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Drug companies are ignoring health crisis in poor countries

Adrian O'Dowd MARGATE

The drug industry is "burying its head in the sand" when dealing with health in developing countries and denying poorer people access to life saving drugs, a report claims this week.

A critical report by the international agency Oxfam says that the drug industry is refusing to change the way it does business in poor countries, despite promising that it would, and is undermining its own future.

Oxfam's report looks at the world's top 12 drug companies, including their drug pricing policies, their record in developing drugs that are relevant to health care in poor countries, and their stance on protecting intellectual property rights.

The report says that the industry shows various shortcomings, including:

- Failure to implement a systematic and transparent tiered pricing policy that is based on people's ability to pay
- Continuing to neglect research and development concerning diseases that affect developing countries, and
- Inflexibility in protecting intellectual property, which includes challenging poor countries in court to stop them using legal safeguards to protect public health.

Oxfam interviewed 12 companies in preparing the report: Abbott, AstraZeneca, Bristol-Myers Squibb, GlaxoSmithKline, Eli Lilly, Johnson & Johnson, Merck, Novartis, Pfizer, Roche, Sanofi-Aventis, and Wyeth.

In 2002 Oxfam, Save the Children, and Voluntary Service Overseas published *Beyond Philanthropy*, a report calling for the drug industry to contribute to solving the health crisis in developing countries. The new Oxfam report assesses what has changed since then and says that the industry has made only "halting progress" in some areas.

Oxfam's head of research, Sumi Dhanarajan, said, "The industry is operating in a shortsighted way, because it could gain enormous benefits from emerging markets … The industry is burying its head in the sand."

Investing for Life **is available at www.oxfam.org.uk.**

GERO BREILOER/DPA/PA

UN is attacked for "catatonic passivity" by former envoy

Zosia Kmietowicz LONDON

The former United Nations special envoy for AIDS in Africa has issued a scathing condemnation of UNAIDS (the joint UN and World Health Organization programme on HIV and AIDS) for its "catatonic passivity" in the face of the epidemic. He has also delivered a blistering criticism of the agency's latest report on prevalence.

Stephen Lewis (above), who worked for the UN for more than two decades, holding the post of special envoy between 2001 and 2006, attacked UNAIDS for "delaying and dithering" in producing revised figures on the prevalence of HIV and AIDS.

He said the resulting report, the *2007 AIDS Epidemic Update*, had served to divert the world's attention away from the "continuing apocalypse for sub-Saharan Africa" by focusing instead on the mathematical models and reasons for the adjusted figures.

The report, which was released last week (bmj.com, 24 Nov, News Extra), showed that UNAIDS had overestimated the scale of the epidemic in 2007 and that the number of people with HIV or AIDS was 33 million rather than the 40 million it had previously given.

UNAIDS was "stubborn and sloppy" in the way it had compiled the figures, said Mr Lewis, who is currently codirector of the campaigning group AIDS-Free World and professor of global heath at McMaster University, Hamilton, Ontario. For many years it had ignored calls from "knowledgeable epidemiologists" to revise the prevalence estimates, he said.

"It doesn't take a Nobel prize statistician to guess that prevalence rates based on urban antenatal clinics should not be extrapolated to the entire country and presented as holy writ," Mr Lewis said at a briefing in London ahead of world AIDS day on 1 December.

The slow response had undermined public confidence in the figures and led to "unnecessary levels of doubt, contention, and confusion," he said.

Mr Lewis accused UNAIDS and its 10 cosponsors, which include Unicef, WHO, and the World Bank, of passivity in the face of the HIV and AIDS epidemic.

"More than 25 years into the pandemic we have an epidemic update that is horrifying in its implications. Whether it's 40 million or 33 million, this plague continues to ravage humankind. I simply do not believe that the UN has done everything it can possibly do to turn the tide. And I don't mean the member states, I mean the secretariat," he said.

More than four in 10 women were not offered the choice of a home birth, report says

Zosia Kmietowicz LONDON

Pregnant women in England are not being offered the choice and care laid down in national guidelines, a survey of new mothers shows.

The survey, which was carried out by the Healthcare Commission, showed that women are generally fairly happy with maternity services. Overall the percentage of women who said that their care was excellent, very good, or good was 89% during pregnancy, 90% during labour and birth, and 80% after the birth.

But the commission said that in some areas the feedback from women was less positive and that there was wide variability in satisfaction between trusts.

