly, mitigating part of the applied measurement tool but better defining the obstacles present in DTC advertising. Integrating this defined and established concept can help to define standardized best practices by offering a data point around which research can understand how DTC messages are consumed and perceived. Future study can determine the extent to which this perspective is magnified by participation in the study and potential avenues through which to apply tactics necessary to properly direct the effect.

Speaking toward the effectiveness of this study, the primary outcome is the definition of essential areas of future studies and the identification of potential obstacles to obtaining data. Based on the acquired information, an ideal proposal going forward would be the development of a three pronged study, assessing subjects with regards to perception of familiarity, perception

of effectiveness, and perception of best practices independently. Using a boxed survey framework, the variables of which would relate to the particular pillar represented by that arm of the study, researchers would be able to collect larger scale, more generalizable information, mitigate potential inaccuracies caused by the intimacy of in-person interview, and collect more directed and specific data. By collecting the specified and generalizable data, researchers have the potential to develop new theory along the lines of Situational Crisis Communication theory, formulizing messaging to be more efficient, accurate, and appreciated.



## **Chapter 7: Study Limitations**

This study suffers from two major areas of limitation; mitigation of toolset usability and scope of generalizability. Speaking to the first limitation, this directly references the appearance of Third Person Perspective as a constant within the study. This acts as a limitation for the simple reason that, though this is a well-studied and defined concept, it has not been previously applied to DTC advertising and, as such, was not accounted for in building the toolset used for collecting data. While the identification of its part in this particular messaging concept serves as a valuable result, it also somewhat mitigates the results initially intended to be assessed. The second limitation, in essence, is the fact that this study offers limited generalizability. The data, though able to identify concepts of interest in future study, cannot identify patterns within the larger population, as the small scope cannot be extrapolated to a larger public. Though this was not an intention of the study, it does serve as a limitation, requiring future, directed study in order to overcome.

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## Appendix A

### DTC Interview Script

Obtain basic demographic Information:

What is your age?

Gender: Male/Female?

Race/Ethnicity?

Sexuality?

\*\*\*\*\*

- 1) Define DTC Advertising
- 2) How would you characterize your consumption of various forms of media? (I.e. internet, television, print, etc.)
- 3) What is your relationship with the pharmaceutical industry?
- 4) How would you characterize your perception of the pharmaceutical industry?
- 5) What resources do you rely upon to receive information regarding healthcare and medical therapy?
- 6) How do you specifically perceive DTC Advertising as a concept?
- 7) How would you describe your personal level of exposure to DTC Advertising?
- 8) Can you identify specific advertisements that you would say are particularly well done?
- 9) Particularly poorly done?
- 10) Tell me a story --- If DTC Advertising has ever specifically altered your personal perception?
- 11) Tell me a story --- If so, when and why?
- 12) Having thought a bit about what DTC Advertising is, what examples of DTC Advertising are you specifically familiar with?
- 13) Do you think DTC Advertising is effective? Why?
- 14) Do you think DTC Advertising works particularly well when used in a specific medium?
- 15) Can you identify any specific common strategies you've observed as present throughout DTC Advertising?
  - a. What is your opinion on these strategies?
- 16) How do you consider DTC Advertising as a responsible and reliable source of information?
- 17) What part do you think new media forms, such as internet and social media, should play in DTC Advertising?
- 18) What role, if any, do you think the government should play in regulating DTC Advertising?
- 19) How do you specifically perceive DTC Advertising as a concept?
- 20) Is there anything else you'd like to say on the subject?

## Appendix B



### **Informed Consent to Participate in Research Information to Consider Before Taking Part in this Research Study**

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You are being asked to take part in a research study. Research studies include only people who choose to take part. This document is called an informed consent form. Please read this information carefully and take your time making your decision. This interview involves minimal to no risk research regarding perceptions concerning Direct-to-Consumer (DTC) Advertising of prescription drugs.

We are asking you to take part in a research study called:  
Developing Strategy in Direct-to-Consumer Advertising

The person who is in charge of this research study is Nicholas Fancera. This person is called the Principal Investigator. However, other research staff may be involved and can act on behalf of the person in charge.

The research will be conducted at The University of South Florida

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#### **Purpose of the study**

The purpose of this study is to examine whether or not patterns can be found in the reception of Direct-to-Consumer messaging, and if these patterns can be used to build standardized strategies when designing future messaging.

#### **Study Procedures**

If you take part in this study, you will be interviewed regarding the subject described. Interviews will take place at an appropriate indoor venue that is agreeable for both subject and researcher. The interviews will be recorded using a digital audio recorder. The interviews will last 30 to 60 minutes.

#### **Total Number of Participants**

At least 4 individuals will take part in this study at USF.

**Alternatives**

You do not have to participate in this research study.

**Benefits**

We are unsure if you will receive any benefits by taking part in this research study.

**Risks or Discomfort**

This research is considered to be minimal risk. That means that the risks associated with this study are the same as what you face every day. There are no known additional risks to those who take part in this study.

**Compensation**

You will receive no payment or other compensation for taking part in this study.

**Privacy and Confidentiality**

We will keep your study records private and confidential. Certain people may need to see your study records. By law, anyone who looks at your records must keep them completely confidential. The only people who will be allowed to see these records are:

The research team, including the Principal Investigator, and all other research staff.

Certain government and university people who need to know more about the study. For example, individuals who provide oversight on this study may need to look at your records. This is done to make sure that we are doing the study in the right way. They also need to make sure that we are protecting your rights and your safety.

Any agency of the federal, state, or local government that regulates this research. This includes The Department of Health and Human Services (DHHS) and the Office for Human Research Protection (OHRP).

The USF Institutional Review Board (IRB) and its related staff who have oversight responsibilities for this study, staff in the USF Office of Research and Innovation, USF Division of Research Integrity and Compliance, and other USF offices who oversee this research.

We may publish what we learn from this study. If we do, we will not include your name. We will not publish anything that would let people know who you are.

**Voluntary Participation / Withdrawal**

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study. You are free to participate in this research or withdraw at any time.

There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study. Decision to participate or not to participate will not affect your student status (course grade) or job status.

**You can get the answers to your questions, concerns, or complaints**

If you have any questions, concerns or complaints about this study, or experience an adverse event or unanticipated problem, call Nicholas Fancera (239-898-7936).

If you have questions about your rights as a participant in this study, general questions, or have complaints, concerns or issues you want to discuss with someone outside the research, call the USF IRB at (813) 974-5638.

**Consent to Take Part in this Research Study**

It is up to you to decide whether you want to take part in this study. If you want to take part, please sign the form, if the following statements are true.

**I freely give my consent to take part in this.** I understand that by signing this form I am agreeing to take part in research. I have received a copy of this form to take with me.

\_\_\_\_\_  
Signature of Person Taking Part in Study

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Taking Part in Study

**Statement of Person Obtaining Informed Consent**

I have carefully explained to the person taking part in the study what he or she can expect from their participation. I hereby certify that when this person signs this form, to the best of my knowledge, he/ she understands:

- What the study is about;
- What procedures/interventions/investigational drugs or devices will be used;
- What the potential benefits might be; and
- What the known risks might be.

I can confirm that this research subject speaks the language that was used to explain this research and is receiving an informed consent form in the appropriate language. Additionally, this subject reads well enough to understand this document or, if not, this person is able to hear and understand when the form is read to him or her. This subject does not have a medical/psychological problem that would compromise comprehension and therefore makes it hard to understand what is being explained and can, therefore, give legally effective informed consent. This subject is not under any type of anesthesia or analgesic that may cloud their judgment or make it hard to understand what is being explained and, therefore, can be considered competent to give informed consent.

\_\_\_\_\_  
Signature of Person Obtaining Informed Consent / Research Authorization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Obtaining Informed Consent / Research Authorization



## Appendix C

So the first thing I want to do is I want to define what Direct-to-Consumer Advertising is for you. So you might have some ideas about it already, this might cover that, but I want to standardize what you understand as it. So Direct-to-Consumer Advertising is a pretty unique process in that most of the world doesn't allow it. Throughout most of the world, in order for the pharmaceutical industry to advertise, it can only advertise to healthcare professionals, so hospital, physicians who have the education in medicine. In the United States and in New Zealand, there's Direct-to-Consumer Advertising meaning that the pharmaceutical companies are allowed to put out advertisements directly to you, the consumer, so television commercials, internet ads, ads in print media like newspapers and magazines, and they're allowed to tell you about new drugs or existing drugs, what they're for, what they do, stuff like that. So the Direct-to-Consumer Advertising at its core is just a direct relationship between you as the consumer and the pharmaceutical industry through advertising of products. Does that make sense?

