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Would-be cheats face barrage of tests by army of antidoping scientists at London Olympics

Mark Hunter BRADFORD

London's 2012 Olympic Games will be the "riskiest" ever for drug cheats, says the man charged with leading the antidoping programme for the event.

Athletes will face new tests for growth hormone, gene doping, and possibly autologous blood doping, where an athlete's own blood is extracted, stored, then reintroduced at a later date. An army of 150 antidoping scientists will carry out the tests, supported by around 80 science graduates drafted in as temporary assistant analysts. Also, far greater use will be made of "targeted testing" on the basis of intelligence gathered before the games.

David Cowan, director of the Drug Control Centre at King's College London, told a press briefing at the British Science Festival in Bradford that around 6000 blood and urine tests would be carried out during the Olympics and a further 1400 during the Paralympic Games.

"Huge advances have been made in what we can detect to control drugs in sport," he said. "So much so that I think we can say before 2012 that it is better not to take the drugs."

Professor Cowan said that a test for gene doping had been developed and was currently awaiting approval. Researchers were also "well on the way" to having a new test for growth hormone ready for the 2012 games. Unlike previous tests this would not detect growth hormone directly but would measure levels of two key biomarkers—IgF1 and PIINP—thereby allowing illegal drug use to be

detected for much longer after administration.

"By having knowledge of how those two markers change under normal conditions we can show the difference between what would be allowable and what would say that you are a cheat," said Professor Cowan.

A test for autologous blood doping was also in development, said Professor Cowan. This made use of unusual RNA patterns seen in stored blood.

"As the blood cell ages out of the body, the pattern of the RNA varies, and one can actually see a different pattern."

Professor Cowan was hopeful that the new test

would be ready for the Olympics. "I've only got 11 months to go. I'd like to get it in time, but I can't guarantee I will." But he added that blood taken during the Olympics would be stored and could be tested retrospectively.

Drug testing during the Olympics will take place at GlaxoSmithKline's research and development facility in Harlow, Essex. In July the company signed an agreement with the World Anti-Doping Agency to share confidential information on drugs in development that could potentially be misused by athletes in the future.

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Ben Johnson won the 100m race in Seoul 1988, before being stripped of the medal for illegal drug use

GEORGE TIEDEMAN/SPORTS ILLUSTRATED/GETTY IMAGES

British public is sceptical about putting a minimum price on alcohol

Mark Hunter BRADFORD

Plans to introduce minimum pricing on a unit of alcohol in UK countries could be undermined by public mistrust and misunderstanding of the policy, concludes research announced this week.

A survey funded by the newly created charity Alcohol Research UK found that the British public is highly sceptical of minimum pricing. Many people remain

to be convinced that small, population level reductions in alcohol consumption could have any significant benefit to public health and would prefer to see anti-alcohol strategies targeted at heavy drinkers.

The research results come just a week after the Scottish parliament announced that it would introduce a minimum price per unit of alcohol to improve public health (p 554).

The researchers quizzed 217 people in 28 focus groups on their attitudes and beliefs about minimum pricing. They found that the participants saw the policy as unfairly punitive on people who drink in moderation and were concerned that it might create or exacerbate other social problems such as crime and drug abuse.

"There was a concern that people who are highly dependent

might turn to crime to fund their addiction," the study's leader, Martin Hagger of Curtin University, Perth, Western Australia, told the British Science Festival in Bradford.

He said that the study showed that many people did not understand that a minimum price policy was aimed at discounted alcohol sales rather than at alcoholic drinks in general.

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Health bill passes to the Lords with majority of 65 votes

Nigel Hawkes LONDON

The Health and Social Care Bill finally completed its passage through the House of Commons with few alarms for the government. It was given its third reading by 316 votes to 251, a government majority of 65, and now passes to the Lords where it will face further attempts at amendment.

A threatened Liberal Democrat revolt fizzled out with only four of the party's MPs voting against the government. For most of the day a half empty house listened to familiar arguments being rehearsed, but short of a major rebellion the passage of the bill was always secure.

