Canadian Centre on Substance Use and Addiction

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Impacts of the COVID-19 Pandemic on Substance Use Treatment Capacity in Canada

Key Findings

- There was a substantial decrease in the availability and capacity of substance use treatment and harm reduction services in the early phase of the pandemic (March–June) due to closures and restrictions on the number of clients allowed at clinics and inpatient facilities.
- This decrease, along with other factors, led to many clients returning to or engaging in higher-risk substance use, and growing wait times for services.
- Access to substance use treatment services and supports has not returned to pre-pandemic levels.
- Delivery of care for substance use treatment shifted rapidly to virtual platforms, which had some positive impact on treatment access.
- Availability of virtual care is not equitably distributed, and it cannot completely replace the need for in-person treatment options.

Background

> "I'm seeing a lot of people failing hard because distractions and routine in community are absent so everything falls apart … Lows feel lower and safety nets and supports are harder for some folks needing lower barrier support."
>
> —psychiatric social worker

The response to the COVID-19 pandemic has included many public health measures to contain the spread of the SARS-CoV-2 virus. These measures have substantially affected the provision of and access to services and supports for people who use substances. Some public health measures for COVID-19 have impacted patterns of substance use, the illicit drug supply, and the availability of and access to drugs in general (Canadian Centre on Substance Use and Addiction, 2020a; Nanos Research, 2020). Decreased access to substance use treatment, harm reduction services and other supports combined with the increased toxicity of the illicit drug supply has contributed to alarming increases in drug poisoning[1] deaths since the pandemic began (British Columbia Coroners Service, 2020; Bridges, 2020; Government of Alberta, 2020; Public Health Ontario, 2020).

This document summarizes reported impacts of COVID-19 on substance use treatment capacity in Canada, including impacts on harm reduction services and related supports. In the absence of comprehensive data on treatment services in Canada, the summary brings together information from

1 The term "drug poisoning" is used instead of "overdose" to reflect the toxicity of the drug supply and to avoid implications of personal responsibility.

members of the National Treatment Indicators Working Group[2] and anecdotal reports from treatment providers, supplemented by peer-reviewed and grey literature. The summary focuses on publicly funded and community-based treatment services and supports, and excludes inpatient and ambulatory services in psychiatric and general hospitals, crisis and emergency services, and primary care services. Privately funded treatment providers and services are also excluded.[3]

This document includes quotes from treatment providers obtained through discussion boards at the online Recovery Capital Conference.[4] Inclusion of the perspectives of frontline workers is critical, but the quotes do not necessarily represent the perspectives of all those working in treatment services.

The summary is intended to inform policy makers about emerging findings on how the COVID-19 pandemic and the public health response to it have impacted substance use treatment capacity and delivery in Canada. It is not a comprehensive overview and not all jurisdictions in Canada are represented, nor are all perspectives. It is meant to highlight some of the reported and perceived impacts of the pandemic on the delivery of treatment services and supports. The situation continues to evolve and additional evidence will likely emerge on the disruptions of the pandemic to services and supports for people who use substances.

Reduced Access to Specialized Substance Use Treatment Services

> "A lot of people relapsed, slipped and the lack of human connection took its toll for sure … Some places closed completely so longer wait times for everyone …"
>
> — rehabilitation counsellor

Specialized substance use treatment services include treatment facilities that typically offer withdrawal management and residential and outpatient treatment services such as counselling and group therapy. Jurisdictions in Canada reported a decline in the availability in these services during the first few months of the COVID-19 pandemic due to temporary closures or significant reductions in capacity to allow for physical distancing. For example:

- Between the first week of March and the first week of April 2020, Ontario reported over a 70% decrease in the total number of admissions (new registrations) to services across the province from 1,850 per week to 701 per week. As of the last week of August 2020, the total number of admissions remained 60% lower than numbers at the same time in 2019.[5]
- Members of Addictions and Mental Health Ontario have observed significantly longer wait times for treatment because of reduced admittance capacity (0 to 80% of usual capacity), insufficient space to isolate clients before treatment and an increased average length of stay in residential treatment because of other delays or closures in the system (Addictions and Mental Health Ontario, 2020).

2 The National Treatment Indicators Working Group includes representatives from the provinces and territories, and from national organizations involved with treatment delivery or reporting. The Working Group publishes biannual reports that have provided the only synthesis of national reporting on publicly funded, community-based treatment data across Canada. However, variability in scope and approach to data collection means that data obtained does not include all services and is not comparable across jurisdictions.

3 Privately funded services are not covered by government health insurance plans and are paid for by the client. Privately funded treatment providers operate independently and are under no obligation to provide data to jurisdictional or federal authorities.

4 The Recovery Capital Conference is an annual event to share the latest research on addiction treatment and recovery. In 2020, the conference was held virtually. The conference hosted virtual discussion boards to allow participants to network and connect. The quotes included in the summary are from these discussion boards. CCSA asked for and received consent to include each of these quotes.

5 These numbers reflect publicly funded, community-based addiction treatment service providers that report to Ontario's Drug and Alcohol Treatment Information System.