Yes

Do you have any questions about Direct-to-Consumer Advertising as a concept?

No

Ok, so how would you categorize your personal consumption of various forms of media, so internet, television, print?

As far as frequency?

Yeah, would you consider yourself a heavy user, a moderate user, how would you consider your consumption of media?

I would say I barely watch TV, I moderately read, like the newspaper or like printed sources, and then, the most heavy would be Internet, but I'm not like a heavy Internet user. I don't have a Twitter, there's a lot of social networking sites I don't use, but I am on the Internet, you know, I do see ads on the internet, but overall, it's just not a part of my life.

Ok, so how would you characterize your exposure to Direct-to-Consumer Advertising, being that, you know, as you've said, you're not a huge television watcher or anything like that?

I would say that the, I see the fewest ads online, just because of a few reasons. One is I have adblock so, I've taken steps to not see those ads. So even though I watch TV less than I'm on the internet, I probably am exposed to more advertising on TV than I am through the internet.

Ok, talking about the adblock a little bit, is there anything that pharmacy advertisers could do to cause you to allow their advertisements to reach you, rather than you blocking them out of hand?

Well, the thing is is that I'm not specifically blocking pharmaceutical ads, I'm blocking ads in general, so for a specific advertisement company to do something for me to not block their specific ad, I can't think of any particular path they could take to do that.

OK, is there anything that you, you know, prior to using an adblocker, is there anything that you noticed with specifically pharmaceutical ads on the internet that have caused you to put up the adblocker to not want to have to see?

No, the reason I put up the adblocker is because I was seeing advertisements to specifically the things I was searching on Google, because they collect that information and use it to advertise back to you, and I don't want to see that, so I got rid of it. The only time I really even saw medical advertisements specifically is whenever I had an illness myself, or someone I know had an illness and you go on a medical website, WebMD or something like that, and then usually sometimes you see medical advertisements on those sites. But I wasn't searching medical...the thing is, the ads were directed because of what I was searching and I wasn't searching for medical information.

So your exposure to it would have been very low.

Correct

And so there's nothing specific that you would have seen in that low exposure situation that would have prompted you to block specifically pharmaceutical advertisements.

Right

Ok, now moving forward, what's your personal...How would you personally characterize your perception of the pharmaceutical industry in general?

I'm, I see its usefulness, but seeing as I'm fairly young and healthy and free of medical problems, I don't pay much attention to it, but the advertisements that I do see, I want to avoid the products somewhat, because of the taglines at the end where it says it might cause this, this and this, but that's just a little bit unavoidable because health companies have to be transparent with what can happen if you take their product, it's a drug to help you but at the same time it's a product that they're marketing, so you can't lie about a product, that will get you in trouble.

Ok, can you think of any kind of, so thinking about your personal exposure to Direct-to-Consumer Advertising, can you think of any specific ads or specific strategies that you've seen in ads that you think worked particularly well in either giving you a positive perception of the drug or the drug company or left you with the information that would push you toward maybe asking for that drug or wanting to be on it?

One specific ad that I can think of, that wasn't necessarily persuading me to be geared towards the drug but, I don't remember what product it was for, I want to say Xanax but I don't think it

was Xanax, there's a little happy ball guy rolling along and he's sad and there's clouds and, you know, he's getting rained on and stuff and then he goes along and he takes whatever drug it is and then he's happy and he's having a good day. I think that that would be effective for a lot of people because it's very simple, you don't really have to think about what's being advertised, you see it in about as simple terms as you can see it, he was sad and now he's happy, he's just a little smiley face, but at the same time I think that advertisements like that can be a little... come across as if they're talking down to you, instead of talking to you, because when people go to see a doctor, they don't want the doctor... usually you don't want the doctor to say, "Take this, it'll help." You want him to explain what the drug is doing and why you need the drug so I think, in advertising pharmaceuticals, I think a way to make the advertisements effective would be to make it simple for the consumer so they understand what they're getting but at the same time, don't be talking down to them as if they don't understand.

Ok so, with that in mind, would you say... imagine you're an advertiser, it's your job to craft the message for whatever drug you happen to be working for, would you say that you would think your focus should be more informative, that you need to inform the consumer, or entertainment in that you want your message to simply resonate in the consumers mind without getting too deep into the details of the drug itself?

I would say it depends on who your audience is, if you're trying to market your drugs to people... this is going to sound bad, but if you're trying to market your drug to people who have a problem, you want to be informative, if you're trying to market your drug to people to convince them they have a problem, you want to be entertaining. If people are just like "Oh, something's wrong with my life and I don't know how to fix it" and then they see a drug for a mood enhancer or something like that and then they say "Oh, well maybe that will help me," then you want to be entertaining because you want to catch their attention. But I mean, if you're advertising to people who are really struggling with something and know specifically what it is and have been diagnosed and are looking for an answer and are not able to find what works for them, you want to be informative and tell them that this is the product that they need and here's why specific to them. I don't know, it's hard for me because I'm kind of immune to advertising at this point in my life, but I feel like it would work for most people

Ok, with that like, that's a pretty strict split right, between two kind of focuses there? With that in mind, are you able to kind of build a general concept of how you personally perceive the idea of Direct-to-Consumer Advertising or is it something that's just too split?

Could you elaborate on that a little?

So, when you think about the Direct-to-Consumer Advertising that you've been exposed to and think about, you know, one may be for fulfilling the role that you've stated of somebody has a problem and they want information on how to fix that problem, and another may be we want people to treat this problem that we think they have, are you able to kind of... is there a way that you can reconcile those two and just think about the state of Direct-to-Consumer Advertising as a whole and kind of do you have a specific perception of how Direct-to-Consumer Advertising is used in general.

Ok, I'm not sure if this is answering your question, but I guess you could just combine the two strategies and provide both information and relate to the consumer specifically. Like for instance, let's not talk about like mood drugs, let's talk about just like cold, common cold. If people... For instance, there's a new product, I don't know how new it is, I don't use any of these very regularly so I don't know, but there's like Nyquil and then there's like Zzzquil now and it just helps you sleep, it's not for cold symptoms specifically. So I think if you're advertising something like that, you do want to have, you know like they have nasal strip ads too where it's like funny or like Mucinex has the ads, like all these ads where they have the big snot guy, like I couldn't name, I probably couldn't name any other ones unless I thought about it, any other nasal decongestant of the top of my head, maybe like Flonase, I've taken that myself when I was younger, so for personal experience. But I do think that creating an image for your product is very crucial for anything that you're advertising, so of course in pharmaceuticals, because the consumer is going to recognize that image and associate it with the product and think about that product when they're handling an issue. So I think that's important, it is important to sort of combine the two worlds and even if you are, you know, trying to be serious about your product, creating an advertising strategy that sticks with the consumer is just as important as providing them with information, because if you just have a commercial that's full of... if you just have a guy sitting there, telling you what's going to happen, who's going to remember that, you know, who's going to remember that advertisement, just information about the product, just a voice over of a picture of the product you know? And even the guy, the Clear Eyes, the guy where he does just sit there, and dully explain to you what the product does, they at least made a character out of it and created something that you can remember. So, yeah I think that the two can be combined and used effectively, you know just, not just done, but done effectively. It doesn't have to be all gray and monotone and boring, it just has to make sense why you're being, maybe, less serious like Flintstone Vitamins.

Would you say that that should apply across the board or are there... Would you say that there are specific drugs that we should leave entertainment out of altogether?

Yea, I mean, I might change my answer if I thought about it for a really long time, off the top of my head, I mean if you're dealing with an issue that's, you know, like suicidal, people that are suicidal, you don't want to like make a joke out of that or like create a funny, memorable... Like if someone's on the brink of suicide and they're struggling with depression, they're not going to remember a cartoon about suicidal thoughts, you know? So I think some of it needs to be a little more serious, but I mean, how do you draw that distinction really. I guess in matters of serious, life and death, things that concern life and death shouldn't be created into an advertising strategy. I don't know, you're crossing into like moral ideas there.

So basically you're looking at it as the message needs to be memorable, you need to be able to remember what they're telling you

But also appropriate

Appropriate tonally to the situation

Yes

Ok cool, can you think of any advertisements that you've seen or strategies that you've seen employed that were particularly poorly designed, like basically like bad ideas on the part of the advertiser?

Well see, if they were poorly done, they wouldn't be very memorable, so it's hard to think of something.