Andrew Lansley, the health secretary, said: "The intensity of debate and the brightness of the spotlight shone upon the bill have made

it better than when it was first laid before the house. I believe it will set the NHS in England on a path of excellence: empowered patients, clinical leadership, and a relentless focus on quality."

His opposite number, the Labour shadow health secretary John Healey, called the bill unwarranted and unnecessary. "It's reckless to force through the biggest reorganisation in NHS history at the same time that finances are tight and pressures on the health service are growing."

Many of the hundreds of amendments passed by the Commons were introduced by the government as a result of the "listening exercise" and the report of the Future Forum. At one point, as heads dropped during a discussion of the responsibilities of the secretary of state, Owen Smith for Labour, said: "The

key thing is that eight months, two bills, and 1500 amendments later, we are still debating clause 1 and its legal interpretation. That is testament to just how badly botched this bill has been."

Outside parliament opposition to the bill continued, sparked by Mr Cameron's claim during questions that after the changes it was now supported by the Royal College of General Practitioners (RCGP), the Royal College of Physicians (RCP), and the nurses. The claim was promptly denied by Clare Gerada, RCGP chairwoman, who said that the college continued to have a number of concerns about the bill.

"As a college we are extremely worried that these reforms, if implemented in their current format, will lead to an increase in damaging competition,

Scotland will set minimum price for a unit of alcohol

Bryan Christie EDINBURGH

The Scottish parliament has announced that it will introduce legislation to set a minimum price on alcohol to curb the damage to health from overconsumption.

The Alcohol Minimum Pricing Bill will be presented to the Scottish parliament in the autumn and is guaranteed to be passed into law by the majority Scottish National Party government. A similar move last year was voted down by opposition parties (*BMJ* 2010;341:c5267).

The need for action was highlighted by recent sales data showing that the amount of alcohol sold in Scotland is equivalent to every adult exceeding sensible drinking limits every week of the year.

Although the measure will be approved in Scotland, it may still be blocked under European Union competition laws. Rules on free trade generally do not allow price fixing, which is seen as anticompetitive. In 1978 the European Court of Justice rejected minimum pricing of spirits.

But the Scottish Health Action on Alcohol Problems, which was set up by the Scottish royal medical colleges, says that the European Commission has responded twice in the past year on the minimum pricing of alcohol, saying that there is nothing to prevent member states introducing such a policy.

The minimum price is likely to be set at around £0.45 (€0.52; \$0.71) per unit of alcohol.

See **NEWS**, p 553

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Deals with industry are unlikely to produce health benefits

Stephen Ginn

The government's public health "responsibility deal" is an "irresponsible" and "inadequate" response to England's public health problems, says a new report.

The responsibility deal is at the centre of the coalition government's health strategy. It involves partnerships between public health, commercial, and voluntary organisations to improve public health without legislation (*BMJ* 2011;342:d1702).

The report, from the Children's Food Campaign, which works to improve the health of young people, criticises the deal's pledges aimed at the food industry.

"The responsibility deal's pledges are minor, and even these have not been universally adopted," says a report coauthor, Charlie Powell, campaign director for the Children's Food Campaign. "Industry commitments to them are voluntary, and they are likely to fail to improve health."

The report lists 13 well known companies, including Birds Eye foods, Budgens supermarkets, Domino's Pizza, and the Nando's restaurant chain, which have failed to sign up to any of the health pledges.

Of the 90 or so companies that have signed up, 33 are listed by the report as having failed to commit to one or more of the pledges.

"A number of major fast food chains and food outlets and food catering supply com-

panies failed to sign up to the salt reduction pledge," says the report. These include Burger King, McDonald's, and Pizza Hut.

Several companies have not signed up to the pledge on trans fats, including the pub chain J D Wetherspoon and Wimpy restaurants.

Some companies have signed up to commitments that have little relevance to them. All the major supermarkets have signed up for the "out of home calorie labelling pledge." However, "as this pledge is mainly for restaurants and fast food outlets, it is not clear what the major supermarkets will need to do to achieve [it]," says the report.

The food pledges in the responsibility deal allow the industry to "appear to be helping to improve public health without having to do very much," says the report. It questions the effectiveness of the "partnership" approach of the deal, as it says this leads to major conflicts of interest. "Any successful intervention necessarily has to affect their sales," said Mr Powell.