More than four in 10 women were not offered the choice to have their baby at home, as recommended in guidelines from the National Institute for Health and Clinical Excellence (NICE). But while the percentage who were not given this option was as low as 8% in some trusts, in others it was 76%.

A similar proportion of women (36%) were not offered NHS antenatal classes, which the government said trusts should do in its national framework for children, young people, and maternity services. But again in some trusts this figure was 76%.

The survey, which was carried out in trusts in England and completed by 26 000 women who gave birth in January and February this year, also found that more than a quarter of women (26%) were left alone during labour or shortly after giving birth at a time that worried them. And more than half (57%) said that they had been lying down when giving birth or that stirrups had been used—practices that are discouraged in NICE guidelines.

Most women said they were treated with kindness and understanding, although at one trust 18% of respondents said this was not their experience.

In terms of aftercare more than 30% of women looked after in 21 trusts (of a total of 148) said they did not get enough food. Overall 22% of women said they would have liked to have seen a midwife more often after birth, and 19% said that the toilets and bathrooms at the hospital were "not very clean" or "not clean at all."

Anna Walker, chief executive of the commission, said, "Overall, women are clearly positive about maternity services. But the results do highlight specific areas of concern and wide variations with issues, including postnatal care, communication, food, and cleanliness.

"These results show us that many trusts provide very positive services for women. Trusts with less positive results need to learn from the good performers."

The commission is due to publish detailed results of its comprehensive review early next year.

Women's Experiences of Maternity Services in the NHS in England **is at www.healthcarecommission.org.uk**

OWEN FRANKEN/GETTY IMAGES

Nine out of ten women were satisfied with their care during labour

Reprogramming of skin cells to create embryonic stem cells

Geoff Watts LONDON

Last week's announcement that human embryonic stem cells have been successfully created by reprogramming skin cells (making them behave like embryonic stem cells) was welcomed by those scientists and others who had harboured ethical doubts about an enterprise that had previously depended on embryos.

But although stem cell scientists share this enthusiasm, they go on to point out that the new technique, in its current form, is potentially hazardous. This issue will have to be dealt with before reprogramming can be applied in clinical medicine.

At present the principal source of human embryonic stem cells is the pool of early embryos that are surplus to the requirements of women undergoing in vitro fertilisation.

Reprogramming dispenses with the need for embryonic material. It relies instead on making ordinary body cells return to an earlier developmental stage in which they regain the potentiality to give rise to any of the body's 200 or more different cell types. Two research groups, one American and one Japanese, have achieved this aim.

Proof that the technique is feasible came last year when Shinya Yamanaka of Kyoto University reported the successful reprogramming of mouse skin cells. His is one of the two research groups that have now repeated the same feat with human cells, using a broadly similar technique.

The second group was based in the laboratory of James Thomson, a developmental biologist at the University of Wisconsin-Madison.

Biologists have long believed that it should be possible to make any cell behave like an embryonic stem cell. The trick, it seems, is to add four genes to a somatic cell's existing complement of DNA. When switched on, these genes code for a set of proteins that prompt the cell to exhibit embryonic properties. Two of the selected genes were used by both research groups; the other two were different.

Both groups also used viruses to insert the new genes into the

CREADO FILM/BR/ARTE/THE KOBAL COLLECTION

Ulrich Mühe portrays a Stasi agent in East Germany in the film *The Lives of Others*

One in 20 East German doctors spied on patients or colleagues for the Stasi

Annette Tuffs HEIDELBERG

About 5% of doctors in the former East Germany spied on their colleagues or patients as unofficial members of the East German secret police (the Staatssicherheit or Stasi), a new report has shown.

The study, by the Hannah Arendt Institute for Research on Totalitarianism, Dresden, and commissioned by the German Medical Association and the German medical journal *Deutsches Ärzteblatt*, showed that the percentage of unofficial members of the Stasi among doctors was higher than in the East German population as a whole.

"Doctors were one of the main targets of the Stasi because they were thought to belong to a reactionary class and were thought to be especially interested in escaping to West Germany," said Francesca Weil, author of the study, at a press conference last week in Berlin.

The study looked at a representative sample of doctors who worked in East Germany and at 493 files in the central Stasi archive. Twenty one of the doctors who had acted as unofficial spies agreed to be interviewed.

