

Drug giants drop suit against South African drug law

Thirty-nine international drug companies have withdrawn their challenge to a South African law that many say will allow the government there to import or produce generic versions of patented drugs. The companies deny that intense pressure from international activists led to their change of heart on Apr. 19. Critics argued that the companies were putting profits ahead of the lives of some 26 million Africans living with HIV.

This marks the first time manufacturers have legally challenged the right of a developing country to secure access to sustainable supplies of generic drugs "in certain circumstances so as to protect the health of the public." Other countries will likely follow South Africa's lead. Brazil is threatening to grant li-

cences to local manufacturers on patents for AIDS drugs held by Merck Frosst Ltd. and Hoffmann-La Roche Ltd.

The drug companies, including Roche, Merck Frosst and GlaxoSmith-Kline, had been fighting the proposed South African legislation for 3 years, saying it would override patents by allowing the government to import or manufacture low-cost generic products.

But even the least expensive drug cocktail costs US\$1 a day, putting it beyond the reach of many of the 4.7 million South Africans living with HIV, said Dr. Ayanda Ntsaluba, director general of the Department of Health. In addition, the country does not have the necessary health infrastructure to provide safe monitoring of the treatment.

After the agreement to withdraw the suit was announced, the World Health Organization said the case will encourage a common understanding of how World Trade Organization agreements can be implemented to help promote public health goals.

WHO has offered to help the South African government ensure that HIV-related medicines are made available to all who need them. — *Barbara Sibbald, CMAJ*

Places to smoke going way of the dinosaurs?

The medical officer of health for the newly amalgamated City of Ottawa anticipates that the smoke will have cleared from Canada's public places by 2006. "In 5 years it will all be done," Dr. Robert Cushman told *CMAJ*. "People are demanding clean air and are actively involved in making sure they get it, and this marks a major change in attitude."

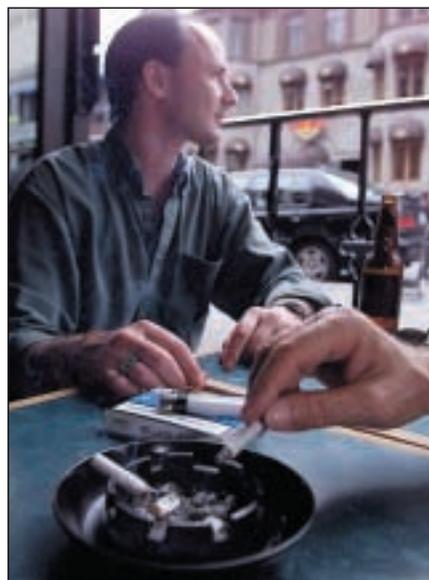
A recent survey of 504 Ottawa resi-

dents indicates that support for a total ban on smoking in enclosed public places grew from 67% to 74% in 1 year. Meanwhile, the Canadian Cancer Society reports that at least 81 Canadian municipalities now have bylaws requiring restaurants to provide smoke-free areas.

Ottawa has hopped aboard the bandwagon with a vengeance thanks to a stringent antismoking bylaw that was passed unanimously by city council Apr. 25; it takes effect in August. Similar rules took effect in Victoria in 1999 and in Waterloo, Ont., in 2000.

In Victoria, 77% of all residents — including half of all smokers — now support the move to smoke-free public places, an Angus Reid survey indicates. When the bylaw was enacted there, the city's biggest concern was that it might affect tourism, Victoria's main industry. However, 2000 proved a banner year, with tourism revenues reaching \$1.1 billion and bar sales remaining stable. "There's either no impact or a positive impact when these bans take effect," says Dr. Richard Stanwick, Victoria's medical officer of health.

Bars, bingo halls and bowling alleys have traditionally opposed the bylaws. However, Cushman says the people operating these businesses may be pleasantly surprised by the results. "Some



A last gasp for smokers in Canada's restaurants?

FDA issues warning on propofol (Diprivan)

The US Food and Drug Administration (FDA) has issued a warning against the off-label use of the injectable sedative propofol in pediatric patients in intensive care units (www.fda.gov/medwatch/safety/2001/safety01.htm#dipriv).

Propofol is used for induction and maintenance of anesthesia. Because it allows easy arousability and recovery shortly after the infusion stops, it is also used in intensive care units, emergency rooms and other areas during minor procedures, intubation and artificial ventilation. Although general anesthesia is the only approved pediatric use for the drug, its attractive characteristics have led to its use in children in intensive and emergency care settings. The FDA became concerned after reviewing data from a randomized, controlled clinical trial of the safety and effectiveness of propofol vs. standard sedative agents in pediatric ICUs. About 10% of children who received propofol died, compared with only 4% of children receiving standard sedating agents. Further trials are under way. *CMAJ* is committed to releasing FDA and Health Canada drug warnings as soon as they are available (*CMAJ* 2001;164[9]:1269). — *CMAJ*

people don't go because they don't want to be exposed [to smoke]. We want merchants to know there's a big business they aren't tapping into." — *Barbara Sibbald, CMAJ*