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First stroke patient is recruited to take part in “milestone” UK trial of stem cell therapy

Jacqui Wise LONDON

Doctors in Glasgow have administered stem cell therapy to a patient who became disabled after an ischaemic stroke as part of a groundbreaking trial.

The pilot investigation of stem cells in stroke (PISCES) is thought to be the world’s first fully regulated clinical trial of a neural stem cell therapy for disabled stroke patients. It is the first stem cell based clinical trial to have received regulatory approval in the United Kingdom.

The trial’s lead investigator, Keith Muir, said, “Stroke is a common and serious condition that leaves a large number of people with significant disability. In this trial we are seeking to establish the safety and feasibility of stem cell implantation, which will require careful follow-up of the patients who take part.”

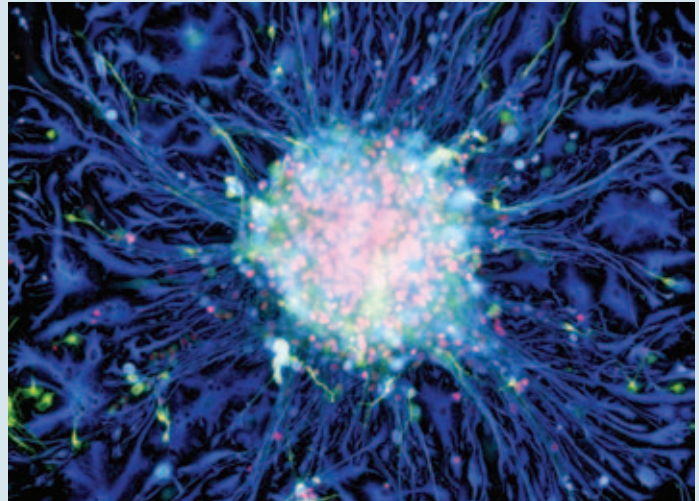
Professor Muir, who holds the Sinapse chair of clinical imaging at the University of Glasgow, added, “We hope that in future it will lead on to larger studies to determine the effects of stem cells on the disabilities that result from stroke.”

Stroke is the third most common cause of death in England and Wales after heart disease and cancer. Each year in the UK an estimated 150 000 people have a stroke, of whom 67 000 die. The direct cost of stroke to the NHS in England is estimated to be £2.8bn (€3.3bn; £4.5bn), and the cost of informal care is a further £2.4bn.

The PISCES trial is being carried out in conjunction with ReNeuron Group, which used expanded neural stem cells derived from fetal brain cells to develop its ReN001 stem cell therapy. The trial was approved by the Medicines and Healthcare Products Regulatory Agency in January 2009.

The elderly male stroke patient was injected with very low doses of ReN001 directly into the affected region of the brain in a routine surgical procedure. He has now been discharged from hospital and will be monitored closely for two years. Over the next year up to 11 more patients will be given progressively higher doses to assess the safety of the procedure and to see whether their condition improves.

The first group of patients to be



RICCARDO CASSIANI/INGONIS/PSL

The trial is “a promising technique which could help to reverse some of the disabling effects of a stroke,” said Sharlin Ahmed of the Stroke Association

treated will be men aged over 60 who have shown little or no improvement in their condition six to 24 months after having had a stroke. If these trials show promise larger trials on a more varied group of patients could begin.

The nature of the procedure and the characteristics of the ReN001 cells mean that the patients

taking part in the trial will not need immunosuppression after treatment.

The announcement of the trial comes only a few weeks after the US firm Geron said it had used human embryonic stem cells in a patient with a recent spinal cord injury (*BMJ* 2010;341:c5724).

Cite this as: *BMJ* 2010;341:c6574

Gaps in information are impeding progress in cancer care in England

Susan Mayor LONDON

Wide variations in the care provided by different primary care trusts and a lack of high quality information are blocking further improvements in the care of patients in England with cancer, warns a new report.

Improving the care of patients with cancer has been a priority for the NHS for the past decade, in recognition of the fact that mortality rates in England for several cancers are higher than in other European countries. The NHS cancer plan was published in 2000 to improve cancer services, and this was followed by the cancer reform strategy in 2007, when figures showed that although improvements had been made, the gap in survival rates had not closed.

The National Audit Office, which scrutinises public spending on behalf of parliament, looked at how effectively three of the strategy’s recommendations had been in improving services to cancer patients: improving the quality of information, strengthening commissioning, and making better use of resources.

