

Committee Secretary
Senate Standing Committee on Environment,
Communications and the Arts,
Department of the Senate
P.O. Box 6100
Parliament House
CANBERRA ACT 2600
AUSTRALIA

Via e-Mail: eca.sen@aph.gov.au

18th April 2008

Dear Sir,

**Submission from Advanced Medical Institute (AMI)
to the Inquiry into the sexualisation of children
in the contemporary media environment**

Thank you for the opportunity to respond to submissions concerning billboard advertising and in particular AMI's outdoor advertising.

In responding I am mindful of both my corporate role as the Chief Executive Officer of AMI and, through family circumstances, my quasi loco parentis role with my own grandchildren. Additionally as a former Associate Professor of Gynaecology in the USSR, I am well aware of many of the medical issues involved in fertility.

BACKGROUND

AMI is a medical service provider specialising in the treatment of male sexual dysfunction. We helped pioneer this specialised treatment in Australia. Before our service began in 1993 (which predated the advent of Viagra), men rarely sought medical assistance for the most common sexual problems of erectile dysfunction (ED) and premature ejaculation (PE).

Even now, where the profile of this problem has been significantly lifted by the advertising undertaken by ourselves and others, the medical literature reports that only 11%(1) of men with these conditions make themselves available to the profession for treatment. Only a fraction of those that do take that first step are

then willing to follow up and obtain treatment. In many cases men are simply too embarrassed to talk to doctors about these issues.

AMI has been able to increase the take-up of these types of services for two simple reasons:

1. We give patients the anonymity of treatment by our doctors over the telephone and;
2. We use advertisements that talk directly to men with a problem, and in a style and language that motivates them to take action.

That AMI has been able to reach out to tens of thousands of Australian men who have previously "suffered in silence" from sexual dysfunction is primarily due to our ability to work boldly with media messages that resonate with our target market.

The public awareness generated by such advertising enables men to feel less isolated, embarrassed and ashamed of their particular sexual dysfunction, and more motivated and empowered to seek help.

The extent of this public-health problem is widely underestimated. Medical literature reports that over 50% of men over the age of 50 have erectile dysfunction, and the rate for other groups (such as diabetics) is much higher(2). Similarly, the percentage of men who need help with PE is very high, and it affects men of all age groups over 18.

Left untreated, these conditions lead to major medical and personal catastrophes, including severe depression, alcoholism, violence, sexual abuse and marriage breakdown. *For this reason, the effective treatment of male sexual dysfunction should be regarded as a primary health objective for our society.*

TREATMENT

A criticism of AMI's advertising is that male sexual dysfunction is a matter that should only be discussed with a patient's family GP. The reality is that men do NOT discuss this with their family GP due to acute embarrassment and the concern (whether well-founded or not) that somehow other people will find out that they have visited the doctor. This is one of the core reasons why AMI has been able to establish and maintain a successful business.

It is also important to note that the diagnosis of both premature ejaculation and erectile dysfunction relies on taking the patient's history, and this can effectively be done over the telephone. The diagnosis is made on what the patient tells the doctor, and not on tests such as blood pressure (although these may be indicated in some cases).

The various medical authorities have guidelines for consultation over the telephone and these are fully observed. Our doctors have special training in this area, and our questionnaire is far more comprehensive than would normally be done by the average family GP. Additionally, AMI has specialist nurses who closely monitor the progress of the treatment by telephone - a service that would not be available from the average family GP.

AMI's treatment plan, which is not matched by any equivalent provider on the Australian market, involves consultation by doctors, monitoring by nurses, nasal delivery technology, access to counselling, and finally, prescription medication. This comprehensive program is built on the foundation of AMI's advertising strategy. Put simply, if the advertising was censored, the availability of these treatment programs would be reduced, and tens of thousands of men would be back to suffering in silence, with the community bearing the social and economic consequences of their despair.

COMMUNITY ATTITUDES

In planning media campaigns we are sensitive to community attitudes and have, when complaints have arisen, worked positively with the Advertising Standards Bureau.

