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Cannabis has medical benefits but needs further investigation

Medicines based on cannabis and its derivatives have the potential to treat a range of symptoms but need to be developed with the same care and regulation as other new drugs, says a report from the Royal College of Physicians.

The report calls for more research into cannabis based medicines for a variety of clinical situations, including appetite loss, chronic pain, and multiple sclerosis. It acknowledges also that cannabis-like substances may have a role in managing obesity, heart disease, and osteoporosis and in helping people quit smoking. Clinical trials in these areas are warranted, it concludes.

The report, which examined the evidence relating to the medicinal uses of cannabis and its active ingredients, such as tetrahydrocannabinol, says that smoking cannabis should be avoided, as this carries similar risks to the lungs as smoking tobacco. Alternative methods of administration should be studied, including capsules and mouth sprays.

Dependence and potential side effects—such as dizziness, reduced attention, and gastrointestinal symptoms—have not been found to be a problem in trials.

Zosia Kmiotowicz *London*

Cannabis and Cannabis-based Medicines: Potential Benefits and Risks for Health is at www.rcplondon.ac.uk/pubs/books/cannabis

Government is attacked for interference over Herceptin

The NHS should not use the fact that the National Institute for Health and Clinical Excellence (NICE) has not yet provided guidance on a treatment to refuse that treatment, Jane Kennedy, minister for quality

Health spending in England rises faster than in rest of United Kingdom

Spending on the health service in England has increased at a faster rate than that in other countries of the United Kingdom over the past six years. As a result the gap between England and Scotland, Wales, and Northern Ireland, which traditionally have all spent more per person than England, has narrowed.

A report produced by the Northern office of the Institute of Public Policy Research and the Economic and Social Research Council found that health spending in England increased by 65% between 1999-2001 and 2004-5, whereas the increases over the same period were 47% in Wales, 43% in Northern Ireland, and 38% in Scotland. National spending on education and training showed a similar pattern to health spending.

There have been major differences in policy in the different health services, including the introduction of free personal care for elderly people in Scotland and the abolition of prescription charges for people aged under 25 in Wales.

In England the introduction of market and managerial reforms and increased involvement of the private sector in the provision of services have reduced waiting times, increasing pressure on the UK's other health systems to follow suit.

Bryan Christie *Edinburgh*

Devolution in Practice 2006 is available at www.ippr.org/ipprnorth/publicationsandreports/

and patient safety, has said. She was speaking to delegates at a NICE conference in Birmingham last week.

In a challenge from the floor, Iain Chalmers, founder of the Cochrane Library, asked why the secretary of state for health, Patricia Hewitt, had undermined the ethos of "seeing beyond the individual patient" and the role of NICE "by announcing the extended use of Herceptin [trastuzumab] on the basis of no very good evidence at all."

Ms Kennedy responded: "We were getting reports that PCTs [primary care trusts] were refusing to authorise the treatment on the grounds that there was no NICE guidance available."

"The absence of NICE guidance ought not to be the only reason given. We appreciated caution had to be taken [because the drug was unlicensed], but at the same time we were facing a very clear demand from patients and their clinicians."

Claire Laurent *Birmingham*

NHS research is to focus more on care

Funding given to NHS trusts for research and development is to become more tightly controlled, with organisations facing pressure to enlist more patients into clinical trials.

From next year NHS funding will be awarded only for applied and practice based research that has a direct focus on people and their health. "We are no longer going to give the NHS money that they can use on their own account," said Sally Davies, director of NHS research and development at the Department of Health.

She was speaking at a conference at the BMA last week on the crisis in academic medicine, which heard how NHS funding for research—about £500m (\$880m; €740m) this year—was often swallowed up by trusts' general budgets.

Professor Davies said that the money was also distributed unfairly on an ad hoc, historical basis and that not enough research focused on improving the care of patients. "There is a terrific amount of basic research, but are we getting it translated to make patients' lives better?"

She said talks were under way to work out ways to give trusts incentives to put more patients into clinical trials and to collaborate more with the private sector.

Rebecca Coombes *London*

Scottish health service is ordered to release data on surgeons' performance

The Scottish health service has been ordered to release information to the media on the death rate data for named surgeons, under freedom of information legislation.

The order comes after a successful appeal by two newspapers, the *Scotsman* and *Sunday Times*, against a decision by NHS National Services Scotland (NSS) to refuse to make the information public. Scotland's informa-

tion commissioner, Kevin Dunion, has ruled that there is a legitimate public interest in releasing the data. The NSS was meeting this week to decide whether to appeal or to comply.

It had resisted requests from the media, arguing that providing crude data without information about the risk characteristics of patients was likely to be misleading and harmful and detrimental to the surgeons concerned. Surgical mortality can be part of a complex process of care rather than the responsibility of a single surgeon, it pointed out.

The NSS was concerned that surgeons would be less willing to participate in future clinical audit activity if they thought that the information produced was to be passed on to anyone who asked for it, including the media. Disclosure was also strongly opposed by individual surgeons and the Scottish orthopaedic surgeons group.