Its new report argues that high quality information provides a basis for better decision making and more effective assessment of performance. Although aspects of collection of cancer information have improved, the Audit Office finds that major gaps and limitations remain.

In particular, the review found that incomplete and inconsistent data on the stage of patients’ cancers at diagnosis limited understanding of

variations in outcomes and effective allocation of resources. Data on radiotherapy activity are not yet publicly available, the report warns. Information on chemotherapy activity and outcomes are poor, and the health department’s planned introduction of a national chemotherapy dataset is two and a half years behind schedule.

In terms of commissioning cancer services, the report warns: “Few commissioners make best use of the information available when commissioning cancer services and most do not know whether their commissioning is cost-effective.”

Delivering the Cancer Reform Strategy is available at www.nao.org.uk.

Cite this as: *BMJ* 2010;341:c6590

IN BRIEF

Male life expectancy is longer in UK than the European average:

UK boys born in 2007 can expect to live 1.6 years longer than the average for the 27 countries of the European Union, show figures from the UK Office for National Statistics. However, UK girls born in 2007 can expect to live 0.3 years less than those in Europe. Female life expectancy at birth was 81.9 years in the UK (82.2 in the EU), while that for males was 77.7 years (76.1 in the EU).

Minimum alcohol price is defeated in Scotland:

Plans to set a minimum price for alcohol in Scotland have been abandoned after the final defeat of the proposed legislation in the Scottish parliament.

Smoking ban reduces rate of preterm births:

An aggressive ban on smoking in workplaces and public buildings in the small city of Pueblo (population 150 000), Colorado, found that the prevalence of smoking among pregnant women fell by 37% and the number of preterm births fell by 23%, shows a study presented at the annual meeting of the American Public Health Association. Neither of the decreases were seen in the surrounding county.

More UK children are surviving cancer:

The number of children dying from cancer in the UK has fallen by almost 60% over the past 40 years, from 73.4 per million children between 1966 and 1970 to 31.9 per million children between 2001 and 2005, says Cancer Research UK.

Date is set to review libel law:

A draft bill to reform English libel law will be published in March 2011, the Ministry of Justice announced in its business plan. Ministers plan to consult until June 2011, amend the bill in the light of responses, and introduce it in parliament in May 2012.

Smoking ban is lifted in small Dutch cafés:

The new Dutch health minister, Edith Schippers, has confirmed that the smoking ban in small, owner run cafés without staff will be lifted in part as a concession to the “social function” performed by such neighbourhood bars.

Book on Lacks family wins award:

The Immortal Life of Henrietta Lacks, in which the author Rebecca Skloot explores the ethical implications of using human tissue for research, has won the £25 000 (€29 000; \$40 000) Wellcome Trust book prize. The book tells the true story of Henrietta Lacks, whose cancer cells were taken without her knowledge and used to culture the first “HeLa” cells, later used for developing the polio vaccine and other important advances.

Cite this as: *BMJ* 2010;341:c6474

Community care networks can help more people die at home

Zosia Kmietowicz LONDON

Developing support services in the community along the lines of Prime Minister David Cameron’s “big society” could help 200 000 more people a year die where they would prefer to—in their home—rather than in hospital, a new report says.

Currently 290 000 people die in hospital every year in Britain, although two thirds of them—some 190 000—would prefer to die at home, shows a poll carried out for Demos, the political think tank that compiled the report.

The report says that the main structures of the community care networks it proposes could cost as little as £500m (€590m; \$800m), or 2.5% of what the NHS currently spends on care at the end of life. This investment would more than pay for itself in a decade by reducing numbers of admissions and shortening stays in hospital, it argues.

The fund could be used to create new places for people to die close to home, such as community hospitals, local home hospices, and shared housing schemes, with expert support. The report also suggests introducing a compassionate care benefit or care leave entitlement to give financial support to people who care for a dying relative.

Other forms of support could include a £33m dedicated nursing support service; a telephone helpline for carers; and a hospice at home service supporting 90 000 people each year, which would cost £150m.

The report also suggests creating a volunteer support network and estimates that a UK-wide system of one volunteer for every 2.5 patients would cost £74m to coordinate and could provide 40 000 hours of support.

It also recommends encouraging people to talk more about death and how they want to die.

