

Australian alternatives

According to a recent Queensland University study, one in six Australian doctors treat their patients with acupuncture, hypnosis or other alternative treatments. They do this not only as a response to increased consumer demand, but also because they claim that it works in situations where western medicine has little to offer, according to the study's author, Heather Eastwood.

Although its members are sharply divided over the issue, the medical establishment recognizes the popularity of alternative treatments in many ways. The Australian Medical Association keeps a list of members who offer alternative therapies in the same way that it lists members according to medical specialties. General Practitioners can take courses in alternative therapies as part of their continuing medical education requirements. The national health care system reimburses patients for the cost of such treatment by doctors.

Basil Roufogalis, executive director of the recently established Herbal Medicines Research and Education Centre (HMREC) at Sydney University told *Nature Medicine* that the upsurge of interest in alternative therapies in Australia mirrors the European and North American trend (*Nature Med.* 3; 1306, 1997). The HMREC was established with seed money from the University and will be sustained by grants from commonwealth funding agencies, donations from herbal manufacturers, contract research and consulting work. There are currently six clinical trials in progress in Australia to establish efficacy of herbal treatments, and as in the US and Europe, a host of laboratory research is now being devoted to the discovery of why they work.

Roufogalis recently organized a conference of researchers, government regulators and manufacturers to discuss the efficacy, safety and quality of herbal products. Although estimated to be only one percent of world market, the annual Australian herbal medicine market is valued at \$200m. There are 17,000 herbal products made from 15,000 natural substances listed by the Therapeutic Goods Administration—the regulatory body responsible for pharmaceutical and other drugs. Herbalists attending the conference said they would welcome more scientific scrutiny of their art, so that the two traditions—old and the new—could be merged for the benefit of patients.

ELIZABETH BAN, SYDNEY

Accepting drug addiction in America

Two prestigious US government advisory bodies have called for greater public understanding and acceptance of drug addiction, urging that more resources be targeted toward substance abuse and alcoholism research, and to the treatment of heroin addiction.

Both reports were issued within a day of each other by the Institute of Medicine (IOM; part of the National Academy of Sciences), and a consensus panel of the National Institutes on Drug Abuse (NIDA). Their conclusions indicate a growing acceptance of highly respected scientific organizations that a more aggressive approach toward drug abuse is needed, and echo a recent statement made by White House drug czar, Barry McCaffrey, stressing the benefits of methadone treatment.

The NIDA consensus panel, which focused only on heroin addiction, recommended that barriers to methadone maintenance treatment programs—such as federal and state regulations that restrict physicians from prescribing the heroin substitute—be eliminated, and that patients have greater access to treatment. They also asked for health insurers to offer methadone treatment, at a cost of around \$6,000, in their policies. There are 600,000 registered heroin addicts in the US of which only 19 percent currently receive methadone treatment.

Contrary to the common belief that opiate drug addiction is "self-inflicted" and that treatment will "inevitably fail,"

the panel said, and insisted that such addictions be recognized as "diseases of the brain and medical disorders that can be effectively treated."

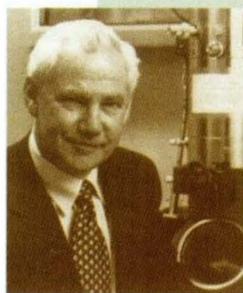
Similarly, the IOM agreed that drug abuse was brain-centered and that research could also enhance knowledge of other important brain disorders, such as Parkinson's disease and certain psychiatric conditions. They complained that the lack of public understanding is hindering progress in this area, adding that under-funding of research and minimal medical education on the subject are additional stifling factors.

According to the IOM report, young scientists say that the stigma associated with addiction has deterred them from pursuing a career in addiction research. "I have been asked by people outside science, 'Why are you studying drug abuse?' Why don't you study something important, like cancer?" said one researcher.

The IOM recommended that the science of drug addiction be integrated into the educational curriculum at all levels, including elementary, middle and high schools, as well as medical schools—which currently devote less than 1 percent of their courses to the subject. It also requested a greater commitment to grant support for addiction research. NIDA officials estimate that \$21.9 million, or 5 percent, of the \$455 million NIDA research budget for FY98 will be earmarked for young investigator programs.

MARLENE CIMONS, WASHINGTON, D.C.

Falkow wins BMS award



In an evening filled with private recollections, jokes and three generations of his family, Stanley Falkow, Professor of Microbiology and Immunology at Stanford University School of Medicine, was awarded the 1998 Bristol-Myers Squibb (BMS) Award for distinguished achievement in infectious disease research. He received \$50,000 in prize money.

Falkow, whose contributions to science, such as the discovery of plasmid transfer of bacterial resistance have earned him the description of the father of pathogenesis, was faultlessly modest in his acceptance speech. He attributed his success to his wife, collaborators, post doctoral researchers and students.

At the same ceremony, Don Ganem of the Howard Hughes Medical Institute and Patrice Courvalin, Professor of the Pasteur Institute, France, were acknowledged as the most recent recipients of the unrestricted grants for infectious disease research. The grants are worth \$100,000 per year for five years. BMS also awards the "no strings attached" funds in five other disciplines—cancer, nutrition, orthopedics, neuroscience and cardiovascular/metabolic diseases—every year to two researchers in each field.

KAREN BIRMINGHAM, NEW YORK