To the Editors:

Miguel Coyula's informative article published in the October, 2010 issue of *MEDICC Review* (*Havana: Aging in an Aging City*) described the challenges faced by an aging population in an aging city. The article did not speak to transportation issues as they affect health and well being. Transportation issues—including safe streets for walking, drivers licensing policies, distracted driving policies and public transit systems for access to health and other services—have a profound effect on everyone. Could Mr Coyula provide more information about transportation challenges, especially for elders, and what Cuba is doing to meet them?

Thank you.

Lowell W. Gerson PhD
Professor Emeritus of Epidemiology
Department of Behavioral and Community Health Sciences
Northeastern Ohio Universities Colleges of Medicine & Pharmacy

Senior Scientist
Emergency Medicine Research Center
Department of Emergency Medicine
Summa Health System

Author Miguel Coyula Responds

As an architect, my expertise relates more to the physical environment and infrastructure than to the kinds of policies Dr Gerson mentions. However, concerning public transportation, I can say that Havana's central problem is its dependence on a single mode: the bus. Right now there are only 600 buses when 800 are needed, and the system itself lacks a subsystem of feeder routes. Road infrastructure is also antiquated, most of it over 50 years old. I believe we cannot expect "quick fixes," as it's not a problem of just adding more buses. What we need is a new vision and a comprehensive redesign of the whole system to adapt it to the new demographic reality.

there are issues of pedestrian safety... and not just for older adults

There are certainly issues of pedestrian safety to contend with, and not just for older adults. After decades of practically no growth in the number of motorized vehicles on the city's streets, we've seen a lot of growth in the past ten years. Traffic accidents are the number one cause of violent death in Cuba. Authorities have made great efforts to reduce them through measures such as stricter fines, a points-per-infraction system for revoking drivers' licenses, suspension of licences for driving under the influence of alcohol and mandatory helmet use for motorcycle riders.

But pedestrians and bicycle riders have on the whole not felt implicated in these transit regulations. In fact, the long period with few cars circulating gave pedestrians a sense of ownership of the streets that has translated into a widespread lack of "street sense": for example, you can see people in the habit of walking down the middle of the street or jaywalking and ignoring traffic lights.

As a result, there is a sort of undeclared war between pedestrians and drivers, in which each side tries to claim his or her space. It is not uncommon to see a standoff between a driver and a pedestrian, each defying the other. This double standard with regard to traffic safety needs to be resolved in a way that all users enjoy the right to use the streets and also share responsibility for their collective safety. An urban planning solution for some areas is to give priority to either pedestrians or vehicles: Old Havana, for example, already gives priority to pedestrians—in a pedestrian-oriented development model that combines main pedestrian-only walkways with secondary routes for motorized transport, demonstrating that it is not only desirable but possible to harmonize the two in the interests of personal safety and the environment.

To the Editors:

I am the developer of a patented sign-and-symptom based chemical use-misuse continuum that differentiates between diagnostic levels of misuse within problem and chemically-dependent clients as well as between "social" and "potential problem" users.[1] So I read with particular interest Dr Ricardo González's *Perspective* in the October 2010 issue of *MEDICC Review* (*Alcohol Harm: Beyond the Body to the Body Politic).* The author provided an excellent overview of the inadequacy of current diagnostic nosology used in the alcohol and other drug (AOD) public health prevention field today. He recommended important changes that are appropriate for both the United States and its diagnostic authority, the Diagnostic & Statistical Manual IV-R (DSM-IV-R)—developed with the explicit goal of compatibility with the International Classification of Diseases (ICD-10)—and internationally for the ICD itself, the focus of his critique.

The author's factual claim cited from a 2005 WHO Report that the "social costs arising from alcohol use by non-dependent drinkers far outweigh those generated by dependent alcoholics" is consistent with the finding of a 1998 survey of over 14,000 employees at seven Fortune 500 companies, reporting that 60% of alcohol-related performance problems were caused by employees not considered alcohol dependent.[2]

Thus, non-dependent use can significantly reduce what can be termed the *productive potential* of the non-dependent user, which precludes a "social use" assessment. With the inhibition of productive potential, the *non-dependent non-social user* often compromises 'microsocial' relations and public safety as well. The author's assertion that such significant damage often can be in the absence of alcohol abuse or dependence, again, cannot be overstated. As the article argues, while intoxication is always problematic, it is not just how much or how often one drinks, but rather the presence or absence of negative consequences of drinking that provides a clearer indication of one's true relationship with alcohol and potential need for intervention.

Pete Katz, BA
Licensed Chemical Dependency Counselor
Consulting member, Consultant Exchange Data Base, Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration, U.S. Public Health Service

1. Method for Assessing the Severity of Non-Addictive and Addictive Psychoactive Chemical Relationships. US Patent 6,543,454 B1, issued April 8, 2003.
2. National Institute on Alcohol Abuse and Alcoholism & Robert Wood Johnson Foundation, Study on Worksite Prevention of Alcohol Problems and its Dissemination. Bethesda;1998.