Charles Leadbeater, a coauthor of the report and an associate at Demos, said, “If we put in the right kind of supports for people to cope at home, many tens of thousands of people could have a chance of achieving what they want at the end of life: to be close to their family and friends [and] to find a sense of meaning in death. If the government is serious about the Big Society it should invest in a network to properly support people at home, not assume that more people will voluntarily take on that burden.”

Dying for a Change can be seen at www.demos.co.uk.

Cite this as: *BMJ* 2010;341:c6508

GMC is tougher on child protection doctors than on those who use child porn, doctor says



Child protection experts Professor Roy Meadow (left) and Dr David Southall were struck off by the GMC before being reinstated by the courts

Clare Dyer *BMJ*

The consultant paediatrician David Southall has called for an inquiry into the General Medical Council’s treatment of doctors who work in child protection, as he faces a return bout before a GMC fitness to practise panel.

Dr Southall, who has had three GMC investigations into his work, made the call at an expert witness conference in central London on 12 November. He contrasted the GMC’s treatment of doctors who aim to protect children with those

who abet children’s abuse by accessing child pornography. Dr Southall and Roy Meadow, both leading experts in fabricated or induced illness, were ordered to be struck off the medical register by the GMC before being reinstated by the courts, while the council has allowed doctors who downloaded pornographic images of children to continue in practice.

He said a consultant radiologist who possessed hardcore pictures of children as young as 5 years old being abused by adults was suspended for nine months and then banned from treating under 18s. A GP described as a “sexual deviant with an interest in children” who downloaded pornographic material between 2003 and 2007 was also suspended.

Dr Southall told the audience of doctors and other professionals who act as experts for the courts that the GMC’s appointment of the controversial parents’ advocate Penny Mellor to its expert group on child protection was the “last straw.” Mrs Mellor, who served a prison sentence for conspiracy to abduct a child to keep her out of the hands of social services, stepped down from

Share names of knife crime victims with police, say surgeons

Andrew Cole LONDON

The Association of Surgeons of Great Britain and Ireland is calling for all hospital accident and emergency departments to share information about knife crime with the police as “standard practice”—including non-anonymised data such as the victim’s identity.

At the moment about 100 A&E departments in the United Kingdom, around two thirds of the total, have started logging details of violent injuries and sharing this information with the police, although only 50 are sharing their data fully.

But in a consensus statement this week from the first joint surgical and police conference on knife crime, the association and the Metropolitan Police said that hospitals needed to go further than simply sharing anonymised data such as location, time, patients’ demographic details, and weapon type.

The statement said that fears over patients’ anonymity were “inhibiting the ability to properly target services for some hospitals.” It said that sharing of non-anonymised data about violent injuries among public services would help to safeguard children and adults.

the group last month after Dr Southall lodged court papers for a judicial review of the decision to appoint her (*BMJ* 2010;341:c6248).

Mrs Mellor, who says she has played a role in around 50 complaints about doctors to the GMC, was involved in an orchestrated campaign against child protection doctors, Dr Southall said. This also included public meetings denigrating the doctor and accusations to the media, police, employers, and research bodies.

The GMC was aware from 2000 that it was an orchestrated campaign, because representatives from the council attended a meeting of several police forces convened by the Metropolitan Police that year, and another in 2003, to discuss investigations, he said.

Niall Dickson, the GMC’s chief executive, said, “We entirely reject any suggestion that the GMC has been complicit in a campaign against paediatricians involved in child protection. It is rare for a paediatrician to appear before a fitness to practise panel at the GMC in connection with child protection work.

“Since April 2006 panels have considered more than 1000 cases. Only three could be said to have been about paediatricians involved in child protection.

Cite this as: *BMJ* 2010;341:c6562

A spokesman for the association explained that identifying the victim of a knife attack could make a big difference, as it had been shown that victims could very quickly become perpetrators themselves.

“There is a window of opportunity after someone has been injured where, if the support services, including social services and police,

can get in quickly, there is a greater chance of preventing further crime,” he said. He added that introducing a reporting requirement of this nature would need the agreement of the General Medical Council, as it could be seen as breaching patient confidentiality.