Instead of the responsibility deal "we need a genuinely responsible approach to public health, including regulations to protect children from junk food marketing, and colour coded, front of pack nutrition labelling to help consumers, including children, make healthier choices," said Mr Powell.

The Irresponsibility Deal? is at www.sustainweb.org/.

Cite this as: *BMJ* 2011;343:d5791





Only four Liberal Democrat MPs voted against the Bill: (from left) Julian Huppert, Greg Mulholland, Andrew George, and Adrian Sanders

an increase in health inequalities, and massively increased costs in implementing this new system,” she said.

The RCP and the Royal College of Nurses also issued statements indicating that although they thought the bill had improved from its first version, concerns remained.

The arguments will break out again when the bill goes to the Lords next month, where Baroness Williams, a Liberal Democrat, has warned that “the battle is far from over.”

But any amendment introduced by the Lords can be overturned when the bill returns to the Commons.

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Attempt fails to strip abortion providers of counselling role

Nigel Hawkes LONDON

An attempt to strip some abortion providers of the duty to offer advice to women about abortion was heavily defeated in a vote in the House of Commons.

Nadine Dorries, a Conservative backbencher, moved an amendment to the Health and Social Care Bill that would have insisted counselling be provided by independent agencies and not by abortion providers such as Marie Stopes or the British Pregnancy Advisory Service (BPAS). Ms Dorries argued that it was wrong for organisations that had a financial interest in carrying out terminations also to be providing counselling.

If passed, the effect would have been to give a greater role to independent counsellors, who pro-choice campaigners claim include anti-abortion groups. Ms Dorries failed to carry the vote after a government undertaking by Anne Milton, the health minister, to bring forward regulations to meet the spirit of the amendment after consultation. “Not only is primary legislation unnecessary, but it would deprive parliament of the opportunity to consider the detail of how the service will develop and evolve,” she said. This undertaking persuaded Ms Dorries’s co-sponsor, Frank Field MP, to withdraw his support for the amendment, which was lost by 368 to 118 on a free vote.

Three cabinet ministers—defence secretary Liam Fox, work and pensions secretary Iain Duncan-Smith, and Northern Ireland secretary Owen Patterson—supported the amendment. Ms Dorries also claimed during a bad tempered

debate to have had the support of the prime minister until he was lobbied by deputy prime minister Nick Clegg at the behest of former Liberal Democrat MP Evan Harris. “A former MP who lost his seat in this place is blackmailing our prime minister,” asserted Ms Dorries, prompting a call from the speaker for temperate language, moderation, and good humour.

Ms Dorries had earlier urged Mr Cameron at prime minister’s questions to show Mr Clegg “who’s the boss.” Mr Cameron began his reply by saying: “I know the honourable lady is extremely frustrated . . .” before being interrupted by laughter and sitting down.

That set the scene for a tricky day for Ms Dorries, whose lengthy and personal speech was constantly interrupted by interventions. She insisted that she was not anti-abortion and claimed after the vote that she had got what she wanted as the government had agreed to consultations. But Diane Abbott for Labour, opposing the amendment, said it was “shoddy and ill conceived” and assumed that “thousands of women don’t know what they are doing.”

Ms Milton said that legislation was not needed to give effect to the spirit of the amendment, but it needed careful thought. Defining “independent” was not simple. “We want counselling to be provided by appropriately qualified people who offer non-judgmental therapeutic support and who act according to their professional judgment, without undue interference or regard to outside interests,” she said.

Ann Furedi, chief executive of BPAS, said after the debate she was pleased the amendment had been overwhelmingly rejected. “We look forward to being able to focus our efforts on issues which pose a genuine problem for women considering ending a pregnancy,” she said.

Cite this as: BMJ 2011;343:d5743

Health secretary does U turn over Chase Farm Hospital

Zosia Kmietowicz LONDON

Changes to services at Barnet and Chase Farm Hospitals in north London first proposed by the local NHS and backed by the Labour government in 2008 are to go ahead. The health secretary for England, Andrew Lansley, has accepted the findings of a review that found that reconfiguration is in the best interests of patients, despite promises by himself and the prime minister, David Cameron, before and after the election that the hospital would not be subjected to “top-down” changes.

