

classification as a Schedule III substance “would reduce barriers to research and increase availability of cannabinoid drugs to patients who have failed to respond to other treatments,” the college says in a position paper ([www.acponline.org](http://www.acponline.org)). The college also urges that physicians who prescribe or dispense medicinal marijuana under state law (some 12 now allow its use) should be exempt from prosecution or sanction.

**Down to 2:** Over the course of leading his Progressive Conservative party to a record 11th consecutive majority, Alberta Premier Ed Stelmach vowed to phase out health care premiums over 4 years. Albertans now annually shell out \$538 per individual or \$1056 per family. Only the provinces of Alberta, Ontario and British Columbia collect health care premiums in Canada.

**Medical fugitives:** Nearly 9% of physicians, nurses and ancillary health care staff working in the United States have invalid licenses or questionable credentials, according to an assessment ([www.medversant.com](http://www.medversant.com)) of the professional licensing practices of 24 health care organizations conducted by Medversant Technologies LLC, a provider of Web-based management programs. That percentage soared to 11.33% among the 7318 physicians reviewed. Of those, 99 practise without a license or after having had to surrender their licenses, 419 have expired licenses and 311 practise under “questionable” conditions such as probation or having lost hospital privileges.

**Failing grades:** Nova Scotia Auditor-General Jacques Lapointe says the province’s Department of Health Protection response to its recent mumps outbreak (some 777 cases) was “less than timely.” The department was criticized for, among other things, its lack of protocols for vaccine storage, its failure to ensure that vaccines were maintained at suitable temperatures during transportation and waiting 2 months before beginning to immunize health care workers. — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.080366

## FOR THE RECORD

### Cochrane Network launches \$500 000 access petition

**H**oping to persuade the federal government to pony up over \$500 000 per year to purchase a national license to access the Cochrane Library, the Canadian Cochrane Network and Centre has launched an online petition urging Ottawa to open its vaults for a “Canadian subscription” that would provide “free access to this wealth of independently produced health information for all citizens of Canada.”

The petition, accessible at [www.ccnc.cochrane.org](http://www.ccnc.cochrane.org), has already been signed by 2000 Canadians and will be available online until May 8, 2008. It will be submitted to the government, likely in the form of a request for a special cabinet appropriation, says Cheryl Arratoon, knowledge broker at the Canadian Cochrane Network and Centre. The Cochrane Library is currently provided free to many of the world’s poorest countries but 13 developed nations, including Australia, England, Norway and Spain have purchased national subscriptions that allow their citizens to access the full texts of its systematic reviews, instead of just abstracts.

Christopher Adlparvar, communications manager of the University of British Columbia’s Therapeutics Initiative, says public interest in accurate health information justifies the outlay.

Petition organizers argue the annual \$500 000 national license fee is a pittance per Canadian — 1.5 cents per person per year. A national license, though, would not directly impact the Canadian capacity to conduct reviews, as all licensing revenues are funnelled to Oxford, England-based publisher The Cochrane Collaboration. Provincial governments and other Canadian institutions now collectively pay roughly \$250 000 per year in Cochrane fees, Arratoon says.

According to its 2006/07 financial summary of the Canadian Cochrane Network and Centre, the nonprofit organization garnered a total of \$653 348 in revenues, including \$483 666 in contributions from the Canadian Institutes of Health Research (part of a 5 year grant that expires in 2010) and the Canadian Agency for Drugs and Technologies in Health, \$11 000 in donations and \$1983 in workshop fees. The remaining \$156 789 was comprised of reserves or previous year carry-overs. — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.080365

### Academic athletes

**T**he British Medical Association is worried that healthy people are increasingly using brain boosting prescription drugs. The Association’s medical ethics committee argues that greater use of cognitive enhancements demands that society consider the issue of whether and how to regulate drugs aimed at healthy people. The committee warns widespread, illicit use of brain boosters like modafinil and methylphenidate in the UK is “both imminent and inevitable.”

Modafinil is prescribed to treat narcolepsy, but the stimulant has proven attractive to truckers, athletes, poker players, and students looking to increase their alertness. Methylphenidate (Ritalin), dubbed “Vitamin R” by students, is used without a prescription by more than 16% of students on some campuses according to the *Journal of American College Health*. A projected 90% of methylphenidate is consumed in the United States. Britain ranks second in consumption, followed by Canada. — Ben Magnus, Ottawa, Ont.