The public health minister, Anne Milton, said that she wanted to see all emergency departments in England sharing anonymised data with police by April 2011. “Health professionals treat victims of knife crime, and the intelligence they gain can and should be shared with police to prevent further crime and serious injuries to



Actress Brooke Kinsella (left), who became an anti-violence campaigner after her brother Ben (right) was fatally stabbed, said: “It’s brilliant that surgeons and police officers are joining forces to battle knife crime”



innocent people,” she said.

Sue Fish, assistant chief constable of the Association of Chief Police Officers, said that data from A&E departments would be invaluable in identifying violent crime “hot spots.” She explained, “It allows for a more complete picture of problem areas, as violent incidents are often not reported to the police.”

The consensus statement, which will be distributed widely within the NHS, also endorses the development of regional trauma networks, together with targeted training for surgeons in dealing with stab injury.

In addition, the surgeons’ association is calling for restrictions on young people’s access to alcohol. “The evidence suggests that this would have a dramatic effect on violent behaviour in the young,” it says.

See www.rcseng.ac.uk/news/management-of-knife-injuries-2013-conference-statement.

Cite this as: *BMJ* 2010;341:c6579

Surgeon threatened with libel over remarks made about a breast enhancement cream

Clare Dyer BMJ

A consultant plastic surgeon faces a possible libel action for questioning the effectiveness of a £125 (€146; \$200) cream that its makers claim will increase a woman’s breast size.

The comments by Dalia Nield of the London Clinic were quoted by the *Daily Mail* in an article about Rodial’s Boob Job cream, which the manufacturers say can boost breast size by 2.5 cm.

Mrs Nield was quoted as saying that it was “highly unlikely” that the cream would make breasts bigger and adding that the company had not provided a full analysis of tests on it. If Rodial’s claim that fat cells moved around the body were true, she said, the product could be “potentially dangerous.”

Rodial’s solicitors wrote to Mrs Nield seeking clarification of her comments and in separate correspondence made it clear they were considering an action for libel, her solicitor, Robert Dougans, told the *BMJ*.

Mr Dougans successfully defended the science writer Simon Singh when

he was sued for libel by the British Chiropractic Association over an article in the *Guardian* newspaper in which he accused the association of “happily promoting bogus treatments” (*BMJ* 2010;340:c2086).

The latest case follows a series of legal threats to doctors or scientists who have publicly questioned the evidence for medical claims. As well as Dr Singh, the cardiologist Peter Wilmshurst has been sued for speaking about the data from a clinical trial of a medical device (*BMJ* 2010; 341:c6292).

Campaigners say that England’s restrictive libel laws are chilling scientific debate and keeping important information from the public, as editors practise self censorship for fear of being sued. The government has agreed that the law needs reform and plans to publish a draft bill next March.

A spokesman for Rodial’s solicitors said he had no comment to make.

Cite this as: *BMJ* 2010;341:c6452



Surgeon Mrs Dalia Nield is threatened with libel



Number of deaths from cholera in Haiti exceeds 1000

John Zarocostas GENEVA

The surge in the number of people with cholera in Haiti has stretched medical facilities on the island to the limit, leaving many facilities in urgent need of personnel and equipment, say authorities and relief agencies. The World Health Organization warned last week that up to 200 000 people could contract cholera over the next six to 12 months.

The Haitian ministry of health said that, up to 14 November, nearly 17 000 people had been admitted to hospital for cholera and that 1034 had died.

Stefano Zannini, head of mission in Haiti for the charity Médecins Sans Frontières, said that the number of cases is overwhelming its own facilities as well as those in the public system.

"It's a really worrying situation for us at the moment. All of the hospitals in Port-au-Prince are overflowing with patients, and we're seeing seven times the total amount of cases we had three days ago," he said.



GSK lawyer is charged with making false statements to FDA

Janice Hopkins Tanne NEW YORK

The US Department of Justice has charged Lauren Stevens, a retired GlaxoSmithKline (GSK) lawyer, in relation to alleged off-label marketing of a drug. She faces one count of obstructing an official proceeding, one count of concealing and falsifying documents to influence a federal agency, and four counts of making false statements to the Food and Drug Administration.

Although drug companies have in the past been charged with off-label marketing of drugs, and several have paid large fines, it is thought that this is the first time an individual has been charged. GSK has not been charged and is not identified in the indictment.

The charges relate to the alleged off-label marketing of the antidepressant bupropion (marketed by GSK as Wellbutrin) for weight loss, and each carries a possible penalty of five to 20 years in prison.

