Too few doctors prepared to provide opioid addiction treatment in the north

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Saskatchewan needs to recruit more northern physicians able to provide opioid agonist therapy, says an addiction specialist.

Nearly 300 people in the province have died from opioid overdoses since 2016, with deaths involving fentanyl spiking 121% between 2016 and 2018. Yet, fewer than one in 10 family doctors can prescribe methadone and other treatments to reduce reliance on opioids.

The problem is more pronounced in northern Saskatchewan, says Dr. Peter Butt, a provincial addictions specialist with the Saskatchewan Health Authority. There are currently only six approved prescribers serving the vast geographic area north of Prince Albert. Access to opioid agonist therapy is therefore limited and many people travel long distances for care.

Butt says negative attitudes and biases against people with addictions are among the reasons why more doctors don't offer opioid addiction treatment. "We have family medicine residents that receive training who would be willing to provide care, but then they join a clinic and are told quite specifically that they don't want 'those people' in their clinic."

Stabilizing people with addictions in specialized clinics before sending them to a family doctor could ease that transition. Once patients are on a recovery trajectory, family doctors may be more willing to take them on. "There's less potential disruption in the waiting room or in their practice," Butt explains.

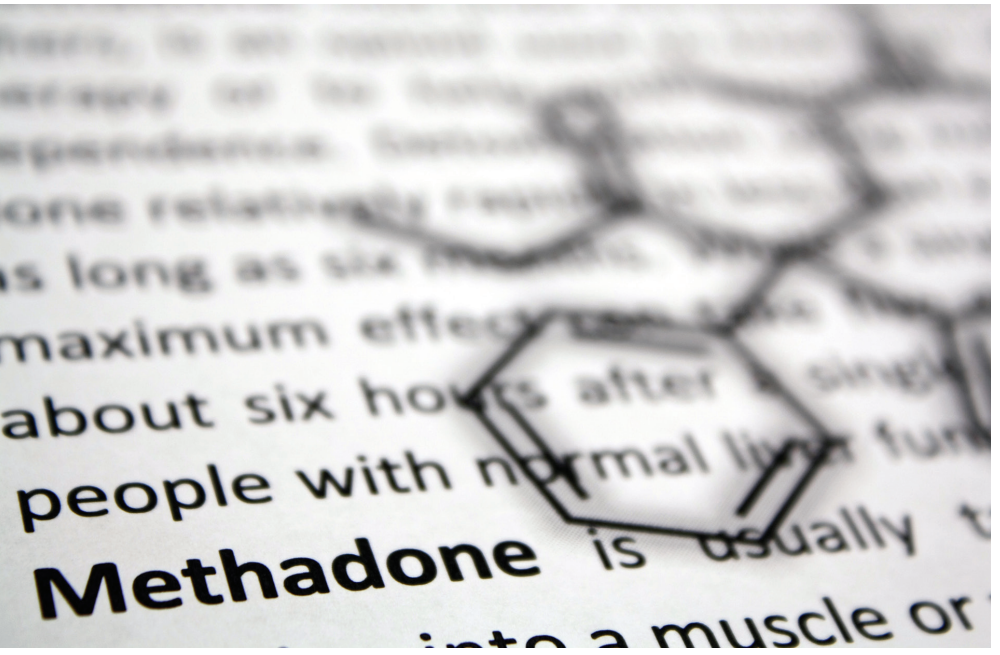
Doctors must complete additional training and mentorship requirements to prescribe opioid agonist therapy. These pose a further hurdle to busy clinicians providing the treatment; provincewide, only 13 applied to prescribe methadone in 2017.

To boost the number of approved prescribers, the Saskatchewan Health Authority is funding physicians to complete the training and supporting accreditation of nurse practitioners. The health authority is also creating a specialty service in the northwest of the province to support prescribers, bolstering case management and addiction counselling, and providing addiction treatment via telehealth in areas with prescriber shortages.

Better addiction training in medical schools and family medicine residency programs could help, too. "Many of us know the value of treating substance use disorders, but until we have firmly embedded it in training, it will continue to compete with various other priorities for the limited time physicians have outside of clinic for education and skill development," says Dr. Erin Hamilton of Battle River Treaty Six Health Centre in North Battleford.

Connecting physicians to peers who are prescribing opioid agonist therapy may make providing the service less daunting. It can be hard to nurture a "community of practice" in the north, where fewer physicians work at greater distances from each other than in the south, says Dr. Sharon Cirone, chair of the Addiction Medicine Program Committee with the College of Family Physicians of Canada. "Physicians need to be able to have relationships with other physicians who do this kind of work because it's not about the simple act of writing the prescription… that's the easiest part of the job," she says. "We need to support each other, learn from each other and listen to each other."

Greg Basky, Saskatoon, Sask.



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Only a handful of doctors in Saskatchewan's north prescribe opioid agonist therapies like methadone.