- Adlaf EM, Ivis FJ, Smart RG. Alcohol and Other Drug Use Among Ontario Adults in 1994 and Changes Since 1977. Toronto: Addiction Research Foundation, 1994.
- Ferris J, Templeton L, Wong S. Alcohol, Tobacco, and Marijuana: Use, Norms, Problems and Policy Attitudes among Ontario Adults. A Report of the Ontario Alcohol and Other Drug Survey, 1992. ARF Internal document #118. Toronto: Addiction Research Foundation, September 1994.
- Bondy SJ. Attitudes and Experiences with Treatment of Alcohol and Tobacco Problems. A Report of the Ontario Alcohol and Other Drug Opinion Survey, 1993. ARF Internal document #119. Toronto: Addiction Research Foundation, October 1994.
- Paglia A. Alcohol, Tobacco and Drugs: Dependence, Problems and Consequences of Use. A Report of the 1994 Ontario Alcohol and Other Drug Opinion Survey. ARF Internal document #121. Toronto: Áddiction Research Foundation of Ontario, 1995.
- 10. Anglin L (Ed.). The Ontario Experience of Alcohol and Tobacco: New Focus on Accessibility, Violence and Mandatory

- Treatment. A Report of the Ontario Alcohol and Other Drug Opinion Survey (OADOS). ARF Internal Document # 122. Toronto: Addiction Research Foundation of Ontario, November
- 11. Northrup DA The 1992 Policy Survey: A Survey of Ontario Residents for the Addiction Research Foundation: Technical Documentation (ARF: technical documentation). Toronto: Institute for Social Research, York University, 1992.
- 12. Northrup DA. The 1993 Adult Opinion Survey: A Survey of Ontario Residents for the Addiction Research Foundation: Technical Documentation (ARF: technical documentation). Toronto: Institute for Social Research, York University,
- 13. Northrup DA. The 1994 Policy Survey: A Survey of Ontario Residents for the Addiction Research Foundation: Technical Documentation (ARF: technical documentation). Toronto: Institute for Social Research, York University, 1994.
- 14. Northrup DA. The 1995 Policy Survey: A Survey of Ontario Residents for the Addiction Research Foundation: Technical Documentation (ARF: technical documentation). Toronto: Institute for Social Research, York University, 1995.

- 15. Mills C, Stephens T, Wilkins K. Summary report of the Workshop on Data for Monitoring Tobacco Use. Chron Dis Can1994;15:105-10.
- 16. Kish L. Survey Sampling. New York: John Wiley and Sons, 1965.
- SUDAAN. (Release 7.0) Research Triangle Institute, 1996
- 18. SAMHSA, National Household Survey on Drug Abuse: Main Findings 1993 (DHHS 95-3020). Rockville: Substance Abuse and Mental Health Services, 1995.
- 19. Stephens T, Morin M (Eds.). Canada's Youth Smoking Survey 1994: Technical Report. Ottawa: Health Canada, 1996.
- Statistics Canada. Microdata User's Guide. Canada's Alcohol and Other Drugs Survey. Ottawa: Special Surveys Division, Statistics Canada, September 1994
- 21. Opinions Ôntario. Toronto: Institute for Social Research, York University, 1991.
- Ontario Ministry of Health. Ontario Health Survey 1990. User's Guide Volume 2. Microdata Manual. Toronto: Ontario Ministry of Health, 1992.

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## T E E R RRESP

## Canadian Immunization Cuts Will Cause Child Deaths

Sometimes it is important to remember that some of the things we take for granted in Canada can mean the difference between life and death in other countries. Immunization, which most Canadian children receive almost automatically, is one of those things.

As a medical doctor, I have had the opportunity to evaluate the impact of immunization programs on the population of my country, Senegal. This has led me to believe that the termination of Canada's International Immunization Program, as recently announced by the Canadian International Development Agency (CIDA), would be regrettable.

Children in developing countries are often victims of a vicious circle of malnutrition and infectious disease. Some of them suffer more elaborate forms of injustice, such as trafficking of organs, prostitution, sexual abuse, corruption, and the trauma and displacements caused by armed conflict. These problems are not all equally simple to resolve, but we would be shamefully guilty if we did not at least continue those battles already being waged - principally in maternal and child health, malnutrition, and vaccination.

Infectious disease kills 2 million children under the age of five each year. I am not referring to exotic ailments - rather, to measles, mumps, diphtheria, neonatal tetanus, and tuberculosis. In spite of this terrible toll, global vaccination programs (which Canada has supported until now) currently save over 3 million lives per year. This progress has come at minimal financial cost. The Canadian contribution to these programs has been about \$6 million per year, which is less than 0.3% of the Canadian aid budget.

CIDA should be proud of having financed the Canadian International Immunization Program. According to an evaluation by the Canadian Public Health Association, the program's projects have not only efficiently accomplished immunization goals but have also trained local providers of primary health care.

Can we really afford more foreign aid? In fact, for developed countries, financing the eradication of polio, neonatal tetanus, and measles could be considered an investment rather than aid. After the eradication

of these diseases, it will no longer be necessary to fund costly domestic immunization programs year after year. The eradication of smallpox in 1978 represented a saving of millions of dollars each year in the US alone.

It is estimated that polio, which continues to cripple over 80,000 children annually, could be eradicated for ever for \$180 million per year over five years. This is significantly less than the \$380 million that the US currently spends each year to immunize American children against polio. Such an expenditure would be unnecessary if polio were eradicated. Canada and other Western countries waste comparable amounts each year. It is not surprising that the US has recently increased spending on international immunization programs.

Cancelling Canada's International Immunization Program is a bad idea. The world needs more programs like this one. I cannot watch it go without voicing a note of protest.

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