

# DRUG COMPANY FREEBIES

On a wild wet windy evening in late June that made crossing the Auckland harbour bridge no mean feat, an event took place in the Spencer on Byron hotel in Takapuna that made even the most hardened cynics amongst us turn ashen-faced.

As the storm raged outside complete with thunder and lightning and a tornado or two waiting in the wings, inside it was all cosy and warm, with immaculately-clad waiters handing out free drinks and delectable nibbles as the guests drifted in and mingled with their colleagues.

The guests were nearly all GPs who at the end of May had received a letter from the drug company Bayer inviting them to a presentation by a senior paediatrician and a drug company representative, after which dinner would be served. The invitation was attractive enough to bring out over 100 GPs on such an inclement night.

The topic of what the letter described as “a dinner presentation” was *Feeding Options for Women Not Fully Breast Feeding*. After half an hour or so of “arrival drinks and canapé” we were ushered into a room and seated at tables set for dinner. Paediatrician Peter Nobbs was introduced and began his presentation on the history and politics of breastfeeding. He began setting the scene for the message he was there to give by focusing on an aspect of the environment that some new mothers in New Zealand 100 years ago were subjected to. The Plunket Society was put under the spotlight as Peter Nobbs described their staunch support for breastfeeding, their objections to an advertisement for an early version of what was then known as “humanised milk mixture” that appeared in the *Otago Witness* in the first decade of last century, and the two-faced behaviour of Plunket Nurses who, according to a letter that appeared in the *Otago Daily Times* in 1915, were telling mothers to breastfeed while they themselves were bringing up their babies on Glaxo.

We were told Plunket Society’s founder, Sir Truby King’s Melrose property in Wellington is listed as a category 1 Heritage Building, and that it was here that the earliest attempts to make “humanised milk mixture” or infant formula in New Zealand began. Vegetable oil, cod liver oil and dextrose were added to cows milk and this humanised milk mixture was marketed by the Plunket Society under the name of Karilac along with “Plunket cream” known as Kariol.

Following a bit more history Peter Nobbs showed a slide documenting the falling breastfeeding rates in the middle of last century – it was recorded as being 91.5% in 1939, 82.1% in 1945, and 74.4% in 1952.

By now it was clear that the message we were being given was that not fully breastfeeding was normal and natural, that health authorities were often hypocritical about the advice they were required to give to new mothers about breastfeeding and what they actually said and did, and that the pro-

breastfeeding stance was just a lot of politically-correct behaviour. Along with this were some subtle and not so subtle messages about the problems and risks of breastfeeding.

Turning his attention to the politics of breastfeeding Peter Nobbs went on to talk about the WHO Code on the International Marketing of Breast-Milk Substitutes, the advice given to new mothers in hospital, and the argument around whether complementary feeding with a bottle does have any affect on breastfeeding.

He referred to the erroneous perceptions of groups like La Leche League and quoted from one of the group's 2007 newsletters in which the sentence "Formula companies' only aim is to make money" appeared. He assured the audience that formula companies in New Zealand do comply with the WHO Code and therefore see themselves as providing a complementary service.

### **NZ Breastfeeding Authority**

The next organisation to come under attack was the NZ Breastfeeding Authority. He described their website, their current proposals around the Baby Friendly Hospital Initiative, and the accreditation of the hospitals in the Auckland region in critical terms. The NZBA website refers to the benefits of breastfeeding but not the risks, and risks of infant formulas but not the benefits. He cited as an example the fact that the website mentioned bacterial contamination of infant formulas. He was very critical of how ridiculous this was when the incidence is less than one in a million.

### **Bottles and pacifiers**

The issues surrounding the use of pacifiers and bottles featured next with Peter Nobbs referring to some of the evidence about their supposed effects on breastfeeding. Studies on the use of pacifiers show no consistent results, he said. The effects of supplementary bottle-feeding had been studied in two studies from the USA and one from Switzerland. One showed an effect on breastfeeding and one did not. The duration of breastfeeding in both groups was the same.

### **No RTCs**

The lack of randomised controlled trials was something Peter referred to several times during his presentation.

Peter ended his presentation with a list of the five most common conditions that mothers and babies present with at the doctor's office. They included reflux, colic, poor weight gain, allergies, and diarrhoea. As he talked about each condition he showed a slide with the image of the appropriate Bayer Infant Formula (brand name is Novalac) product – Novalac Reflux, Novalac Colic, Novalac Hypoallergenic, Novalac Diarrhoea. There was even a Novalac Sweet Dreams! With the exception of Novalac Diarrhoea, all products are suitable for use from birth onwards and are described as a "nutritionally complete formula suitable for long-term everyday use." Given that each of these special formulas costs around \$30 a tin (almost double that of ordinary

infant formula), the statement that the aim of the drug company is to make money does not seem at all unreasonable.

### **Bayer Consumer Care**

The presentation by Ayumi Uyeda, the young female drug company rep was unremarkable in that it was clearly her job to promote the wonders of the Novalac range of specialised infant formulas. She consistently described them as “premium products”, and the higher cost was simply “a price differential.”

Ayumi Uyeda referred to the EDEN study of 3.500 babies, “an observational study of what happens in private practice” that was firstly an epidemiological study on presenting problems, and secondly the effects of Novalac on the problem. However, there was no mention of RTCs.

Her slides showed the “scientifically developed” range of specialised infant formulas and how they differed from each other. The slick marketing of solutions to “problems” such as reflux, colic and constipation, the expansion of the diagnostic criteria used to identify such commonplace events as spilling or spitting up, periods of prolonged crying and distress, and constipation and diarrhoea, along with the supply of free drinks and good food, was both impressive and incredibly dishonest.

Needless to say, I left after the presentations – before dinner was served – because I suddenly found I had completely lost my appetite. I went instead to the bar and bought a spiced tomato juice and sat mulling over what I had just witnessed with a health professional friend.

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