



Internet access

The article "Life in the information highway's fast lane" (*CMAJ* 1998;158[4]:537), by Warren Lampitt, was incomplete and thus inaccurate. It would appear that *CMAJ* is unaware of the services available here in the boondocks! In Saint John, cable modem access is available, although it is a bit slow for some of us. NBTel has a service called Vibe that will soon be available in most parts of the province. It is an asynchronous transfer mode (ATM) system currently running at 10 megabits per second (mbps), with the capacity to increase to 150 mbps; it currently costs about \$50 per month. The integrated services digital network is not available because it is deemed to be too slow here. Asynchronous digital subscriber lines are currently available, if only as an interim measure. Why bother if you can get ATM?

Gerald E. Stiles, MD
Saint John, NB
Received by email

[The author responds:]

When I wrote the column I was aware of the New Brunswick program. However, NBTel had indicated that the residential service was only a trial project for Moncton and Saint John. I understand that they were planning the roll-out for full service in Moncton in May and would be looking to expand after that. The company has just confirmed that no fixed date has been set for these activities.

Over the past 3 years of tracking trends, I have learned to be very cautious of statements made by telephone and cable companies. The actual schedule for implementation is

usually considerably different from the original plan, and the bandwidth delivered is either narrower or more expensive than initial estimates.

I will be tracking the progress of this service and may provide an update in *CMAJ*'s On_the_Net column if the service is made available commercially over a wider area.

Warren Lampitt
Timmins, Ont.
Received by email

The stigma facing drug abusers impedes treatment

I want to commend *CMAJ* for continuing to highlight problems related to substance abuse and dependence.

As is hinted in Michael O'Reilly's recent article, "MD at centre of Somalia controversy finds peace in Northern Ontario" (*CMAJ* 1998;158[2]:244-5), the Somalia affair involved an undercurrent of alcohol-related problems. Despite concerted efforts by some military physicians, a lack of education and a naïve, liberal attitude toward alcohol use stood in the way of adequate interventions.

Dr. Kirsten B. Emmott's article "A really bad locum" (*CMAJ* 1998;158[2]:235-6) highlights the indiscriminate prescribing of opioids and ben-

zodiazepines that can complicate the problems of alcohol abuse and dependence. Physicians must take personal responsibility for becoming better educated about this issue.

In addition, better understanding is needed to avoid pitfalls such as those mentioned in Charlotte Gray's article, "Legalize use of marijuana for medical purposes, MDs and patients plead" (*CMAJ* 1998;158[3]:373-5), in which the harmful effects of marijuana (including addiction) are acknowledged yet minimized. In addition, clarification is needed concerning the reply by Drs. Mark Latowsky and Evelyn Kallen to Dr. Robert A. Durnin's letter "Canada's drug problem: new solutions needed" (*CMAJ* 1998;158[2]:167-8). Latowsky and Kallen argue that illicit drug use is not abuse. By definition, continued drug use despite harm is drug abuse. Furthermore, preoccupation and compulsion, combined with impaired or sustained loss of control, characterizes dependence or addiction.¹

Instead of moving away from making appropriate diagnoses, it is important to remove the stigma faced by people experiencing substance abuse or dependence. It is "the wrath of punishment" that needs to be curbed. Our patients deserve proper assessment and treatment, not punishment for "deviance," nor liberal

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