Well beyond, so like beyond the fact... We can say that not coming up with something memorable is a poor strategic choice. Beyond that, is there something that stuck out in your mind, you know, maybe you saw a commercial for a specific drug, and it just stuck out in your mind that they did something wrong or somehow colored you to...

Well something that some people would argue that this is an effective advertising strategy and I can see that point of you, but something that I would say is not an effective advertising strategy is being obnoxious because even if being obnoxious is memorable, this isn't, this isn't a pharmaceutical thing so it's not exactly relevant but there's the like advertisement for like, well I don't even remember it exactly, but it's like CoolAir or 1-800-Cool-Air or something like that and it's like easy AC is here like call 1-800-Cool-Air or something like that and they repeat it like ten times in the commercial in like a sing-song way, and it's like if my air conditioner ever breaks, I'll never call them because the advertisement's obnoxious. So I mean like, if your advertising pharmaceuticals, I don't see why you'd be like obnoxious in the first place, because you don't want to drill pharmaceuticals into anyone's brain, you know, you just want to present them in a way that's appealing so I can't think of any specific pharmaceutical ads that are obnoxious but if they were to be obnoxious, that would be a terrible strategy.

So basically you want to find the balance between memorable and going overboard

Right

So you'll always remember this AC company, but that's not going to influence you to shop there

To use them, right

Let's see, so thinking about Direct-to-Consumer Advertising and the healthcare industry at large, do you think, and if so why, if not why not, do you think that Direct-to-Consumer Advertising can be used as a reliable source of information when beginning to gather information about a specific drug or a specific problem?

I think it can be a gateway to more specific information, but I think that if you're trying to research a product or a drug to suit your needs, I think that advertising is just that, so yes and no. I think that advertising is introducing you to the product but not exactly explain the details of the product. They kind of give you what our product does, this is why it's better than other products, and then very quickly, this is what can result from this product at the end of the advertisement. So I think it's a good introduction but not a good like research source. For example, I have really

bad allergies and it seems like every day there's a new drug for me and I just get burnt out on it. I'd rather they just tell me what's new and let me look up the information if I want to."

Ok, so, with that in mind, do you think the messaging should be recrafted to be more useful as that research tool or do you think it should remain as it is or do you think it should move further in the other direction of only raising awareness and not bothering to get into the specifics?

I think you should mention some specifics, otherwise your product is going to be known for its name and not for its uses, so I think the usefulness and the effectiveness should be included in the advertising. But, again whenever it comes to the differentiating just between the product itself and then information about the product, you can't just say "Our product is the best, use it, it's more effective than other products." You have to specifically say "Well our product reduces this, it increases this, it puts you at less of a risk of this, it makes you feel better in this specific way or it will suit your specific needs in this specific way." Because if you just make blanket statements it's going to blend in with every other product so if you're advertising your product, you need to make sure there's something like, your product has a niche, like its specific thing that is not only better, but different from the other products.

Ok, would you say that the Direct-to-Consumer Advertising that you're familiar with currently fills that role of does it need to change in any ways to fill the role that you think it should?

I think I would need like specific examples for that, because, again in general there's some that do and some that don't. Me specifically, I'm feeling healthy and fine so there's nothing that I'm even searching for personally. So as far as meeting my needs, I'm not paying enough attention to the advertisements for my needs to even be addressed so that's that on that one. But I feel like, if the idea is to inform the consumer, why aren't the advertisements full of information? Shouldn't there be more details if they're actually trying to educate us?

Ok, what is your, if you've had one, what is your relationship with the pharmaceutical industry been? So speaking of, you know, interactions with pharmacies, with specific drug companies, anything like that.

They've been mostly positive. Like I said earlier, I'm only twenty years old, so really most of my pharmaceutical things, up until this, you know, a few years ago, you know eighteen or whatever, was all handled by my parents anyway. So I was never really concerned. As far as my interactions in pharmacies, I would go on occasion if I was ever taking anything, but as far as currently I'm not interacting with pharmacy, I'm not there. Any interaction I've had is mostly positive, I guess I could speak on, like, beyond my personal interaction and the interactions of my family, we've never particularly had a problem, or we've never, you know, nothing wrong has ever happened to an extent of causing a problem, enough for me to remember it.

Ok, let's see. Thinking about new technologies moving forward, what role do you think that new media forms like the internet, like social media, should play in messaging for Direct-to-Consumer Advertising?

I think...from the viewpoint of the companies?

Well, you as a consumer, thinking about it as someone who may take part in the, you know, social media sites and stuff like that. What would you see fulfilling a positive niche in that social media marketplace for Direct-to-Consumer Advertising?

I think, personally, I don't think I have a need for it, but in general I think it's crucial that, if they want to advertise their product, that they become a part of that world. I mean if you want to reach people, the best way is through direct interaction with your consumers. And again, we were talking about earlier, what specific product, you've got to be careful here, because if you open up a, you know... If you're an anti-depressant company and you start a Twitter account and you have people tweeting at you that they're going to kill themselves or something extreme like that, you're just venturing into a whole nother world of interacting with your consumers on that level. But as far as pharmaceuticals in general, I think having a presence on social networking sites and on the internet in general is very important. People communicating with the products that they're purchasing or buying into or being advertised to about, they want to have a way to interact with those companies and directly. They don't just want to be told what to take or what's right or what's wrong, they want to be able to confirm it or, you know, directly interact or talk to them. So I think, you know, from their point of view that it's like pretty... moving forward it's very important that they get involved in the social media and the internet in general.

So, thinking as the consumer, were you to see a, you know, a specific drug have a social media presence, in what ways would you think it would be ok to modify their traditional media presence. So, would you think it would be ok for them to change their messaging on television with the addendum being that they're also including the social media presence, or do you think social media should only work to supplement what's already there?

So you're saying have the television advertising interact with, say a Facebook page or give a link to a Facebook page?

Right, I mean like, anything like that, how do you think the two should exist together?

I think using them both is an effective way to reach people. Personally, if I saw an advertisement for, you know Nasonex on my news feed as like a sponsored post or something, I would probably think it's a little absurd, but I think consumers in general would like utilize that, I think they would see those things online or like they would see advertisements on the television and if whatever it was advertising sparked their interest enough they would definitely... because I mean, here's the thing, if the pharmaceutical company says "Go to our website to learn more," who's going to go to the website unless they really want to check out the product, you know? But unless they're really researching what they do or don't need to use, who is just going to be on Facebook and be on Twitter and be on all the sites and say "You know what I want to visit? This drug company, and just see like what's going on on their website." That's not so much something anybody would do, but I think if people could just type it in their, top of their newsfeed or whatever, search a hashtag and just see what's going on with whatever product or whatever drug is being advertised, I think they would be much more likely to...

So kind of, not making the consumer go the extra step



Right, moving to the consumer instead of making the consumer come to you

Ok, that makes sense. One thing I'd like to talk about, because you've mentioned it a couple times, about the speed talk over the side effects at the end. What are your specific thoughts and perceptions of that specific strategy? Like what does it make you think of like the drug or the company if anything?

I think people will see the advertisement about the drug and be, like, not paying attention maybe, you know, and then they'll hear that thing at the end and it turns people off, because they're like "Man" because it goes on an on, so people are like "Man, how much stuff can," you know, and possibly death, you know like all this stuff that can possibly come from this drug and it's like, I don't even know if it's worth it you know? So I think it's necessary, because you don't want to just be a little block of text that you have to, you know, pause you're TV if, you know, if you even have that capability and read. And the people that are being marketed drugs to usually they might you know, some of the different demographics, they might not even have the capability to slow the TV down or access it on the internet, you know, they might be struggling with something. You know, because drugs aren't for people who everything is going perfect for. So, you know, so I think that strategy is one that's necessary, you have to tell people what the side effects of your drug are. At the same time, if you've got a bunch of side effects from your drug, people aren't going to want to take it, you know.

So, being that it's necessary, you know, how would you... Is there anything that you can think of that would be able to counter the kind of, the negative perception that you would have hearing this fast stream of side effects. Is there anything that the advertiser can do within the advertisement to balance that out and sway perception back to the positive?

That's a tough question. I think if advertisers knew how to do that, they'd be doing it already.

Well I mean that's kind of the goal of this study, to figure out what that is, so... I mean like, what would you as a consumer like to see? You know, you hear this speed talk, do you think that they should modify how they deliver that information?

Yeah, definitely

So like what would you like to see as a consumer?

