

## Mechanisms required to ensure research integrity

I read with great interest *CMAJ's* editorial of May 9: "The need for new mechanisms to ensure research integrity."<sup>1</sup>

The editorial officially reacts to the recent publication of the excellent report from the Council of Canadian Academies (CCA) entitled, *Honesty, Accountability and Trust: Fostering Research Integrity in Canada*. I am delighted that CCA has taken this initiative and I congratulate Professor Paul Davenport for his commendable leadership. He has convened a committee of competent experts who have put forth a memorable document that may become the Canadian Bible on the subject. Not only has this committee covered all aspects of the question, it has added a voluminous amount of documentation that will assist future generations. This report suggests the creation of the Canadian Council for Research Integrity whose responsibilities would be nevertheless limited to prevention and promotion.

The *CMAJ* editorial mentions that any institution acting on the surveillance of integrity in research in Canada must also investigate and sanction scientific misconduct. I would like to add that we should not wait for the next major scandal before providing the necessary tools to react promptly and accordingly with pre-established rules that will be known to all partners in research, whether institutions and their administrators, scientists and students.

I wholly support the courageous position of the *CMAJ*. It brings an essential element that will project Canada to the forefront, toward the protection of the scientific community from the misconduct of a small minority of its members. These people put in jeopardy a duly acquired credibility that is weakened by dishonest actions of irresponsible colleagues who are most frequently ill-intentioned.

I believe in the benefits of education and prevention, but they are highly insufficient if they are not followed by sanctions for misconduct. I

am of the strong opinion that these actions must be undertaken while abiding by respective institutional jurisdictions. The Canadian legislation and constitutional framework must be sufficiently flexible to meet the anticipated objectives.

I hope the *CMAJ's* suggestion will receive the appropriate attention it deserves and will be adopted by our authorities.

### Michel Chrétien MD

Emeritus Scientist and Laboratory Director, Ottawa Hospital Research Institute, Ottawa, Ont., Professeur émérite, Université de Montréal, Montréal, Que.

### Reference

1. Stanbrook MB, MacDonald NE, Flegel K. The need for new mechanisms to ensure research integrity. *CMAJ* 2011;183:E766.

*CMAJ* 2011. DOI:10.1503/cmaj.111-2078

## Canada needs viral hepatitis action plan

Miller and colleagues and the Cedar Project Partnership should be congratulated for helping us understand the "how" and the "why" of the high initiation rate for injection drug use among a vulnerable population.<sup>1</sup> But what are we doing about it?

Every year about 5000 Canadians, mostly youth, become infected with hepatitis C virus — often during the first year following initiation of injection drug use.<sup>2</sup> Rates of hepatitis B virus, hepatitis C virus and HIV infection are much higher among street youth than among their nonstreet peers.<sup>3</sup> In Canada, prevalence of hepatitis C virus among injection drug users is between 46% and 60%<sup>4</sup> — in other words, at least one in two is infected.

The study also found 58.2% of urban Aboriginal youth who used injection drugs were infected with hepatitis C virus,<sup>1</sup> compared with 12% infected with HIV. In our opinion, the high hepatitis C virus prevalence rate among our youth is an indicator for failure of our public health and educa-

tion systems. So where is the action plan to prevent transmission of hepatitis C virus?

As care providers, we see youth-at-risk lacking appreciation for high prevalence of hepatitis C virus among injection drug users. Students' knowledge about the virus is extremely poor.<sup>5,6</sup> A recent needs assessment<sup>7</sup> confirmed high-risk youth have limited-to-moderate knowledge about hepatitis C virus. Almost 40% said they knew "next to nothing" about it. Young people identified their school as the main place for receiving information about hepatitis C virus and other infections.

Canadians deserve an action plan to prevent hepatitis C virus infection. Appropriate, well-aimed education and peer outreach programs are desperately needed if the transmission of the virus among young users of injection drugs is to be kept to a minimum.

### Kevork M. Peltekian MD

Dalhousie University, Departments of Medicine and Surgery and Hepatology Services

### Geri Hirsch RN-NP MSN

### Carla Burgess RN-NP MN

Dalhousie School of Nursing and Hepatology Service

Capital District Health Authority, Halifax, NS

### References

1. Miller CL, Pearce ME, Moniruzzaman A, et al.; Cedar Project Partnership. The Cedar Project: risk factors for transition to injection drug use among young, urban Aboriginal people. *CMAJ* 2011;183:1147-54.
2. Miller CL, Johnston C, Spittal PM, et al. Opportunities for prevention: hepatitis C prevalence and incidence in a cohort of young injection drug users. *Hepatology* 2002;36:737-42.
3. Boivin JF, Roy E, Haley N, et al. The health of street youth: a Canadian perspective [review]. *Can J Public Health* 2005;96:432-7.
4. Aceijas C, Rhodes T. Global estimates of prevalence of HCV infection among injecting drug users [review]. *Int J Drug Policy* 2007;18:352-8.
5. Lindsay J, Smith AM, Rosenthal DA. Uncertain knowledge: a national survey of high school students' knowledge and beliefs about hepatitis C. *Aust N Z J Public Health* 1999;23:135-9.
6. Gardella F, Marine-Barjoan E, Truchi R, et al. Hepatitis C awareness among adolescents in the Alpes-Maritimes area of France. *Gastroenterol Clin Biol* 2007;31:485-92.
7. High-risk youth, drug use and hepatitis C in Kingston, Ontario: rapid assessment and response report July 2009. Kingston (ON): Kingston Community Health Centres; 2009. Available: www.kchc.ca/pdfs/needs\_assessment\_report.pdf (accessed 2011 July 29).

*CMAJ* 2011. DOI:10.1503/cmaj.111-2080