

Guidelines for Social Media Engagement for the Consumer Health Product Industry

VOLUNTARY GUIDE

March 2016

Consumer Health | Produits de santé
Products Canada | consommateurs
du Canada



Advancing evidence-based self-care
Pour l'avancement des auto-soins de qualité



Table of Contents

| | |
|--|----|
| 1.0 Background..... | 3 |
| 1.1 Objective..... | 3 |
| 1.2 Guiding Principles..... | 4 |
| 2.0 Scope..... | 4 |
| 2.1 Definitions..... | 4 |
| 2.2 Types of Social Media Channels..... | 5 |
| 3.0 Guidelines..... | 6 |
| 3.1 Ownership & Responsibility..... | 6 |
| 3.2 Managing Interactions with Users..... | 6 |
| 3.3 Managing Inappropriate, Inaccurate and Negative Responses..... | 8 |
| 3.4 Reporting Adverse Reactions..... | 9 |
| 3.5 Internal Processes..... | 10 |
| 4.0 References..... | 10 |



1.0 Background

The growth of social media has allowed marketers to reach their audiences in new ways. Companies are using social media to create a connection with their customers, communicating about brands and products to build trust over time by engaging on the consumers' terms (CHP Canada Trends Report 2010, 2011-2013). CHP Canada's members are committed to engaging customers through all available avenues including social media to strengthen their brands while ensuring that advertising remains in compliance with existing laws and guidelines.

Advertising is essential to self-care, as it creates awareness of consumer health products to assist consumers in their search for products available to them. Labels are the most valued source of information to help inform decisions about the conditions of use of consumer health products. However, it is important to note that the two communication tools are very distinct, but complimentary: while labelling may also be advertising, advertising is not labelling.

CHP Canada is continuously involved in self-regulation of the industry and has developed a number of voluntary codes and guidelines over the years, including the Code of Marketing Practices, which has guided the association's members since 1980.

In 2012, CHP Canada developed the Compendium of Canadian Consumer Health Product Advertising Laws and Guidelines as a one-stop resource for industry for all the existing laws, guidelines, voluntary codes, and practices that can be applied to ensure all forms of consumer health product advertising is not false or misleading. However, due to the constantly evolving nature of social media CHP Canada's members identified the need for specific guidelines in this area.

1.1 Objective

The objective of these guidelines is to support CHP Canada's membership as they communicate with consumers through social media.

These guidelines are intended as a broad guide only and do not replace or have precedence over CHP Canada's members' obligations under any relevant code of conduct, regulation or legislation, including Health Canada's Guidelines, Voluntary Industry Guidelines, and Advertising Standards Canada's Canadian Code of Advertising Standards. Regardless of the media used, all advertising must comply with established regulations and guidance. Each member company must assess the appropriateness of the tools being utilized.

These guidelines will be reviewed and updated regularly by CHP Canada.



1.2 Guiding Principles

To assist members in their resolve for a responsible online dialogue and to build trust with consumers, the following guiding principles were used to form the basis of these social media guidelines. CHP Canada members will:

- Ensure that their consumer health products are safe and effective and encourage the proper use of those products by the consumer within the Terms of Market Authorization.
- Abide by all Health Canada's laws, guidelines and policies when advertising health products to the general public.
- All advertising messages should be clear and informative. Advertising should not be false and/or misleading.
- Ensure essential product information is available to the public on request and that it is credible and reliable.
- Respond promptly and professionally to requests for information concerning consumer health products.
- Assume full responsibility for online content that is under their control and ownership.
- Adhere to and abide by the legal provisions for adverse reaction reporting.
- Interact using a consistent approach across all social media platforms.

2.0 Scope

The scope of the following guidelines includes direct-to-consumer social media communications as it relates to non-prescription medicines and natural health products. For the purposes of this document, social media is defined as a subset of digital media that includes any online channel that can provide a two-way interaction between consumers and industry.

