Considerations for Virtual Services and Supports for Substance Use and Concurrent Disorders

Background

COVID-19 restrictions led to an abrupt pivot from in-person services to virtual care. To understand this change, we[1] studied perceptions of and experiences with virtual services and supports (VSS) for substance use (SU), substance use disorders (SUD) and concurrent disorders (CD).[2] A national survey asked people living across Canada about their satisfaction with VSS, and their perceptions of the effectiveness of and barriers to these services. Interviews with practitioners who provide VSS explored the implications of offering these services. The full study will be available by the end of 2021.

This document is for governments, policy makers, and healthcare providers and administrators. It provides considerations for the integration of virtual components into services and supports for SU, SUD and CD after the pandemic.

> Virtual services and supports included any education, access to health care or treatment (e.g., counselling, peer support) provided through technology, such as telemedicine, video conferencing or other apps.

Educate the Public on the Effectiveness and Safety of VSS

As part of post-pandemic recovery efforts, governments and healthcare practitioners should promote the effectiveness of VSS, especially among those who are unfamiliar with them. Two-thirds of those using VSS are satisfied with their services. However, those who have not been using VSS for SU, SUD or CD voiced concerns about the security and effectiveness of VSS. Specifically, our survey found that among those who had no experience using VSS for SU, SUD or CD:

- Two-thirds said they did not think VSS would be as effective as in-person services.

- They had a higher likelihood of concern about the privacy and security of the virtual platform, compared with those who were already using VSS.

Education can raise awareness that VSS is as effective as in-person services. Perceptions of safety can be increased through effective communication of privacy information (Celio et al., 2017; Guarino, et al., 2016). Clear privacy and security policies should be shared with potential clients to promote transparency, trust and accountability.

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[1] Canadian Centre on Substance Use and Addiction in partnership with the Royal Ottawa Mental Health Centre, the Canadian Psychological Association and Canada Health Infoway.

[2] Concurrent disorders are conditions that co-occur with substance use disorders.

Ensure Logistical and Technical Support for Practitioners

Service providers noted a steep technical learning curve with switching to VSS during the pandemic. The following barriers were reported:

- A lack of equipment (e.g., computers, webcams) for practitioners and clients; and

- A lack of technical and financial supports for implementing VSS.

All government jurisdictions that are responsible for funding health services should invest in training, and logistical and technical support. This would be especially helpful for providers who are newly adopting VSS (Interian et al., 2018).

Increase Access to Safe Spaces and Publicly Funded Services

Those using VSS said the biggest barriers they faced were finding a safe space to access SU, SUD or CD care and the cost of private services. Government support for the following items would address these barriers and increase access to VSS:

- Low cost or no cost SU, SUD and CD services and apps; and

- Safe and private community spaces with free use of a computer.

Maintain Flexible Service Provision Options

Because different people experience VSS differently, services need to be flexible. Practitioners said clients experiencing homelessness, those without internet or phones, people with lower incomes, LGBTQ2+ clients, those living in rural areas and Indigenous clients are more likely to experience barriers to accessing VSS. More research is needed to uncover needs specific to these communities. Furthermore, our survey found that a person's gender or age may affect their access to or comfort with VSS:

- Women using VSS were more likely than men to say they wanted to return to in-person visits with a healthcare provider after the pandemic.

- People 18–34 years of age were less likely than those in other age groups to have private and quiet spaces to use VSS.

- Those aged 55 years and older were more likely than younger people to report a lack of cell phone data or minutes.

Governments can improve access to in-person and virtual service options by providing targeted funding to health organizations providing SU, SUD or CD care. For instance, funding national internet coverage with sufficient bandwidth for video conferencing would help ensure clients can access VSS.

Practitioners can work with their clients to tailor services based on their age, gender, and access to technology and a private space (Ali et al., 2020; Holst, et al., 2017; Richards et al., 2018; Tarp et al., 2017).

To maintain and further develop sustainable and effective VSS after the pandemic, we will need robust policy and infrastructure support. This support must be based on evidence and consider client

and practitioner experiences. This work has already begun in federal, provincial and territorial jurisdictions with the Virtual Care Policy Framework.

Resources

- Impacts of COVID-19 on Substance Use, Canadian Centre on Substance Use and Addiction

- Resources for Health Care Workers During COVID-19, Centre for Addiction and Mental Health

- Telemedicine Support for Addiction Services: National Rapid Guidance, Canadian Research Initiative in Substance Misuse

- Virtual Care: Recommendations for Scaling Up Virtual Medical Services, Report of the Virtual Care Task Force, Canadian Medical Association

- Interim Ethical Guidelines for Psychologists Providing Psychological Services via Electronic Media, Canadian Psychological Association

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