According to the results of the 2007 National Physician Survey (NPS), 4.8% of FPs in Canada estimate that 10% or more of their practice populations have problems with substance addiction. Substance addiction has a substantial effect on the rates of morbidity, mortality, and health care use in Canada. Kahan et al recently demonstrated that a shared care model for treating patients with addiction problems holds promise. The shared care model for treatment of addiction is defined as the collaboration of addiction specialists and FPs in treating chronically addicted patients with substance (eg, alcohol, cigarette, and drugs) misuse problems through ongoing education, communication, and clinical support.

Data from the 2007 NPS also indicate that 29.3% of FPs regularly collaborate with addiction counselors. The range of FPs collaborating with addiction counselors across the country is between 20.7% and 44.0% (Figure 1), and 32.7% of FPs believe that their patients have good access to addiction counselors.

Given that FPs also report a need for further education and training to better identify and treat patients with addiction problems, using a shared care model for addiction control, as well as forming strong collaborations with trained addiction counselors, appears to be an option that warrants further consideration. Methods to increase access to addiction counselors in areas with high incidence of addiction would also be worth exploring.

The NPS is a collaborative project of the College of Family Physicians of Canada, the Canadian Medical Association, and the Royal College of Physicians and Surgeons of Canada. Additional results are available at www.nationalphysiciansurvey.ca. If you would like the opportunity to develop and write a future Fast Fact using the NPS results, please contact Harleen Sahota, National Physician Survey Project Manager, at 800 387-6197, extension 416, or hs@cfpc.ca.

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Competing interests
None declared

References