PUBLIC HEALTH WATCH

BY KATHIE LYNAS.

Health Canada now recommends codeine be used only in children 12 years and older. After a new safety review of prescription pain and cough medications containing codeine, Health Canada has recommended the products not be used for children younger than 12 years.

In an information update issued June 6, 2013, the department said the recommendation is based on “very rare cases of serious side effects and deaths in children that have been attributed to codeine.” These results can occur in children who are given codeine directly or to babies who ingest codeine from breast milk, the update said.

Codeine is converted by the body into morphine, and some people, known as “ultra-rapid metabolizers,” make this conversion more rapidly and completely, the department explained. If these people ingest codeine, they face the risk of morphine overdose.

“Other risk factors, including surgery to remove tonsils, may increase the risk of known codeine side effects such as the slowing of breathing,” stated the update.

In 2008, Health Canada warned health care professionals and the public about the risk to nursing infants, when their mothers are ultra-rapid metabolizers of codeine. Nonprescription products containing codeine already indicate that they should not be given to children.

Health Canada is working with the manufacturers of affected codeine products to ensure labels are updated to reflect the new recommendation.

.....
The federal government has announced it will move to a new system for producing and distributing medical marijuana. Individuals permitted to use marijuana for medical purposes will no longer be allowed to produce the product in their own homes.

That is one change included in the federal government’s new Marihuana for Medical Purposes Regulations, published in the *Canada Gazette*, Part II, on June 19, 2013.

The regulations also change the process for accessing medical marijuana, for both patients and health care practitioners. Under the new regime, Health Canada will no longer produce and distribute the product; practitioners will be able to sign a medical document that allows patients to purchase the authorized amount from a “licensed producer,” approved by Health Canada.

In a news release on June 10, Health Canada noted that the federal program to provide medical marijuana covered 500 individuals when it was first set up in 2001—and today, 30,000 people are authorized for access. “This rapid increase has had unintended consequences for public health, safety and security as a result of allowing individuals to produce marijuana in their homes,” the release stated.

In previous drafts of the new regulations, the government proposed to have pharmacies distribute the medical marijuana, but that approach drew concern from pharmacist organizations, including the Canadian Pharmacists Association (CPhA), and was dropped from the final version.

Meanwhile, medical organizations have expressed opposition to the idea of having physicians prescribe and dispense marijuana for medical use. The government plans to fully implement the new regulations by April 1, 2014.

.....
Health Canada launches a plan to require “plain-language” labels for drugs. Citing the need to make drug labels and safety information easier to read and understand for all Canadians, federal Health Minister Leona Aglukkaq launched the Plain Language Labelling Initiative on June 14, 2013.

Under the new rules, plain language will become a requirement on drug packages in Canada. The goal is to “reduce preventable harm,” said Health Canada in a news release, adding that easier-to-read labels will help prevent adverse drug reactions and medication errors.

© Canadian Pharmacists Association 2013

DOI: 10.1177/1715163513502152

Drug product information can be confusing to follow not only for patients but also, at times, for health care practitioners, said the department's news release. The release also noted that as many as 1 in 9 emergency room visits are related to adverse drug events—with as many as 68% of those considered preventable.

"Too often, people experience unnecessary harms as a result of drug labels, packaging or names that may be hard to understand or that sound familiar to other drugs."

The MERS coronavirus is unlikely to produce a SARS-like epidemic, says a new clinical analysis. The Middle East respiratory syndrome (MERS) coronavirus is unlikely to spark an epidemic similar to the 2003 severe acute respiratory syndrome (SARS) outbreak, according to one of the largest clinical studies to date on the new virus that emerged in Saudi Arabia in 2012.

In research published on July 26, 2013, in *The Lancet Infectious Diseases*, a team of British and Saudi Arabian scientists presented findings based on the first 47 confirmed cases of MERS infection. At the time the article was published, the World Health Organization (WHO) had reported 90 confirmed cases of the coronavirus.

