Substance abuse at the turn of the millennium

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Psychoactive chemicals have been in use since prehistory. Why the use of some drugs, such as alcohol in the West, is socially codified while the use of others, such as ket, is criminalized by the same culture, is as fascinating a topic for discourse as are the differing views of addiction. These range from a moralistic view of addicts as weak or bad people who are unable to control their appetites, to a more beneficent assessment of them as victims of their social situation. Moral and psychosocial explanations are dismissed by Leshner, for whom addiction is simply a chronic relapsing illness brought about by fundamental changes in the mesolimbic reward system. This view might be elaborated in terms of a mismatch between our bodies and the modern environment: “Our bodies are not designed to cope with ready access to pure drugs, video games and snack foods.” That enormous profits and tremendous harm can result from this mismatch, and that these profits and harm may be amplified by poorly conceived social controls, is relevant to physicians who seek to heal a patient or advocate changes in social policy.

As John S. Millar has pointed out in this journal, “Substance abuse is an enormous problem in Canada. Its total costs have been estimated at $18.4 billion and its direct costs at $6.6 billion annually.” Despite a recognition of the problem, as a society we appear to be going out of our way to improve access to alcohol (with its associated profits and tax revenues), to be politically ambivalent about raising price barriers and implementing total advertising bans for tobacco and to be unable to come to grips with public health solutions that would reduce harmful health and social effects of illicit drug use.

In 1981 the World Health Organization (WHO) initiated a campaign to achieve “health for all” by the year 2000. Promoting healthy lifestyles was a central component of this campaign, and one explicit aim was to significantly reduce “the health damaging consequences of dependence producing substances such as alcohol, tobacco and psychoactive drugs . . . in all member states by the year 2000.” In 1997 an analysis of available macroindicators for harm indicated that, despite some successes in the developed world, the global picture was one of increasing levels of harm from substance abuse; moreover, the authors concluded that the political will and practical interventions critical to future success were lacking.

To mark the WHO goals for reducing substance abuse, and the millennium itself (which we are sure will be celebrated by many with judicious application of their favourite cAMP pathway upregulators), a special issue of CMAJ on substance abuse will be published in early 2000. An eclectic series of papers will present an overview of the many facets of substance use and abuse from psychological, societal, therapeutic, biological and ontological perspectives. To complement a core of invited papers from national and international experts, we are calling for original submissions from physicians or patients on topics as diverse as the range of scholarship or experience will allow. Preference will be given to papers containing original or challenging ideas and those that seek to move both the debate and the solution forward.

Potential authors are invited to contact us to discuss ideas for topics. Manuscripts received by August 1, 1999, have the best chance of being included in the issue. Submissions will undergo the usual peer review and editorial evaluation, and those not selected for publication in this special issue may be considered for other issues of CMAJ.

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References
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