Briefly

Antipsychotics and newborns: Health Canada has followed the United State's lead and revised labelling requirements for a class of antipsychotic drugs to require that they include warnings about the potential risks of abnormal muscle movements and withdrawal symptoms in newborns whose mothers took the drugs during their pregnancies. "The abnormal muscle movements and withdrawal symptoms in newborns include agitation, abnormally increased or decreased muscle tone, tremors, sleepiness, severe difficulty breathing, and difficulty in feeding. These symptoms can vary in seriousness. In some newborns, the symptoms may go away within hours or days and not require specific treatment, while in others the symptoms may be more severe and require medical attention," Health Canada said in a press release that also specifies the drugs whose monographs must be modified (www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/_2011/2011_78-eng.php). The US Food and Drug Administration unveiled identical labeling requirements in February. — Wayne Kondro, *CMAJ*

Worldwide blood donations: The world's nations are inching toward blood self-sufficiency, the World Health Organization (WHO) says. The number of countries that obtained all their blood supplies from voluntary, unpaid donations increased to 62 in 2008 from 39 in 2002, Dr. Neelam Dhingra, coordinator of blood transfusion safety at the WHO said in a press release (www.who.int/mediacentre/news/releases/2011/bloodsafety_20110614/en/index.html). "WHO's goal is for all countries to obtain all blood supplies from voluntary unpaid donations by 2020," Dhingra said. Some 70 nations increased their unpaid blood donations by more than 10% between 2007 and 2008, led by India, which reported that donations rose to 4.6 million from 3.6 million. The WHO also said that among 100 countries providing data on blood donations by gender, 70% of all blood donations come from male donors, while only 25 countries collect more than 40% of their supplies from female donors. — Wayne Kondro, *CMAJ*

Drug testing for welfare: People seeking welfare benefits in the state of Florida will have to submit urine, blood or hair samples to be tested for the use of illicit substances, and pay for the testing, as a result of legislation that took effect July 1. The legislation, "An act relating to drug screening of potential and existing beneficiaries of Temporary Assistance for Needy Families," prohibits residents from receiving welfare benefits from the state for a six-month period if they test positive for an illegal drug (www.flsenate.gov/Session/Bill/2011/0353/BillText/er/PDF). They can subsequently reapply for benefits if they can "document successful completion of a substance abuse treatment program" that meets state criteria. A second positive test will result in a three-year prohibition on state assistance. If a welfare applicant tests negative, they will be reimbursed for the cost of the drug test on their first welfare cheque. — Wayne Kondro, *CMAJ*

Duty hours: The Royal College of Physicians and Surgeons of Canada says that it will seek to achieve a national consensus on "pan-Canadian duty hours standards" in the wake of a recent arbitration ruling in Quebec that 24-hour shifts for medical residents are a violation of the Canadian Charter of Rights and Freedoms. "Nationally, the issue of resident duty hours remains complex. A wide body of literature offers differing perspectives on resident duty hour restrictions and their impact on patient safety, health care costs and the well-being of all health care providers. Meanwhile, there is no unanimity regarding how to move forward on this issue. Various stakeholder groups, including governments, educators, hospital administrators, residents, and others, have a variety of perspectives on the challenges at hand, and how this issue should be solved," the college stated while announcing its plans, which include a national conference on the issue (http://rcpsc.medical.org/news/documents/duty_hours_communique_e.pdf). Canada and the United States are among the exceptions to an international trend toward substantially reduced resident work hours (www.cmaj.ca/lookup/doi/10.1503/cmaj.090772). — Wayne Kondro, *CMAJ*

Just average: Canada deserves just a "B" grade for the extent to which it has reduced wait times for treatment in five designated priority areas (cancer, heart, diagnostic imaging, joint replacement and sight restoration) targeted for reduction under the 2004 Health Accord, the Wait Times Alliance (WTA) says in its annual report card. The report, "Time out! Report Card on Wait Times in Canada June 2011," also notes that there has been an anemic government response to the alliance's release of wait-time benchmarks for psychiatry, emergency care, plastic surgery, gastroenterology, pain management (anesthesiology) and obstetrics and gynecology (www.waittimealliance.ca/media/2011reportcard/WTA2011-reportcard_e.pdf). "Governments are reporting on just over 10% of the important procedures selected by the WTA beyond the original five priority areas. Ontario, Alberta, Nova Scotia, British Columbia and Saskatchewan provide wait-time data on the greatest number of treatments. Those grades that could be assigned are very low in most instances, indicating that the waits for these important services fall outside of the WTA's maximum acceptable wait-time benchmarks." — Wayne Kondro, *CMAJ*