Mr Lansley had asked the Independent Reconfiguration Panel, which is made up of doctors, managers, and lay people, to review the plans for the hospitals against four criteria, all of which must be passed: that the changes are backed by clinical evidence; that they have the support of GP commissioners; that they promote patients’ choice; and that they are agreed after engagement with the public, patients, and local authorities.



Chase Farm Hospital, north London, is seen by many as a test case for the future of the NHS

The panel concluded that “the status quo has real downside risk in terms of the current safety and sustainability of local services” and that, when measured against these four tests, “the process appears to have been robust and the consideration of the evidence compiled thorough and well-balanced.” The independent panel dismissed alternative proposals from Enfield Council as unworkable.

The accident and emergency department at Chase Farm Hospital will now close and be replaced by a minor injuries unit. Maternity and paediatric services at Chase Farm will transfer to nearby North Middlesex and Barnet Hospitals.

The Independent Reconfiguration Panel’s assessment report on Barnet, Enfield, and Haringey is available at www.irpanel.org.uk.

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IN BRIEF

Kenya bans female genital

mutilation: Kenya's parliament has passed a law banning all forms of female genital mutilation and making it illegal to practise or procure it or to arrange to send anyone abroad for cutting. Ten years ago female genital mutilation of girls under 16 was outlawed, but the ban was largely ignored. Half of all Kenyan women are believed to have undergone the procedure.

Poor safety and staffing are found on Morecombe's maternity wards:

Unannounced inspections by the Care Quality Commission have found that maternity services at the University Hospitals of Morecambe Bay NHS Foundation Trust are failing to meet six essential standards, including the safety and welfare of patients, facilities, and appropriate staffing levels. Several families who used the services have made claims of serious clinical negligence against the trust, and Cumbria police are investigating several deaths of babies.

Spaniards rate doctors ahead of the king and the church:

Doctors, scientists, and public health workers were rated highest in a poll of the most trusted professionals and institutions by the Spanish public. In the Metroscopia poll they were rated 7.4, 7.4, and 6.8 points (of a maximum of 10), respectively, above the king (5.6), the Catholic Church (4), judges (3.5), unions (3.3), and politicians (2.6).

English GPs support new fit note:

A Department for Work and Pensions survey of 1405 GPs' views of patients' health and work shows that 70% thought the fit note, introduced in April 2010, helped patients make a phased return to work, while 61% said it improved the quality of discussions about work they had with patients (<http://research.dwp.gov.uk/asd/asd5/summ2011-2012/733summ.pdf>). GPs were evenly split on whether they thought it had made consultations longer. Three quarters said that they "feel obliged to give sickness certificates for reasons that are not strictly medical."

Doctors ask royal colleges to call for withdrawal of health bill:

More than 150 doctors and scientists have written to the medical royal colleges asking them to put pressure on the government to withdraw the Health and Social Care Bill. The letter, coordinated by the NHS Consultants' Association, says that the planned changes to the NHS are not in the interests of patients or doctors because they will lead to marketisation and privatisation of health care.

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PA

British soldiers were accused of "widespread ignorance" in how they handled detainees in Basra

Doctors need better training to recognise and report torture

Sophie Arie LONDON

Doctors need better training on exactly what constitutes torture and support to blow the whistle when they witness it, says a report from Medact, the UK based health charity, which found that the medical profession is participating in torture.

The report, which considers incidents of medical complicity in torture in five different countries (UK, US, Italy, Sri Lanka, and Israel),

shows widespread ignorance and flouting of international conventions and offers recommendations for action that national and international bodies should take. "I hope that people will begin to discuss the whole issue, the issue in the round because too often it's just 'oh, he needs to be struck off.' The climate of impunity that may have been created, lack of support that may be given, really need to be discussed," said Marion Birch, director of Medact.

