

Natural health products get own directorate at Health Canada

During a recent shake-up at Health Canada (see page 80), the federal department's Office of Natural Health Products was upgraded to a full directorate within the newly minted Health Products and Food Branch. Although the office is small change in the greater scheme of things — its \$10-million budget is a tiny fraction of the more than \$2 billion the department spends every year — its enhanced status reflects Canadians' increasing demand for accurate information about herbal remedies and dietary supplements. The new office was announced by Health Minister Allan Rock in March 1999 (see *CMAJ* 160[9];1999:1355-7).

The bad news is that it will be a while before the office gets rolling. Dr. Norman Viner, the acting director of research, said the office's biggest challenge will be to define health products. "So far, we have only defined them as not including foods, pharmaceuticals and bulk herbs. We haven't been able to settle what they are. And we know that whatever we come up with will be challenged by the Department of Justice."

At the moment, there are no clear categories. Orange juice that has added calcium is considered both a food and a drug by Health Canada. Likewise, vitamin E can be categorized as a food, a drug or a health product, depending on how it is marketed.

Manufacturers are keen to pursue the licensing of their manufacturing facilities, said Viner, because they could use this as a marketing tool, but "they are not so keen" on the use of product licences.

Consistent application of standards will also cause problems. At the moment, for example, there are 4 St. John's wort products on the market that have Drug Identification Numbers and 8 more that do not.

Good research will be key, says Viner. He admitted that the field has become so vast so quickly that, at least at the start, the office "will rely on policing by complaint."

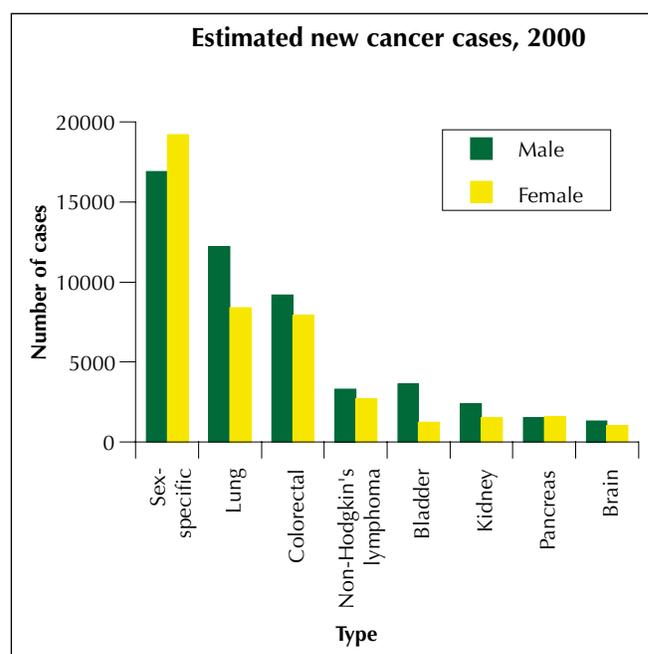
Canada is the first country to launch a systematic evaluation of all natural health products, and other countries are already watching with interest how far a government can go in trying to apply rigorous science to an undisciplined marketplace. "A lot of science needs to be unravelled as we deal with these products," comments Viner. "We're going to need a lot of people to help us — and Health Canada is in a hiring mode."

The executive director of the new office is Phillip Waddington, a 1996 graduate of the Canadian College of Naturopathic Medicine. — *Charlotte Gray, Ottawa*

Pulse

Aging population means more cancer cases

The Canadian Cancer Society has used *Canadian Cancer Statistics 2000*, a report prepared in conjunction with Health Canada and the National Cancer Institute of Canada, to estimate that there will be 132 000 new cases of cancer and 65 000 cancer-related deaths in Canada this year.



Males will account for 51.4% of new cases of cancer in 2000 and for 53.2% of cancer-related deaths. Among men, prostate cancer is responsible for 24.9% of new cancer cases and 6.5% of deaths; among women, breast cancer accounts for 29.9% of new cases and 18.1% of cancer-related deaths. Lung cancer is the second most frequently occurring cancer for both men (18%) and women (13.1%). New cases of colorectal cancer will strike men and women almost equally (13.5% versus 12.3%). Age-standardized rates for new cancer cases have remained relatively stable for the past 30 years, but the number of new cases has grown steadily (from 51 000 in 1971) because of aging of the population.

Cancer was the leading cause of potential years of life lost (PYLL) in 1997, representing 29.3% of PYLL from all causes. Lung cancer accounts for 26.1% of cancer-related PYLL, breast cancer for 10.6%, and colorectal cancer for 9.4%. Although prostate cancer is the most frequently occurring cancer in males, it accounts for only 3.7% of all cancer-related PYLL. All data from the 2000 report are available at www.cancer.ca/stats2000/main.htm. — *Shelley Martin, martins@cma.ca*