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Naturopathic Doctors – Primary Care in Mental Health & Addictions

Purpose

April 2025 marks nine years since British Columbia declared a public health emergency in response to the toxic drug crisis. Since then, more than 16,000 people have died, over six British Columbians per day in 2024 alone. Despite the efforts of government, health providers, and communities, the crisis persists, particularly among underserved and marginalized populations.

This paper outlines how integrating BC's naturopathic doctors (NDs) into mental health and addictions care can improve access, reduce system strain, and enhance outcomes especially in the very communities most affected by this crisis. NDs are licensed primary care providers who are highly trained in mental health and chronic disease management yet remain underutilized. By leveraging their skills and community-based models of care, BC has an opportunity to build a more inclusive, effective, and patient-centered approach to mental health and addictions care.

Context

NDs in British Columbia offer a compassionate and person-centred approach to mental health, recognizing the complexities of both chronic and acute mental health conditions, including addiction. Trained in a range of therapeutic modalities, NDs address mental health with a focus on underlying physical and emotional factors such as diet, sleep, environmental factors, and lifestyle, alongside offering counseling, mindfulness techniques, prescription medication (as needed) and evidence-based natural therapies. NDs are increasingly undertaking additional training in addiction and trauma-informed care, aligning their skills with the evolving needs of patients facing complex mental health and substance use issues.

As mental health and addiction issues continue to challenge communities across BC, NDs have responded by deepening their focus on prevention, support, and sustainable wellness. NDs are particularly committed to serving underserved and rural populations where barriers to mental health services are especially relevant. This positions NDs as a critical resource to help alleviate the healthcare burden by addressing mental health longitudinally and consistently across diverse communities.

BC Naturopathic Doctors (BCND), the professional association representing NDs in British Columbia, is advocating for expanded access and recognition of NDs as important mental health providers, highlighting their role in primary and preventive care, mental health and substances use disorders. This advocacy extends to collaboration with government and healthcare organizations to expand the mental health resources available to all British Columbians. By integrating NDs more fully into mental health and addiction services, BCND aims to create more inclusive, accessible, and person-centered care options, helping people manage mental health challenges and substance use issues with improved healthcare outcomes.

NDs & the Current Health Landscape: Canada and Beyond

Naturopathic medicine has been regulated under BC legislation since 1936 and presently, NDs are regulated under the College of Complementary Health Professionals of BC (CCHPBC). There are approximately 800 licensed¹ NDs practicing in British Columbia, offering services across urban, suburban, and rural communities throughout the province. (Source: BCND 2024-member survey). NDs in BC have among the most extensive scope of practice for naturopathic doctors in Canada (the Northwest Territories shares a similarly broad scope), including the ability to diagnose and prescribe, administer vaccinations, and order tests. Additionally, NDs in BC can perform minor surgical procedures and administer intravenous therapies, provided they have obtained the necessary training. (Source: [CCHPBC](#))

NDs use a 'whole person' approach to treat patients focusing on intersectionality, or within a lens that considers health from a variety of factors including race, class, income, education, age, ability, sexual orientation, immigration status, ethnicity, indigeneity, and geography. (Source: [National Collaborating Centre on Social Determinants of Health](#)) According to a 2022 survey conducted by BCND, over one-third of British Columbians live in a household where someone has or is seeing an ND. The same survey indicated that the majority of British Columbians understand that NDs provide a complementary service to conventional medicine and that most people support NDs as primary care

providers. It is also important to note that NDs work alongside other colleagues in healthcare, collaborating with other practitioners, such as medicine, nursing and within Allied Health, when appropriate.

Despite this, the scope of practice for NDs in BC has remained static in recent years. While BC's naturopathic doctors offer comprehensive and patient-centered care within their current regulatory framework, there has been little progress in expanding scope to reflect their full training, particularly when compared to jurisdictions in the United States, where many BC NDs receive their education. (See [Appendix B](#) for more information) This means that BC NDs, while highly skilled, are not yet fully empowered to practice to the extent of their training.