Licensed growers: Medicinal marijuana users will be prohibited from

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growing their own weed and will have to obtain the drug from licensed, commercial producers under a new national marijuana supply program unveiled by Federal Health Minister Leona Aglukkaq. "The core of the redesigned Program would be a new, simplified process in which Health Canada no longer receives applications from program participants. A new supply and distribution system for dried marihuana that relies on licensed commercial producers would be established. These licensed commercial producers, who would be inspected and audited by Health Canada so as to ensure that they comply with all applicable regulatory requirements, would be able to cultivate any strain(s) of marihuana they choose. Finally, the production of marihuana for medical purposes by individuals in homes and communities would be phased out," according to a consultation document unveiled by Agglukaq (www.hc-sc.gc.ca/dhp-mps/consultation/marihuana/_2011/program/consult-eng.php). "Our Government is very concerned that the current Marihuana Medical Access Program is open to abuse and exploitation by criminal elements," said Minister Aglukkaq. "That is why we are proposing improvements to the program that will reduce the risk of abuse and keep our children and communities safe, while significantly improving the way program participants access marihuana for medical purposes," Aglukkaq said in a press release (www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2011/2011_80-eng.php). — Wayne Kondro, *CMAJ*

Midwife shortage: Bolstering the number of midwives in low-income countries could help diminish the toll taken by preventable complications during pregnancy and early childhood, the World Health Organization (WHO) says. In its first *State of the World's Midwifery 2011: Delivering Health, Saving Lives* report, the WHO says that roughly 350 000 women die annually while pregnant or giving birth, 2 million newborns die within 24 hours of birth and 2.6 million babies are stillborn. In most countries there are not enough fully qualified midwives and others with midwifery competencies to manage the estimated number of pregnancies, the subsequent number of births, and the 15% of births that generally result in obstetric complications. WHO estimates that 38 countries have severe shortages. "A few countries will need more than a 10-fold increase in the number of midwives, with most needing to either double, triple or quadruple their midwifery workforce to improve quality and coverage. Second, coverage of emergency obstetric and newborn care facilities is low; and existing facilities are often insufficiently staffed and poorly equipped. This is most acute in rural and/or remote communities. Third, access issues from women's perspectives are often not addressed," states the report (www.unfpa.org/sowmy/resources/docs/main_report/en_SOWMR_Full.pdf). — Wayne Kondro, *CMAJ*

On the hustings: Prohibitions on the use of indoor tanning equipment by youths under age 18, a comprehensive strategy to combat contraband tobacco sales and clear labeling of household products containing carcinogens are among measures that the Canadian Cancer Society will press Ontario's political parties to adopt in the forthcoming provincial election campaign. Among other 2011 Election Policy Recommendations of the society is one to "make all cancer drugs — IV, oral and selfinjectable — available at no cost to cancer patients in Ontario" (www.cancer.ca/Ontario/How%20you%20can%20help/~/media/CCS/Ontario/Files%20List/English%20files%20heading/pdf%20not%20in%20publications%20section/Public%20Issues/2011%20Election%20Policy%20Recommendations%20--CCS.ashx). — Wayne Kondro, *CMAJ*

End of Google Health: Google is abandoning its online personal health records service after three years because it failed to attract enough users. The service, Google Health, allowed people to enter, update and edit their health and wellness information. Google had hoped putting individuals in control of their health data would have "a real impact on the day-to-day health experiences of millions of our users," according to the technology company's announcement of the closing of Google Health (http://googleblog.blogspot.com/2011/06/update-on-google-health-and-google.html). But the service was not widely adopted, attracting interest from some tech-savvy patients and fitness enthusiasts, though not enough to have a broad impact. Analysts noted that online consumer services that require people to enter large amounts of data rarely succeed, unless they offer entertainment or social networking. Google Health will close on Jan. 1, 2012, though users can still download their health data for an additional year. — Roger Collier, *CMAJ*

Falsified drugs crack down: The European Union Council and the European Parliament have approved new legislation to safeguard patients from falsified drugs. Falsified medicines are fake drugs being passed off as real medication (as opposed to counterfeit medicines, which are imitations of generic or brand-name products that have been deliberately mislabelled). The new directive includes safety and control measures to make it easier to identify falsified medicines before they reach patients and to carry out verifications and controls inside the European Union and at its borders. These measures include compulsory identifiers on the outer packaging of prescription medicines to gauge their authenticity, more stringent regulations for inspections and control of factories producing active pharmaceutical ingredients and more demanding record-keeping requirements for wholesale distributors (http://ec.europa.eu/health/human-use/quality/fake-medicines/index_en.htm). The directive also addresses online sales of medicines by mandating that a "trust mark" be featured on websites of legal pharmacies. Clicking on the "trust mark" will lead users to an official national register listing all legal pharmacies. Member states will continue to decide if and how medicines should be sold online, though the responsibility for gauging the authenticity of medicines will now shift to the European level. The production and trade of falsified medicines is a growing problem in the European Union. The number of medicines confiscated at its borders tripled between 2006 and 2009. — Tiago Villanueva, MD, Lisbon, Portugal