- In New Brunswick, the median number of days from intake assessment to receiving substance use services saw monthly increases from February to May from a median of 27 to 68 days, and then decreases monthly from May to July from a median of 68 days to 28 days. The increase in wait times coincided with the "stay at home" public health campaign and addiction services adjusting to provide more virtual services across the province.

Some jurisdictions have implemented interim support services to help provide clients with safe housing and related supports in the absence of residential treatment options. Regulatory changes to support physical distancing for medication-assisted therapies and other clinical approaches, including guidelines for prescribing substances, were implemented in many jurisdictions (Health Canada, 2020). Overall, these changes were not enough to compensate for disruptions in healthcare and support services for people who use substances, particularly early in the pandemic (Canadian Centre on Substance Use and Addiction, 2020b). For example, adherence to opioid agonist treatment in Alberta decreased from 86% in March to 53% in April and 56% in May (Government of Alberta, 2020). Treatment adherence has since returned to 84%, likely reflecting increased availability of in-person services. Anecdotal reports from the Yukon indicated that clients receiving reduced intensity of care due to fewer available spaces in intensive service programs became more involved with other, related agencies such as the RCMP, emergency medical services and emergency shelters.

Some of the safety precautions that have been added in response to the pandemic have also been challenging. Physical distancing and other public health measures have not only made it challenging for individuals to start their recovery in treatment, but have posed substantial challenges for their safety and mental wellbeing in the community (Canadian Centre on Substance Use and Addiction, 2020b).

> "Struggle is real for our members, they come in for treatment and if they show any signs or symptoms we need to isolate them in another building on site. We provide all meals and services until a negative covid test comes back and then they can return to the building. In early recovery it is very challenging as they often feel they are not "doing" recovery. Therefore they want to leave and we continue to maintain support and encouragement to keep them safe. I find they often struggle mostly to feeling like outcasts due to their addictions and now in recovery when we promote connection they feel like they are being outcasts again."
>
> — addictions social worker

Increasing Use of Virtual Care

Substance use services are increasingly using mobile or online platforms to mitigate the current difficulties in providing face-to-face care. Jurisdictions have actively worked to support the adoption of virtual care and supporting technology by all publicly funded service providers, including those providing opioid agonist treatment. Some providers have been able to pivot to virtual care models more readily than others. This variability is influenced by differences in regional limitations (rural vs. urban), treatment population groups, service categories (residential vs. community supports), and factors such as organization size and use of virtual services before the pandemic. For example:

- In New Brunswick, the number of community-based substance use service deliveries, which represents any contact, support or treatment provided to an individual, increased on a monthly basis since the beginning of the pandemic from close to 1,300 service delivery events in February to a peak of over 2,500 in June. The format of service delivery episodes also changed significantly. In February, 67% of service delivery events were in person, with the rest occurring by phone or other formats. In April, 83% of service delivery events were provided by phone or through virtual care services. This increase likely represents the additional support during the pandemic provided to individuals currently receiving services, as well as a return to more expected levels. New Brunswick has not seen a significant increase in new requests for services.

- From March 18 to June 1, outpatient clinical services in Prince Edward Island were delivered primarily by phone or web conference platform. There was a 9% increase in the number of patients accessing outpatient clinical services from March to August 2020, compared to the same period in 2019. There was also an 8% increase in admissions for withdrawal management from March to August 2020, compared to the same period in 2019.
- Virtual care visits at the Centre for Addictions and Mental Health in Ontario increased from 350 per month in March to 3,000 per month in April, an increase of more than 750% (Centre for Addiction and Mental Health, 2020a). These data speak to a pronounced and rapid shift to the provision of virtual care for substance use and substance use disorders.

Virtual care is an important component of the spectrum of services for addiction treatment. It can remove barriers to treatment and more broadly improve access to healthcare services when existing services are disrupted. The increasing reliance on virtual care during the pandemic has created opportunities to improve care, while also posing challenges. While evidence on the use of virtual care for addiction treatment in response to the pandemic is emerging, the following anecdotes provide valuable insights into both its benefits and limitations:

> "With Covid 19 — Narcotics Anonymous meetings quickly started using virtual platforms. It's awesome being able to connect to the Global NA fellowship and meetings in 144 different countries 24/7 to receive and provide support. This forum has also helped form new friendships with many other recovery members, which we otherwise wouldn't have had the opportunity to meet. Addicts are actually getting clean and staying clean. We've become stronger and more united."
>
> —public relations for Canadian Assembly of Narcotics Anonymous

> "We learned that [our] Intensive Outpatient Program could be delivered online which is great for people in remote communities and so on. We will be having an online section going forward."
>
> —executive director of private treatment centre

For others the challenges of virtual care were apparent:

> "Online meetings totally don't work for my clients therefore the amount of relapsing seen among them is … being swiftly impacted."
>
> —psychiatric social worker

> "Some people didn't have access to technology for virtual group so they disconnected completely and when things started opening they had to go to detox all over again so detox had a huge waiting time … the [human] connection for mental health and addiction is more important than anything so we have to find a way to make room and make it safe so they can get support needed."
>
> —rehabilitation counsellor

