the specialty in this aspect of the broad remit of sport and exercise medicine, namely safe prescription of exercise for individuals with comorbidities so that general practitioners and others would have someone to whom they could turn for advice.

I was the inaugural president of the intercollegiate Faculty of Sport and Exercise Medicine.

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Increase in serious ecstasy-related incidents in the Netherlands

We have noticed a sudden increase in ecstasy-related incidents in the Netherlands. In this country, rave parties are legal and medical surveillance is provided by specifically trained health-care workers. Medical events are categorised as life-threatening (category 1), not life-threatening but requiring medical assistance (category 2), and other non-serious events (category 3).

Between 1997 and 2010, 31 cases fulfilling category 1 and 2 criteria related to ecstasy use were recorded out of more than 5 million rave attendees.1,2 However, in 2011 alone, 26 category 1 or 2 cases were recorded, indicating a striking increase. Although no scientific data exist to indicate the cause of this increase, as workers in the field we suggest that market-related factors such as higher doses of pills and non-uniform doses per pill might be the main cause.

We therefore warn of more ecstasy-related harm in the population, indicating the need for preventive measures by responsible authorities, more awareness in the population, and better research.

International Health Regulations in the Occupied Palestinian Territory

The International Health Regulations (IHR, 2005) represent an international agreement that is legally binding on 194 countries, including all WHO member states. They provide a mechanism for protecting global public health security while minimising disruption to international travel and trade.

The Palestinian Authority (PA) views IHR implementation as a way of strengthening its image as a reliable international partner and an important step to building its statehood. Over the past years, the PA, with support from WHO and other partners, has made impressive progress towards building core IHR capacities. However, much is still to be accomplished to enable the public health systems of the Occupied Palestinian Territory to detect and contain threats of international concern (figure).

Several powerful factors hinder the fulfilment of IHR requirements in the Occupied Palestinian Territory. The result of the Israeli occupation and the bitter rift between the main Palestinian factions is that the PA is presently able to extend its governance to less than 40% of territory of the West Bank.3 Most of the border crossings are under the tight control of Israel, and the border between Gaza and Egypt is ridden with hundreds of tunnels that provide an essential lifeline to Gaza, but also serve as a route for virtually uncontrolled traffic of goods and people.

The PA’s economic and fiscal vulnerability is another impediment to IHR implementation.4 The extreme

![Figure: Progress in building core IHR capacities in the Occupied Palestinian Territory as per the assessment of the Palestinian national IHR committee (May, 2012)](image-url)