Outdoor media, by contrast with the invasiveness of television and the internet, occupies minute parts of most children's time and, importantly, when questions arise in relation to outdoor content it normally takes place when a child is chaperoned by an adult motor-vehicle driver.

Such situations, when they occur, should be taken as a positive opportunity for a responsible adult to constructively engage a child with age-appropriate responses.

Shame and embarrassment have no place in either the sex education of children or the conveying of an important health message to the wider community.

Parents who avoid such opportunities are doing their children a disservice and are inviting such natural curiosity to be answered in other "forums" over which they have little or no control.

If children really are "getting older younger" then parents and teachers need to be armed with media tools that assist children to become more media literate. The Media Smart education initiative in the United Kingdom is a good example of positive intervention in this regard.

To abstain from engaging children in relation to the media may be designed to be protective but is, in fact, ill-equipping them for the future. At some point, the issue must be confronted, although some of our critics demand that only they, the

adult, (and not their inquisitive children) have the right to chose the time and place for the discussion. Unfortunately, the rates of teenage pregnancy suggest that for some parents, there was never a right time.

As a society we must find a balance between public concerns for the appropriate protection of our children, and the community's right to be informed, particularly about important health services such as those offered by AMI. We believe that the current system has an appropriate balance.

BREAKING DOWN TABOOS

It should be noted that AMI's billboard advertising does not use nudity, swear words, women in suggestive poses, provocative images or any of the other sexual references that abound on billboards for cars, alcohol, sunglasses, clothing and numerous other goods. Many of these are far more overtly sexual than anything used by AMI. Importantly, we do not use anything even remotely connected with children, and it is personally disappointing to me to be included in this whole debate.

Although AMI's billboard advertising does not use gratuitous material, I recognise that it does provoke strong responses from some sections of the community. At times, the reaction against AMI for using the single word "sex", for example, is disproportionately stronger than the backlash against far more suggestive advertising - for example, clothing brands featuring near-naked young models and words such as "FCUK". I believe this is because men's sexual dysfunction is a taboo area. *But it is a taboo that demands to be broken.*

As a case in point, 20 years or so ago, the word "breast" was a taboo word that could not be used in advertising, and certainly breasts were not shown on billboards, or in TV ads. But in the interests of women's health, the taboo was broken, and countless lives have been saved as a result.

Another taboo phrase was "pap smear". But because it was an important phrase in the advancement of women's health, it is now acceptable in any public forum. Parents don't complain that they may be asked to explain what a pap smear is to their children.

Erectile dysfunction and premature ejaculation are men's health issues and the key word to get men to focus on these medical conditions is "sex". To say that we cannot use this word would be the same as denying women the right to address their health problems by using the words "breast" and "pap smear".

Similarly, if there is a public policy that this word should cease to be available for use in outdoor advertising, then public policy would suggest that similar changes should be made to all other types of advertising (television, radio, print and internet) and fundamental changes should be made to program content

standards as well so that a consistent standard applies to all similar forms of content. We do not believe that any such change is merited by public policy and we believe any such change to be inconsistent with general community attitudes to these issues.

CURRENT REGULATIONS

The present self-regulating advertising complaints system has served the community well, and is constantly being refined. The Australian Association of National Advertisers, for example, has this week announced a new code to address this very issue of the sexualisation of children in advertisements.

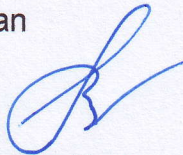
The self-regulatory system has also been strengthened by the recent appointment of the Hon. Deirdre O'Connor as the Independent Reviewer of the Advertising Standards Bureau (ASB) to provide an additional community "touchstone" for ASB determinations. This important initiative, which I believe will go a long way to addressing community concerns, should be given time to work.

In view of these examples of how self-regulation is responding dynamically to community concerns, I believe further regulation by government on mainstream advertising will be counter-productive - especially in this internet era where truly horrifying scenarios involving children and sex are unfortunately just a mouse-click away.

I wish the Committee well with its deliberations and would welcome any ongoing consultation between the Committee and AMI.

Yours sincerely,

Jack Vaisman
CEO



- (1) European Urology Vo. No. 8 Nov. 2002
- (2) Pharmacy News 5, 19.08.2004