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<th>'Wake up the doctors' and teach them addictions</th>
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<td>Authors(s)</td>
<td>Klimas, Jan</td>
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<tr>
<td>Publication date</td>
<td>2015-07-29</td>
</tr>
<tr>
<td>Publisher</td>
<td>Canadian Healthcare Network</td>
</tr>
<tr>
<td>Link to online version</td>
<td><a href="http://www.canadianhealthcarenetwork.ca">www.canadianhealthcarenetwork.ca</a></td>
</tr>
<tr>
<td>Item record/more information</td>
<td><a href="http://hdl.handle.net/10197/6929">http://hdl.handle.net/10197/6929</a></td>
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"Wake up the doctors and educate the people," Dr. Ernest Bishop, a clinical professor of medicine at New York Polyclinic Medical School, wrote in the *American Journal of Public Health*. “Medical, legislative and popular ideas are all in error.”

The article was titled "Narcotic drug addiction: A public health problem" and the year was 1919. Dr. Bishop argued that addiction is not a vice but a disease that requires treatment. However, there were few medications to treat it back then. He also noted “addiction is practically untaught in the school.”

Little did he know that it would take a century for things to start changing. Although we have effective medications now, they are underused because doctors don’t know about them.

Nor is the drug problem any less pressing than Dr. Bishop felt it to be nearly 100 years ago. According to Statistics Canada, in 2012 approximately 21.6% of Canadians (about six million people) met the criteria for having had a substance use disorder during their lifetime.

Furthermore, in the *Canadian Journal of Addiction* (September 2014), Dr. Peter Selby, chief of the addictions program at the Centre for Addiction and Mental Health (CAMH) in Toronto, and colleagues noted the prevalence of substance abuse in Canada is about 11%.

However, Dr. Selby and his coauthors went on to note that although Canadian family physicians cited it as the third most important area of competence for a newly practising family physician in a recent survey undergraduate training in addiction medicine in Canadian medical schools “is minimal to non-existent.”

Among residency programs, the researchers noted, only psychiatry requires any dedicated exposure to addiction care. As for fellowship programs, there are a few scattered programs for psychiatry residents; a fellowship for family medicine residents at St. Joseph’s Health Centre in Toronto; and only two programs accredited by the American Board of Addiction Medicine (out of 27 in North America), at CAMH and at Saint Paul’s Hospital in Vancouver.

Most programs have only one to three spots per year, but the St. Paul’s initiative brings something different to the table.

The St. Paul’s Hospital Goldcorp Fellowship in Addiction Medicine was created in 2012 with a $3-million donation from Goldcorp Inc. and it is now one of the largest fellowships in North America that trains doctors to become addiction specialists. The program accepts six trainees per year who can come from any medical background, typically psychiatry, internal medicine and family medicine. One position for nursing is available.

In addition to the clinical fellowship, there is an addiction medicine research fellowship, as well as rotations.
for medical students and residents with the St. Paul’s addiction medicine consult team.

“We’re not just training very senior physicians; the fellowship also enables the supervision of more junior trainees,” director Dr. Evan Wood noted in the St. Paul’s Hospital Foundation’s magazine Promise (Fall/Winter 2014). “We’ll have over 80 physicians and trainees go through the program over the next year or so. Those trainees will bring a great deal of competency in this area to other areas, from medicine to mental health.”

The program’s success hasn’t gone unnoticed. The Irish Research Council recently sent me to Vancouver to conduct a three-year study of the mechanisms of the fellowship.

Although Ireland reportedly has the third highest level of overdose deaths per capita in Europe, Irish medical students get only two hours of addiction instruction over four years of medical school.

My study—including information from interviews with past fellows, together with a review of the scientific literature—will help inform an expert panel developing standards for education of doctors in addiction medicine in Ireland, and possibly worldwide.

Dr. Bishop would have approved.

Dr. Jano Klimas (PhD) is a research fellow in medical schools at University College Dublin and the University of British Columbia. He completed his doctoral training in Slovakia and postdoctoral training in Ireland where he studied primary care of patients in opioid agonist treatment.