

report of the Expert Advisory Committee on Supervised Injection Site Research, although it also notes that the mathematical model used to derive that ratio may be flawed because it uses unsubstantiated estimates of the frequency of needle sharing between HIV positive and HIV negative injection drug users.

Based on information that InSite staff intervened in 336 overdose events between March 2004 and April 2005 and that no overdose actually occurred at the facility, the report also states that InSite “saves about 1 death by drug overdose each year.” But it warns that such a conclusion is “based on assumptions that may not be valid.”

The report also states there’s no evidence that InSite — which since 2003 has provided intravenous drug users with clean needles to inject heroin and cocaine under supervision — “influences rates of drug use in the community or increase relapse rates among injection drug users.” Nor is there any compelling evidence that such facilities affect rates of blood-borne diseases or injection related infections. The report states InSite made over 4000 referrals during a 2-year period and although there is no data on uptake, it may have contributed to increased use of detoxification services and increased engagement in treatment.

Authors found that between 2.6%–4.9% of all injections in Vancouver’s troubled, downtown eastside neighbourhood occurred at InSite, which has an annual operating budget of \$3 million. The average cost per visit was \$14, with the 500 most frequent users visiting 400 times (for an average cost per person of \$13 100). For all visitors since the facility opened, the average cost per person is \$1380.

Over 8000 people visited InSite through August 2007, but 1506 of them account for 86% of all visits. A pair of surveys of 1000 facility users indicated that 51% inject heroin, while 87% are infected with the Hepatitis C virus and 17% with HIV.

A survey of users indicated that they believe the site mediates overdose risks. “In particular the SIS [Safe Injection Site] addresses many of the unique contextual risks associated with injection in

public spaces, including the need to rush injections due to fear of arrest.”

The report, available at www.hc-sc.gc.ca, is now under review by Clement, who has in the past expressed doubts about the efficacy of safe injection sites as a means of preventing drug addiction (*CMAJ* 2007;177[6]:559).

While Clement studies the report and his options, a pair of InSite-related lawsuits are now before the British Columbia Supreme Court. One challenges the federal government’s jurisdiction over a provincially funded facility, while the other charges that closure of the facility would violate a Canadian Charter of Rights and Freedoms right to “security of the person.” British Columbia Health Minister George Abbott has repeatedly indicated that the province supports the site and would like it to remain open. — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.080614

Also in the news

School plans: York University has hired former University of Ottawa dean of medicine Dr. Peter Walker to craft a comprehensive strategy and business plan to establish a new medical school on its campus. York hopes to establish a 100-space medical school by 2012, at a projected cost of \$150 million. The province of Ontario has committed itself to financing an additional 100 spaces in medical schools but has not indicated whether that additional support will be distributed among existing institutions or concentrated on 1 campus.

Declared dangerous: Health Canada has proposed to ban the importation, sale and advertising of polycarbonate baby bottles which contain bisphenol A. Health Minister Tony Clement also proposes to introduce “stringent” migration targets for bisphenol A in infant formula cans. The proposals, which are now subject to a 60-day public consultation process, follow from a risk assessment which found that the synthetic chemical may be a potentially toxic substance, particularly for newborns and infants up to 18 months of age.

MRSA rates: An estimated 2300 Canadians lost their lives in 2006 because they were infected with the superbug methicillin-resistant *Staphylococcus aureus* in hospitals, while a projected 11 700 Canadians were newly infected by the bacteria after a visit to a hospital, according to the Canadian Nosocomial Infection Surveillance Program. The extrapolations are based on infection rates at 49 “sentinel” hospitals from 9 provinces that participate in the program and are believed to be a representative mix of all Canadian hospitals. Program officials say the rate of community acquired MRSA has doubled in Canada over the last 5 years. The overall incidence rate for infected and colonized patients was pegged at 8.04 per 1000 admitted patients in 2006.



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The rate of community-acquired, methicillin-resistant *Staphylococcus aureus* infection has doubled in Canada over the last 5 years.

Changing attitudes: Some 59% of 2000 surveyed American doctors say they support a national health insurance plan, an increase of 10% from an identical survey conducted in 2002. The percentage of physicians who opposed such a plan declined to 32% from 40% over the same period, according to the study, conducted by the Indiana University School of Medicine (*Ann Intern Med* 2008;148:566-7). The survey found that 83% of psychiatrists, 69% of emergency specialists, 65% of pediatricians, 64% of internists, 60% of family physicians and 55% of general surgeons favor a national health insurance plan.