Of those doctors who were unofficial spies, about a quarter passed on information not only about colleagues but also about their patients' health and private lives. Psychiatrists and sports medicine experts were the most common specialists among the unofficial spies, and a third of them held a leading position in a hospital.

Reasons for spying varied. Some doctors were trying to advance their career or were afraid that their careers would suffer if they did not participate; others were committed socialists; and another group liked the economic advantages.

***Zielgruppe Ärzteschaft* is available at www.hait.tu-dresden.de/ext/details.asp?reihe=2&nr=152.**

Diabetes expert accuses drug company of "intimidation"

Bob Burton CANBERRA

The former chairman of research and development at GlaxoSmithKline (GSK), Tadataka Yamada, has been asked by a US Senate committee to explain his role in what it describes as the "intimidation" of John Buse, a professor of medicine at the University of North Carolina.

In 1999 Dr Buse raised questions about the cardiovascular safety of the diabetes drug rosiglitazone, which is marketed as Avandia (*BMJ* 2007;334:1237). He was speaking at a symposium organised by the American Diabetes Association.

A report by the Senate Finance Committee staff has shown that a company official emailed Dr Yamada proposing that a "firm letter" be written to Dr Buse containing a warning that "the punishment will be that we will complain up his academic line and to the CME [continuing medical education] granting bodies that accredit his activities."

In response Dr Yamada wrote: "I think there are two courses of action. One is to sue him for knowingly defaming our product even after we have set him straight as to the facts—the other is to launch a well planned offensive on behalf of Avandia." The report also says that Dr Yamada telephoned the chairman of Dr Buse's department, Fred Sparling.

In a media statement issued after the release of the report the company defended its actions but conceded that "perhaps we could have handled interactions with Dr Buse better."

Tabling the report, the Republican senator Charles Grassley, of Iowa, expressed concern that the case may indicate a wider problem and invited any medical researchers who had been threatened by a drug company to contact his office. In an email to the *BMJ* Dr Buse explained, "Not even I was aware of the scope of the attention that I had garnered at SKB [as GSK then was]. I am concerned that Senator Grassley may be correct." Dr Yamada was unavailable for comment.

The US Food and Drug Administration has recently upgraded the "black box" warning for rosiglitazone.

The committee's report is at http://finance.senate.gov/press/Bpress/2007press/prb111507a.pdf.

is potentially hazardous in current form

cells being reprogrammed. As Cambridge University developmental biologist Azim Surani points out, it is this feature of the technique that makes it currently unsuitable for clinical application. "For example, the insertion of viruses can cause mutations," he says.

A safer method of introducing the genes will need to be developed. Precisely how is not yet clear; but researchers seem to have little doubt that it will be done.

Although some critics of the use of human embryos have seen successful reprogramming as ushering in an immediate end to work on embryonic material, they are likely to be disappointed. "This is still a very new technique," said Professor Surani. "We need time to assess its full potential. And we need embryonic stem cells made from embryos to compare with reprogrammed cells. We need to be sure they really are identical." He's not hazarding a guess as to how long it will take to solve this or the virus problem.

In the meantime a number of questions remain to be answered. Will reprogrammed cells behave like true embryonic stem cells when efforts are made to direct their development into specific tissue types? Preliminary efforts to tackle this question are encouraging. Professor Yamanaka's group, for example, has already reported preliminary evidence of differentiation.

IN BRIEF

US health costs face major increase: The Congressional Budget Office said that federal spending on the Medicare health insurance programme for elderly people and on Medicaid for poor people will rise, within 75 years, to 19% of the gross domestic product (GDP) from the current 4%. Total US spending on health care will rise from the current 16% of GDP to 49%. The problem is not an ageing population, the office said, but greater health costs per person.

Israeli doctors back bill that would postpone treatment for violent patients: A parliamentary bill backed by the Israel Medical Association would allow Israeli hospitals to refuse medical treatment for up to six months to patients who have attacked medical staff. Three quarters of emergency room staff have witnessed physical or verbal violence in the past year.

Hospital food and cleanliness are improving in England: The latest figures from the National Patient Safety Agency show that 99.5% of hospitals in England were rated as "acceptable" or better for the food they provide and 98% were similarly rated for their patient environment, which includes cleanliness. The results show a steady improvement over the last three years.

Rift Valley fever spreads in Sudan: Cases in humans of Rift Valley fever continue to occur in Sudan, with more than 221 cases reported in the past two weeks. By 21 November a total of 436 cases of the disease, including 161 deaths, have been reported from White Nile, Sennar, and Gazeera states.