Out of scope of these guidelines are:

- Advertising directed to health professionals; and,
- One-way communication used to promote a product that constitutes an advertisement.

Examples of digital communications that only permit a one-way interaction include websites, online advertising banners or emails. Although this static, one-way advertising is out-of-scope of this guidance, all CHP Canada members must abide by all Health Canada requirements for health product advertising. For more information, please refer to the *Compendium of Canadian Consumer Health Product Advertising Laws and Guidelines*.

2.1 Definitions

Definitions that are used throughout the document are outlined in Table 1 for quick reference.



Table 1: Definitions (Adapted from Association of the European Self-Medication Industry, 2013)

| | Definition |
|------------------|---|
| Advertising | Any representation by any means whatever for the purpose of promoting directly or indirectly the sale or use of any food, drug, cosmetic, or device |
| Adverse Reaction | A noxious and unintended response to a marketed health product that occurs at any dose used or tested for the diagnosis, treatment or prevention of a disease or the modification of an organic function. |
| Earned Media | Content that is not owned or under the editorial control of the member company (See Table 2 for examples). |
| Owned Media | Content that is under the editor control and/or ownership of the member company (See Table 2 for examples). |
| Paid Media | Content which has been paid for and influenced is under the editorial control of the member company (See Table 2 for examples). |
| Social Media | A subset of digital media that includes any online channel that can provide a two-way interaction between consumers and the member company. |

2.2 Types of Social Media Channels

Social media channels are constantly evolving. Facebook, Twitter, YouTube, LinkedIn, websites, forums, blogs are only a few examples of the two-way interaction channels currently available. Each channel presents different opportunities to engage with consumers and to advertise. Overall, social media engagement can be further defined into owned, earned and paid media. A few examples relative to popular social media channels are listed below (Table 2). Section 3.1 of this guide clarifies the areas by which CHP Canada’s members can claim responsibility.

Table 2: Types of owned, earned and paid media (Adapted from Australian Self Medication Industry, 2013)

| | Definition | Facebook | Twitter | LinkedIn | YouTube | Blogs | Forums | Other |
|--------|---|------------------------------|--------------------------------|------------------------------|-----------------------------------|------------------------------------|-------------------------------------|--|
| Owned | Member company has control | Member company Facebook page | Member company Twitter profile | Member company LinkedIn page | Member company YouTube channel | Member company blogs | Member company forum | Member company website |
| Earned | Member company does not have control | Facebook users page | Twitter users comment | LinkedIn profile | User-generated content or channel | Third party blogs | Third party or independent forum | News websites |
| Paid | Member company has paid a third party or sponsored placements | Facebook ads | Sponsored tweets | LinkedIn display advertising | YouTube advertising | Sponsored blog posts, advertorials | Sponsorship or forum or advertising | Search engine marketing and banner ads |



3.0 Guidelines

3.1 Ownership & Responsibility

CHP Canada's members bear responsibility for the following types of content:

- The content of owned media developed by themselves or third parties on their behalf.
- Any earned media posted on an owned social media channel.
- The content of paid media developed by themselves or third parties on their behalf.

In general, members are committed to claim responsibility over content that is under their control, which may include targeted social media parameters. Members are committed to regular monitoring of the user-generated content on the channels listed above to ensure compliance with the regulatory requirements.

CHP Canada members cannot assume responsibility for content other than what is described above, even when it is related to them or their products. Members are not required to assume responsibility for user-generated content that is developed on sites that they do not own and have no control over. There is no obligation for CHP Canada members to monitor the appearance of unsolicited user-generated content related to their products in websites and social media platforms that are not owned by their company.

However, members do assume responsibility of monitoring user-generated content that results from paid media that is developed by third parties on their behalf. Members may monitor directly, or chose to establish contracts with these paid third parties to monitor user-generated content that results from said paid media in accordance with contract terms.