A spokeswoman for GSK confirmed to the *BMJ* that Ms Stevens had been employed by the company, but that she was now retired, and that the drug in question was bupropion.

Ms Stevens's lawyer, Brien O'Connor, of

the Ropes & Gray law firm in Boston, issued a statement saying, "Lauren Stevens is an utterly decent and honorable woman. She is not guilty of obstruction or of making false statements.

"Everything she did in this case was consistent with ethical lawyering and the advice provided to her by a nationally prominent law firm retained by her employer specifically because of its experience in working with FDA. She looks forward to the day when a judge and jury can hear the true facts in this case, which will show that she has done absolutely nothing wrong."

The charges were filed in Maryland, where the FDA is headquartered. It is being prosecuted by the US Attorney's Office for the District of Massachusetts.

Richard DesLauriers, special agent at the Boston division of the Federal Bureau of Investigation, which participated in the investigation, said in a statement, "This indictment shows that we will investigate those responsible for unlawful acts done on a company's behalf. When individual employees are identified, they will be held accountable for their illegal activity."

The justice department's press release about the indictment says that in October 2002 the FDA asked for information about promotion of bupropion as part of an inquiry into whether the drug was being promoted for off-label or unapproved uses. It alleges that Ms Stevens "signed and sent a series of letters from the company to the FDA that falsely denied that the company had promoted the drug for off-label uses, even though she knew, among other things, that the company had sponsored numerous programs where the drug was promoted for unapproved uses.

"The indictment alleges that Stevens knew that the company had paid numerous physicians to give promotional talks to other physicians that included information about unapproved uses of the drug." One physician was paid to speak at 511 promotional events in 2001-2, and another doctor was paid to speak at 488 events during the same period.

The indictment also alleges that Ms Stevens did not give the FDA slide sets that were used by physicians who were paid by the company to promote the drug, although she had previously promised to do so.

The Department of Justice's press release is at www.justice.gov/opa/pr/2010/November/10-civ-1266.html. The full indictment is available at <http://freepdfhosting.com/58c3122373.pdf>.

Cite this as: *BMJ* 2010;341:c6570

A girl is treated for cholera in Port-au-Prince. At 6-7% the death rate from cholera in Haiti is higher than in other outbreaks, said WHO

A WHO spokesman, Gregory Hartl, said, "The death rate isn't increasing, but it's still much higher than usual at 6-7%. It should be much lower [around 1% of cases]."

He added, "Unfortunately it will spread," and that emphasis was being placed on prevention measures.

"If you can prevent it, you have won two thirds of the game," said Mr Hartl. People were being told how to separate dirty and clean water, to avoid drinking contaminated water from rivers, and to go to treatment centres promptly if they show symptoms.

He said that 15 cholera treatment centres were already operating on the island. Seven of these are in Port-au-Prince, with a total capacity of 1000 beds. An additional 10 cholera treatment centres—large standalone tents each with a capacity of 100-400 beds—are in the process of being set up for severe cases. Hospitals are also increasing their capacity to deal with the crisis, with dedicated treatment units with a capacity of 15-20 beds.

EMILIO MORENATI/APPA

In addition, about 300 oral rehydration units are being established to treat patients with non-life threatening conditions, said WHO.

Six of Haiti's 10 departments have been directly affected by cholera since the start of the outbreak on 22 October.

Nick Ireland, who heads a massive health education campaign in the country for Save the Children, said, "Our best hope is to reduce the rate at which cholera spreads, and the best way to do this is to arm people with information, clean water, and soap."

On 11 November the United Nations launched a cholera plan for Haiti. The plan estimates that the government, UN agencies, and 42 non-governmental organisations will need \$164m (£100m; €120m) over the next year to try to stem the outbreak. The largest share is for water, sanitation, and hygiene (\$89m), followed by treatment (\$43m) and camp coordination and management (\$19m), it said.

Cite this as: *BMJ* 2010;341:c6569

FDA breached ethics in its investigation of contaminated heparin

Janice Hopkins Tanne NEW YORK

The US Food and Drug Administration has been criticised for the way it investigated how contaminated heparin came into medical use in 2008.

The contaminated heparin, produced by Baxter Healthcare Corporation, was recalled in 2008 after 81 patients died and 350 adverse events were reported (*BMJ* 2008;336:412).

