



duped and manipulated than their colleagues elsewhere. Other sources include robberies involving pharmacies and dental and even veterinary clinics, as well as fraudulent prescriptions.^{1,2}

Fern goes well beyond our study when he comments on the association between street drugs and welfare payments. "Welfare Wednesday" involves the infusion of a substantial amount of disposable income into the downtown core with measurable social consequences.³ Our limited sample suggested that there was a relation between the street prices of pharmaceuticals and this socioeconomic event.

Through our study we tried to increase understanding of the underground economy for at least some prescription drugs and the ways physicians may be enabling the very addictions they are trying to treat and prevent. There is an urgent need for further research into the extent of diversion of prescription drugs and the significance of this trade in other very valuable classes of drugs, such as anti-retroviral products.

Stefan Grzybowski, MD, MCISc

Director of Research

Amin Sajan, MD

Trevor Corneil, MD

Department of Family Practice

University of British Columbia

Vancouver, BC

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Dr. Latowsky is correct when he links the abuse of prescription and illicit drugs, and he is right to frame the problem of drug abuse in the wider social and psychological context. Although decriminalization is an issue best left to public discourse, there is no doubt that the simple application of laws and regulations cannot and will not solve the problem of drug abuse.

Dr. Anderson's observations do not challenge the premise that his study amply demonstrated. Mere notification of prescribers whose prescribing practices were more than 2 standard deviations above the mean was sufficient to result in a 25% drop in the prescribing of opioid analgesics. This kind of observation has been replicated in many US jurisdictions with multiple-copy prescription programs.¹⁻⁴ Although Anderson is rightly concerned about the prescribing of propoxyphene in the cohort of physicians notified, it would have been far more effective to have told the physicians prescribing it that the

drug is of limited proven value in treating chronic pain. Of greater concern is the lack of data on the effect of decreased prescribing of opioid analgesics. In the absence of such data, it is impossible to say whether such notification helped or harmed the physicians' patients.

Brian Goldman, MD

Toronto, Ont.

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Correction

In an article on the annual meeting of the Royal College of Physicians and Surgeons of Canada,¹ the first name of Dr. Irvin Wolkoff was spelled incorrectly. We apologize for this error. — Ed.

Reference

1. Harrison P. Royal College debates whether MDs should promote moderate consumption of alcohol. *CMAJ* 1998; 159(10):1289-90.

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