3.2 Managing Interactions with Users

CHP Canada's members are encouraged to apply the following guidelines when interacting with consumers using social media:

1. All product-related content should comply with its terms of market authorization and should not be false and/or misleading. There is no obligation to provide detailed information related to the terms of market authorization when interacting with consumers. Members may create posts containing non-promotional, simple, factual statements about the consumer health product without including full essential information. However, access to full essential information should be provided in posts that make claims about a product, correct misinformation, or posts that clarify a user's comment. Companies should be able to easily redirect consumers to an official detailed source of information that provides the full essential information about a product using a link to a product-specific website or QR code, for example. Reference to full essential information should be easily available to users and included in the channel profile sections or embedded in profile graphics.



2. All owned paid content and earned media on owned channels should be regularly monitored. Companies should strive to respond to user-generated content that is directed to the member company on owned channels within a reasonable time period, as per internal processes set up by member company (see section 3.5). One mechanism that could be considered, if available, is a moderation tool to address any inappropriate content prior to being posted publicly. If a moderation tool is used on a forum/blog that requires member company intervention before a user post can be made public, average times for reviews should be communicated to users.
3. When an advertisement is promoted using social media channels, it should be clear that the content is a marketing communication that has been paid for such as sponsored tweets, blog posts, forum, Facebook, LinkedIn ads, etc.
4. When providing links to external sources, the sponsor should have processes in place to ensure that the third party information is appropriate. Therefore, when providing shared third party content like links or posts, the member company must perform due diligence to ensure the content is appropriate and clear as per internal policies (section 4.5). Internal policies should establish criteria to ensure that third party links are from credible sources, and fulfill a clear purpose (i.e. to provide clarity on a topic or to educate or provide additional information). Companies should notify the consumer, such as a pop-up alert, that they are leaving the member company controlled site or content in addition to a legal disclaimer.
5. Users may ask a member company for a product recommendation. To avoid the perception of diagnosing or recommending a particular product, companies should reply in a private message only directed to the specific member or user using fact-based statements informing the user about the approved therapeutic indication for their product and remind them that the product may not be right for them, always read and follow the label directions, and when necessary to consult a healthcare practitioner for further advice regarding their condition.
6. Privacy of third parties should be respected. Notwithstanding the use of information for adverse reaction reporting purposes, third parties' consent is needed for the use of earned media as testimonials in platforms other than where the input was provided, unless intention for such use is made known in advance. It is recommended that members establish a privacy policy and make it available on the channel.
7. A social media channel may be set up by a member company in order to engage in discussions with third parties on non-product or non-health related topics (e.g. basic lifestyle such as sleep, exercise, patient groups). If such posts are of scientific interest, they should be evidence-based. If a channel is formally linked to a product, then all product-related content should comply with its terms of market authorization.
8. Terms of use, describing Codes of Conduct (e.g. offensive language, explicit sexual content, inappropriate content about a product that is not in compliance with terms of market authorization like off-label use etc.) should be established to ensure appropriate communication on social media channels. These rules can also describe what kinds of conversations or topics are acceptable in order to avoid offensive or disrespectful content. The



terms of use should be posted to the site and made available to the community. It is recommended that members use a general post to direct users to these rules, as these posts remain prominently displayed at the top a page timeline or profile.

9. Member companies are encouraged to assess the conditions whereby a member company can contact individuals directly through social media in a way that is deemed appropriate as per the Canadian Anti-Spam Legislation.

3.3 Managing Inappropriate, Inaccurate and Negative Responses

Companies should establish policies and processes for responding to inaccurate user comments and negative feedback on owned channels. For example, users may generate posts promoting off-label use and misuse of products; for industry practices responding to suspected adverse reactions see section 4.4. Ultimately, CHP Canada's members have a responsibility to consumers to ensure their products are used safely and effectively and should address inaccurate user comments that have been posted on owned channels.

In general, social media best practices indicate that it is best to avoid blocking users or deleting user content where possible, however this is at the discretion of every member. Figure 1 outlines a negative response strategy that members should consider when addressing negative and inaccurate posts. Posts that reference off-label use should be considered as inaccurate relative to the terms of market authorization.