New body approves 40 UK trials units: Forty clinical trials units in the UK have been approved for registration with the new UK Clinical Research Collaboration (for a list see www.ukcrn.org.uk). To be registered, units have to show they have the expertise to conduct trials in line with appropriate standards and regulations or that they are working towards these.

UK steps up measures against flu pandemic: The UK government has increased its flu treatment and protection strategies in a new plan to increase preparedness against a possible pandemic. The new measures include doubling the stock of antivirals to cover at least 50% of the population and buying 14.7 million courses of antibiotics to cover people at risk. The national framework is available at www.dh.gov.uk.

Targeted screening for glaucoma may be cost effective

Susan Mayor LONDON

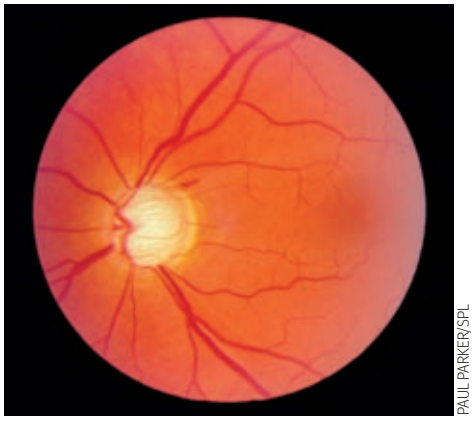
Targeted screening of particular groups for open angle glaucoma would be more cost effective than testing the general population, a UK modelling study concludes.

The study compared different strategies for screening for open angle glaucoma (the commonest type of glaucoma, which is the leading cause of irreversible blindness) by reviewing the existing research evidence for effectiveness and cost effectiveness.

One strategy was for a glaucoma screening technician to measure intraocular pressure and then do a second test from a range of possible tests to screen people considered to be at risk of open angle glaucoma. The United Kingdom doesn't currently have glaucoma screening technicians, but the researchers assumed that staff could be trained and accredited in a similar way to retinal screening technicians who screen for diabetic retinopathy.

A second potential strategy—which costs more—involved patients at high risk being invited to be assessed by a glaucoma optometrist.

Positive results of screening in either strategy would result in the patient being referred for diagnosis by an ophthalmologist, as occurs currently.



PAUL PARKER/SPL

Testing by a technician was more cost effective than other methods

The researchers, who were asked to carry out the study by the National Institute for Health Research as part of its health technology assessment programme, used figures on costs and effectiveness from systematic reviews of the literature to model the two new potential screening strategies.

Their results show that initial testing of high risk people by a technician was more cost effective than patients being seen by a glaucoma optometrist straight away. Both strategies were more cost effective than screening the general population.

The Clinical Effectiveness and Cost-effectiveness of Screening for Open Angle Glaucoma: A Systematic Review and Economic Evaluation is at www.hta.ac.uk/project/1446.asp.

Constraints on use of patients' data are

Clare Dyer BMJ

Bodies that oversee medical research are harming public health by imposing constraints on the use of patients' data that go further than the law demands, doctors were told at a meeting last week organised by the cardiothoracic section of the Royal Society of Medicine.

Charles Warlow, professor of medical neurology at Edinburgh University, quoted David Smith, deputy information commissioner at the UK Information Commissioner's Office, as saying that the Data Protection Act did not necessarily require consent for the use of health information in medical research. Mr Smith had also approved comments by the medical law expert Philip Havers QC that "researchers should be bolder," Professor Warlow said.

Mr Havers had said at a symposium in 2006: "The courts are likely to be highly receptive to arguments that the law justifies breaches of confidence and privacy with regard to secondary data research, provided [that] the infringements are no more than is necessary."

The success of such arguments, Mr Havers added, would depend on demonstrating the strength of the public interest in using the data and "that it was simply not practicable to obtain the consent of the patient or to provide the patient with information about the research."

Yet guidance from the General Medical Council and the NHS on confidentiality was much more stringent, Professor Warlow told participants at the meeting, which was entitled "The doctor under fire."

Excluding people from research who did not consent introduced consent bias, he said. The Scottish intracranial malformation study was one opportunity to study the effects of

Less than half of men invited for screening for bowel cancer take up the offer, project shows

Roger Dobson ABERGAVENNY

A pilot project to test the acceptability of screening people for bowel cancer has shown a low uptake, with less than half of the men who were invited to take part doing so.