I think it should be slowed down, I think it should, I think if there's that many things that are possible side effects of their products, they need to either like, get back in the lab and make a better product or they need to present it in an honest way that like, you know, cut five seconds of the spiel about your product and slow it down, tell me what it's going to cause, you know. That way, even if there's a hundred things wrong with your product, if people hear it really fast, they're going to be put off by it, if they hear it at a normal pace, they're going to feel that it's not being snuck into the advertisement, they're going to feel like, it's just a part of the product, you know, this is just what we deal with with the product, this is what the possibilities are, as opposed to, you know a thirty second ad where twenty five seconds of it is "Oh the product is great, you'll feel great, it's just what you need" and then there's five seconds of like (mumbling).



Like that, I mean like, it's definitely a good idea to use your time wisely but also don't squeeze anything in at the end, you know, just be honest with your product. Honesty is a good marketing strategy, I mean sometimes people won't see it that way but if what you're marketing is something that you believe I think honesty is the best way to market it.

Do you think...now would you say that's you or would you say, in a general sense, people would look at it and, if you do, if you're more open and if you're more honest about that, would you say the general population would see that as a positive or not?

I think, in general, people might not, because I think, with the, I think marketing companies may have figured out something here, to where the percentage of people who say "Oh, there's so much wrong with it, I would never want to take that" is not adequate enough to override the people that say "Oh, they say that on every drug" and they don't even pay attention to it. So I mean, for every one that that turns off, there's probably the same number of people that don't even pay attention to that fast stuff at the end, and just assume that every drug comes with a number of side effects and, you know "Oh, none of them have ever happened to me before, so I'm not worried about them happening to me with this drug." And advertiser might think, well those people assume that's going to be at the end anyway so we need to spend more time pushing our product, as opposed to like, expanding on things that like people have heard for years and years on pharmaceutical advertisements. So, it might be me personally, I'm sure there's definitely people on both ends of that spectrum being advertised to.

Well, in a general sense, do you think, so you look at it as negative, it has a negative impact on your perception

Yes

In a general sense, do you think that's the case? Do you think a lot of people look at that and say it's a negative or do you think most people rush past it and it doesn't really impact their perception?

I would say it's about, I would say, I couldn't really say one way or the other, I would say it's probably split. You know, I don't have any data to back that up

Right, no just going off of personal feeling, so would you think it would be a worthwhile function to find new messaging strategies specifically with these side effects, or do you think it's something that is fine how it is and should be left alone?

I don't think it's fine how it is, but I don't, I can't think of a better way to both advertise your product and...I mean giving it equal say is a good idea, but then, as far as product...I'm sure there's some company that tried it both ways and figured out that one way was better than the other based on sales or whatever. So I think companies are probably doing what's best for them right now.

Ok, would you...looking at kind of the larger scale issue, would you say that the Direct-to-Consumer Advertising has the ability to kind of determine you perception of the drug company altogether, or is it just more localized to the drug itself for you?

I would say it effects the company altogether. I think whenever you create an advertisement you create an image for your company, and then when people are, whenever they hear the name of your company, they're going to think of the people who work there or the progress you've made or anything like that, they're going to associate it with an image, the image that you've advertised with.

So, what kind of effects, like, do you think that Direct-to-Consumer Advertising could effect positive perception of the company, say people would trust it more, or could be negative in that people don't trust it? Do you think Direct-to-Consumer Advertising has the power to influence like that level of perception?

Yes

Alright cool. So kind of, to wrap everything up, is there anything that you, like just personally, would like to say that I haven't asked or that maybe you didn't get off earlier in the interview?

Something I would add about like the side effects at the end is, and this is just personally, this is not speaking for people, but to me, that usually says that the drug has like been heavily tested on animals and like, I'm not in favor of like drug testing or cosmetic testing or that kind of testing on animals. So that, whenever I hear all those things at the end, it kind of tips me off to that. So, this is just personally, but if drug companies advertised that their product hadn't been tested on animals, I would be way more inclined to use their product, like 100% more inclined.

Ok, so that's something that would instantly just, perception way positive, for them to be able to say "Yes we did testing, but no it was not done on animals."

Right, well I think, see the thing with that is like, you're, I think that's a positive no matter what, because you're appealing to everyone really. So you're appealing to people that are like animal rights activists or something like that but you're also just appealing to the general public who don't think about the fact that maybe their products are tested on animals, but whenever they hear a specific product that isn't, they say "Oh well I'd rather use that one, you know, that's good of them" you know. Even if people are, don't particularly care about that political or social agenda or whatever you want to describe it as, just thinking of it as a positive, like, for instance, there's like Lush Cosmetics in the mall. Lush doesn't test on animals. Do the people who shop at lush care about animals like, you know, in a broad sense probably not, but whenever they go to that store, they say, you know "Oh, this is cruelty free" or you know, they use it as a marketing strategy. So I think that's something that pharmaceutical companies, I've never seen a pharmaceutical company advertise with that specific, like marketing strategy, and maybe it's because all of them test on animals but I'm saying if I saw that, I would be, like, in mainstream advertising, on the internet or on TV, if like, a thing that a major company did, that would be impressive to me. So, and you can apply that to anything, like as far as when marketing goes, if there's something that the company does with their product that no one does with their product,

if you push that as your, you know, your point, even if it doesn't have anything to do with the product itself, if you give something for people to feel good about when they're using your product, they're going to be, and everyone, this isn't specific to any group of people, but everyone is going to be more inclined to use your product.

Right, so kind of like that positive differentiation. You want to get your name separated, and you want to do it in a way that's positive, whether or not that's specifically the drug, you just want people to think the drug and something good.

Even if it's like, all of our drugs, or all of our packages are sent with recycled cardboard or something like that, people might not recycle or care anything about the environment, you know, they don't have to be an environmental activist to want, to like you company better because you're, you know, looking out for the general welfare or whatever.

Ok cool. Is there anything else you'd like to talk about or any questions you'd like to ask me?

Nope, that's it

Alright, well, if that's the case, I'm going to end the interview now, is that alright?

The End.

## Appendix D

OK, so the first thing I'm going to do is kind of define what I'm talking about when I say Direct-to-Consumer Advertising. So in this country, it's a little bit unique. There's only two countries in the world, the United States and New Zealand, that allow Direct-to-Consumer Advertising and the more traditional form of advertising is the pharmaceutical industry advertising directly to physicians, hospital, stuff like that. Direct-to-Consumer Advertising is fairly new in the country and what it is is the television commercials and, you know, magazine print ads and anything like that that you'll see giving direct information from the pharmaceutical company to the consumers themselves. So this can include anything from radio commercials, obviously the television commercials are kind of like the typical prototype Direct-to-Consumer Advertisement, then on the internet, you can get things like videos or banner ads and then in newspaper and magazine, you know, your standard print ads.

Ok

So do you have any questions about what Direct-to-Consumer Advertising is before we start?

So it's just basically taking out the middle man, so not giving it to your physician to give it to you, it's just going to you.

Right, it's having the information come directly from the industry to the consumer.

Ok

Ok, so the first thing I want to know is how would you characterize your personal consumption of media, so internet, TV, are you a heavy user of specific media?

I would say social is the big form now especially, I use Twitter a lot so any type of ad that comes up on Twitter or that's retweeted by someone else, that's a big thing. And then, I don't really watch a lot of television, but when I do watch television obviously that comes through and radio, but I would say social media is at the top.

So would you say you're not a huge user of, like, print media?

Not as much anymore, because I can get most of it online, but if I'm in, like, an office, and there's like a magazine in there I'll look at it but I don't really get magazines or get books or anything.

Ok, would you consider yourself a heavy consumer or kind of...

I would say moderate

Moderate?

Yeah

Ok, describe your relationship to the pharmaceutical industry, so how you're familiar with it and what interactions you've had

So, I did an internship my senior year of high school in a doctor's office, I was a nursing assistant, so I saw a bunch of different things in the office, like whatever like pharmaceutical representatives would bring in from the companies, I saw a lot of that. And then my mom is a pharmaceutical sales representative so I see a lot of stuff, or, not as much now that I don't live at home, but when I was living at home, everything that came from her company, I saw, and she actually just got hired at a new company so I'm seeing a lot of her new stuff now. So that's pretty much my main connection.

Ok, how about anything personal. Have you had interactions with your own...not through other people, but say yourself dealing with pharmacy or pharmaceutical companies in any way.

I mean, I like to laugh at the commercials that come on TV when they list like the 20 side effects after you take the pill. So yeah, I would say directly seeing them myself, but nothing more than that.