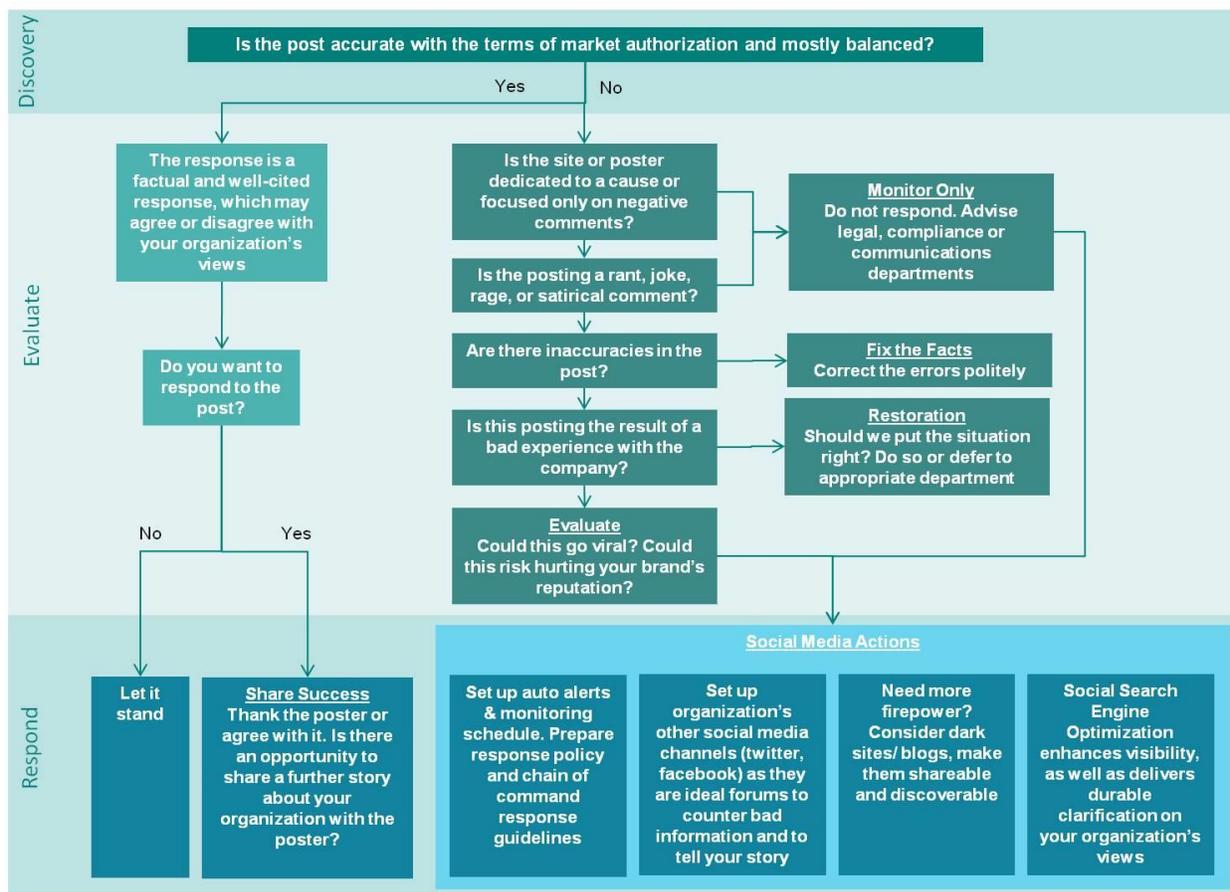
In challenging situations, members may seek to engage brand ambassadors to address the situation or direct users to communicate directly with the member company through a more appropriate channel. Additionally, CHP Canada's members can refer to the *Crisis Management Guidelines* to ensure appropriate crisis management plans are in place to react to urgent concerns that may arise.