SIDS deaths spike: The British Columbia Coroners Service is urging parents to educate themselves on safe sleep practices for babies after witnessing a spike in sudden infant deaths in the province. There have been more sudden infant deaths in BC in the first half of 2011 than in all of 2010, the service reports (www2.news.gov.bc.ca/news_releases_2009-2013/2011PSSG0085-000824.pdf). Twenty-one sudden infant deaths occurred in BC between January and June of this year, compared with 16 in 2010. In each case, the infant was found unresponsive after having been put to sleep, either at night or for a nap. While the cause of sudden infant death remains unknown, certain sleep practices are known to increase risk to babies, such as placing them to sleep on their sides or stomach, on soft surfaces or in a bed shared by adults. Other risk factors include overheating and being exposed to cigarette smoke. Almost all the cases reviewed by the service included one or more of these risks. — Lauren Vogel, *CMAJ*

Colorectal cancer rates down: The number of adults in the United States dying from colorectal cancer has decreased and would drop even further if more people chose to get screened for the disease, according to a new report by the Centers for Disease Control and Prevention (CDC). In 2003, the colorectal cancer death rate was 19 per 100 000 people, dropping to 16.7 per 100 000 by 2007. The estimated medical cost of treating colorectal cancer in the US in 2010 was $14 billion, states the report (www.cdc.gov/vitalsigns/CancerScreening/index.html). Screening has also increased in recent years, though one in three people between ages 50 and 75 still aren't being screened. "Those who receive these life-saving screening tests can lead longer, healthier and more productive lives," CDC Director Dr. Thomas Frieden stated in a press release (www.cdc.gov/media/releases/2011/p0705_vitalsigns.html). "Saving our nation the health care costs associated with treating colon cancer is an additional benefit." — Roger Collier, *CMAJ*

US obesity rates growing: The obesity rates for adults in the United States increased in 16 states last year but did not decrease in any state, according to a new report from the Trust for America's Health and the Robert Wood Johnson Foundation (http://healthyamericans.org/assets/files/TFAH2011FasInFat10.pdf). Nine of the 10 states with the highest obesity rates are in the US south, while those in the northeast and west of the country have the lowest rates. The report states that, 20 years ago, no state had an obesity rate above 15%. Now, however, more than two of three states have rates above 25% and only one, Colorado, is below 20%. The states with the fastest growing obesity rates are Oklahoma, Alabama and Tennessee, while rates in Colorado, Connecticut and Washington, DC, are growing the slowest. "Today, the state with the lowest obesity rate would have had the highest rate in 1995," Jeff Levi, executive director of the Trust for America's Health, stated in a press release (http://healthyamericans.org/newsroom/releases/?releaseid=241). "There was a clear tipping point in our national weight gain over the last twenty years, and we can't afford to ignore the impact obesity has on our health and corresponding health care spending." — Roger Collier, *CMAJ*

Opioid crisis: The College of Physicians and Surgeons of Ontario is urging the province to expand its network of specialized pain clinics and establish a new drug information system to crack down on the inappropriate prescribing and illicit use of opioids. Prescription opioids are more likely to be found on the street than heroin and have become a drug of choice for teens, the college reports in *Avoiding Abuse, Achieving a Balance: Tackling the Opioid Public Health Crisis* (www.cpso.on.ca/uploadedFiles/policies/positions/Opioid%20report%20final.pdf). Among its 31 recommendations, the report proposes Ontario create a "coordinated, accessible system for the treatment of pain and addiction" that would include an expanded network of regulated pain clinics, as well as a drug information and monitoring system that would allow prescribers and dispensers of opioids to access complete medication profiles. — Lauren Vogel, *CMAJ*

"Liberation" death: It has recently come to light that a Canadian woman died in April after having the experimental multiple sclerosis therapy called "liberation" treatment, developed by Italian neurologist Dr. Paolo Zamboni, which involves opening blocked veins. Calgary, Alberta resident Maralyn Clarke, 56, received the treatment on April 13 at a clinic in California. Hours later she suffered a massive brain hemorrhage and was put on life support. On April 18, after doctors had determined Clarke had irreversible brain damage, she was taken off life support. Clarke is the second Canadian to die following the treatment, the first being an Ontario man who received it in Costa Rica last year and later died from blood clotting complications. On June 29, the Conservative government announced that it would begin funding clinical trials on liberation therapy. — Roger Collier, *CMAJ*

CMAJ 2011. DOI:10.1503/cmaj.109-3936

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