Examples from other regions, particularly in the western United States, demonstrate how broader scope and full integration of NDs as primary care providers can strengthen healthcare systems. These jurisdictions offer lessons on how NDs can be better leveraged to address complex health needs, including mental health and addictions care. (See [Appendix B](#) for details)

In BC, NDs are already serving as primary care providers for unattached patients particularly in underserved and rural communities. They offer longitudinal, relationship-based care that supports patients with chronic disease, mental health challenges, and addictions. Better integration of NDs into BC's mental health and addictions strategy, coupled with expanded scope, would enhance access to care and improve outcomes for British Columbians facing complex health issues.

ND Education

The Association of Accredited Naturopathic Medical Colleges (AANMC), established in 2001, supports the academic efforts of accredited naturopathic medical programs across North America in providing high-quality education and training for both Canadian and US educated naturopathic physicians. Typically, eight years post-secondary education is required to become an ND. NDs complete a four-year bachelor's degree, with the exception of some three-year bachelors, and then undertake a required four-year naturopathic medical education, including clinical internship, at an accredited naturopathic medical program. Students are required to pass comprehensive licensing exams prior to practice. At present there is a single Canadian school, the Canadian College of Naturopathic Medicine (CCNM), with two linked campuses, Toronto and Boucher, which is in New Westminster, BC. There are seven accredited schools across North America and graduates must pass the Naturopathic Physicians Licensing Examinations (NPLEX) prior to licensing.ⁱⁱ

Naturopathic medical education for NDs has a solid foundation in pharmacology, mental health, and whole-person, patient-centred care. A number of NDs practicing in British Columbia receive their education from accredited US schools, ensuring a consistent standard of excellence across North America. All Canadian and US naturopathic medical programs are accredited under shared North American standards. This alignment guarantees that NDs, regardless of where they are trained, receive a comprehensive education that prepares them to deliver high-quality care.

The College of Complementary Health Professionals of BC recognizes several US schools of naturopathic medicine as meeting appropriate standards of education for BC NDs. It is important to note that NDs in states like Oregon and Arizona, who meet the same educational and licensure standards as those required in BC, have long held prescribing authority, demonstrating the safe and effective application of naturopathic training in regulated prescribing environments. (See [Appendix B](#) for more information). Moreover, many NDs in BC have advanced training in pharmaceutical prescribing, immunization, intravenous and injection therapies, and physical medicine procedures.

Providing Longitudinal Care

A unique strength of naturopathic doctors is their ability to offer longitudinal care, often seeing patients for years and building trusted, ongoing relationships. Longitudinal care allows NDs to develop a comprehensive understanding of a patient's medical history, lifestyle, and social determinants of health, enabling them to deliver personalized, adaptive care over time. This continuity is particularly beneficial for patients with chronic conditions, as it fosters proactive health management rather than episodic or reactive treatment.

The typical ND consultation lasts about 45 minutes (based on BCND's 2024-member survey), offering sufficient time to thoroughly explore underlying health issues, track progress, and adjust treatment plans as needed. This extended approach enables NDs to follow patients longitudinally and identify changes in a patient's condition that could be overlooked in shorter, less frequent visits. By addressing both acute and chronic concerns, NDs provide consistent, whole-person care that evolves alongside the patient's health needs.

Longitudinal care is essential for managing complex issues like mental health and chronic pain, which require sustained, multifaceted interventions. NDs build long-term trust that supports honest dialogue, more effective treatment plans, and better adherence over time.

The [BC Ministry of Health Primary Care Strategy](#) emphasizes the patient benefit from longitudinal care by experiencing continuity, which enhances care coordination and reduces fragmentation. NDs collaborate with other healthcare providers as needed, ensuring that patients receive comprehensive support while maintaining a consistent point of contact. This model of care has been shown to improve health outcomes, particularly for those managing multiple or chronic conditions, reducing emergency visits, hospitalizations, and long-term complications. Ultimately, the sustained, personalized attention offered by NDs allows patients to achieve better long-term health and improved quality of life.

