

3. DRUGS AND DESIRE

By Malcolm E. Brown, PhD, MRPharmS



Inside a pharmacy images bombard you, products from different companies stretch, side by side, in brightly coloured ranks

You are a customer seeking a pharmacy. A brilliantly illuminated green cross and window display, including large carboys containing coloured water, beckon you inside one door. There, images bombard you: vitamins, analgesics and toothpastes from different companies stretch, side by side, in brightly coloured ranks. An enormous model of an indigestion mixture bottle towers nearby, while lipstick and cosmetics nestle under a photograph of a beautiful girl; perfumes linger in the air you breathe. Staff, dressed in uniform, smile, and at the back in the dispensary, the pharmacist, formally attired, presides. All could be perceived as advertisement.

George Orwell put it that, "Advertising is the rattling of a stick inside a swill bucket".

APPEARANCE IS EVERYTHING

According to the postmodernist, Baudrillard, there is no overarching order in society. Appearance is all, idealised into constructed, advertising images. We are bombarded with consumer lifestyles by television and other media. We are seduced by this "hyper-reality": it is not a spectacle representing reality; it has become reality. Buying has become a community exercise. The pharmacy is somewhere to congregate with others, to enjoy pleasurable images connected with products that make you glamorous, heal you or give you sexual power, serving to convince customers that, while purchasing goods, they are simultaneously participating together in a shared experience of a more vital and sensual world.¹

Over history, while drugs themselves have become smaller, advertising about them has become bigger. In early times, 10g of herbs were swallowed, like a vegetable food; later, 500mg of a tincture of those herbs was ingested. Today, a typical dose is, perhaps, 100µg of thyroxine, a quantity so microscopical that it is difficult to see; indeed to the naked eye, it has "disappeared". Only its "advertising presence" remains.

The advertising presence of drugs has increased. A drug was something hidden from view in Shakespeare's England. In his apothecary's shop, drugs were in green pots and bladders. The appearance of anything inside a bladder was unknown until opening. Artists, for example, did not know the colour of their paint. Liquids were measured within a translucent horn. Later, bottles were wrapped in paper and sealed with wax. Prescriptions were written in Latin; labels just said, "The Medicine", omitting what it contained. In the early 19th century, for the measurement of liquids, glass replaced horn. Colourless glass replaced the dark glass in bottles. The light shone on to the actual drug on display, burning away its mystery. Then, the gaze of the public fell upon patent medicines, exposed, flaunted, behind bowed glass windows, which even impinged on the pavement.²

Recently, extra labels have embellished drugs, such as "Keep out of the reach of children". An EEC Directive, from 1994, demanded that a package insert detailed side

effects and so on. Today's pharmacists are expected to discuss their drugs with their patients.

THE ATTITUDE OF CONSUMERS

For advertising to work, consumers must have a particular attitude.³ Specifically, life is a series of problems; one is that bodies deteriorate. Solving those problems is a duty; ignoring the problems is shameful. Experts have prepared a solution and I need to find it. Solutions are available in exchange for money, such as by shopping in a Moroccan souk, by e-mail order, or in a bricks and mortar British pharmacy. The art of living is having the cunning to find the most cost-effective solutions and being able to afford them.

The consuming individual can achieve any status by purchasing artifacts or service; all lifestyles are possible. All consumers are equal. Everything is up for grabs.

What ordinary people generally desire is to imitate their superiors. This is the first "law" of the sociologist Tarde (1843–1904).⁴ Initially, the gentry possessed the good things; the rising bourgeoisie imitated the nobility and its manners; appointment to HM the King or Queen was a valuable advertisement, as was merely the silhouette of Queen Victoria; so was the use of Lux soap by Hollywood film stars in the 1960s.

Superiors attempted to retain their distinction. The nouveau riche had a hard time with the gentry — but good things do trickle down. However, if they become too commonplace, or are used without subtlety, they become vulgar or kitsch. Over time, techno-

Malcolm Brown is a pharmacist from Beccles, Suffolk

logical innovation, or changes in fashion, degrade "objects of desire" into "rubbish". Today's wonder drug may be removed from the market tomorrow.

ADVERTISING STRATEGIES

In the early 19th century, an advertisement was merely a notice giving information about a product being a "good". Later, the way in which the product may make individuals feel good was emphasised. If you lacked something, such as fresh breath then witness the "before and after" advertisement: "for halitosis, use Listerine". A recent development is to link to a benefit in the future, which cannot be disproved. This is used especially for beauty products and vitamins, sales of which are growing. For example, you lack antioxidants to interact with the free radicals, which are connected with your morbidity and mortality.

Today, a more sophisticated strategy is to single out an individual, so that individual feels that the advertisement applies to him/her uniquely, and then to seduce or threaten him/her. "Your King and country need you" was a British example from the 1914–18 War. The targeted customer has an empty space (such as patriotism); it is that deficit which the product can fill, just as an enzyme may require a coenzyme to work.

An example is a customer, living within polluted air, suffering the deficit of clean eyes. The complement is Optrex eye lotion. The outcome is a whole customer, who has gained cleaner eyes. That individual has chosen a specific strategy, in that case a pharmaceutical product, to cope with one of life's adversities.

Another solution for deficiency is to offer the complement of a drug or food. A pharmacist first developed Coca-Cola, which in 1890 was a remedy for headache and a brain tonic. In 1906, Coca-Cola offered good health and happiness. By 1916, Coca-Cola was restricted to thirst deficit only. In 1982, the advertisement stated "Coke is it", that is, it offered wholeness and everything good imaginable. Returning to the late 19th century, Coca-Cola and aspirin were similar, both being medicines. In the early 20th century, Coca-Cola was a "good", for pleasure, but aspirin remained a medicine. In 1989, both offered pleasure, ingesting aspirin resulted in it being "great to feel good again".⁴

Food and drugs blurred together. Reasons included the Enlightenment dream of perfecting health and prolonging life, the rise in nutritional science and reinstatement of the ancient, narcissistic theme of eternal youth, fitness and beauty.