Baxter provides about half the supply of heparin in the United States. But the blood product's main ingredient was imported from a Chinese source that was never traced, as some Chinese producers refused to cooperate with the FDA.

A report from the independent Government Accountability Office criticises the FDA for using free consultancy advice from outside scientists to identify the contaminant in heparin. The FDA worked with five external scientists, two of whom "were not employees of FDA or FDA contractors," says the report.

The two scientists named as volunteers "had professional and financial ties to heparin firms. Both served as paid consultants to two of the

primary firms associated with contaminated heparin," it adds.

The FDA allowed one of the scientists to be helped in the job of trying to identify the contaminant in heparin by "approximately 30 staff members . . . for periods ranging from a few weeks to three months" from the drug manufacturer, which had "a pending application for a heparin product before FDA."

The accountability office's report concludes that the FDA "did not address risks related to working with certain external entities with ties to heparin firms." Nor did the FDA apply its ethical standards when it accepted voluntary assistance from firms with ties to heparin manufacturers.

The report is at www.gao.gov/new.items/d1195.pdf.

Cite this as: *BMJ* 2010;341:c6529



Leroy Hubley (centre), whose wife and son died after reactions to contaminated heparin

Drug firm launches legal action against government advisers

Ray Moynihan BYRON BAY, AUSTRALIA

The drug company AstraZeneca has launched legal action against an influential committee of independent advisers to the Australian government.

Documents lodged with a federal court show that the company has begun proceedings against 17 members of the Pharmaceutical Benefits Advisory Committee and the federal health minister.

Neither AstraZeneca nor the government will comment on the nature of the case against the powerful committee, which makes recommendations on which drugs attract subsidies—and the conditions attached to those subsidies—in Australia's £4bn (£4.7bn; \$6.4bn) publicly funded scheme.

However, court documents reveal that the case is related to the pricing of popular lipid lowering drugs, including AstraZeneca's rosuvastatin (marketed as Crestor), which generated global sales last year of almost £2.8bn and sold close to £180m in Australia alone.

Although there are precedents, it is uncommon for drug companies to launch proceedings against the committee, and a leading drug expert has described the move as intimidation. "Taking legal action against individual committee members is an attempt at individual intimidation" said Ken Harvey, an adjunct senior lecturer in the School of Public Health at La Trobe University, Melbourne. "Members of this committee are acting in the government and community's interest."

Listed on stock exchanges in London, New York, and Stockholm, AstraZeneca employs more than 60 000 people and had sales last year of £20bn. Rosuvastatin is one of its top selling products.

The company is challenging the Australian committee's decision to treat rosuvastatin as "interchangeable" with its competitor atorvastatin, a decision that is likely to cause a reduction in prices paid to AstraZeneca, as atorvastatin comes off patent earlier.

AstraZeneca claims that its drug is not interchangeable, but other independent bodies, including Australia's Therapeutic Guidelines Group, regard the statins as generally being therapeutically equivalent.

Cite this as: *BMJ* 2010;341:c6527



MARTIN SHIELDS/SPL

Fighting big tobacco in Spain

As the Spanish parliament considers tighter restrictions on smoking, **Aser García Rada** explains why it has previously been difficult to get antismoking laws on the Spanish statute book

Aser García Rada MADRID

With a new law on tobacco control moving to the Spanish Senate next month, campaigners are preparing to defend it against any rearguard action by the tobacco industry in Spain to water down its terms.

The draft law, which could take effect in January, seeks to ban smoking in enclosed public places. A law passed in 2006 had the same purpose, but that legislation was so emasculated during its passage through parliament that 90%



The tobacco industry saw Spain as an “important testing ground for the protection of markets”

of Spain’s bars and restaurants have continued to allow smoking. It stipulated that hoteliers, restaurateurs, and bar owners could themselves decide whether or not to allow smoking on their premises, if they were under 100 square metres in area (the few larger premises had to ban smoking or provide a separate smoking area)—and the majority opted to allow it. The law has become known as “the Spanish model” and is promoted heavily by the tobacco industry.

Now antismoking campaigners are doing their best to ensure that the new law is not similarly weakened in its last stages by the scare tactics of the hospitality industry, which claims that a ban threatens jobs and the economy.