Ok, so mainly your personal involvement is through this Direct-to-Consumer Advertising?

Yeah, I can't seem to escape them no matter what I do

Ok, how would you characterize your perception of the pharmaceutical industry as a whole?

Say it one more time, sorry

How would you characterize your personal perception of the pharmaceutical industry as a whole, like do you look at it positively or negative?

I don't have a negative outlook on it. I think that it's, I would say positive, but not, I don't like praise it, because it's not something that super affects me that much, but I don't have a negative outlook on it so I would say kind of neutral. But yea, I think it does what it's supposed to do, so

Right, so you wouldn't tend too hard in either direction?

If I had to lean in a direction I would say positive perception

Ok, what about the general concept of Direct-to-Consumer Advertising? Do you think it's a positive, do you think it's a negative, what's your opinion on the fact that it exists?

I actually think it's kind of good in a way, because it allows you to get the information and perceive it how you want to, like the consumer, versus like, in this case, if the doctor gave you the information, he could be giving it to you in his opinion and then you're taking it, you're taking his opinion and going with it, whereas you're not making your own opinion and going with it. So I think that Direct-to-Consumer Advertising is good in a way, just because it allows you to make your own judgment and, I mean, it obviously works. I don't know if it works on me, but it obviously works for most people.

Ok, so looking at it as, kind of, that source of information, how credible or reliable would you characterize Direct-to-Consumer Advertising as a source of information?

I mean, I always am skeptical of everything, just because you never know, especially when media is involved, what can be construed differently, but I think it's pretty accurate, I think it's pretty credible coming straight from the source, because, like I said, it doesn't allow a middle man in there and like, kind of, mess with it. So I think, if it's coming straight from the company, I think it's more credible than from other parties. I mean, sometimes I feel like it's just another commercial, but if I really think about it, I want to know way more about a pill than about a hose that fits in my pocket, and I would want to hear it from the actual company.

Ok, so, have you noticed through, like, your personal exposure to this kind of advertising, have you noticed any strategies or tactics that are pretty common throughout Direct-to-Consumer Advertising that you might see in any of the commercials or on any banners or anything like that?

Usually, those that I see on commercials, like TV commercials, would be, like they try to make it look like a regular family, or like they'll put someone that would look like your grandma or grandpa, someone that looks like your brother or sister, something like that so it's kind of more emotional or, like, I mean not really emotional, but it kind of resonates with those people because they're like "Oh, those people kind of look like my family." That's pretty much all I have to say about that.

Do you... How does that theme affect your perception, if it does?

I mean, it just, it's more realistic than someone just throwing facts up there, like if it puts a person there and then it's like a, I don't know, if they just put people there, it's more beneficial to me, because then I can see, ok it's really for you, it's not just like vague stuff.

Ok, so looking at it from that aspect, would you say that you consider it more as a source of entertainment, where it's meant to kind of resonate with the viewer and raise awareness, or would you say it's more of a source of information, where it's meant to convey specific information to the consumer?

I would say it's both, like they'll kind of show you, like, at the beginning, like, the people and they'll say, like, what they're dealing with or whatever, but then it gives you, like, information at the end about the drug, like what the drug does, or what the side effects are, like talk to your

physician or whatever. But, so I would say it kind of mixes both, like I don't think it's... I mean some are a little different than others, but the majority that I see, I think it's both.

So do you think that's a good thing, that it should be both?

Yeah, because I think people aren't going to get the message if it's just entertainment style, it's just going to be like "Oh, it's just a commercial" and they're not going to take it like it an information. But if it's all information, I wouldn't listen to it because it's just facts and statistics that are being thrown, like, at me, so then it's not... it's just another piece of information that I see. So I think mixing it kind of breaks it up so it's kind of an attention grabber.

So then, kind of ignoring, you know, there's going to be certain ones that do it particularly well and particularly poorly, in a general sense, would you say that the Direct-to-Consumer Advertising that you've been exposed to does a good job of finding that middle ground or does it fall in one of the two categories too far?

The one's I've seen recently, but I can't really remember too far, but the one's I've seen recently, I would say it does a pretty good job of mixing it because, like, the past, like... I've seen multiple ones over and over again, but the different companies usually use a similar tactic of mixing, like, person, like, personal type things with information, so it helps. So, I'd say yeah.

Ok, kind of, narrowing it down and looking specifically, are there any specific commercials or ads or strategies that you've seen used that you thought did a particularly good job of resonating with the viewer or allowing the cultivation of positive perception.

Like a specific drug?

It could be a specific drug, or if you just remember the concept of the commercial or anything like that

Well usually like, it's like Cialis or Viagra that are most common, I don't know why but, usually it's like Viagra or Cialis and like, and they're usually, like, showing, like, an older couple or something like that together. So I think that's pretty much most common.

So, do you think that those are... Do those work well in your mind or...

Yeah I think so, because like I said it kind of adds, like, the personal touch, not that I think about my family that way, but, like, ok there's an older couple that, like, can't do things who younger people can do, so it's like, that's so sad, so I would say yeah, kind of, yeah

Ok, how about particularly poorly designed strategies or commercials. Are there any that you've seen that you just immediately got a negative vibe off of, or that you just think was poorly done?

Yeah, there was, I don't know what company, but they used cartoons, and it was like animated, and I didn't think that was like appropriate because, like, it wasn't for kids, so it wasn't like, it was like for, it was an adult medication, but I don't feel like cartoons, they're like, necessarily

the appropriate way because they just take the seriousness out of it, so it's just a joke to me, is how I perceived it.

Ok, so expand on that, why does that give you a negative perception?

It feels like they want to lighten the mood, but they do it by making it, like, fun, but if the drug's not to make you feel happy, I don't see...even if it was supposed to make you feel happy, I don't think that you should use cartoons, because it takes the realistic part of it out, like we're not cartoons, so, like, using real people is a better tactic because then people can connect, so cartoons are unrealistic. Cartoons just shouldn't be used. Drugs are serious so you shouldn't use something silly to sell them,"

Ok, that makes sense. So you talked a couple times about the side effects right, and that's something that everybody notices and everything. What's your personal take on the way they deliver, you know, side effect information?

I think it's somewhat for legal reasons, why they have to give you the laundry list of all the side effects, but if there wasn't a legal issue, I feel like they should just say "Side effects are, like, there are side effects when you use this drug, but consult your physician" because I think, like, when you're just, like, rambling on about all these, like, side effects, people are like "Well, why the hell am I going to take this drug if there's like 15 side effects." But I think if a doctor could, like, explain the side effects, but say the, like, the side effects versus the benefits you're going to get, it's actually not that negative. So, just from my personal experience, like, in the doctor's office, but I think, when they give off this, like, laundry list of things at the end it gives it a negative because they only hit you with it at the end, like right as the commercial goes off and you're like "Ok, I guess that's good, I don't know."

So you would characterize that particular strategy as cultivating, like, a negative perception.

Yeah, like I said, I think they do it because I feel like it's part of why...like they have to do it, but I do think that it throws in negativity because it's just like wrong things that can happen if you take this drug so yeah. But I mean they all have it, so it's not like one company looks better than the other because they all do it, but I think it gives a negative effect.

Ok, if, you know, government regulations off the table, how would you, if you were designing the message, convey that information in a way to counter the negative perception that is attached to the current strategy?

I think it would depend on the drug itself, like what...because, like, I know there are some drugs that you can take that do give you side effects, but like, you can offset the side effects by taking, like an extra vitamin a day or something like that. So, I would just, I don't know, I would leave it at the physician's hand at that point, like I wouldn't really specify it on the TV or on the commercial, because it just gets confusing and then consumers will say, like "Ok, I don't know what they're saying, I'm just going to ignore it," but if they just say something like, leave it very, I don't want to say vague, but kind of vague, and then just put it, kind of in the hands of the



physician, because then the physician can kind of bring it down to layman's terms, like help them figure it out a little better.

Ok, so then would you say the purpose of... What would you say the purpose of Direct-to-Consumer Advertising should be?

Just to get the name of the company or the drug out there and give a brief description of what it is, so that they can question themselves and their physicians about why they should use it. So just like a brief synopsis of the drug, but not the negative, because I feel like they should be positive to get more business.

So, kind of, as a concept, would you say, looking at it from the consumer's standpoint, would you say that being able to receive Direct-to-Consumer Advertising ultimately has a positive, negative, or no effect on you as a consumer of pharmaceuticals?

Positive

Positive? How come?