NEW IS BETTER THAN OLD

The success of a product, however, is always within the limitations of what is available. A solution perceived as "good" may later be dismissed as "bad". Old things are ridiculed. New skills, which new products and services bring, seem to chase away old abilities; perhaps contemporary pharmacists' clinical emphasis will atrophy their extemporaneous dispensing skills. When, in 1844, Morse transmitted, "What has God wrought?" the world changed with instant

communication.⁵ We did not miss it before, but afterwards, feel deprived without it. Ordering replacement medicine stock by "snail mail", instead of electronically, would now seem antiquated, even irresponsible.

Initially, however, we require persuasion that the new ways are better. We have inadequate understanding, we cannot judge the new. It is not that we lack expertise, just that we lack it in the new area. Experts generally lack experience outside their own specialist area. The "advertising", which the unconvinced may term "propaganda", then offers us authority figures such as the caring parent, seasoned craftsman, pharmacist or luminaries of the National Institute for Clinical Excellence. The degree of flamboyance of advertising of medicines is restricted, perhaps especially for newsworthy innovations such as sildenafil.

BEAUTY CONVEYS STATUS

Advertising of aesthetic image enhancers,⁶ such as cosmetics, perfumes and hair colourants is less limited. Some pharmacists complain that displaying such non-medical — and therefore non-professional — products so prominently reduces pharmacists' status. The advertising deficit perspective is now applied to help to understand why those image enhancers are advertised.

The deficit is the clients' beauty. To Aristotle, "Beauty is a greater recommendation than any letter of introduction," beauty/ugliness conveys readily accessible information about status.⁷ The aesthetic image enhancers, to some minor extent, can confer beauty.

Avicenna, a founding father of pharmacy featured on British pharmacists' registration certificates, produced rose water from rose oil. A chemical cocktail including antimony, copper oxide and galena coated Cleopatra. Around 1770, an Act of the British parliament was intended to protect men beguiled into matrimony. Women who, "seduce and betray into matrimony any [man] by the scents, paints, cosmetic washes, artificial teeth . . . incur penalty law in force against witchcraft and marriage . . . null and void".⁸

Today, alluring odours are delightfully marketed, with exquisitely designed containers and packaging. The motivation is to increase status and class situation. For example, Marcel Guerlain's 1926 scent "Rolls-Royce", had a reservoir shaped like a Rolls-Royce radiator grille and "flying lady" stopper. Opulent perfumes enhance status, as does straightened, and so heightened, posture resulting from a pain-free back following analgesic ingestion.

Cosmetics are claimed to allay or cover four deficits: dirty skin, skin troubles and imperfections and, if lanolin is contained, conditions such as eczema. The aesthetic image enhancers contrast with plastic surgery, which only changes contours. A woman, aged 50, also uses cosmetics to enhance tightened skin, in order to give her complexion that *éclat* demanded by the clothes she wears and the society that she cultivates.⁸

Considering lipsticks, women know their names and develop strong brand loyalty to their favourite. The name has been

designed carefully. An extreme example is that "Rust" is likely to be less popular than "Desire". There is also cultural specificity. Yardley's "Brandy Glow" was thought unsuitable for its Middle Eastern market because alcohol is banned.⁹ Charles Revlon said: "In our factory we make lipstick. In our advertising, we sell hope".

MEDICINES OF FIRST AND FALLBACK CHOICE ARE CULTURALLY SPECIFIC

In the West, after allopathic medicine fails, hope from other remedies remains. There are many alternative medicines, the medicines of first and fallback choice are culturally specific. For example, in some non-Western countries, Ayurvedic medicine may be the first choice; only after that fails, do individuals turn to Western allopathic medicine. Some of today's "wonder" patent medicines in British pharmacies, such as vitamins, trace elements and ginseng, lack scientific evidence of efficacy, but sales are increasing. Their merchandiser, if a pharmacist, might explain effectiveness by the agents' "placebo effect" and instantly feel professionally reassured.

Another term, which is anathema to medical professionals is "magic". However, remember that one of pharmacists' antecedents wore soot-begrimed coats; those antecedents were the chemists, magicians and dreamers called "alchemists". If "magic" is defined as "the employment of ineffective techniques to allay anxiety when effective ones are not available, then we must recognise that no society will ever be free of it".¹⁰

Pharmacists, who advertise themselves as expert, scientific healers bound by an ethical code, are enmeshed in contemporary, cultural "hyper-reality".

REFERENCES

- Hall S, Held D, McGrew T, editors. *Modernity and its futures*. Oxford: Polity Press/Open University; 1992.
- Matthews LT. *History of pharmacy in Britain*. London: Livingstone; 1962.
- Bauman Z. *Thinking sociologically*. Oxford: Basil Blackwell; 1990.
- Falk P. *The consuming body*. London: Sage Publications; 1994.
- Giddens A. *Sociology: a brief but critical introduction*. London: Macmillan; 1986.
- Brown ME. Pharmacists: emperors of entropy. *Pharm J* 2000;264:769.
- Webster M, Jiskill JE. Beauty as status. *Am J Sociol* 1989;89:140–63.
- Poucher WA. *Perfumes, cosmetics and soaps. Vol II: The production, manufacture and application of perfume*. London: Chapman and Hall; 1993.
- Yusuf N. Lip reading. *Sunday Times* 1994 23 January; Sect. 8:27.
- Thomas K. *Religion and the decline of magic*. London: Weidenfeld and Nicholson; 1971.