Through discussions with partners and stakeholders and anecdotal accounts of the transition to virtual care because of COVID-19, several concerns arose. These concerns include the loss of clients when switching from in-person care to virtual platforms and the inability to deliver certain types of services online, such as safe consumption sites and other harm reduction services. Reports indicate that high-risk groups are left behind in the shift to virtual care, including rural and remote populations and marginalized populations who are socioeconomically vulnerable, street-entrenched or homeless. These people can be excluded from online services because they lack a fixed address or access to a phone, computer or internet connection. Logistical considerations around online care include the lack of safe spaces for some clients to take calls, as well as issues of trust with the security and

privacy of virtual sessions (Canadian Centre on Substance Use and Addiction, 2020b). Virtual care is clearly a crucial service, especially during a pandemic, but those delivering virtual care must be aware of its challenges and limitations.

Impacts to Harm Reduction Services

The early months of the pandemic saw closures and reduced capacity for several harm reduction services, including safe consumption sites, drop-in centres, shelters and outreach services. Many safe consumption sites are still operating under reduced hours, by appointment only or with limits on the number of clients allowed in the facility at one time. Some services reported difficultly communicating with clients about service closures, re-openings and operating hours (Canadian Centre on Substance Use and Addiction, 2020b). These changes have resulted in drastic reductions in the number of visits to safe consumption sites in Toronto, Alberta and British Columbia:

- Monthly visits to The Works, a supervised injection service in Toronto, dropped from 3,853 in February 2020 to 127 in April 2020, and has only gone up to 790 visits in July 2020 (Toronto Public Health, 2020).
- From April to June 2020, there were 40,755 visits to supervised consumption services sites in Edmonton, Calgary, Lethbridge and Grande Prairie, and to the overdose prevention site in Red Deer. This is a decrease of 65% compared to 114, 430 visits in January to March 2020 (Government of Alberta, 2020).
- Monthly visits to overdose prevention sites and safe consumption sites in British Columbia declined from just under 60,000 in February 2020 to approximately 20,000 in April 2020, and has only increased to about 23,000 in July 2020 (BC Centre for Disease Control, 2020).

Ongoing Challenges and Considerations

The pandemic and the public health response to it have had an impact on many areas of healthcare service, including substance use treatment services and supports. Service providers themselves face increased challenges and stress while trying to provide care safely as they risk being exposed to the coronavirus. With an increased demand for virtual care, service providers will need training on the use of virtual platforms and technology-assisted services for client care (Centre for Addiction and Mental Health, 2020b). Developing and implementing virtual care models will need to consider not just the barriers to access and the range and availability of services, but also the training and supports required for delivering services (Rush & Furlong, 2020).

> "Not for profits need funds so they can supply or find places that are big enough to social distance. We had to rent the 4th floor … costing us $1400. Now we are at a church but we also need extra funds so participants with compromised immune system or lack of income can be given help with transportation and help with the ability to have access to technology for virtual groups. Also, it's extra stress on staff going to a bunch of different places doing in person and online and crisis travels that are all magnified by Covid so safety protection, counselling and resources, wage subsidies etc. would help staff to avoid burnout since we are working around the clock."
>
> — rehabilitation counsellor

Although the pandemic presents many challenges for treating those experiencing problematic substance use, it also allows for the development of novel models of care and for the overall delivery of care. There needs to be continued focus on improving the access to and availability of services and on addressing the unique needs of the different populations being served. It is critical that the effectiveness of virtual care and changes in the organization and delivery of care are evaluated to improve the capacity and delivery of services in a consistent and effective way (McMahon, Nadigel,

Thompson, & Glazier, 2020). Such evaluation requires rapidly available data on treatment services to measure demand and access, and to monitor whether the needs of different populations are being met. Research on the increased use and sustainability of virtual care is required to better understand the impact on access to services, delivery of care and outcomes (Rush & Furlong, 2020). To support these requirements, CCSA is collaborating with partners to understand the experience of Canadians engaged in virtual care for substance use and substance use disorders during the pandemic, as well as the experience of the healthcare professionals who provide them services and supports.

While treatment services have not returned to pre-pandemic levels of availability, they have recovered some capacity. Wait times that lengthened in the early months of the pandemic remain. A surge is projected in demand for services because of ongoing stress and other negative psychosocial impacts of the pandemic. Treatment and harm reduction services will likely continue to maintain a range of structural and individual protective measures for service providers and clients. Increased awareness about the impacts of the pandemic on substance use treatment is needed to promote coordination and collaboration across the continuum of services and supports. CCSA is working to leverage its networks and communications platforms to mobilize evidence as it emerges and will continue to monitor how the pandemic is impacting substance use treatment.

Recommended Resources

- CCENDU Alert: Changes Related to COVID-19 in the Illegal Drug Supply and Access to Services, and Resulting Health Harms
- Impacts of the COVID-19 Pandemic on People Who Use Substances: What We Heard
- Rapid Access Models for Substance Use Services: A Rapid Review
- Virtual Care for Mental Health and Substance Use During COVID-19

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CCSA was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.

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