The report coincided with the publication of the report in the UK of the inquiry into the death of Iraqi hotel worker Baha Mousa, who was found to have sustained 93 different injuries after experiencing an "appalling episode of serious gratuitous violence" while detained at a British military base in Basra in 2003.

That report pointed to "widespread ignorance of what was permitted in handling prisoners of war" and observed that there were "no standing orders or general instructions in IQLR (the military unit involved) as to the medical care for civilian detainees."

Medact's report outlines specific cases in which doctors have broken Geneva conventions and medical ethics by either willingly taking part in or facilitating torture or allowing it by failing to report evidence. Examples of direct participation in torture include providing medical knowledge to interrogators to aid interrogation, disregarding confidentiality of medical information, force feeding rational people who are on hunger strike, and falsifying medical records or death certificates.

Different situations arise in the countries investigated. US doctors have been found to have falsified death certificates for detainees at Abu Ghraib

Dutch doctors wait too long for judgments in euthanasia cases

Tony Sheldon UTRECHT

Doctors in the Netherlands who carry out voluntary euthanasia must wait up to eight months before knowing whether they face a criminal investigation after an "enormous" rise in numbers of cases has swamped an already stretched reporting system.

The Dutch Medical Association describes the situation as "serious," with "unrest" among doctors. One doctor had written complaining that his euthanasia report this summer would not be considered until April.

Under the 2002 law doctors have a legal obligation to report voluntary euthanasia (where a doctor ends a patient's life at his or her explicit

request) and assisted suicide (where the patient takes a deadly drug but the doctor assists) to one of five regional assessment committees consisting of a doctor, a lawyer, and an ethicist. The committee must be satisfied that the doctor has adhered to all criteria of due care, otherwise the case is forwarded to the public prosecution service and the Healthcare Inspectorate.

This week's annual report of the committees shows 3136 reported cases in 2010, a 19% increase on 2009. The number has nearly doubled since 2006. Since 2010 nine cases have so far been judged not to have met all the criteria of care (www.euthanasiecommissie.nl).

Although no prosecutions have



Willie Swildens-Rozendaal regrets delays

TOUSSAINT KLUITERS/ANP, NETHERLANDS

prison in Iraq, psychologists helped develop interrogation techniques at Guantanamo prison, and doctors neglected or concealed evidence of intentional harm inflicted on detainees.

There is concern that British doctors working at immigrant detention centres fail to examine properly or report injuries asylum seekers have received before arriving in the UK. This can lead not only to their not receiving treatment they need but also to a lack of evidence supporting the case for asylum for those who have been tortured or abused elsewhere. Military doctors have also failed to report signs of abuse in detainees.

In Sri Lanka, where widespread torture has been reported, doctors charged with assessing victims often have little training and have to carry out consultations in the presence of police, which breaches medical confidentiality and can intimidate the doctor.

In Italy, doctors and nurses at the prison where G8 protesters were detained in 2001 have been accused of suturing some detainees without anaesthesia, leaving them undressed for long periods of time, and hitting and beating them.

The report recognises the problem of “dual loyalty” in which doctors, particularly in conflict situations, are often torn between their patient and their employer. It also identifies legal and military systems that force doctors into situations where they may risk their jobs or put their own lives in danger by refusing to participate or report torture that they have witnessed.

Medact: Preventing Torture is at www.medact.org.
The Report of the Baha Mousa Inquiry is at www.bahamousainquiry.org/report/index.htm.

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been brought under the present law, each year about a dozen cases are referred for further scrutiny. A preliminary investigation is then launched, questioning the doctor to see whether there is a criminal case to answer. To date these have resulted only in conditional warnings.

The average time taken to assess cases has risen from 30 days in 2007 to 63 days today. The committees have to respond within 12 weeks, but they admit that they cannot prevent seriously exceeding this in several cases.

The Dutch Medical Association says that nearly 500 doctors are still waiting for a judgment on their euthanasia report from 2010. It has written to the minister of health demanding that from 2012 the time to assess cases will fall within the 12 weeks limit.

The chairwoman of the committees, Willie Swildens-Rozendaal, apologised for the delay. The secretariat is looking to hasten the process. However, she accepted that more committee members may eventually be needed.