Uptake was also low in deprived areas and in some ethnic groups, says the report on the second round of the UK colorectal cancer screening pilot (*British Journal of Cancer* doi: 10.1038/sj.bjc.6604089).

The first round of the pilot took place in 2000-3 in two sites, one in England and one in Scotland (*BMJ* 2004;329:133). Of those who were invited to take part in the second round 84% had taken part in the first.

The report also warns that screening will significantly increase the need for services, especially endoscopy.

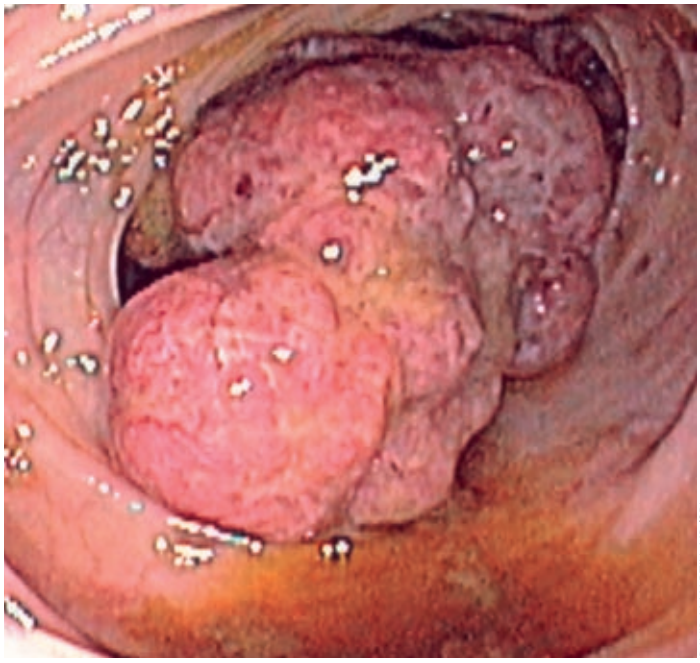
The bowel cancer screening programme is being rolled out across the United Kingdom and is expected to be fully in place by 2009. The aim of the pilot scheme was to assess the feasibility of introducing screening that is based on faecal occult blood testing.

The authors of the new report, from Edinburgh University, the Institute of Cancer Research, Sutton, and other centres, looked at the second round of the pilot, which took place only at the English site.

A total of 127 746 men and women aged 50-69 years were invited to participate, of whom 66 264 (52%) returned an adequate test kit. Uptake in the first round was 59%. A total of 1171 people had a positive test result, of whom 970 attended for colonoscopy.

Uptake in men (48% of those invited) was lower than in women (56%) (adjusted odds ratio 1.42 (95% confidence interval 1.36 to 1.48)). Uptake, however, increased with age, from 46% in men and women aged under 55 to 59% in those aged 65-9.

Uptake also fell as level of deprivation increased, from 61% among participants in the wealthiest areas to 37% among those in the poorest, and was also lower in areas with a high proportion of people of Indian subcontinental origin.



DAVID M MARTIN, MD/SPL

Polyps that have turned cancerous in a 64 year old man

harming research

such bias, he added. These researchers were not able to get consent from all patients but had approval from the multicentre research ethics committee to collect baseline and follow-up data on the whole cohort from GPs' and hospital records. The study showed that consenters were systematically different from those who hadn't consented.

Richard Smith, a former editor of the *BMJ*, called for better protection for doctors who blow the whistle on research misconduct. Dr Smith said he had reported researchers for misconduct possibly 20 times a year when he was an editor. "Often my experience was miserable," he said.

In one case he had rung the district general hospital that employed the doctor, to be told that he was already suspended for clinical reasons and that the hospital would investigate the *BMJ*'s complaint if the journal paid for it.

EU residents may be able to travel to any member state for care

Deborah Cohen BMJ

European Union residents will be able to travel to any of the 27 member states for non-emergency health care if new European Commission proposals are adopted.

A draft copy of the proposals seen by the *BMJ* attempts to set down legislation on patient mobility after the European Court of Justice ruled that health care should be part of a European free market.

Under the plans, which are expected to be published next week, patients should be able to receive health care similar to what they would be entitled to in their home country, with the costs covered up to "at least" the price of the similar care in their own country. However, member states will have to decide what the cost of treatment entails and whether, for example, it would include accommodation, food, and travel.