Prescriptive Authority

Since 2010, NDs in BC have been authorized to prescribe provincially scheduled drugs. Today, roughly 70% of BC's approximately 800 NDs hold prescribing authority. Commonly prescribed treatments include thyroid hormone, contraceptives, antihypertensives, antibiotics, and IV or injection-administered nutrients.

The [regulations for naturopathic doctors](#) lay out the conditions around which NDs have prescriptive authority and the College of Complementary Health Professionals of BC outlines the [scope of practice](#) for NDs in BC. NDs may administer substances by injection, inhalation, irrigation, enteral instillation, or parenteral instillation and NDs have the authority to prescribe, compound, dispense or administer a drug by any method.

In BC NDs are legally allowed to prescribe around 1000 scheduled medications, which is significantly higher than other jurisdictions. The College of Complementary Health Professionals of BC in its "[Scope of Practice for Naturopathic Physicians: Standards, Limits and Conditions for Prescribing, Dispensing and Compounding Drugs](#)", notes: "Naturopathic physicians prescribe from provincial Drug Schedules I, II and III in accordance with the [BC Pharmacy Operations and Drug Scheduling Act](#) and the [federal Controlled and Drug Substances Act](#) and Regulation and the College of the College of Complementary Health Professionals of BC (CCHPBC) Prescribing Standards, Limits and Conditions".

Despite this broad authority, NDs remain excluded from prescribing federally controlled substances, including opioids, benzodiazepines, and medications used in Opioid Agonist Therapy (OAT). This restriction originated in 2008, when there were too few regulated jurisdictions to meet federal inclusion criteria. That context has changed: NDs are now fully regulated in BC, Alberta, Saskatchewan, Manitoba, Ontario, and the Northwest Territories. In BC, prescribing NDs are already subject to rigorous regulatory standards, including mandatory training, certification, and adherence to prescribing guidelines, ensuring patient safety remains paramount as scope evolves. Expanding ND prescriptive authority to include controlled substances would allow them to better support patients with complex mental health and addictions needs. Updating this regulation would help reduce care gaps and expand access to effective, regulated treatment across BC.

NDs: Providing Care to Those with Mental Health Needs & Addictions Issues

NDs support mental health and addiction care through individualized, whole-person treatment that integrates physical, emotional, and lifestyle factors. Their approach includes counseling, stress management, nutritional support, prescription medication (as indicated), Natural Health Products (NHPs), and mindfulness techniques. This helps patients build resilience, manage anxiety and depression, and develop healthier coping strategies.

Many NDs are trained in trauma-informed care and addiction recovery, allowing them to address overlapping concerns like chronic stress, pain, and substance use. Their care plans often include drug detox support, lifestyle modifications, and root-cause approaches that improve long-term outcomes.

Extended visit times and relationship-based care enable NDs to build trust, critical for supporting adherence, reducing relapse risk, and improving patient engagement. Their work complements conventional care and fills important gaps, especially in communities where access to consistent, non-judgmental support is limited.

Importantly, NDs are well-positioned to support BC's efforts to improve OAT retention, particularly in rural and northern communities where access to prescribers remains a challenge. If granted full prescriptive authority, including access to federally controlled substances, NDs could help address current gaps in care. Their ability to offer longitudinal, non-judgmental support makes them strong candidates to participate in programs like the *Opioid Treatment Access Line*, which aims to reduce barriers, stigma, and fragmentation in OAT delivery. By including NDs in these care pathways, the province can expand the reach of OAT services and improve continuity for patients navigating opioid use disorder.

NDs' involvement in addiction care, including OAT, would complement the government's current strategies to support vulnerable populations, reduce overdose deaths, and improve long-term engagement in treatment, especially in regions with limited access to conventional providers.

Addressing Chronic Pain- A Root Cause of Addiction

NDs have successfully treated patients suffering from chronic pain for years, recognizing that chronic pain is often a root cause of addiction. Studies highlight that persistent pain can lead individuals to seek relief through medications, including opioids, which increases the risk of dependency if left unmanaged. By offering comprehensive, non-addictive approaches, NDs aim to disrupt this cycle early and promote sustainable recovery.