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UK lifts lifetime ban on gay men giving blood

Richard Hurley *BMJ*

The ban on gay men donating blood in Great Britain is to be lifted on 7 November 2011, after new evidence, including research in the *BMJ*, indicated that this would not affect the safety for recipients.

Men who abstain from anal and oral sex with another man for at least one year will be eligible if they meet the other criteria for selecting donors, the Department of Health announced on 8 September. This 12 month “deferral” applies whether or not condoms were used.

“Donor selection rules are based on good evidence to maintain their credibility with donors, and this change . . . is proportionate to the current risk,” said Lorna Williamson, medical and research director of NHS Blood and Transplant, which manages donations in England

and north Wales. Our priority is “to provide a safe supply of blood for patients,” she said.

The independent Advisory Committee on the Safety of Blood, Tissues, and Organs (SaBTO), which advises UK government and health departments and comprises experts, patients’ representatives, and other stakeholders, recommended the change. Deirdre Kelly, professor of paediatric hepatology at the University of Birmingham, who led SaBTO’s review, said that new evidence had become available since the last review, in 2006. The *BMJ* research explored compliance with the lifetime ban among men who had ever had penetrative sex with another man (MSM) (*BMJ* 2011;343:d5604).

SaBTO’s review is at www.dh.gov.uk.

Cite this as: *BMJ* 2011;343:d5765

See **PERSONAL VIEW**, p 589



Stefania Albertani was given 20 years

Medical tests help reduce sentence of woman accused of murder

Fabio Turone *MILAN*

A criminal court in Como, northern Italy, has accepted genetic and neuroscientific tests, including neuroimaging, as evidence that a young murderer was only partly responsible for her crime because of reduced capacity.

Previous testimony in the case from two clinical evaluations had come to the opposite conclusion, but the judge was finally convinced by evidence from a third evaluation, presented by the defence, that involved neuroscientific and genetic tests in addition to a thorough psychiatric examination. The judge considered these conclusions to be “more reliant on objectivity and evidence” than those that were based only on a traditional clinical approach.

The sentence given to 28 year old Stefania Albertani, who in 2009 killed her sister and burned her corpse and later attempted to kill her mother, was reduced from 30 to 20 years in jail, including at least three years in a mental hospital.

The court’s decision was described as “historic” in the Italian press but has two precedents in Italian courts.

Most reports in the media have cited morphological characteristics of Ms Albertani’s brain that are linked to aggressiveness, specifically the volume of the anterior cingulate cortex, as measured by voxel (volumetric pixel) based morphometry, and the presence shown by genetic testing of three alleles associated with aggressive

behaviour. The medical team concluded that Ms Albertani’s capacity was reduced because of a dissociative psychosis with a predisposition to aggressive behaviour.

“Many reports have exaggerated the role of these techniques,” Pietro Pietrini, a psychiatrist and behavioural geneticist at the University of Pisa, told the *BMJ*. “We started neither from neuroimaging nor from genetics. On the contrary, we performed a thorough clinical examination, and then we used these techniques to complete the picture with objective measures that strengthened our conclusions.” Professor Pietrini, appointed by the court, led the team that presented the evidence for the defence and also worked on the previous cases.

He said that Ms Albertani was completely rational at the time of the crime, so the defence argument needed to be very convincing.

Giuseppe Sartori, a cognitive neuroscientist at the University of Padua and also an expert for the defence, said, “Our examination was unusually thorough, because of the complexity of the case. Among other things we needed to rule out the hypothesis that she simulated amnesia.” The team used tests such as the autobiographical implicit association test, which is based on reaction times, to evaluate her memory.

Several experts are now concerned that judges may start considering as “objective evidence” techniques that are still seen as controversial in the context of judging criminal behaviour.

Cite this as: *BMJ* 2011;343:d5761

MPs criticise CQC for cutting back on inspections by 70%

Nigel Hawkes LONDON

The Care Quality Commission (CQC) has been sharply rebuked by the parliamentary health select committee for neglecting its main role of inspecting England's health and social care services.

A 70% fall in the number of inspections in the second half of 2010-11 was the result of the commission ignoring its core function and diverting resources instead to registering thousands of dentists, it claims.

