

Sterilisation by quinacrine comes under fire in India

Unauthorised trials of quinacrine, once used as an antimalarial, for irreversible chemical sterilisation of women in India has sparked off a bitter controversy. Critics of the technique, led by All India Democratic Women's Association and academics from the Centre of Social Medicine at Jawaharlal Nehru University (JNU), plan to take the involved doctors to court and are demanding a total ban on all such trials.

Doctors all over India are known to promote quinacrine, which is inserted into the uterus to produce fallopian tube scarring and sterilisation without proper informed consent. In Delhi, J K Jain—a former member of parliament who also runs a private clinic—has been actively promoting quinacrine. A group of doctors under the aegis of the Contraceptive and Health Innovations Project (CHIP) in Karnataka, south India, has also been

promoting quinacrine “as a safe, effective, low cost non-surgical method of female sterilisation”. They completed a trial on 600 women in July, 1996, and are currently involved in a 2-year project to sterilise 25 000 women. In Calcutta, gynaecologist Biral Mullick claims to have successfully done quinacrine sterilisations for over 20 years but is supposed to have stopped 2 years ago. The CHIP trials, and others are supported by the International Federation of Family Health, a charity based in the USA.

Quinacrine supporters accuse their critics of indulging in irresponsible sensationalism. To date, they say, despite 100 000 quinacrine sterilisations, there have been no casualties—but the critics disagree bitterly. Mohan Rao (JNU), one of Jain's critics, says quinacrine sterilisation has a high potential for abuse. He cites the recent film, *A Yellow Haze*, which documented women who attended

clinics for intrauterine contraceptive device insertion, but who were sent home sterilised with quinacrine.

The Drugs Controller of India allowed the Indian Council of Medical Research to conduct a limited quinacrine trial in 1992 at two centres but the trials were terminated early after studying only eight women because of a high sterilisation failure rate (50%). Furthermore, the extent of tubal blockage was unpredictable, making reversibility of sterilisation “almost an impossible task”.

Since the Drugs Controller is the regulatory authority for allowing the use of any drug in India, “any use of quinacrine in the country by the private practitioners without approval from the drug regulatory authority is legally not correct”, says the health ministry. No legal action has been initiated so far.

Sanjay Kumar

Signs of trouble for hubble bubble

At the end of April, a week-long antismoking campaign was organised in Bahrain by the Smoking Eradication Group. The main person behind the campaign was Sheikh Essa bin Hamad Al Khalifa, chairman of the group and a member of the ruling family.

Although the campaign focused on the dangers to health that result from smoking, it also drew attention to the role of Bahrain in exporting tobacco products throughout the Middle East. Figures from the government's Central Statistics Office revealed that revenue from these products rose to a record £ 12 million in 1996, an increase of 8.7% on the previous year.

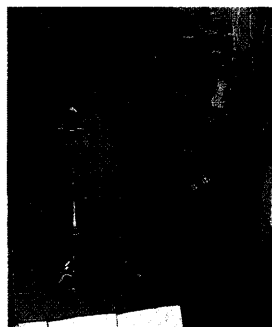
Bahrain is not a tobacco-producing country, but imports tobacco and treats it to suit Arab tastes. The main reason for the increased production stems from the popularity of a tobacco product called *maasal*, which is manufactured by the fermentation of ordinary tobacco in syrup with added fruit essence such as apple. *Maasal* is used in the smoking of *narkeela* (hookah or hubble bubble). In 1996, the demand for this

tobacco increased by 36%.

Smoking habits in the Arab world are changing. Although cigarettes are still in demand, they are less fashionable than in the past. Instead, during the past 10 years, there has been a proliferation in the number of smoking cafes serving *narkeela*. This habit, which originated in Turkey many centuries ago, used to be the province of older and retired men who inhabited bazaar cafes but this image has now changed and *narkeela* is enjoyed by younger men and increasingly by women. Even some university cafes serve *narkeela*.

Aficionados insist that *narkeela* is less harmful than cigarettes. According to Mar-wan Talas, a chest physician in the Syrian city of Aleppo, it is far less dangerous than cigarettes because the smoke travels through water before being inhaled. However, he admits that it is very difficult to carry out a comparative study because most *narkeela* smokers are also current or former cigarette smokers.

Peter Kandela



Safer than cigarettes?

Panos Pictures

WHO to act on violence

In addition to mainstream resolutions on combating infectious and noncommunicable diseases, the 50th World Health Assembly (May 5-14) instructed the World Health Organisation to press ahead with developing a public-health approach to the universal problem of growing domestic violence directed mainly at women and children, as well as against bullying in schools. Guidelines on preventive measures will be submitted to next year's WHA.

Prevention was the aim, too, in the decision to set up a WHO working group—first meeting in early September—on how to curb the emerging phenomenon of unsupervised promotion of medical products on the Internet. In asserting that cloning of humans was ethically unacceptable, delegates agreed WHO must take the lead “in assessing the ethical implications of cloning in the area of human health”. International action was demanded on persistent organic pollutants, such as polychlorinated biphenyls and DDT, that resist biological degradation, are transported long distances in air and water, and accumulate in fatty tissues of living organisms.

Alan McGregor