The campaigners are up against strong opponents. The tobacco industry has long been interested in Spain. Looking at the documents that became public in 1998 as a result of a settlement between four US tobacco companies and the attorneys general of 46 states, antitobacco campaigners discovered that the industry viewed Spain as a crucial testing ground for their attempts to keep smoking popular and socially

acceptable. Spain was important because it was tolerant of smokers and it had strong relations with Latin America and North Africa.

The newspaper *El País* revealed in 2000 that the public relations company Burson Marsteller had prepared a report about Spain for the tobacco giant Philip Morris in 1992, which said that the country provided “the opportunity to see . . . if we can protect social acceptability. As such [Spain] could be important testing ground for [the] long run protection of the markets which are most interesting to us globally” (documents 2500120653/0669 and 2501026750/6761 at www.tobaccodocuments.org).

Crucial to the fight against restricting smoking in Spain has been the hospitality industry and in particular the Spanish Federation of Hoteliers, which receives funding from Philip Morris. This organisation claimed in 2005 that if tighter restrictions on smoking were introduced 20 000 jobs in the industry would be lost. In the event the 2006 law had no such effect. The Spanish Health Economics Association said that at least 34 000 new jobs have been created in the hospitality industry since then, and turnover in the sector went up by €2.2bn (£1.9bn; \$3bn) in the year after its introduction.

Although the hoteliers’ federation receives funding from Philip Morris, José Luis Guerra, assistant to its president, insists that it is independent of the tobacco industry and that its interests “have nothing to do with theirs.”

But the federation has boasted that it played

Family planning loses out to HIV and AIDS in aid, analysis shows

Zosia Kmiotowicz LONDON

The amount of development aid allocated to family planning and reproductive health has stagnated or risen only slightly in the past 15 years, while that given for HIV and AIDS has soared, show new findings.

The Euromapping 2010 report shows that the proportion of population assistance aid earmarked for family planning fell from 55% in 1995 to just 6% in 2008. Most of the population aid in 2008—73%—was allocated for HIV and AIDS, whereas 17% went towards reproductive care and 4% to basic research.

The report, which scrutinises how countries perform in relation to their funding commitments, is a project by the German Foundation for World Population and the European Parliamentary Forum on Population and Development.

It found that European countries and the EU Commission earmarked just 5% of their development aid in 2008 for health. In comparison the United States allocated 19% of its development aid for health activities.

In terms of money committed the United

Kingdom was the biggest donor on health in the European region, with a total of \$1bn (£0.6bn; €0.7bn) in 2008, followed by the EU Commission (\$732m). When measured per head, however, Luxembourg was found to be the biggest donor at \$118 per resident, followed by Norway (\$53), Ireland (\$35), Sweden (\$27), the Netherlands (\$23), and the UK (\$16).

Of the money donated for health aid, 53% was allocated for population assistance, and the rest went towards other health activities such as education and training, basic healthcare, infrastructure, and control of infectious disease.

However, because the definition of population assistance includes HIV and AIDS, which has seen 13 rises in aid between 2000 and 2008, this disguises the severe underfunding of family planning and reproductive health services, said commentators.

Roger Martin, chairman of the Optimum Population trust, said that one of the problems is that the definition of population assistance is too broad, including as it does HIV and AIDS. One way to raise the issue of the severe underfunding

of family planning was to take HIV and AIDS out of population assistance, he said.

Jenny Tonge, who chairs the All Party Parliamentary Group on Population, Development and Reproductive Health and who presented the report to the UK parliament on 10 November, said that it was “scandalous” and “immoral” that 200 million women around the world do not have access to family planning services and that 20 million women resort to unsafe abortions every year. “Funding high quality sexual and reproductive health information, commodities, and services, including abortion, is critical to achieving progress towards the [UN] millennium development goals,” she added.

The analysis showed that there was a shortfall of 55% in the global population aid required to meet the needs of women and achieve demographic targets set by the UN in Cairo in 1994. Only £10bn of the estimated £21.6bn needed in 2008 was received.

Euromapping 2010 is at www.euroresources.org/euromapping.

Cite this as: *BMJ* 2010;341:c6460

a crucial role in ensuring that the 2006 act allowed entrepreneurs to decide for themselves whether or not they would allow smoking on their premises, by lobbying the government and parliamentary parties.

One of the methods the tobacco industry has used to maintain the acceptability of smoking is to set up a smokers' group in Spain. Established in 1995, Smokers for Tolerance now has 100 000 members. Documents from Philip Morris and BAT show the companies' interest in promoting and leading this group.