The researchers said that a large SARS-like epidemic with MERS was not expected, given that the new coronavirus does not spread easily between people. They also reported that among the 47 cases they studied, most were older individuals who had underlying medical conditions, such as diabetes, heart disease and chronic renal disease—which might explain why patients with MERS became seriously ill more quickly than did patients infected with SARS.

In mid-July, the WHO declared there was not enough evidence to classify MERS as a public health emergency. The organization has created an emergency committee to monitor the virus.

World Health Organization recommends earlier treatment for people with HIV. The WHO has released new guidelines on human immunodeficiency virus (HIV), recommending that young children and some other groups with the virus should begin treatment as soon as they are diagnosed.

The new guidelines were released June 30, 2013, at the International AIDS Society in Kuala Lumpur, Malaysia.

The WHO says that children younger than 5 years, pregnant and breastfeeding women and people with tuberculosis or hepatitis B should receive AIDS drugs immediately upon diagnosis. The organization has also amended its recommendation on the appropriate T-cell count for initiating therapy—now saying treatment should begin for patients with HIV when the count falls to 500, compared with 350 in its previous recommendation.

The new guidelines are based on recent studies suggesting that people with HIV live longer if treatment begins before their immune systems seriously weaken. The WHO estimates that 3 million lives could be saved if all countries start treating patients with HIV according to the new recommendations.

Australia's plain-packaging law for cigarettes seems to be affecting smokers' attitudes, says new research. Packaging cigarettes in brown wrappers containing no branding colours or images appears to be helping Australian smokers consider quitting, according to research published in the *British Medical Journal (BMJ)* on July 23, 2013.

In December 2012, Australia became the first country to bring in legislation requiring cigarettes to be covered in brown packaging, with the brand identified only by its name in a simple font. In addition, the law dictated that much of the package be covered with health warnings.

The study published in the *BMJ* was commissioned by the Cancer Society of Victoria (in Australia) and included interviews with more than 500 local smokers, both before and shortly after the new legislation took effect.

According to the findings, 72% of those surveyed had already switched to plain packages before the law passed. Plain-pack smokers were 66% more likely to think their cigarettes were poorer quality than a year before, when they were in branded packages, and 70% reported they found smoking less satisfying.

The group buying plain-package cigarettes was also 81% more likely to have thought about quitting at least once a day. The researchers said that without branding, smoking seemed to lose more of its appeal.

New Zealand and Ireland have announced plans to follow Australia's lead in the plain-packaging area, but other countries, including

the United Kingdom and the European Union nations, have said they are waiting to see whether Australia's tough approach will affect smoking rates, before changing their policies.

.....

The US FDA considers new regulations governing menthol cigarettes. The US Food and Drug Administration (FDA) has put tobacco manufacturers on notice that menthol-flavoured cigarettes may face new regulatory controls because of the “critical public health questions” raised by their consumption.

The FDA issued an Advance Notice of Proposed Rulemaking (ANPRM) on July 23, 2013, and invited stakeholders and the public to provide comments. At the same time, the organization released preliminary research into the possible public health effects of menthol versus nonmenthol cigarettes.

These early findings suggest that people who smoke cigarettes containing menthol are more

likely to become addicted and to have a harder time quitting smoking. In addition, says the FDA, there are adequate data to suggest that “menthol use is likely associated with increased smoking initiation by youth and young adults”—potentially because menthol helps reduce the harshness of cigarette smoke.

The FDA plans to undertake further research into the differences between menthol and nonmenthol cigarettes in terms of addiction, smoking cessation and exposure to smoke-related toxins and carcinogens. It is also developing a youth education campaign focused on preventing and reducing tobacco use, including menthol cigarettes.

The agency has not released specific proposals but says it is considering regulatory action that could include new tobacco product standards and restrictions on sales. In 2009, the US Congress passed a law banning the use of flavouring in cigarettes, with the exception of menthol.