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take up the tedious, time-consuming committee and administrative tasks of which there are legion. Most of this work is thankless, often frustrating, and appears to have little influence on the decisions that rule our medical world. We would all choose to avoid these chores, but if the positions are not filled by practising physicians and our voices remain silent we will have even less influence on administration and the health care bureaucracy in Victoria. The point of this letter is twofold.

First, to urge you gentle readers to identify the “Good guys” (and gals if that term is not politically incorrect) in your region. Identify them to your BCMA representative so that they can be nominated for one of the BCMA or CMA awards. I would go so far as to suggest that the BCMA institute a “Good Fellows Award” to recognize a number of those who have given prolonged and honorable service to their medical communities in much the same way as David Allan.

Second, may I urge the younger generation (almost certainly another ageist, politically incorrect term) to take up the burden and consider service to your hospital or medical staff as a part of your duties as a physician?

Please serve on committees when you are asked. Please bring your enthusiasm and fresh faces to department and committee meetings, join and actively support your local medical societies, and replace us gray beards who have served our time.

—**John Turner, MB**  
**Vancouver**

*Please send your articles to the BCMJ and nominations to the BCMA Membership Committee for consideration.—Ed*

# council on health promotion

## New COHP committee to address addictions

**A**ddictive behaviors are a common source of distress and disability. Signs of addictive behaviors range from well-known issues such as alcohol and tobacco abuse to less-studied areas such as gambling addiction.

While the true cost to society resulting from addictive behaviors is not fully understood, there is no debate that the harm done is enormous to all of us. Direct costs in terms of primary treatment and costs of medical care are most readily reported, but the collateral and indirect damage due to lost productivity, family breakdown, enforcement costs, and stigmatization of addicted persons is harder to capture.

Published last year, a study entitled “The Costs of Substance Abuse in Canada 2002,” and released in 2006, estimated the economic impact borne by Canadians as a result of the use of alcohol, cigarettes, and recreational drugs to be \$40 billion annually. The study showed how substance abuse has a direct impact on health care and criminal justice costs, and indirect costs on productivity due to disability and premature death. And this figure does not include the costs related to gambling or other addictions.

In late 2006 the BCMA established a new committee, Addictive Diseases, under the umbrella of the Council on Health Promotion. The new committee is responsible for advocating for the best possible treatment for those suffering with addictions.

While there are many facets of the addictions issue that receive research dollars, political attention, social resources, and vocal advocacy, the Addictive Diseases committee will add a unique voice and resource to the landscape. The committee will solicit the input of clinicians and basic scientists

involved in investigating the root causes of addictive behaviors so that our efforts can be targeted to the treatments most likely to benefit patients.

### **Doctors should have a voice in reducing the stigma associated with addictions**

Importantly, these linkages will also inform the committee’s efforts to advocate for basic research into addictions. In order to be able to effectively influence government and social planners, the committee also has members who are involved in developing public policy in this area.

Priorities for the committee include the development of materials on the early identification of patients at risk for addictions, and the dissemination of information on the use of brief motivational interventions in the office setting. Also seen as a pressing need is that doctors should have a voice in reducing the stigma associated with addictions.

In the coming months the committee will seek the input of BC health authorities to identify gaps in the provision of services for addicted patients. At the same time, BC doctors will be surveyed to determine what educational resources would be most helpful in addressing these issues in everyday practice.

All too often, patients with mental health issues, including addictions, are viewed as having flaws of character, rather than having a medical illness as legitimate as any other. Our new committee will act to ensure that this issue is given the attention and resources it so richly deserves.

—**Lloyd Oppel, MD**  
**Chair, Addictions Committee**