Javier Blanco, the club's spokesman, thinks the "current law is perfect." Blanco says that "health authorities should stay out of private people's health." The surveys that the club carries out have had diametrically opposed results to the surveys carried out by market research bodies. Although official surveys show that about 70% of the Spanish population supports broader restrictions, the club's latest survey showed the opposite: that almost 70% of the 1800 people surveyed were in favour of maintaining smoking areas in bars and restaurants, while 80% thought that strengthening the law on smoking in public was not the way to prevent people smoking.

Politically, the Social Democratic Party, the party in power, is in favour of tightening restrictions, while the opposition Popular Party is against it, but the Social Democrats nevertheless delayed the current bill by six months because of the dire warnings from the hospitality industry.

Cite this as: *BMJ* 2010;341:c6462

Gruesome by design

Janice Hopkins Tanne NEW YORK

The US Food and Drug Administration has released proposed warning labels that will appear on cigarette packages from October 2012. A survey of smokers will decide by June 2011 which nine of the 36 disturbing pictures will be used, together with messages such as "Cigarettes are addictive," "Tobacco smoke can harm your children," "Cigarettes cause cancer," and "Cigarettes cause strokes and heart disease." The photos include images of a corpse, a man exhaling smoke through a tracheostomy, a woman blowing smoke on her baby, and a cigarette being injected like an illegal drug. The warnings must cover one half of the upper front and back of a cigarette package. The FDA has the power to regulate tobacco products but cannot ban them.

The images are at www.fda.gov/TobaccoProducts/Labeling/CigaretteProductWarningLabels/default.htm.

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JANINE WIEDEL PHOTOLIBRARY/ALAMY

The European Union had 1000 cocaine related deaths in 2008, with 325 in the UK

EU drug agency voices concern over cuts in drug treatment programmes

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Wolfgang Götz, the director of the European Monitoring Centre for Drugs and Drug Addiction, urged governments not to cut funding of drug treatment programmes when he presented the agency's annual report in Lisbon last week.

As public expenditure is being drastically cut back to reduce massive national debts, Mr Götz made a special plea for treatment schemes to reduce drug use—on which more than one million people in the European Union now depend—to be spared the budgetary axe.

"At a time when effective responses need to be sustained, austerity measures could lead to reductions in treatment services," he warned. "Pressures on the public purse may well provoke decisions that result in Europe incurring long term costs that far outweigh any short term savings."

The annual report emphasises the complexity of the European drugs market as new psychoactive substances appear. These are often sold as legal alternatives to controlled drugs and are available to buy over the internet. The monitoring centre has identified 170 online shops offering "legal highs" and is now closely monitoring their activities.

Last year 24 of these substances were formally notified through the European early warning system. In the first 10 months of this year another 33 have been added to the list. One major concern about the new products is that little is known about the acute risks associated with their use or their long term effects on the human body.

Three weeks ago the European Commission called for an EU-wide ban on the ecstasy-like

drug mephedrone, which is already outlawed in 15 countries and has been linked to 37 deaths in the United Kingdom and Ireland.

The report confirms that cannabis remains by far the most widely used illicit drug in Europe, with four million people taking it on almost a daily basis. But it also points to growing concerns over the use of cocaine, which some 14 million adults in Europe have tried at least once.

For the first time the report provides data on the annual number of cocaine related deaths: 1000 in the 27 member European Union. In the UK the number doubled from 161 deaths in 2003 to 325 in 2008. Across the EU 70 000 people entered treatment for cocaine problems in 2008, accounting for 17% of all new drug treatment clients.

The day before the Lisbon based agency published its annual report the European Commission presented its first review of the EU's 2009-12 drug action plan. This notes that 6500 to 7000 people die each year in the EU from an overdose and that between 25 million and 30 million Europeans are estimated to have taken some form of illicit drug in the past year.

However, it also points to a reduction in the number of new cases of HIV among drug users; closer international cooperation to combat drug trafficking; and more research into policies to reduce the adverse effects of drug misuse.

Competing interests: RW's fare to and accommodation in Lisbon were paid for by the European Monitoring Centre for Drugs and Drug Addiction. The monitoring centre's annual report is at www.emcdda.europa.eu/events/2010/annual-report. The European Commission's review is at http://ec.europa.eu/justice/news/intro/doc/com_2010_630_en.pdf.

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