

Addiction medicine is a speciality—let’s recognize it

October was an interesting month for physicians involved in the field of addiction medicine. Early in the month a public forum on the regulation of substances featured the release of a discussion paper from the Health Officer’s Council of British Columbia entitled *A Public Health Approach to Drug Control in Canada*. The paper called for the removal of criminal penalties in drug possession for personal use and the placement of currently illegal substances, such as heroin and marijuana, in a tight regulatory framework instead. The paper also called for more control and less marketing of legal substances, such as alcohol and tobacco. Decriminalizing the use of illegal substances was suggested as a way of removing the black market, and all of the harms associated with the underground use of such substances, from the current illicit drug scene. The harms associated with the use of alcohol and tobacco could potentially be curtailed by restricting the current free market approach to the advertising and availability of these legal substances. Changing the regulatory framework to deal with the harmful effects of the misuse of substances is a complex and multifaceted approach to a problem that is not going away by

“just saying no.” I was surprised by the lack of media interest in this provocative and arguably controversial position.

Another October event for physicians with an interest in addiction medicine was the Annual Scientific Conference of the Canadian Society of Addiction Medicine. Several hundred physicians from across Canada attended this 3-day conference, rated as one of the best ever held. The conference included a training program on the use of buprenorphine. This medication is soon to be released in Canada and offers physicians an alternative to methadone in the treatment of opiate dependency.

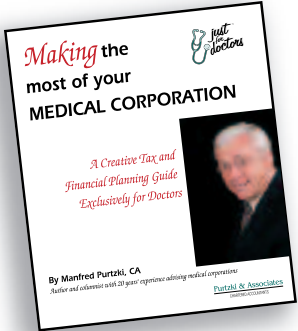
With all this interest in the field of addiction medicine, and the growing acknowledgment of its importance, I think a change in status is overdue. Addiction medicine is an orphaned “speciality” and the time has come for Canada to develop and recognize a training program that would lift the field from *interest* to *fellowship*. Just as in Australia where addiction medicine is recognized as a speciality in which a physician can seek certification upon successful completion of a recognized postgraduate training program, so must Canada develop fellowship programs. Currently a certificate


can be obtained from either the American Society of Addiction Medicine or the Canadian Society of Addiction Medicine, but these certifications confer no particular distinction upon Canadian physicians with either of the colleges (the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada).

Addiction medicine is a speciality and should be recognized as such. It is an important area of medicine, but one that is often unappreciated and poorly resourced—just ask any physician who has tried to get medical care for a patient’s chemical dependency problem. Recognizing addiction medicine as a speciality would formalize and standardize the skill and knowledge required to be granted such fellowship. Likewise, the use of “Addiction Medicine” as a professional title would be restricted to those who had achieved such certification.

I would like to see a 1-year fellowship program created that would be an additional year of training tagged onto either of the colleges’ postgraduate programs. Those physicians currently practising addiction medicine would need to be evaluated and a process defined to grant certification status on a “grandfather” basis. With fellowship, of course, comes financial recognition as well. Declaring addiction medicine a speciality with defined standards for education and practice would allow for the development of a fee schedule to compensate physicians appropriately for the time and intensity required to conduct addiction medicine consultations. While paying agencies may recoil at the thought of having to fund addiction medicine consultations on a fee-for-service basis, surely comprehensiveness under the Canada Health Act would include such care.

—HMO





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