Evidence lacking: The long-held notion that people should drink 8 glasses of 8 ounces of water per day lacks justification, according to a review of published clinical studies undertaken by University of Pennsylvania physicians Dr. Dan Negoianu and Dr. Stanley Goldfarb (published online at <http://jasn.asnjournals.org>). The doctors say their review indicates no evidence to either support or dispel the merits of the 8 × 8 proposition.

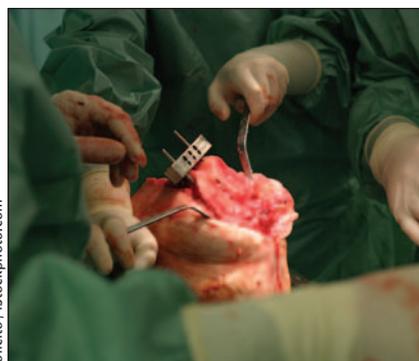
New direction: With the current crop of AIDS vaccines proving entirely ineffective in clinical trials, if not likely to increase the risk of becoming infected with HIV, the head of the US National Institutes of Health's National Institute of Allergy and Infectious Diseases warned roughly 300 vaccine researchers attending a 1-day National Institutes of Health AIDS Vaccine Summit that an overhaul of the agency's US\$497 million outlay on HIV vaccine research is in order. It's expected the future emphasis of agency-funded research will be placed on basic research about the immune system, animal models and innovative vaccine concepts.

Fee-for-service: Payments to physicians for clinical services rose 39.4% over 5 years to \$14 billion in 2005/06, according to the Canadian Institute of Health Information's new fee-for-service utilization report. Fee-for-service payments rose 24.4% to \$10.2 billion, while alternative modes of payments such as salaries and contracts more than doubled to over \$3 billion. Family physicians collected \$4.9 billion for roughly 161 million services, while specialists collected \$5.3 billion for roughly 87 million services.

Fatality rates: The 50-member Australian Health Care Reform Alliance, which includes 7 doctors' organizations, has proposed that the patient mortality rates for individual doctors, surgeons and other health workers be made publicly available as part of move towards more transparency in the country's public health system. The Alliance also says rates of hospital-ac-

quired infections, readmission rates, delays, referrals and compliance with clinical guidelines should also be disclosed to patients.

Joint relapse: One of every 7 patients who receives a knee or elective hip replacement in Canada is back in hospital within a year because of complications associated with the surgery, most typically loosening of the prosthesis, dislocation or infection (www.cihi.ca). Costs associated with the additional hospitalizations were pegged at \$45 million per year (not including Quebec).



A surgeon prepares to implant a new knee.

Fine dining: Upscale restaurants in San Francisco have taken to introducing a 3.5% service charge on all cheques to help cover their obligations under the city's new universal healthcare legislation, which requires that all medium-sized and large employers spend a minimum amount per hour on health care for their employees.

Private bills: Although rarely enacted, private members' bills can be a harbinger of government bills to come if a backbencher quietly builds political support for a pet belief. Among those working the rounds of the 39th session of Parliament is House of Commons Bill C-484, sponsored by Conservative Member of Parliament Ken Epp (Edmonton-Sherwood Park), which would make it a criminal offence to harm a fetus while committing an offence against the mother, like robbery. Critics fret the bill would open the door to fetal rights and eventually, recriminalize abortion. On the

Senate side, Liberal Senator Mac Harb has proposed in Bill S-221 that the government establish a national registry of medical devices containing the names and addresses of all Canadians who use implantable or prescribed home-use medical devices. The bill would require physicians who insert or supply such devices to immediately report a raft of data to Health Canada, including the practitioner's name, the serial number of the device "and any other information prescribed by the regulations."

Double-doctoring: New Brunswick Health Minister Mike Murphy has awarded \$1.3 million to private insurance and health products firm Medaview Blue Cross to develop a prescription drug monitoring program that would prevent patients from readily seeing more than 1 doctor to obtain prescriptions for narcotics such as oxycodone (Oxycontin) and hydromorphone (Dilaudid).

Basic plumbing: The World Health Organization/UNICEF Joint Monitoring Programme for Water Supply and Sanitation has issued a preliminary report indicating that 2.6 billion people worldwide, including 62% of Africans and an estimated 980 million children, did not have access to a toilet in their homes in 2004. "Nearly 40% of the world's population lack access to toilets, and the dignity and safety they provide," UNICEF Executive Director Anne Veneman stated in a release. "The absence of adequate sanitation has a serious impact on health and social development, especially for children."

Buying time: In a bid to attract more physicians to the territory, Yukon Community Services Minister Glenn Hart has proposed extending the period of time in which international medical graduates can receive temporary licenses to practise from 1 to 5 years so that they'll have adequate opportunity to update their certification and obtain a permanent licence. — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.080599