Although the proposals do not supersede earlier regulations—which allow local health authorities to sanction and pay for patients to travel abroad for prearranged treatment—the proposals say that anyone living in the EU should be able to travel to another member state for health care, whatever the reason, if it is deemed clinically appropriate.

Member states will still, however, be able to impose certain conditions identical to those that apply at the local level, such as the requirement to see a GP before a specialist.

Although the plans say that patients should not be given drugs or treatments that their own state system does not fund, sources within the Department of Health in England are worried that patients will use the directive to challenge availability of different treatments across the country.

A Community Framework for Safe, High-Quality and Efficient Cross-Border Healthcare **will be available at http://europa.eu.**

A third of people in UK with HIV don't know they are infected

Andrew Cole LONDON

Around a third of the estimated 73 000 adults in the United Kingdom who now have HIV remain unaware of their infection, despite a big increase in the number of people being tested, the latest figures from the Health Protection Agency indicate.

The agency's annual report on HIV and other sexually transmitted diseases shows that the number of new infections of HIV fell a little last year, from 7900 in 2005 to an estimated 7800. But the incidence among gay men continues to rise, with 2700 new cases reported in 2006—nearly two thirds of all HIV infections thought to have been acquired in the UK.

The incidence of other sexual infections among gay men has also risen sharply in the last five years, especially syphilis (up by 117%), chlamydia (97%), gonorrhoea (25%), non-specific urethritis (24%), and genital warts (21%).

Almost half of all new diagnoses of HIV in the UK were among black Africans, many of whom are thought to have contracted the disease outside the country, and 3.2% were among black Caribbeans. The percentage of people infected with HIV is much higher in these groups than in the white population: an estimated 4% of black Africans and 0.3% of black Caribbeans are infected, whereas the percentage of white people infected is 0.08%.

The latest figures also show a sharp fall in the number of deaths from the disease, from 749 in 1997 to 497 last year, with the biggest decrease in mortality occurring in the oldest age groups.

The report notes that more people than ever before are being tested for HIV and other sexually transmitted diseases and that waiting times to be seen at genitourinary clinics have shortened significantly. Despite this it estimates that a quarter of heterosexual people infected with HIV and almost half of gay men with it leave clinics unaware they are infected, having visited for other reasons or declined the test.

■ The government's Independent Advisory Group on Sexual Health and HIV is calling on GPs to improve their contraceptive services as well as increasing screening for HIV.

Testing Times: HIV and Other Sexually Transmitted Infections in the United Kingdom, 2007 **is available at www.hpa.org.uk.**

UN conference on climate change will

SVEN TORFINN/PANOS

Combating the health problems of climate change "must not be at the expense of … tackling existing challenges such as the high burden of disease in Africa"

Research into causes of disease needs to be more rigorous

Susan Mayor LONDON

Researchers and policy makers should make greater use of observational studies to identify environmental and lifestyle causes of disease, a report by leading UK scientists recommended this week. But the design of studies needs to be improved for a better understanding of causal pathways, it says.

The study assessed evidence on the use and interpretation of research in the field, reviewed the literature, and held workshops involving a wide range of stakeholders. "The evidence is clear cut," the report says. "Environmental influences are both strong and important in the causal processes leading to most common diseases. Nevertheless, the knowledge on the specifics of environmental influences, and of the biological pathways through which they exert their causal effects, is decidedly limited."

The authors, a working group from the Academy of Medical Sciences (an independent group of medical scientists from hospitals, academia, industry, and the public service), warned, "Scarcely a day goes by without some new report of a study claiming to have discovered a new important environmental cause of disease.

"The problem is that few of these findings are confirmed by subsequent research, and, occasionally, new studies even find the opposite. If many of these causal claims turn out to be mistaken, how should we decide what to believe and when to take action?"

Too much emphasis has been given to trying to identify the "single basic cause" of disease, the report says. The working group considered that this type of research was not responding to the right question, as most common diseases involve several environmental and genetic causes.

Instead, researchers should be asking whether a specific environmental factor has a true causal effect that contributes to the development of a disease, so that the disease would be less prevalent if that factor were absent.

The authors gave examples of non-experimental research studies that had made misleading claims about causes, including the findings that caffeine consumption during pregnancy increased the risk of low weight babies.

