

British Columbia

More formal addictions training 'urgently' needed for doctors, says new study

Results from B.C. Centre for Excellence in HIV/AIDS study suggest more specialized training needed

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A man injects himself with heroin in this file photo. (David Ryder/Reuters)

Health researchers are calling for more addictions training for doctors, based on a new study assessing the number of physicians who have with formal training in helping those with substance abuse issues.

The study by the B.C. Centre for Excellence in HIV/AIDS says there are only 25 doctors in B.C. who have passed the American Board of Addiction Medicine's exam — the most recognized standard for expertise in North America, according to co-author and Vancouver Coastal Health's medical director of community addiction services, Dr. Evan Wood.

Although Canada currently does not have a similar accreditation process and doctors can provide addictions care without participating, he says the U.S. board certifies that doctors have received the most relevant and current training.

Results from the study, published in the <u>Journal of Addiction Medicine</u>, indicate an "urgent" need for more dedicated resources to helping those with substance abuse issues, the authors say.

"By investing in addiction treatment training today and early screening and intervention tools for health care providers, we can more effectively prevent and treat substance use disorders," said Dr. Seonaid Nolan, an addictions doctor and research scientist at the HIV/AIDS research facility in a release.

Underserved regions

The study also calculated the ratio of accredited physicians relative to the number of patients requiring addictions care using provincial sources including Medical Services Plan billings.

It revealed that in Vancouver, the area with the highest number of these doctors, there are on average only about 23 of them for every 1,000 people suffering from drug-related substance abuse issues.

For the northern and island health authorities, that number drops to zero because there are no doctors in those regions with the designation.

To combat the issue, the authors recommend more specialized education for primary-care physicians, or family doctors, who tend to see patients regularly.

"In terms of your average patient, we still have ... individuals showing up in emergency rooms with complications related to addictions and they're being discharged without follow-up," said Wood.

"I think the only way to have provincial reach and impact, is really to have a strategy that places a great deal of emphasis on primary care."

Other recommendations focus on the need for more training to better prepare medical students and other health professionals who can provide support to patients.

With files from Natalie Clancy

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