



ever, is that it has not significantly altered public prejudice and discrimination toward drug users, nor has it succeeded in shifting public policy decision-making toward maintenance as a publicly accepted and legitimate treatment alternative to punishment.

Legalization, although strongly advocated by some as more logical, humane and consistent with evolving human rights principles,<sup>4</sup> remains an untapped but viable treatment option that is opposed by people with powerful vested interests, who continue to lobby successfully to maintain the status quo.

Those who use public health approaches suggest that it is not the drugs themselves that cause the greatest harm, but the restrictive social and public policies that shape the human behaviour surrounding their acquisition and that affect the manner and consequences of their use. Educating the public about the health risks of drug use, the ways in which to use drugs responsibly and the social controls to prevent drug abuse and dependence are sensible alternatives.

We agree that we need nonemotional and unbiased scientific studies and arguments to help shape rational public policy. However, public policy has never been dictated solely by objective criteria of harm.<sup>5</sup> It has been and continues to be strongly influenced by factors that are judged or defined as problems by powerful decision-makers. This subjective construction allows for what Durnin correctly identifies as a contradiction in society's tolerance for alcohol use and its opposition to drug use. We argue that this contradiction also allows for continuing public misinformation and the consequent persistent stereotyping and stigmatization of illicit drug use.

This contradiction raises a critical point of public misconception: equating illicit drug use with abuse. We should all be concerned with prevent-

ing and treating abuse of and dependence on all drugs, whether legal or illegal. Those who incorrectly equate illicit drug use with abuse stigmatize all illicit drug users and unjustifiably invite the wrath of punishment to curb these users' "deviance."

The human rights approach adopted in our editorial considers both individual and group-level differences to be valued reflections of human diversity. Following from this, treatment goals involving drug abuse and dependence should include not only the restoration of function but the reclamation of the dignity, opportunities and freedoms that every human being deserves.

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### Deaf with a small "d"

In her article "Cochlear implants: the head-on collision between medical technology and the right to be deaf" (*Can Med Assoc J* 1997;157 [7]:929-32), Lynne Swanson made the mistake of assuming that the deaf community is homogeneous and that those who sign — the "culturally Deaf" — represent the majority of that community. They do not.

Swanson is correct that some peo-

ple within the signing "Deaf" culture oppose the cochlear implant. However, "oral deaf" people like me far outnumber the capital-D Deaf who use sign language. It is ironic that Swanson is guilty of the same kind of polarization and sensationalism ("the deaf" v. "the hearing") that she and Dr. Hartley Bressler deplore.

In the article, Bressler is quoted as saying that a book on the cochlear implant written by a deaf person would be diametrically opposed to one written by a hearing person. Interestingly, I have written such a book, which is to be published by Trifolium Books next spring. It describes my experience growing up deaf, obtaining a cochlear implant and hearing with it; the book also shows the subtle shadings of deafness and the complexity of the issues surrounding cochlear implantation.

No one working in this field today would ever offer the hope that a cochlear implant will turn a deaf person into a hearing person, but for the vast majority of those who obtain a cochlear implant the benefits will be gratifying.

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Despite the view of many within the deaf community that deafness should not be considered a handicap but rather a thread to bind like individuals together, hearing impairment *does* represent a handicap in the hearing world.

For the past 2 years my wife and I have experienced the anxiety, turmoil and doubt associated with deciding that our young daughter should receive a cochlear implant. In the 18 months before the surgery, we sought out every possible information resource to ensure that we made a truly informed decision. We met with the deaf culture advisor from the Robarts School for the Deaf in London to discuss the options for our daughter

within the deaf community and to more fully understand the deaf perspective on education alternatives, culture and cochlear implants. We also worked with speech pathologists, auditory verbal therapists and allied deaf educators to evaluate the options for our daughter in the hearing world. After assessing all of this information, my wife and I know that the decision we made was the right one.

However, my main intent here is not to discuss cochlear implants or to highlight my daughter's progress. Rather, I would like to ask the deaf community to grant us the same respect and consideration that they are trying to garner for themselves from the hearing world. I echo Dr. Lorne Parnes's statement that "parents are constantly making decisions about our children's well-being." None of these decisions, especially one involving a 3-hour operation, is made lightly. The deaf community seems to feel justified in questioning the decisions we have made for our child and, yes, for ourselves. Being born with a hearing impairment does not constitute automatic inclusion in the deaf culture; that must be a personal decision. Our family lives in the hearing world. Is it so wrong for us to want Kaylin to live in this world with us?

Parents must be fully informed and understand the views on both sides before making any decisions about cochlear implants. I feel that my daughter will eventually be able to make more informed decisions about the directions her life will take because she will have experienced both communities. Should she decide to join the deaf community later in her life, we will support her, knowing that she had the chance to live in both worlds, that she made the decision she thought was best for her and that she wasn't just sitting on the sidelines throwing stones.

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