



<b>Title</b>	Clinician-Scientist Training in Addiction Medicine: A Novel Programme in Canadian Setting
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<b>Publication date</b>	2017-10
<b>Publication information</b>	Klimas, Jan, Ryan McNeil, Will Small, and Walter Cullen. "Clinician-Scientist Training in Addiction Medicine: A Novel Programme in Canadian Setting." Lippincott, Williams & Wilkins, October 2017. <a href="https://doi.org/10.1097/ACM.0000000000001880">https://doi.org/10.1097/ACM.0000000000001880</a> .
<b>Publisher</b>	Lippincott, Williams & Wilkins
<b>Item record/more information</b>	<a href="http://hdl.handle.net/10197/9005">http://hdl.handle.net/10197/9005</a>
<b>Publisher's version (DOI)</b>	<a href="https://doi.org/10.1097/ACM.0000000000001880">10.1097/ACM.0000000000001880</a>

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*Letter to Editor*

**Clinician-Scientist Training in Addiction Medicine: A Novel Programme in a Canadian Setting**

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To the Editor:

Medical education has long been the missing element in the response to the global addiction problem. Instead of treating addiction as a disease, governments have focused on drug prohibition and law enforcement. This approach has failed by many measures, and, as a result, millions of people have suffered. Addiction science has increasingly identified a range of evidence-based approaches to treat substance-use disorders, particularly through early identification and treatment. However, most interventions are underused. Better physician education can improve accurate use of evidence-based treatments.

The demand for training outstretches our capacity by 30-40% and poses a serious challenge to our vision of training the next generation of addiction doctors. To address this unmet demand, training in addiction medicine should be standardised and scaled up. <sup>1</sup>

The key components of such a training programme should include clinical experiences in detoxification protocols, inpatient consultation, youth addiction and mental health, residential treatment focused on women, chronic pain management, and longitudinal community-based treatment. Ideally, all healthcare providers involved in care of people with substance use disorders should take it, including primary care or internal medicine, social work and nursing.

To this end, a promising initiative has recently been launched at the University of British Columbia (UBC) and St. Paul's hospital, i.e., a large Addiction Medicine Fellowship. The fellowship provides 12 months of specialised training for physicians from general practice, internal medicine and psychiatry. The Addiction Medicine Foundation (AMF) accredited the fellowship and alumni are encouraged to write AMF exams. In addition, they obtain research training through intensive mentorship and quality opportunities to develop and publish research manuscripts, through academic half-days, journal clubs and conferences. They receive media

training, learn to influence public policy, advocate for patients, and lead academic research projects.

Most health systems don't specifically train generalist doctors in addiction medicine; when they do, this is mostly privileged to handful of psychiatry programmes that train a definite number of addiction psychiatrists. Our fellowship trains family physicians, internists and other disciplines and thus expands the specialist treatment workforce to professionals frequently seeing people with substance use disorders and well positioned to bridge the implementation gap. <sup>2</sup> Access to effective treatments grows.

**Acknowledgments:**

This project has received funding from the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 701698.

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