Bryan Christie *Edinburgh*

C difficile outbreaks in US and Canada are linked to antibiotic use

Outbreaks of severe *Clostridium difficile* diarrhoea with a high death rate have occurred among hospital patients in Quebec and in at least 16 US states. In the United States people at low risk in the community have also been affected. Use of fluoroquinolones and cephalosporins has been implicated.

Although the infection usually affects hospital patients or elderly people in long term care facilities, the US Centers for Disease Control and Prevention (CDC) reported 10 cases of severe *C difficile* disease among peripartum women and 23 cases among people in the community between February 2003 and June 2005 (*Morbidity and Mortality Weekly Report* 2005;54:1201-5). One person, one of the peripartum women, died.

Canadian researchers found that the incidence of nosocomial *C difficile* diarrhoea between January and June 2004 in 12 Quebec hospitals was 22.5 in every

1000 admissions—almost four times the incidence described in 1997. The 30 day mortality attributable to the infection was 6.9% (117 patients). Patients were more likely than matched controls to have received fluoroquinolones or cephalosporins. The study results, along with another report and an editorial, were released early in the *New England Journal of Medicine* (2005;353:2442-9, 2433-41, and 2503-5) to coincide with the CDC report.

Janice Hopkins *Tanne New York*

Aid often helps richer people in poor countries, World Bank says

A new World Bank survey has found that healthcare, nutrition, and population programmes in developing countries often fail to reach the poorest people. It says strategies that deliver better results are urgently needed.

Drawing on 12 case studies in 11 countries in Africa, Asia, and Latin America, the report found that the richest 20% of the population received more than the poorest 20%—or as much as the poorest 20% in the case of government subsidised services for mothers and children.

The report says this discrepancy must be addressed, but it also cautions that a search for a few universal optimal strategies “could well turn out to be misguided.”

“There’s no silver bullet,” Adam Wagstaff, the World Bank’s lead economist on health, said.

The report says that policy makers and programme administrators should investigate the reasons why poor people do not use available services.

Understanding the constraints on poor people can be a useful step in finding solutions, it notes. It also urges adapting strategies to local conditions. (See p 1417.)

John Zarocostas *Geneva*

Reaching the Poor with Health, Nutrition, and Population Services: What Works, What Doesn't and Why can be ordered at <http://publications.worldbank.org>

Smoke from cigarette tip is more toxic than main inhaled smoke

Roger Dobson *Abergavenny*

Unpublished research by the tobacco industry shows that inhaled “sidestream” cigarette smoke—the smoke that rises from the tip of the burning cigarette between puffs—is more toxic than the “mainstream” smoke inhaled by the smoker.

It found that inhaled fresh sidestream smoke, which makes up around 85% of secondhand smoke, is four times more toxic per gram of total particulate matter than inhaled mainstream smoke.

A report in *Tobacco Control* (2005;14:396-404) describing the research conducted by Philip Morris Tobacco in the 1980s says: “The tobacco industry has vigorously challenged the link between secondhand smoke and lung cancer, including funding of research published in 2003 challenging the evidence linking secondhand smoke and lung cancer. However, while it publicly challenged the link, Philip Morris Co privately performed extensive in vivo toxicological testing of sidestream smoke at its secret Institut für Biologische Forschung (INBIFO) in Germany.”

“The number, variety, and results of the fundamental toxicological experiments done by Philip Morris at INBIFO are without parallel in the open scientific literature. These studies were neither published nor revealed to the government in... hearings by the US Occupational Safety and Health Administration.”

The authors say that although exposure to secondhand smoke causes lung cancer and 53 000 deaths a year in the United States, few data exist in the open literature on the toxicology of fresh sidestream smoke.

In the study the authors, from the University of California at San Francisco, analysed research they found among 40 million pages of tobacco industry documents that were made public as a result of litigation against tobacco companies.

They say that between 1981 and 1989 the German centre did at least 115 studies of sidestream smoke. The centre’s research showed that sidestream conden-

sate caused two to six times more tumours per gram than mainstream condensate. The research also showed that inhaled fresh sidestream cigarette smoke is about four times more toxic per gram of total particulate matter than mainstream cigarette smoke.

Sidestream tar also caused two to six times more tumours per gram when painted on the skin of mice. Fresh sidestream smoke was found to inhibit normal weight gain in developing animals and, at low levels, to cause damage to the respiratory epithelium. Damage to the epithelium increased with longer exposure. The toxicity of whole sidestream smoke was found to be higher than the sum of the toxicities of its major constituents.

The authors say the research used full flavour cigarettes and may underestimate the toxicity of sidestream smoke from current cigarettes. They say evidence shows that sidestream smoke from filtered “light” cigarettes, which now constitute most of the market, is significantly more toxic than that from full flavour cigarettes.

The unpublished research supports the institution of smoke-free policies in public places, the authors say. □

Lighting up: the smoke from someone else's cigarette may be more toxic than your own