Because I like to see things for myself, so like, I want to be able to make the decision on my own if it's going to be, like I want to be able to make the decision, like, for myself, like I don't want the doctor to tell me "Well, this is what the drug does," like I want the company to tell me.

Ok, so thinking about the ways that the message can be, kind of, conveyed to you, do you think... what part do you think that new media and social media can play in altering strategy in coming up with messages?

I think, I'm thinking of Twitter because that's what I use, so if like I'm using Twitter and there's an ad or tweet or whatever from the company about the drug, I feel like it's easier on a social media site, because Twitter really allows you to give, like, you can respond to that tweet, and like, throw something out there and there's a pretty good chance that someone from the company or someone that's related to the company could respond with your answer. I feel like it's more beneficial on social media, but I don't know if that's the question you're asking.

Well, basically, what do you think the roll of social media should be? Do you think that these drug companies should use it, should they not use it?

I think they should use it more, because social media, because it's linked to the web, allows for them to put their drugs or whatever out there and then connect a link to more information from the company, like they can put like online brochures or online, like, pamphlets that they would usually give in a print form, they could give it, just straight online, and then it's just easier, it would allow the consumer to have more research at their fingertips easier, so they don't have to do more work, it's all right there. So I think social media, especially Twitter, would be beneficial to the company.

Ok, so do you think that employing social media as a part of your messaging should have an impact on how more traditional forms of Direct-to-Consumer Advertising or do you think that they should exist where what we see now should stay the same and with the supplement of social media?

Yeah, I think radio, TV, like, those should stay the same because most of your traditional users of TV and radio are going to be like using it in the same sense of like past time, are going to be your older consumers who like, have been watching the same thing over and over again, so that's what they're used to. I think it can be, I think they can be more creative commercials, but not...but still keeping to the original message, but I think they could be more creative, and then I think they could implement like "Follow us on Twitter" or "Check out our whatever" like their social media, out there on the radio or TV so that you can kind of get both crowds. But I think that it should be, I don't think that TV and radio should be altered too much because you don't want to lose the effect that you've been having.

So, looking at it, again as the consumer, right, and looking at the, kind of, Direct-to-Consumer Advertising that you're currently exposed to, what would you say, if anything, is missing that you wish, either they, the messaging would do differently or would be added or subtracted from what you currently are exposed to?

Hmm, that's hard. So what I would change...

Right, about your current experiencing

I would just say like try to make it a little more creative so that you're sticking with your original form of getting viewers through TV or radio, whatever but still adding in a more creative...I don't know, our younger generations are so hands on interactive that I feel like there should be something that works with that, so you're getting, I don't know, more people to feel what you're doing

So you think there should be maybe more of, like, a dialogue between the company and the consumer?

Something, yeah, something that reaches more to the consumer. Like I think they do a decent job, like I said, I don't have, like, a negative outlook on them, but I think they could do more to reach out to a generation that's evolving, like because we do so much with social media and, like, that kind of stuff, they should pull into those type of things

Ok, thinking about like the uses of Direct-to-Consumer Advertising, if you're in the shoes of the pharmaceutical industry, and you're trying to put out an ad, what do you think the main focuses are? What are you trying to accomplish?

Well, you want to attract the consumer that has this issue, so whatever the things is, so you want to attract them, and you want them to have a positive outlook on your company, so just making sure that there's more positives in your ad than there is negatives and like, and there's no room for, like, a negative connotation to be brought about, and like, so yeah.

So, thinking about that, instead as the consumer, what are you trying to, like, what's the main goal that you would be trying to get out of a Direct-to-Consumer Advertisement? Say you had a specific condition and there were two opposing advertisements, what would make you drawn to one over the other?

I think that, kind of, drew more to a personal emotion, so taking this drug could do this, this and this for you, something that makes me feel good about taking the drug. Like I feel comfortable taking the drug.

So you kind of want to focus more on the person than on the drug or whatever is being treated, you want it to focus more on...

Yeah, I think making it more personal just allows the consumer to be like "They actually care about me" so anytime a company puts, like the care, puts it on the consumer, like we're doing this for you, I feel like they have a better outlook on the company, and that's with everything, whether it's drugs or not, but I feel like if they care about the consumer, the consumer is going to care for the company.

Ok, and then, kind of thinking about everything that we've gone over, what level of...do you think that there is a level of interaction between the consumer and the pharmaceutical industry in Direct-to-Consumer Advertising as it exists currently?

I don't think there's a direct interaction through Direct-to-Consumer Advertising, but I think there are certain ways that are...like I mean like, they put their phone number on there so you can call them, or some of them have their websites on their commercials so the consumer can look their stuff up, but I think most of their interaction is through the doctors because, you know, like when my mom goes to the doctor's office, she's giving them stuff, like study material basically to teach their patients. So I would say that mostly, their main interaction is through their representatives but through direct advertising it's more of just "Here's a phone number if you have direct questions but consult your physician," they always say that, so I would say it's an indirect

Do you think that's a good thing for them to say, "consult your physician?" Do you think that's ultimately...How does that effect your perception as a consumer when you hear a statement like that?

I guess it could depend on what the drug is for, on like what condition it's for, like some conditions are going to be much more serious than others, but like if it's something, like a drug for your heart of course, I think that they could make it...like that kind of sounds, if they're saying, like, "If you have any questions, consult your physician" it feels like, we don't really know what the drug does but your doctor can explain it to you. So I think that if they were more like, put it more, like, on the company, just like "If you have concerns or whatever, don't hesitate to go on our Twitter, go on our Facebook, or go on our company website, or call us" and then they'll answer it, and then if they call them and they don't...because a consumer is going to ask their doctor if they want, so I don't think that that's necessary to put on there, because it's just

like, it's the person that they feel can answer it best is probably their physician, but I feel like, it's almost like, your like, placing the responsibility on someone else. But I don't think it's a bad thing to ask a physician because they do know what they're doing, but I don't think they should just put it on the physician because, like, it kind of shows like, either a lack of care or a lack of knowledge

Ok, so how would you fix that? If you were in charge of overcoming that particular perception, how would you go about it?

Taking the emphasis off of "Consult your physician" like I would, I probably wouldn't even put that in the ad. Like I wouldn't say "Consult your physician," I would put like all of our, as the company, I would put all of our information on there, like contact information, like maybe, like usually companies have like a help email address that you can like send things to, like that kind of stuff on there, like a phone number, or like a help line, something like that, and then whenever they called the company, at that point they could say like "Well this is what we have for you, we can send you information, or your nearest doctor that specializes in this could probably answer those questions too if you don't want to wait. So then, just taking off like the additional emphasis on the physician, and then later, like if the question still can't be answered, then saying "Well, your physician..." If they don't go to their physician first, but I don't think that the ad should say "Contact your physician," it just kind of puts it off on someone else.

Kind of, in a really general sense, do you have any thoughts about, kind of specific thoughts or specific strategies that you would want? Things you would want to see or hear or experience, regardless of how realistic or likely they are to happen, do you have any kind of thoughts about what you would like to see that you cause you to instantly think more positively about whoever the company is that's advertising?

Well the main thing is just, I mean I haven't seen too much of it, but like the cartoon aspect. I just think, tailoring your ad to the level of seriousness that it needs to be tailored, so not trying to make a heart commercial, like a heart drug commercial, like fun. Like I mean I think it should be interesting, but there's other ways to do it versus making it like "Oh, it's such a good time, take this drug," because obviously if you're having heart issues, you're not, like, having fun. So I think just making sure that the advertisement conveys the message that you're trying to convey, that would be my main thing. I don't really have any other... I think they do a pretty good job, just some companies, I think, try to make it more entertaining, or more, like, appealing to the consumer, but they do it in the wrong way.

And then, just to wrap everything up, is there anything that I haven't asked you or that you thought of, that you want to talk about, you know, beyond my specific questioning?

No, I don't think so. They're all pretty good. You did a good job

Thanks

No but I don't think so.

Ok, are there any questions that you have for me to clarify anything we talked about, anything like that?

No

Alright cool, in that case I'm going to end the interview now.

## Appendix E

The first thing I want to do is I want to define what Direct-to-Consumer Advertising is for you. So you might have some ideas about it already, this might cover that, but I want to standardize what you understand as it. So Direct-to-Consumer Advertising is a pretty unique process in that most of the world doesn't allow it. Throughout most of the world, in order for the pharmaceutical industry to advertise, it can only advertise to healthcare professionals, so hospital, physicians who have the education in medicine. In the United States and in New Zealand, there's Direct-to-Consumer Advertising meaning that the pharmaceutical companies are allowed to put out advertisements directly to you, the consumer, so television commercials, internet ads, ads in print media like newspapers and magazines, and they're allowed to tell you about new drugs or existing drugs, what they're for, what they do, stuff like that. So the Direct-to-Consumer Advertising at its core is just a direct relationship between you as the consumer and the pharmaceutical industry through advertising of products. Does that make sense?

