



The Daniel Glazier Award in Adolescent Mental Health and Substance Abuse

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Daniel Glazier died of an accidental OxyContin overdose in July 2009. He was just 18 years of age. Daniel was the son of my friend and family physician colleague Dr Rick Glazier and his wife, Sherry. Many of you will know Rick as one of the pre-eminent family medicine researchers in Canada, Chair of the College's Section of Researchers for many years. Rick had long shared stories of Daniel's trials in battling psychological, emotional, and substance abuse problems as part of his own self-care with a group of male family physician colleagues (of which I am also a member) who meet monthly for collegiality, companionship, and mutual psychological and emotional support. As part of our "check-in" with one another, Rick would share the ups and downs of Daniel's struggles, as well as his own. At times he expressed his sense of helplessness that, as an accomplished family physician—but especially as a father—he was unable to access adequate and appropriate care in Canada for Daniel, which necessitated inpatient treatment in the United States. Who among us—as family physicians, but perhaps also as parents—has not experienced the frustration of being unable to access timely psychiatric and substance abuse care for our adolescent patients?

When Daniel died, the "guys" struggled with how we might support Rick and Sherry in their time of grief. All of us were active members of the College of Family Physicians of Canada (CFPC) and contributed in many ways to the CFPC. Tossing and turning and unable to sleep a night or 2 after Daniel's death, I reflected on the relative lack of resources that exist in Canada for the treatment of serious adolescent mental health problems and substance abuse, on the dearth of primary care research in this critical field, and in general on the lack of sufficient training that we as family physicians receive in assessing and treating our young patients with these problems. And then the light bulb went off: why not create an award, through the Honours and Awards program at the CFPC, in Daniel's memory, as a way of fostering research and training for family physicians in adolescent mental health and substance abuse?

And so, with Rick and Sherry's permission and the practical and financial support of our "men's group," the Daniel Glazier Award in Adolescent Mental Health and Substance Abuse was born. Two awards of \$5000

each are to be presented annually to family physician members of our College who propose research, clinical programs, personal professional development, or the development of clinical tools to assist family physicians in assessing and treating these young patients. The response to the offer of this award was incredible. It was my privilege to present it for the first time this past November at Family Medicine Forum in Montreal, Que, to 3 (it was too hard to choose only 2) deserving family physicians: Dr Amanda Bell of Port Colborne, Ont, who will implement a project using cognitive behavioural therapy for adolescent girls with substance abuse issues; Dr Marcia Kostenuik of Barrie, Ont, who will develop an adolescent suicide prevention teaching module; and Dr Mireille C. St-Jean of Ottawa, Ont, who is creating a free, online, screening information and referral tool to help Canadian family physicians screen for and manage adolescent mental health and substance abuse problems.

So can any good come out of such a tragedy? I hope that these and future projects will soon begin to contribute research, concrete practical strategies, and resources in Canada to support family physicians treating adolescent patients and families requiring such help. Certainly too, Rick and Sherry and their family have found some measure of solace in knowing that this award, with Daniel's name attached, will put a human face on this worsening and ongoing serious health problem in our midst, one for which family doctors are the first line of defence.

I do not think many of us realize, however, that perhaps the most important tool in our tool box as family physicians is our special relationship with our young patients. I remember several years ago, when I was changing practices, I was taken completely by surprise when my teenage patients, not just the elderly or the needy, expressed incredible distress at my departure. I did not appreciate at all the effect that I had on them, and that my office was that one place where they could come and share their important physical, emotional, and psychological concerns in a supportive and nonjudgmental context. We need the support, training, research, and resources to be able to do our job. The Daniel Glazier Award is a first step toward achieving these goals and toward preventing further needless and tragic deaths among our young patients.

Daniel's death shall not be in vain.



Cet article se trouve aussi en français à la page 119.