The House of Commons Health Committee says in a new report that it is "extremely concerned" that compliance activity fell to such low levels. "It demonstrates a failure to manage resources and activity in line with the main statutory objective of the CQC to protect and promote the health, safety and welfare of people who use health and social care services," it concludes.

Rosie Cooper, a member of the committee, said, "It's really disappointing that the CQC allowed itself to get trapped, leaving vulnerable people at risk—and it's quite astounding that 70 inspectors' jobs remained unfilled while CQC was being formed. It's an absolutely unsatisfactory way to integrate public bodies."

The commission was set up in 2008 to combine the responsibilities of three existing inspectorates, with an increased burden and fewer staff. But the Health Committee says that it should have made it clear much sooner than it did that the tasks it had been set could not be achieved in the timescale demanded by the legislation.

"The senior leadership of the organisation had a responsibility to communicate this to the gov-

ernment persistently and persuasively," the report says. The Health Committee's chairman, Stephen Dorrell, the Conservative MP for Charnwood, said, "Any adult regulator shouldn't take on responsibilities if it hasn't got the resources it needs."

A request by the CQC for an additional 10% on its budget should be rejected, however, until it can explain how it arrived at this figure and how it would spend the extra money, the report says.

The language of the report is tough throughout but especially so in a section on the registration of dentists. The CQC began without testing its registration model. In mitigation, the British Dental Association said in evidence that the government had given the commission "an almost impossible task." But the Health Committee says that the CQC must accept responsibility. "It is astonishing," the report says, "that it could ever have been considered sensible for small dental practices to work through the same process (of registration) as a large hospital."

An appeal by the CQC to the government for more time to register GPs was granted. But by then the damage was done: inspections in the second half of 2010-11 fell to only 2008, from 6840 in the same period in 2009-10. In adult social care, inspections fell from 10 856 in 2009-10 to only 3805 in 2010-11.

Responding, the CQC said that inspection numbers are now rising rapidly again and that it had recruited or was in the final stages of recruiting 100 new inspectors since the government's freeze on recruitment was lifted. "We have also put a case to the Department of Health for extra funds."

Cite this as: BMJ 2011;343:d5882



Drug users in Vietnam need community based, voluntary treatment, not forced labour and exploitation, said Joe Amon

Mistreatment is rife in Vietnam's drug detention centres

Jane Parry HONG KONG

Human rights activists have called on Vietnam's government to close drug detention centres in the country after finding that people detained for using drugs are held without due process for many years, denied treatment, tortured, and forced to work with little or no pay.

Detainees who refused to work as agricultural labourers or in garment and other factories were punished by being shocked with an electric baton or being held in punishment rooms for weeks or months, says a report from US based Human Rights Watch.

The report, which is based on interviews with 34 people who had been released in the previous year from 14 drug detention centres



The Non-communicable Disease Alliance regrets that the political declaration does not suggest banning alcohol advertising to children, as seen above in Ghana

Experts say summit plan to tackle alcohol is weak

Deborah Cohen BMJ

After months of negotiations and lobbying by interested parties, national governments have finally agreed the political declaration that will form the spine of the UN summit on non-communicable diseases later this month.

Representatives of the 193 United Nations member states will meet in New York on 19 and 20 September to commit to the

declaration, which details how they should tackle rising rates of non-communicable diseases— notably cardiovascular and respiratory disease, cancer, and diabetes—in low and middle income countries.

Draft documents have been circulating for several months, and the *BMJ* reported last month how some governments were trying to water down commitments to



PHOTOBYEALAMY

Care for drug resistant TB fails in a quarter of cases in Europe

Peter Moszynski LONDON

The World Health Organization's Europe regional office has launched an action plan to contain the spread of drug resistant tuberculosis, with the aim to achieve universal access to prevention, diagnosis, and treatment in all European member states by 2015.

WHO says that in western Europe treatment fails in 23% of patients, 26% are lost to follow-up, 19% die, and only 32% are successfully treated.