As with any response to user-generated posts, companies should consider the following elements that were adapted from SMI (2011):

1. **Transparency:** Ensure those responding on behalf of the organization disclose their link to the organization and their role.
2. **Sourcing:** Cite sources for your remarks where possible, include hyperlinks, video, images or other reference sources.
3. **Timeliness:** A well-thought-out response is better than a rushed one. Everything "lives" online for a long time.
4. **Tone:** Respond in a tone that reflects the values of your member company.
5. **Influence:** Think message amplification. Online influencers can also help spread your message to key stakeholders.



Figure 1: Negative Response Strategy (Adapted from SMI, 2011)



3.4 Reporting Adverse Reactions

CHP Canada members are responsible for regularly monitoring owned media channels, which includes monitoring for suspected adverse reactions. Individuals that post information about suspected adverse reactions on member company owned channels may be perceived to have contacted the member company directly.

In accordance with section 3.1.5 of the Health Canada Guidance Reporting Adverse Reactions to Marketed Health Products, there is no obligation to monitor external websites for suspected adverse reactions. However, if a member company becomes aware of a suspected adverse reaction on a website or media channel that it does not own, then the member company should review the case to determine whether it should be reported.

Regarding unsolicited adverse reaction reports gathered from the internet, adverse reactions must be reported to Health Canada in accordance with the regulations within 15 days as long as the following minimum criteria are met:

1. An identifiable reporter (source)



2. An identifiable patient
3. A suspect product
4. The adverse reaction

The report is considered relevant by a qualified health care professional from the member company. Member companies are responsible for establishing and adhering to internal practices, policies and process for responding to suspected adverse reaction reports. Suspected adverse reaction reports received through social media channels should be handled in a manner that is consistent with reports received through all other communication pathways (e.g. call centers). Members should ensure that individuals involved in strategizing, executing and monitoring social media programs are appropriately trained on internal adverse reaction reporting procedures.

3.5 Internal Processes

CHP Canada's members should establish internal processes and rules in place that serve as a framework for all social media activities, including the following:

- A document that describes the kind of conversations or topics that are acceptable in order to avoid offensive or disrespectful content;
- Guidelines and policies for assessing and establishing social media channels including accountability, maintenance and monitoring processes as well as defining the responsibilities and skills of those involved in the program;
- Processes for training those involved in the social media activities;
- Guidelines covering all aspects of legal and regulatory requirements, in particular those provisions that pertain to adverse reaction reporting;
- Guidelines with response matrices, or protocols on how to respond to user-posted comments, similar to the response strategy in Figure 1. These guidelines should include how to correct misinformation, and establish an appropriate timeframe for responses; and,
- Guidelines on what external links are considered appropriate.

4.0 References

AESGP, Non-prescription medicines Social Media Guidance (2013)

ASMI, OTC & Complementary Medicines Industry Social Media Guidelines (2013)

http://www.asmi.com.au/documents/media-releases/ASMI%20Industry%20Social%20Media%20Guidelines_November%202013.pdf

CHP Canada, Code of Marketing Practices (2004) http://www.chpcanada.ca/sites/default/files/fil_158.pdf

CHP Canada, Compendium of Canadian Consumer Health Product Advertising Laws and Guidelines (2012) <http://www.chpcanada.ca/compendium/>

CHP Canada, Crisis Management Guidelines (2008)



CHP Canada, Trends Report, Consumers turning to online communities/ “social” media expecting to interact and demanding complete honesty, (2010)

CHP Canada, 2011-2013 Trends Report, Innovation (2011)

Health Canada, Reporting Adverse Reactions to Marketed Health Products (2011) http://www.hc-sc.gc.ca/dhp-mps/alt_formats/pdf/pubs/medeff/guide/2011-guidance-directrice_reporting-notification-eng.pdf

SMI, Social media crisis communications decision tree (2011)
<http://socialmediainfluence.com/2011/10/27/infographic-the-social-media-crisis-communications-decision-tree/>