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## Drug supply and drug abuse

The article by Evan Wood and colleagues<sup>1</sup> suggesting that the seizure of 100 kg of heroin made no difference to heroin abuse in Vancouver is interesting, but its conclusions are open to doubt and its implications are cause for concern.

In Australia over the past 2 years, there has been a significant decrease in heroin overdoses (and subsequent deaths) in association with a decrease in reported abuse of heroin.<sup>2</sup> Over the same period, law enforcement authorities here have had a series of major successes in intercepting shipments of heroin and arresting those responsible.<sup>2</sup>

Wood and colleagues<sup>1</sup> admit that the Vancouver Injection Drug User Study was not designed to look at the effects of a large seizure of heroin on supply to addicts but rather was aimed at analyzing factors related to HIV in drug abusers. Hence, their article reports an incidental post hoc analysis. It is possible that neither the sample of drug abusers they interviewed nor the time frame in which the interviews took place was appropriate for determining changes in drug abuse after a large seizure of heroin. For example, it might be that large shipments of illicit drugs are usually stored for months before being distributed (to help avoid linking importation with subsequent distribution), so that the impact of a seizure on abuse would take months to appear.

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## [Three of the authors respond:]

We thank Michael Copeman for his interest in our study.<sup>1</sup> While Weatherburn and associates<sup>2</sup> speculated that interdiction efforts might have led to a heroin drought in Australia in early 2001, they also found no reduction in crime and a concomitant rise in cocaine injection. It is also noteworthy that others<sup>3</sup> have speculated that the drought may have been due to factors other than interdiction.

In our study we moved beyond speculation and looked retrospectively at interviews with addicts regarding the availability of heroin after a record seizure.<sup>1</sup> Instead of this post hoc analysis being a limitation, as suggested by Copeman, our approach reduced the potential for bias because the subjects and interviewers were blinded to this eventual use of the data.

With regard to the time frame of our analyses, Fig. 1 of our original study<sup>1</sup> presents data as far ahead as 3 months after the seizure. Furthermore, even if storage were a factor, basic economic theory predicts that any significant impact on supply should immediately affect price, regardless of storage.<sup>4</sup>

We believe that the ideal case study of interdiction and enforcement efforts comes from the United States, where the resources directed to this approach dwarf what is spent in other nations such as Australia and Canada. For instance, in the United States the number of nonviolent drug offenders in prison exceeds by 100 000 the total incarcerated population in the European Union (EU), despite the fact that the EU has 100 million more citizens.<sup>5</sup> Nevertheless, US drug supply and purity have reached an all-time high.<sup>1,6</sup>

We agree that the implications of our study are of concern, especially since the

vast majority of resources spent on the drug problem continue to be directed to enforcement.<sup>1</sup> We hope that the politicians charged with protecting public health take a closer look at the wealth of studies showing the failure of this approach<sup>1-3,5-7</sup> and at the evidence supporting more effective alternatives.<sup>8,9</sup>

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## Emergency docs or family physicians?

I am concerned that Benjamin Chan's research letter<sup>1</sup> dealing with the practice patterns of physicians with emergency medicine certification (CCFP [EM]) from the College of Family