Naturopathic pain management strategies include:

- *Acupuncture*: Research-backed evidence suggests acupuncture effectively alleviates chronic pain, particularly musculoskeletal pain, and/or migraines, by promoting natural pain-relieving mechanisms in the body (National Center for Complementary and Integrative Health).
- *Prolotherapy*: This regenerative injection therapy stimulates the healing of damaged tendons and ligaments, reducing chronic joint and back pain (US National Library of Medicine).
- *Botanical Medicine*: Herbs such as turmeric (curcumin), Boswellia, and willow bark are commonly used by NDs to reduce inflammation and relieve pain naturally (Natural Medicine Journal).
- *Dietary Interventions*: NDs often develop anti-inflammatory dietary plans personalized to patients' needs, reducing systemic inflammation, which can exacerbate chronic pain conditions.

NDs emphasize addressing underlying factors associated with pain such as:

- *Inflammation*: Chronic inflammation can exacerbate pain and fatigue, and NDs incorporate natural anti-inflammatory treatments to mitigate this.
- *Nutrient Deficiencies*: Magnesium, omega-3 fatty acids, and vitamin D are essential for nerve health and pain modulation.
- *Stress Management*: Mindfulness practices, yoga, and other relaxation techniques reduce the psychological stress that can worsen pain perception.

By focusing on pain management, NDs help mitigate addiction risks. Their expertise in offering alternative treatments helps prevent the progression of pain into substance dependency, supporting patients on a path to long-term recovery.

In addition to chronic pain interventions, NDs collaborate with other healthcare providers to co-manage cases involving severe pain or addiction recovery, ensuring comprehensive, team-based care. This integrated approach helps bridge gaps in the healthcare system, making naturopathic medicine a critical component in reducing opioid dependency and overdose deaths in vulnerable populations.

Supporting High-Risk Populations

The toxic drug crisis in British Columbia continues to have a devastating impact, particularly on men aged 30 to 59 working in construction and the trades. According to the 2024 British Columbia Coroners Report, over 70% of toxic drug

deaths occur in private residences, often linked to housing instability, unemployment, or chronic pain. The crisis is especially acute in marginalized and rural communities—nowhere more so than among Indigenous people. Although they make up only about 3% of the province’s population, Indigenous people account for more than 15% of toxic drug fatalities. (Source: [2024 British Columbia Coroners Report](#)). As Dr. Nel Wieman, Chief Medical Officer of the First Nations Health Authority, recently noted in the *Vancouver Sun*, Indigenous people in BC are dying at a rate “an average of 6.7 times higher than other B.C. residents.” (Source: [Vancouver Sun](#)). These figures underscore the deep and ongoing health inequities facing Indigenous communities.

NDs play a crucial role in addressing these disparities by providing tailored, accessible care in community clinics, rural health centers, and urban integrative care settings. NDs focus on underlying factors contributing to substance use, including unmanaged pain, mental health challenges, and nutritional deficiencies.

Additionally, a key aspect of NDs’ approach is integrating holistic healing with Indigenous practices, such as botanical medicine, nutritional therapy, and mind-body interventions. By collaborating with Indigenous communities and incorporating traditional healing methods, NDs provide culturally respectful, evidence-based care.

NDs also offer personalized pain management, mental health support, and harm reduction partnerships, collaborating with social workers, outreach teams, and addiction specialists. By addressing food insecurity, housing instability, and healthcare access, NDs help improve outcomes for marginalized populations. Their ability to provide long-term, relationship-based care reduces relapse risk and supports sustained recovery, making them vital in mitigating the toxic drug crisis.