Definitely

And how would you characterize your personal consumption of various forms of media?

I would say I'm a moderate consumer, like I'm not watching TV or whatever all the time, but at least once a day I like to check in with different stuff, to see what's going on on the internet or TV

Alright, so what would you say is your primary source of media?

The news, and the internet mostly. I watch a lot of news and I always have my phone and laptop with me so I always have the internet.

What about Print?

I don't really do any print stuff, like I don't read the newspaper or anything.

And DTC advertising specifically?

I would say I'm a heavy consumer, I guess? Like it's kind of everywhere so it's hard to not be

Ok cool, and what about your personal relationship with the pharmaceutical industry, meaning family or friends in the industry or your personal interaction?

I don't have and family in the industry, but I take prescriptions and go to the doctor and everything, so I would say I have a normal relationship. I mean, I usually only interact because something is wrong, but it's a casual, straight-forward thing. I see my doctor, he tells me what I need to take, why, and the risks, and then I take it.

So would you say your doctor is a primary source of information on medication?

Yea, but there are definitely other sources

Would you consider DTC advertising a source?

It is a source but it's a biased source of information. It's an advertisement to sell you a product, the main goal is to sell, so it's not something I would rank as highly as my doctor.

Thinking about DTC as a concept, what is the main purpose in your opinion?

Advertisers want you to buy their drugs, plain and simple. They want to sell more of whatever they're selling than other companies and will tell you what they think you want to hear.

How would you rank your exposure to DTC advertising?

Very high, it's all over the TV, I see some of it on the internet, but I could quote you Viagra, Cialis and Levitra TV commercials. So I would say I have a high level of exposure.

Noting that you have a high level of exposure, can you identify any specific ads that you have seen that you think were done particularly well?

Yea, I would say Lunesta, the one with the butterfly. Well and of course there's Viagra. They're all about establishing the man as "the man" and trying to tell men, this is something to help you be a man again. It's a really well done commercial.

What strategies do you think were important in those commercials when they were being designed?

I think understanding their audience, like they got to the root of what they were selling, asking what the target audience wanted and how they could give them what they wanted. I think they did a good job of understanding that and delivering. Like basically with Viagra, they were saying how can we make this appeal to men? And we want to help men. We want to help you be the man you are or that you see yourself as.

As a consumer, what do you want to see in messaging aimed at you that would make you view the drug positively?

I don't want to feel like I'm being sold something, even if you know you are, I want the commercial to relate to me, who I am, and what I'm going through. It has to be personal. A

prescription drug is something that has a big, long-term impact on you, so I want to feel like it is personal to me and that I am being thought about.

That makes sense. Kind of changing direction, thinking about the different advertisements you've seen, are there any common elements that you can identify across the board. Like regardless of what the drugs are for, is there anything that always pops up?

Quick side effects, that's something in every commercial ever. You listen to a minute of how great and amazing the drug is and then you get three seconds of someone listing a million side effects.

How do you perceive that?

Like, the company is just saying let's just get through this, let's hide it, we don't want you to remember it but have to say it somewhere. I feel like, if they didn't have to put that part in, they'd be very happy.

And does that change your perception of the drug or the company?

It makes me feel that there is more risk than they're willing to admit because it's trying to be hidden. It's a definite negative for me, the way it's done now. If I heard it from a doctor, I might be more ok with it, but the commercial is already trying to sell me something and then tries to hide it.

How do you think this could be fixed, or maybe how other negative strategies too, could be addressed and fixed?

The commercials are so positive sometimes, maybe there should be more similarities in the commercials themselves and what they are trying to fix. Like if a company comes out and says, "there are issues, here's how we can help." Plus now they say talk to a professional, which helps but should have more focus than just one line in the commercial.

Do you think doing those things would be enough?

There needs to be a lot more for me, but for a lot of people, that probably does enough to say be careful, don't take this lightly. Which is better than everything is positive and then oh yeah by the way you might die or have a heart attack or something.

What about bad commercials? Are there any DTC advertisements that you would say are particularly poorly done?

Definitely, there's an Allegra commercial that just has a CG bee flying around with a French accent. I thought it was stupid and the commercial itself was just stupid and not memorable. It did nothing for me. And the cartoon wasn't the problem, some cartoons are better and seem serious, like maybe more grown up, but this felt childish. And I have allergies but it didn't connect with me, it just seemed silly. Meanwhile I don't have erectile dysfunction but the Viagra commercial sticks out because it was well done.



Changing gears a little, what do you think of DTC advertising as a source of information?

The commercials are a terrible source of actual information; they say what they think they have to say. Online ads seem to do the same thing, there's not a lot of credible information, just an advertisement. I wouldn't use it to compile information for myself, beyond it letting me know the drug exists. I would talk to my doctor. I mean, if I'm going to take a new drug, I want to hear a doctor or someone who has gone to school for a long time. I don't want to hear a TV star from the 70s or a Hollywood actress with arthritis. It just feels manipulative."

What if you're the advertisement creator, how would you design an advertisement?

Putting a doctor in front of the camera and telling the pros and cons, someone with credibility presenting an unbiased view of the actual drug. I would focus mostly on information and just telling people why they might want to use my drug but still giving the whole picture. I don't know how you do that entertainingly though.

With that in mind, where should the focus be? Entertainment or Information?

The commercials should have a focus on facts, but maintain an entertainment slant. There needs to be a focus on advising that people talk to their doctor and take things seriously, not just jumping into anything but there should be a good balance presented in an honest way.

Thinking about everything we've talked about, what is your perception of DTC advertising?

It's selling a product, plain and simple and there should be a shift to informing the consumer and keeping them safe.

Anything else that we haven't talked about, maybe that you wanted to say and I didn't bring up?

Nope, not really.

Ok, then I'll end the interview here.

## Appendix F

I want to define what I'm going to be meaning as Direct-to-Consumer Advertising. So, the United States is a little bit unique in that most of the world doesn't allow direct advertising from pharmaceutical companies to the consumer. It's still pretty new in the United States, it's only a few decades old and basically it's anything you see on, you know, the TV, the internet, print, anything like that that is advertising a specific drug, messaging from the pharmaceutical company itself. So, you know, Levitra, anything like that, that's what we're talking about when we say Direct-to-Consumer Advertising. Now, the main thing most people think of is the television ads but it's important to also recognize that when you see it in newspapers, magazine, print ads, when you're on the internet if you see videos or if you see banner ads, anything like that sponsored or brought to you by the pharmaceutical company itself, they're Direct-to-Consumer Ads, and then on the radio, if you hear a commercial for whatever. So, I mean, it's a pretty simple concept, but do you have any questions about Direct-to-Consumer Advertising as an idea?

Not really, it's pretty straightforward.

Ok cool, so let's start with, how would you characterize your level of consumption of various types of media, so internet, television...?

How would I categorize it? I use the internet and television pretty much the most and then radio every once in a while but not a whole lot.

Ok, how about print?

Print, yeah about the same as radio. Not frequent, but once in a while.

So you would say you're like predominantly internet and television?

Yeah

Would you consider yourself a heavy user of media, internet and television, stuff like that?

Yeah, I mean what would you define heavy?

I mean, it's really subjective, it's just do you consider yourself to be someone with regular, high level exposure to, you know, internet, radio, television, anything like that?

So yeah, I would say heavy

Ok, so with your exposure to different types of media, how would you categorize your exposure to Direct-to-Consumer Advertising? Like what's your familiarity with it?

I would probably say my familiarity comes from the television mainly, I see like the dumb Viagra commercials and Cialis, like this is dumb. But like for internet and print and all that stuff I kind of ignore advertising, especially if it's, like, on Youtube where if it's on the ad and you have the option to skip it after like five seconds.

So basically your relationship with Direct-to-Consumer is through the TV?

Yeah

What would you consider your perception of the pharmaceutical industry?

Like in what way?

Like, do you...as an industry, do you view it as a positive, it does good things, as a negative, it hurts people or deceives people, or you can say you don't have a particular perception.

I'm kind of neutral, I mean, I understand that there's some pharmaceuticals that help people, but then there's also, these companies have their own incentives, to sell things, so I mean it depends what side you look at it from but overall I see it neutral.

