Although not independent of the above issues,[9] chief among the public health concerns is the transmission of HIV among injection drug users.[10] According to the UN Reference Group on HIV and Injection Drug Use, the largest numbers of drug injectors live in China, USA, and Russia.[11] It is no coincidence that these three nations also have among the world's most punitive drug laws and lead the world in the number of incarcerated individuals.[11] This pattern is consistent with WHO's World Mental Health Survey Initiative, which found that countries with more stringent prohibitive drug policies did not have lower levels of drug use than countries with policies that focused on more evidence-based approaches.[12] An additional concern is drug-overdose deaths, with elevated rates of drug-related mortality more often occurring in settings which emphasise drug-law enforcement over evidence-based approaches to control illicit drugs.[13]

Clearly, the preponderance of evidence shows that the UN drug-control framework has not only been ineffective but has resulted in a range of severe unintended harms. If the UN system fails to acknowledge this reality and open up to more evidence-based approaches during its upcoming review process, it will tarnish the reputation of the entire UN system. It will also help perpetuate the needless human suffering and enormous social costs that have emerged under the existing global drug-control regime.

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The French salt industry in court

In 2008, the French salt industry lost a high-profile libel case brought by its agent the Comité des Salines de France against Pierre Meneton, a medical research worker.[1]

In 2002, and in 2004, France's Food Safety Agency and National Academy of Medicine recommended that the population's salt intake be reduced in line with worldwide dietary guidelines that had been evolving for more than 50 years.[2,3] The Comité subsequently seemed to focus much of its argument against this recommendation towards Pierre Meneton, of the National Institute of Health and Medical Research, who was trying to implement national recommendations for dietary salt intake. In 2001, the Comité des Salines wrote to the

National Institute of Health and Medical Research to accuse Meneton of monomania about salt and of putting out defamatory imputations against his nephrological colleagues and those concerned with hypertension (letter available from GAM). Then in 2006, the Comité des Salines sued Meneton for libel.[1] The Comité's main complaint was focused particularly on a comment that Meneton had made in a lay magazine[4] in which he had stated that "the lobbying of salt producers and agricultural business is very active. It misinforms health professionals and the media".[1] The Comité was also irked by a photograph of a packet of salt that Meneton had devised. On its side, in large black letters similar to those on a packet of cigarettes, was "*Le sel tue*" ("Salt kills").[4]

During the hearing in court, the Comité des Salines developed its usual position that emphasises results from a few studies, particularly those by Michael Alderman from New York City, which have suggested that either the present amount of salt intake is harmless or that a reduction would increase the number of heart attacks.[5] These conclusions have been strongly criticised in subsequent correspondence and published work.[6] When a lay representative of the Comité des Salines was asked to cite one paper less than 30 years old which showed that an excess of salt was harmless, he said that he could not because he had not brought his "catalogue" with him.[4] The representative also conceded to the President of the Court that Alderman had received financial support from the Salt Institute—the equivalent US body of the Comité des Salines de France.[7] Before this incident, on behalf of Meneton, the practices of the Comité des Salines and its members were described by a former Health Director, Joel Menard.[4] Meneton's advocate read out extracts from a letter sent by the Comité des Salines to the Director of INSERM, with the following quote: "Recently we have brought to your notice the immoderate and indiscriminate attacks launched on elementary salt with no scientific basis by the mono maniac, Pierre Meneton, associating your name with his anti-salt rantings...We urgently request you to take the necessary sanctions against this researcher and publish a communiqué disassociating INSERM from his allegations concerning sodium intake and cardiovascular accidents."[1,4] (Letter available from GAM). Meneton's advocate said that this letter reminded him of the Vichy regime.

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The Court dismissed the case, pointing out that a critical opinion proposed by a scientist is not a libel.[1] It further commented that the matter under discussion was that a natural product was being used in excess; however, in a democratic society, comments about such products, even when they were exaggerated, were not covered by French law.[1] The President underlined the fact that Meneton had criticised salt in general. In what seemed to be an attempt to cheer up the Comité des Salines, the Court emphasised that "the quality of French salt in particular had not been brought into question".[1]

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Protocols, probity, and publication

The role of ethics in research extends through the moral obligation to report that research and to do so in an honest, transparent, and timely manner. Authors have as great a duty of care to readers, research colleagues, and society as they do to their study participants and sponsors. To help authors demonstrate that their findings are faithful to their research protocol, *The Lancet*, *The Lancet Oncology*, and *The Lancet Neurology* offer to publish links to the full study protocol on the authors' institutional website. Authors are invited to take advantage of this voluntary service, which is inaugurated by a publication in this month's edition of *The Lancet Oncology*.[1] Protocol links will be offered for any design of study and will be encouraged for randomised controlled trials (RCTs), because these are the bedrock on which secure clinical decisions are made.

Full and unbiased reporting of prespecified analyses is essential for the credibility of research and the care of patients. Reporting of RCTs has improved with the introduction and adoption of CONSORT guidelines,[2] the International Committee of Medical Journal Editors' encouragement that protocols be submitted to journals in parallel with manuscripts,[3] and the prospective registration of trials.[4] But experience at *The Lancet* and elsewhere[5] suggests that, despite these measures and increased editorial oversight, reporting often does not mirror the protocol on which funding, ethical approval, and participants' consent will have been based. Research on protocols submitted to the US Food and Drug Administration for licensing showed that, in several instances, studies whose data did not show benefit had been published subsequently as showing benefit.[6] At *The Lancet*, where a protocol review service has been available since 1997 to help authors improve the quality of trial design,[7] and where, since 2002, randomised trials have been reviewed with the accompanying protocol,[8] discrepancies in endpoints and analysis still occur.[9]

Selective reporting undermines both the values and value of research. By enabling readers to readily visit a study's protocol, we hope to increase the accuracy of trial reporting and to make internal and external validity clearer. As a result, we believe that research can be more rapidly translated into practice. Accessible protocols will also help future researchers to design better studies and will help to generate more accurate systematic reviews. Access to documents after conclusion of a trial is not a novel idea,[10,11] but in an age of increasing expectations and transparency, we believe that it is an idea that should now be put into practice.

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