Recommendations

To support better integration of naturopathic doctors in mental health and addictions care, BCND recommends the following actions:

- Formally integrate naturopathic doctors (NDs) into BC’s mental health and addictions strategy as recognized providers of primary mental health and addictions care.
- Expand the scope of practice for NDs to include full prescriptive authority, including access to federally controlled substances, allowing NDs to better support patients with complex mental health and addictions needs.
- Include NDs in government-funded mental health and addictions programs to increase access, particularly for underserved populations and those facing barriers to conventional care.
- Collaborate with BCND to develop public education and awareness initiatives that recognize NDs’ role in providing safe, effective, and regulated mental health and addictions care.

Conclusion

British Columbia has made significant investments in mental health, addictions treatment, harm reduction, and treatment initiatives. These efforts require providers who can offer continuity of care and address the complex psychosocial needs of individuals living with mental illness and addictions. However, the role of NDs in supporting these efforts remains underrecognized, representing a missed opportunity to integrate holistic, root-cause-focused care into the province’s approach to mental health and addiction.

BCND acknowledges and appreciates the ongoing efforts of the Ministry of Health and the former Ministry of Mental Health & Addictions in expanding addiction treatment, strengthening primary care, and addressing the needs of Indigenous and underserved communities. The appointment of Parliamentary Secretary Amna Shah further reinforces the Ministry’s focus on these critical issues. Yet, more can be done to leverage all available resources, including the expertise of NDs, to improve health outcomes.

NDs recognize that solutions to the dual crises of mental health and addictions are neither quick nor easy. However, increasing the number of providers involved in mental health and addiction care can lead to better outcomes. NDs offer

non-judgmental, relationship-based support to individuals struggling with chronic pain, depression, PTSD, and anxiety; key factors influencing substance use. Fear of judgment often deters people from seeking care, and many feel uncomfortable in conventional medical settings. Reducing stigma and ensuring trusted, accessible care is essential for improving health outcomes.

BCND is committed to collaborating with the Ministry of Health and stakeholders across the healthcare system to implement practical, scalable solutions that expand access to care. Our proposals include:

- Collaborative development of materials recognizing NDs' contributions in mental health and addictions.
- Further expanding the scope of practice for NDs to enhance their ability to support patients with complex health needs.
- Exploring clinic-based intervention models that NDs can implement immediately to improve patient care.

These initiatives align with the Ministry's objectives and will help expand access to mental health and addiction care in both inpatient and outpatient settings, address workforce challenges, and improve care for vulnerable populations. BCND looks forward to the opportunity to meet with the Ministry and discuss how we can contribute to the province's overarching strategy to enhance access and outcomes. Our commitment is to work collaboratively to support a more integrated, effective healthcare system that ensures all British Columbians receive the care they need.

Resources

- [Naturopathic Physicians as Whole Health Specialists: The Future is Whole Person Health Care.](#) *Institute for Natural Medicine*
- [American Association of Naturopathic Medicine](#)
- [Institute for Natural Medicine \(INM\)](#)
- [National Center for Complementary and Integrative Health \(NCCIH\)](#)
- [Natural Medicine Journal](#)
- [U.S. National Library of Medicine](#)
- [American Holistic Health Association \(AHHA\)](#)
- [College of Complementary Health Professionals of BC \(CCHPBC\)](#)
- [Canadian Association of Naturopathic Doctors \(CAND\)](#)
- [Mental Health Commission of Canada \(MHCC\)](#)
- [Canadian Centre on Substance Use and Addiction \(CCSA\)](#)
- [Canadian Mental Health Association \(CMHA\)](#)

Appendix A- MSP Limitations and Collaborative Efforts to Address Barriers

It bears note that NDs in BC can apply for and be issued a Medical Services Plan (MSP) billing number, but billing through MSP is limited. MSP only covers a small portion of an ND office visit and is restricted to individuals covered by premium assistance or ministry of social services coverage (Plan C). The maximum billable through MSP is \$23 per visit, capped at 10 visits per calendar year. Compounding this limitation, the funding is shared among several regulated health professionals, including chiropractors, massage therapists, physiotherapists, and acupuncturists. As a result, a low-income individual qualifying for coverage under MSP can only access 10 visits in total, distributed across these professions.

