



BATTLE FOR A HEALTHY REPUTATION

Public distrust of the drug industry requires a new approach to communications, say Brunswick's **CHARIS GRESSER** and **GABRIELLE SILVER**

In January, more than 80 companies across pharmaceuticals, biotech and diagnostics came together in an unprecedented declaration to tackle antimicrobial resistance. It was, one journalist said, an example of pharma doing some good at a time when a lot of people are throwing “bad, bad words” at the industry.

That observation throws into sharp relief the critical gap between how the industry sees itself and how it is perceived by others; between the solutions that biopharma creates and the problems others say it causes; between innovation, and a reputation that seems to have run aground.

We are on the verge of an extraordinary era in pharma, thanks in part to the huge

advances in genomics and molecular medicine. The US Food and Drug Administration approved 45 new drugs last year, the highest annual figure in more than a decade.

Many of the newer medicines have chemical structures and ways of working in the body that are so novel that they provide fresh lines of attack against cancers and diseases ranging from diabetes to auto-immune conditions. The world also now has an effective cure for hepatitis C – a potentially life-threatening disease for millions of people.

Sir John Bell, Regius Professor of Medicine at Oxford University, says, “We’ve witnessed dramatic improvements

in our understanding of diseases and how we treat them: when I was training, all we could give for multiple sclerosis was steroids. Now there are five new drugs.”

More innovation is expected to follow, as discoveries spill out of established pharma labs, biotech startups, research foundations and academia. Everyone is hungry to push the scientific frontiers, whether in gene editing, the re-engineering of immune cells or understanding the impact that variations in DNA sequence can produce.

But along with the renewed buzz, there are also brickbats raining down on the industry. In the US, a complex, emotionally charged debate about drug prices rocketed up the political agenda last

year. The fuse was lit by a row over Turing Pharmaceuticals' price hike, from \$13.50 to \$750 a pill for one of its drugs, sparking a controversy that spilled over to drug pricing in general.

A tweet from Hillary Clinton underscored the potency of the issue: "Price gouging like this in the specialty drug market is outrageous. Tomorrow I'll lay out a plan to take it on." Following her post, \$15 billion was wiped off the market value of US biotech stocks in just one day.

In another sign that the actions of one company can become a headache for all, a poll conducted by medical news publication *STAT* and Harvard T.H. Chan School of Public Health shortly after the Turing episode found that "about three-fourths (76 percent) of the public believes that brand-name prescription drug prices are unreasonably high today."

Industry commentator Matthew Herper, in a column for *Forbes*, said the reputation problem was "born of two decades of missteps as one of the most-respected industries in the country fell to be viewed along with tobacco and oil companies ... The big challenge for pharmaceutical companies is how to widen the discussion."

Self-inflicted wounds aside, this is an industry that is always likely to find itself in the crosshairs of public opinion. It is a simple fact that pharma produces drugs that sick people need. It is hard to think of a more fraught topic: this industry often stands at the door between life and death.

But even in such a highly charged context, there are many examples of pharma responding to public health emergencies, for instance, through efforts coordinated in record time to work on an Ebola vaccine. Another example is the industry's licensing agreements for HIV drugs with the United Nations-backed Medicines Patent Pool for use by generic manufacturers in low-income countries.

On a number of issues from access to medicines to transparency, the industry has moved toward society's expectations for responsible corporate behavior. The

message here should be simple: successful pharma uses its science and scale to solve the world's most difficult health problems. The challenge is how to present that so it's seen as the rule and not the exception – normal practice rather than just an isolated example.

Debate over pharma's reputation will continue and no single action by the industry will resolve it. However two trends are worth highlighting because they together create the possibility of better communication between pharma and its stakeholders.

The first is collaboration with an ever-widening group of organizations. Increasingly, pharma is joining forces with charities, research groups and even competitors to crack seemingly intractable problems. These present opportunities for pharma to explain the wider benefit of its drugs, not just to individual patients but also to the broader health economy – by relieving pressure on cash-strapped hospitals, improving employee productivity or contributing to scientific understanding.

To make that story compelling and credible, the industry needs evidence. This is where the second trend may be invaluable: the explosive growth of new types of widely shared data.

That data might be individual health stories. PatientsLikeMe, for example, is a

patient network with more than 400,000 members who can use the platform to track and share their experiences, and contribute data for research.

The result is a wealth of patient-reported data that could provide new insights into the nature of diseases, the patient experience and the effects of drugs beyond the lab or trials. Interest in this data has fueled collaborations between PatientsLikeMe and academics, industry, regulators and nonprofits that span a wide range of research areas.

Likewise, pharma and its customers are looking at ways to harness the power of large data sets and patient registries to understand how effective drugs are once they have been approved and are being used to treat patients.

None of this is easy and all of it requires coordination between pharma and its counterparts in health systems. They need to agree on the type of data that is relevant, and how it is to be collected, analyzed and interpreted.

Telling that data story is not straightforward, but when it is done well, it can enable pharma to be relevant to an ever-wider range of audiences that are only going to get more interested in what pharma has to say.

Data by itself can't bridge the gap between pharma's reputation and exciting innovation. But used effectively, it can help different stakeholders communicate with each other more clearly, and help clarify what are often complex messages.

These two threads – collaboration and the power of new types of data – can be braided into a more effective communications strategy. Using that, the industry can more consistently show how it supports the public's health across the board, not just one treatment or one disease at a time.

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