Bernstein declined to discuss the recommendations in any detail, saying that although the governing council discussed them at a late August retreat, no decisions have been taken. Moreover, the CIHR wants to undertake extensive consultation with the research community before making changes.

Broadly speaking, though, Bernstein said it may be timely for CIHR to devolve some of its decision-making authority. “How I read that is [the IRP] wanted to have more transparency and clarity as to how overall decisions are made and suggested one way to do that would be to devolve down to what they called this research committee.”

But governing council felt they needed “more time, and more input from scientific interests and the broader community” before agreeing to limit its powers, Bernstein added. “But clearly, if they’re going to devolve more, we need to look at the structures underneath.”

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In many respects, the recommendations can be viewed as a call for limitations on CIHR’s expansion.

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As for the strain on peer reviewers that’s caused by the explosive growth in public spending on health research, Bernstein was quick to dispel any notion that the solution is to cut funding, arguing that far more productive solutions can be found by either promoting more interagency peer review and by convincing “more senior people in the scientific community in Canada that they should be part of the review process. They can’t be above it.”

In response to the IRP’s assertions that governing council needs to clarify its roles and responsibilities by becoming more of an advisory committee, rather than “a committee with executive functions or as a main Board of the CIHR,” Bernstein said council isn’t adverse to a less hands-on approach. “It has no difficulty accepting the notion that council should be more involved in policy and strategic direction. But they did not want to become aloof, in the sense of meeting in a perfunctory way and just looking at the books and making sure they were balanced every year.”—Wayne Kondro, CMAJ

**Ibuprofen redux**

The news article “Ibuprofen should go behind-the-counter says expert panel” (CMAJ 2006; 175[3]:253-4) requires further elaboration of Health Canada’s position on this issue. Health Canada started its internal scientific review on the safety of long-term use of COX-2 more than 6 months before convening an Expert Advisory Panel on the Safety of COX-2 Selective Non-steroidal Anti-Inflammatory Drugs. The Health Canada review did not initially specifically look at the safety of ibuprofen. However, according to Dr. Marc Berthaume, director of the Marketed Pharmaceuticals and Medical Devices Bureau: “Health Canada has since studied the available safety data on ibuprofen and has found no evidence of increased cardiovascular risk when the product is used over-the-counter as directed, i.e. for short-term and at low-dose [200-400 mg].
However, Health Canada acknowledges that increased cardiovascular risk may be associated with high-dose ibuprofen, as with COX-2-selective and other “non-selective” NSAIDs. Berthiaume added: “Patients have the responsibility to use as directed any non-prescription or prescription drug, and ibuprofen is no exception.” In general, he says there is a need for more long-term comparative studies to further characterize cardiovascular safety concerns surrounding NSAID drugs including ibuprofen and COX-2. — Barbara Sibbald, CMAJ

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**Injection site gets 16-month extension**

As summer ran its course in Vancouver, a 3-year experiment to provide heroin addicts with a medically supervised injection site neared its scheduled Sept. 12 expiration. Canada’s former Liberal government had granted the facility, InSite, a permit exempting it from federal drug laws. To remain open, InSite required a new permit from the Conservative government — some of whose members argued it’s morally wrong to aid illegal drug addiction.

InSite is in the Downtown Eastside, Vancouver’s impoverished neighbourhood of concentrated HIV and hepatitis sufferers, drug addicts and dealers, sex-trade workers and criminals. North America’s first and only such site, it daily serves about 600 addicts who bring in illegal street drugs and then inject themselves with syringes dispensed by InSite, under the watch of health professionals. Nurses and doctors intervene if users overdose and offer general health care, while counselors are present to offer addiction treatment.

Some 50 similar sites exist worldwide, but InSite remains audacious given the US “War on Drugs” next door. In British Columbia, however, it has massive public and political support under a popular “Four Pillars” drug strategy of prevention, enforce-