For patients with mental health challenges and/or substance use disorders, this restriction poses a significant barrier to care. Many of these patients require frequent visits, often exceeding 10 annually, to effectively manage their complex needs. For individuals living with opioid use disorder, who may also face housing insecurity or unemployment, expecting them to pay out of pocket for consistent care is impractical and undermines their ability to receive the ongoing support necessary for recovery.

Expanding MSP coverage to better accommodate patients requiring frequent care is not a quick fix, but it is an essential part of a comprehensive strategy to improve access to healthcare services. BCND is actively collaborating with paramedical colleagues, including representatives from other affected professions, to advocate for reforms in MSP funding. By collaborating on this issue, the goal is to ensure that patients—especially those from marginalized or vulnerable populations—are not limited by restrictive visit caps or financial barriers. Addressing this challenge is vital to creating a more inclusive and effective healthcare system where all patients have access to the care they need to thrive.

Appendix B: US Jurisdictions—Expanded Integration of NDs

As of 2025, 26 jurisdictions in the United States regulate the practice of naturopathic medicine. This includes 23 states, the District of Columbia, and the U.S. territories of Puerto Rico and the U.S. Virgin Islands. These regions have licensing or registration laws for naturopathic doctors (NDs), with varying scopes of practice and regulatory frameworks.

For a comprehensive list of states and territories that license or regulate naturopathic doctors, you can refer to the American Association of Naturopathic Physicians' website: <https://naturopathic.org/page/RegulatedStates>.

In the United States, 11 jurisdictions grant naturopathic doctors (NDs) prescriptive authority, allowing them to prescribe certain medications within their scope of practice. This authority varies by state and can include prescriptions for legend drugs, controlled substances, and other medications. The states with prescriptive authority for NDs are: Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Maine, Montana, New Hampshire, Oregon, Utah, Vermont, and Washington. However, the specifics of prescriptive authority, such as the types of medications NDs can prescribe and any necessary certifications, differ by jurisdiction.

Several U.S. states, particularly those along the West Coast, have integrated NDs as primary care providers with broad scopes of practice. These regions, including Oregon, Washington, and Arizona, are particularly noteworthy for their progressive approaches and the recognition of NDs as essential members of healthcare teams. These states not only grant NDs prescriptive authority but also integrate them into multidisciplinary care teams, which has led to more comprehensive healthcare solutions for patients, especially in managing chronic disease, mental health, and substance use disorders.

Oregon

- Full prescriptive authority for primary care, including the treatment of opioid use disorder and prescribing methadone for pain management.
- Authorized to perform minor surgery, administer injection therapies, and practice natural childbirth.
- Integrated into primary care teams to manage chronic disease, mental health, and substance use disorders.

Washington

- NDs are licensed as primary care providers with prescriptive authority.
- Manage opioid use disorder (pending Senate Bill 5411) and other complex conditions.
- Routinely provide pain management, mental health care, and addiction services.
- Collaborate with medical specialists and other healthcare professionals in team-based models of care.

Arizona

- NDs have one of the broadest scopes in the US
- Full prescriptive rights, including controlled substances and narcotics.
- Provide a range of services, including minor surgery, acupuncture, intravenous therapy, and injection therapy.
- Integrated into healthcare teams, allowing them to deliver comprehensive care to patients with chronic conditions, including mental health and substance use disorders.ⁱⁱⁱ

(Source: American Association of Naturopathic Physicians: <https://naturopathic.org/>)

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ⁱ According to CCHPBC as of April 24, 2025, there are 783 practicing NDs, 14 non-practicing and 195 students.

ⁱⁱ Bastyr University (Kenmore, Washington; San Diego, California), Canadian College of Naturopathic Medicine (CCNM) (Toronto, Ontario; Vancouver, British Columbia), National University of Health Sciences (NUHS) (Lombard, Illinois), National University of Natural Medicine (NUNM) (Portland, Oregon), Sonoran University of Health Sciences (Phoenix, Arizona).