OK, what level of personal interaction have you had with the pharmaceutical industry, so not getting into specifics but what is your experience with prescriptions or dealing with the pharmaceutical industry?

Normal I guess, like I see the TV ads, and take prescriptions and everything. Like I'm not sick or anything, just normal prescriptions, so I wouldn't say a ton of interaction, just like normal

OK and what is your perception of the industry?

Mostly positive I think, positive or neutral, but maybe a little negative just because of the price of drugs. Like they're so expensive and how are people without insurance supposed to afford their medication? But aside from that, that's the only negative

Shifting focus a little bit, can you think of any examples that you would call a particularly well done commercial?

Not really, I mean most are either very corny like Viagra, or really ambiguous, like a woman on a mountain for birth control, like really out there.

Are either of those good or do you think they detract from the intended message?

Well, I mean the corny commercials stick in your mind and tell you what the drug does, so that's good, but the ambiguous ones are definitely detracting, like they don't tell you anything about the drug and you have no idea what they're actually telling you.

Ok well, imagine that you need a prescription, would you use DTC for information?

No, they are just commercials, they even tell you to talk to your doctor for the real information. Like I might take their advice and talk to my doctor, but that's the only real information I see.

Do you like that? I mean, are do you like that the commercials focus more on the commercial than the information? Should they be entertaining?

I think they should focus more on information but I don't really know how to do that. I mean, you need the entertainment side and can get someone with a good hook, but I don't really know how to include the information without losing your audience.

Well, how would you design an advertisement?

I would put an entertaining hook at the beginning but then transition into real information, kind of like an even trade-off. The corny commercials can sometimes pull me away from paying attention, so I just want that good first hook and then actually educate the consumer rather than stay corny throughout the whole thing

With that in mind, how are current advertisements in your opinion?

They are either informative or entertaining but not both. Like sometimes the information part is just thrown in at the very end in like really quickly reading the side effects and there needs to be a lot more balance.

Speaking of that, what do you think about that particular strategy?

It's kind of just the company covering their backsides.

Do you see it as coloring your perception?

Yes, negatively, the companies are just covering their backsides, just getting it done and out of the way so they won't get sued. They're not really trying to offer information to the viewer.

So how would you fix it?

That's hard to say because I feel like it's necessary but I don't how to fix it. Like when I hear it I think like "forget that," but maybe if they didn't rush through it, I wouldn't think about it so negatively.

So overall, how do you perceive DTC advertisements right now?

They can definitely improve but could be doing way worse. I want the companies to do an even better job, be more transparent maybe, but they are kind of doing well right now. Maybe they could use social media, by pointing to social media in commercials for more information, maybe giving more time for the side effects at the end also, but for the most part, it's not too bad.

And just to kind of tie everything up, is there anything I haven't talked about or anything that you might want to say.

Not really, nothing I can think of.

Ok then, umm, the end.

## Appendix G

Alright so the first thing I'm going to do is define what Direct-to-Consumer Advertising is as a concept. At its core, DTC means that the pharmaceutical company is allowed to advertise straight to you, the consumer, as opposed to communicating only with healthcare professionals. The advertising can be done through various types of media, meaning TV and radio commercials or print and internet ads. This is different in the United States from around the world as only the United States and New Zealand currently allow DTC advertising. As a concept, this is fairly new, starting in the past few decades and has increased in recent years. Any questions about DTC advertising as a concept?

No

So starting off, how would you describe your level of consumption of media?

I would say I mostly use the internet, some radio and TV, but the internet is my main, like, type of media

What about print media like newspapers?

Not really newspapers, but I read a lot of magazines

And what is the level of your consumption? Heavy, moderate, light?

Heavy, definitely heavy

And how about your personal exposure to DTC?

Pretty high, I see a lot in magazines and TV mostly

Is there a higher amount of DTC through those types of media?

Yes, like it seems like most commercials or like flipping through a magazine, it seems like mostly pharmaceuticals

Why do you think your consumption is highest there, even though you use internet the heaviest?

I don't know, there just seems to be less online. Maybe so you don't buy drugs on the internet

And beyond DTC, what is your exposure to the pharmaceutical industry?

I've had health problems for most of my life and so I've done research on that so I would say I have a pretty high exposure. I mean, probably higher than most people probably.

And as a high exposure person, what are your thoughts about the industry as a whole?

I see it as a marketing industry mostly, trying to sell products to a consumer, that way the company makes more money

What do you think about the industry from the healthcare standpoint?

That there is definitely a side that wants to do good as far as health goes but I think that it's still a business and that sometimes maybe the desire to help people is a little bit overshadowed by the desire to do business

That being said, do you think that fact influences the messages that are put out?

Well like specifically, there is a commercial for a psoriasis medication, I forget what it's called, that, they do a really good job. Like instead of where other commercials tend to say a lot of stuff that does not really seem to be relevant to the virus or the drug, this commercial showed like someone suffering from psoriasis and then showed the, like, patches starting to disappear, which I thought was good.

So looking at that commercial, would you say that did a particularly good job of resonating with you, like they did well in communicating their message to you?

Definitely, like I came away from that commercial knowing what the drug was for and it showed, like, a realistic view of the disease. Like a lot of commercials tend to show a picture of someone smiling and happy and then blah blah blah, it will kill you at the end and I didn't get that feeling from this commercial.

OK, so mentioning that, you know you have the list of side effects down at the end, how does that specific part of the commercials color your perception of the commercial or the drug or the company?

I mean, you put a lot of stuff in your body that causes all kinds of side effects without telling you so it's definitely not bad. Plus, nobody really learns anything from this stuff, it just makes them think they know more than their doctors. There's not enough information to be helpful, just misinformed. I don't even necessarily think I want that information, like, I don't need to know how it works or how many extra hours I'll be able to sleep or whatever, I can look that up, but I would like to know if the drug will cause my hair to fall out or give me a heart attack. It shouldn't just be this tiny font or someone speed-whispering at the end of a commercial.

So ultimately, for you at least, you think it's an important factor.

Yeah

What about, thinking about the general population, not you specifically? Do you think the general population would have a changed perception based on this?

I think so, I think some people might be more hesitant, or think more negatively about the drug after hearing that.

So how would you reconcile that? How would you make up for that negativity?

I might instead say, "Talk to your doctor about side effects." Like instead of a list, just say talk to a doctor.

What are other strategies that you might be able to identify from DTC advertising?

Well I feel like some commercials try to paint a picture of that taking the drug will make your life more perfect.

Do you think this has an impact on perception?

I think it does, I think even if people aren't meaning to, they can probably associate the good feelings in the commercial with themselves and so I think it makes them see the drug more positively.

What about negative?

I think this old Zolofit commercial, it showed this woman in a robe and like really depressed and then said "This will help you not be depressed." And I think the current commercials do a better job by being more positive.

And in a general sense, what do you think has a bigger impact on perception, the commercial or the actual drug itself?

I think ultimately the drug itself, but a commercial might be able to influence you to get the drug in the first place, so I think they're kind of tied together.

And do you think the commercials have the ability to shift perception on, not just the drug or company, but on the industry as a whole?

I definitely think so because I think people are, I don't want to say impressionable, but people are kind of easily swayed. So if you do a good job, you can completely change how someone views the industry I think.

Ok, so for a minute, put yourself in the shoes of someone designing a DTC advertising campaign. What would be your ideal commercial? Kind of map out for me what would be perfect to you.



I don't know, like I keep going back to the psoriasis commercial, like it was pretty spot-on. You just have to show the person suffering from the disease in a real life setting that can appeal to the most people. Like you have to be realistic about it, portray the drug being used in a real life setting.

So looking at that, you kind of have marked two very different commercials: one that is very straightforward, tells you what the drug is for and shows a real situations and one that is more entertaining, where it's the drug's name and then not really much other relevant information.

Yeah

So what are your thought about how those two ideas, kind of information and entertainment, should work together to build the commercial? Like what is the balance?

Across the board, I think it should be based more on information, but maybe that's just me. I know that when you're watching television, most information would just pass over someone's head, but for me, I want the more information.

So what do you think the two sides have to offer to a commercial?

Well like the entertainment side can give you the positive feelings and the information can give you the information, which is also a positive.

And what about negatives?

Well the entertainment has a problem with people just not knowing anything about the drug, but then the information has the potential of just boring people and them not caring about the commercial.

And kind of, to wrap up, is there anything else that I didn't mention or that you might want to talk more about?

No I think you pretty much covered how I feel about the industry and everything.

Alright then I'll end the interview here.

OK