The working group says that priority should be given to high quality research designs that could help identify the environmental components of the causal pathways that lead to disease. This type of observational research can make an important contribution to formulating public health policy and treatment of individual patients, the report concludes. However, policy makers must assess the strength and reliability of evidence before using it to develop public policy.

Identifying the Environmental Causes of Disease: How Should We Decide What to Believe and When to Take Action? **is available at www.acmedsci.ac.uk/publications.**

test countries' commitment to public health

Rory Watson BRUSSELS

The 11 day United Nations conference on climate change opening in Bali on 3 December will shed new light on the degree of importance that policy makers attach to public health as they seek ways to mitigate the gradual increase in the world's temperature and prepare for the consequences.

The final part (a synthesis) of the fourth assessment report of the UN Intergovernmental Panel on Climate Change (IPCC) confirms that the trend towards global warming can no longer be questioned.

"Warming of the climate system is unequivocal, as is now evident from observations of increases in global average air and ocean temperatures, widespread melting of snow and ice, and rising global average sea level," notes the synthesis, which was released on 17 November (see www.ipcc.ch).

The chapter devoted to health issues confirms that humans are being directly exposed to climate change through new weather patterns and indirectly through alterations in water, air, and food quality and evolving ecosystems. Emerging evidence points to changes in the distribution of some vectors of infectious disease and in the seasonal distribution of some allergenic pollen species.

More specifically, the report predicts with a high degree of confidence that there will be more deaths, disease, and injury from heatwaves, floods, storms, fires, and drought, and greater malnutrition.

The World Health Organization, which produced its first report on climate change and public health 17 years ago, is looking for a strong signal at Bali that the potential effects of extreme weather conditions on humans and health systems will receive greater attention than in the past.

Diarmid Campbell-Lendrum, a senior scientist in WHO's public health and environment department, said, "WHO would like to see a strong commitment to the need for health protection from climate change, since it will involve additional health risks and extra costs on health services. But this commitment must not be at the expense of continuing our unfinished agenda of tackling existing challenges such as the high burden of disease in Africa."

Cocaine use rises in Europe while popularity of cannabis reaches a plateau or is falling

Rory Watson BRUSSELS

Cocaine consumption in Europe is continuing to rise, despite evidence that overall drug use throughout the continent is beginning to stabilise.

The latest annual report from the Lisbon based European Monitoring Centre for Drugs and Drug Addiction, giving data for 2005, says that an estimated 4.5 million Europeans between the ages of 15 and 64 years had taken cocaine in the previous 12 months, whereas the number in 2004 was 3.5 million.

The percentage of cocaine users ranged from 0.1% of the population in Greece to 2% in Italy and the United Kingdom and 3% in Spain. However, the report warns that national averages do not reflect behaviour among young people, mainly males, in urban areas.

It estimates that in 2005 around 13% of people in the UK aged 16 to 29 years who often visit pubs or wine bars used cocaine in the previous 12 months, whereas the percentage among less frequent visitors was 3.7%.

The effect of cocaine use—now the second most widely used illicit drug, after cannabis and ahead of ecstasy and amphetamines—is increasingly being felt in health systems. Almost a quarter (22%) of all new demands for drug treatment in Europe in 2005 were related to cocaine, and the numbers involved (33 027) were nearly three times the numbers seeking treatment in 1999 (12 633).

Cannabis use shows a different trend. Although in 2005 about 23 million adults in the EU reported having tried the drug in the previous 12 months, the indications are that its popularity has reached a plateau or is even falling. Recent data indicate that the percentage of people using it is falling in countries with traditionally high cannabis use, such as Spain, France, the UK, Germany, and the Czech Republic.

Among 16 to 24 year olds in the UK cannabis use fell from 28% in 1998 to 21% in 2005, suggesting that the drug has become less popular among this age group.

SALVADOR SAS/AP/PA

Police arrest a suspect in Spain, where cocaine use is highest in Europe

However, around three million people (equivalent to 1% of European adults) are thought to take the drug on an almost daily basis.

The report notes that the number of drug related deaths is at an all time high, in marked contrast to the downward trend seen from 2001 to 2003. In 2005 the number of drug related deaths in the 27 EU countries and Norway was between 7000 and 8000. The deaths were mainly associated with opioid use. Marked rises in the number of deaths were seen in Ireland, Greece, Portugal, Finland, and Norway.

The annual report of the European Monitoring Centre for Drugs and Drug Addiction is at www.emcdda.europa.eu/events/2007/annualreport.cfm.