abuse of illicit ones. Many argue that criminalization of drug addiction has helped create the social deviant subculture[3] as well as the endemic system of violence[4,5] that regulates it. In some cases a market is created because there is a lack of accessible addiction treatment. If we ignore or do not respond to such systemic factors in the creation of a market, the economics of necessity will prevail to maintain the status quo.

**Mark Latowsky, MD**
Department of Family
and Community Medicine
University of Toronto
Toronto, Ont.

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In the article on the street value of prescription drugs,[1] the authors mention that "an estimated 2.6 million people in the United States use prescription drugs … for 'nonmedical reasons,' " but it is not clear if they are implying a similar level of use in Canada. They do seem to imply that the drugs in question are prescribed by doctors and then diverted. This would be quite a commentary on prescribing habits in Vancouver, unless drugs are getting to the street from other sources. Is anybody assessing this possibility?

The article also suggests that welfare cheques make a significant difference. No doubt many people who use street drugs receive welfare payments, but is there any real evidence that welfare recipients end up on street drugs or that their incomes from welfare will support a drug habit?

**Brian J. Fern, MD**
College Park Medical Clinic
Saskatoon, Sask.

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In his editorial[1] Brian Goldman expresses interest in the finding in an accompanying article[2] that the street value for prescription opioid analgesics is currently relatively low compared with previous anecdotal reports. This should come as no surprise, given that Vancouver has been flooded with cheap, highly potent heroin that costs $10 to $20 a hit; it makes sense that the street value of prescription drugs must be adjusted accordingly to remain competitive.

Goldman also worries about the chilling effect that prescribing regulations exert on legitimate access to some medications, citing the triplicate prescription programs in New York State and British Columbia as examples. I challenge his conclusion that these programs either deny access to effective drug therapies or lead to excessive prescribing of less desirable drugs.

When New York added benzodiazepines to its triplicate program, there was a negligible absolute increase in the prescribing of less-safe alternatives but the prescribing of benzodiazepines declined significantly.[3] In BC, physicians who had written excessive numbers of prescriptions for narcotic analgesics, at a rate 10 times greater than the mean rate of their peers, were notified by the College of Physicians and Surgeons of British Columbia.[4] Although this notification resulted in a 25% reduction in the number of prescriptions for these drugs, the prescribing rates within this cohort remained significantly higher than average. One of the most frequently prescribed analgesics was propoxyphene, which has limited proven effectiveness in pain management. It is difficult to accept Goldman's assertion that triplicate prescription programs exert a chilling effect on prescribers and unduly limit patient access to pain control.

**John F. Anderson, MD**
Medical Adviser
Clinical Support Unit
Community Health Programs
British Columbia Ministry of Health
Victoria, BC

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**[The authors respond:]**

We agree with Dr. Latowsky's comments. The roots of the robust street market in prescription drugs are systemic, and there are no simple solutions. There is a huge need for increased addiction treatment services across Canada. Further research may result in the setting of priorities and support better community planning.

Dr. Fern cogently targets the estimate of the use of prescription drugs for nonmedical reasons; however, the accuracy of the estimate we quoted — taken from a newspaper source — is questionable, and its relevance to the Canadian population is unknown.

In our study we found a surprisingly open and thriving marketplace. However, we did not study the quantity of drugs being bought and sold. Although it is likely that most of the drugs sold on the street are diverted from prescriptions written by physicians, it is unlikely that Vancouver doctors are any more guilty of being