Zsuzsanna Jakab, WHO's regional director for Europe, said that the region has the world's highest rate of multidrug resistant tuberculosis, which, she said, "speaks of the failure of health systems to treat TB effectively."

She said, "TB is an old disease that never went away, and now it is evolving with a vengeance. We have to find new weapons to fight it."

Although people infected with HIV, migrants, prisoners, and other vulnerable groups are most at risk, Ms Jakab said, "TB can infect anyone." Despite the availability of new diagnostic techniques, "only one third of estimated MDR-TB [multidrug resistant tuberculosis] cases are diagnosed," she said, and only two thirds of those people are reported as receiving adequate treatment.

"Our region has the lowest treatment success rate of pulmonary TB patients, and this contributes to the further spread of MDR-TB. We cannot let this continue," she said.

The new plan calls for "expanding country capacity" to scale up the management of drug resistant TB, with "patient centred models of care and tailored services for specific populations such as migrants, drug addicts, or prisoners" and "collaboration on more effective drugs, vaccines, and testing."

If fully implemented, the plan envisages "the prevention of the emergence of 250 000 new MDR-TB patients and 13 000 XDR-TB [extensively drug resistant] patients, the diagnosis of... 225 000 MDR-TB patients and successful treatment of at least 127 000 of them."

WHO says that in countries outside western Europe "diagnostic and susceptibility test services are extremely limited" and so cannot reflect the whole picture, but the officially reported number of cases of extensively drug resistant TB rose "more than sixfold between 2008 and 2009" in eastern Europe and the countries of the former Soviet Union (*BMJ* 2011;343:d5376).

Cite this as: *BMJ* 2011;343:d5852

under the administration of the Ho Chi Minh City government, describes arbitrary extension of detention even among those who voluntarily entered the centres.

One former inmate, An Thi, was persuaded by her family to go to a drug detention centre. She said: "The local police told me that I should sign a paper for two years and if I was good I could come home in a year." She stayed for five years.

Joe Amon, director of health and human rights at Human Rights Watch, said, "Tens of thousands of men, women, and children are being held against their will in government run forced labour centres in Vietnam. This is not drug treatment. The centres should be closed, and these people should be released."

He added, "People who are dependent on drugs in Vietnam need access to community based, voluntary treatment. Instead, the government is locking them up, private companies are exploiting their labour, and international

donors are turning a blind eye to the torture and abuses they face."

Inmates in Vietnam's 123 drug detention centres include children who were detained together with adults and forced to work, the report states. Luc Ngan, detained as a child for almost four years, said: "There were about eight or nine hundred of us there, all drug users, and the ages were from 12 years to 26 years... Work was compulsory. We produced bamboo furniture, bamboo products, and plastic drinking straws. We were paid by the hour for work: eight hour days, six days a week."

The report urges external organisations funding drug treatment projects, including the US government, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the World Bank to stop funding those projects that treat inmates in drug detention centres.

The Rehab Archipelago is at www.hrw.org/reports/2011/09/07/rehab-archipelago-0.

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measures controlling alcohol, tobacco, and unhealthy food (*BMJ* 2011;343:d5328).

The NCD (non-communicable disease) Alliance, a global network of organisations representing the four main non-communicable disease groups, is broadly supportive of the "strongly worded" document.

In earlier drafts of the political declaration, some Western countries were lobbying against imposing fiscal measures on tobacco. However, the final declaration says specifically that "price and tax measures are an

effective and important means of reducing tobacco consumption."

However, the NCD Alliance concedes that the declaration "falls short in several key areas." It has few specific targets. There is no target limit on salt consumption, for example.

Of particular disappointment to public health advocates are the measures on alcohol control. Alcohol industry representatives have been out in force visiting the country missions in the UN headquarters in New York.

"The language on curbing the harmful use of alcohol

is particularly weak, with no reference at all to essential measures on the price and availability of alcohol. Regrettably, member states have ignored calls from the NCD Alliance to agree measures to protect children from the marketing of alcohol."

Other than for tobacco, nowhere is it recognised that involving the industry in the making of health policy is an inherent conflict of interest.

See **EDITORIALS**, pp 545, 546; **LETTERS**, p 549; **FEATURE**, p 562.

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