



Virtual Services and Supports for Substance Use and Concurrent Disorders – General Experiences

Key Messages

- The COVID-19 pandemic forced an abrupt switch to the provision of virtual services and supports (VSS) for substance use, substance use disorders and concurrent disorders.
- Overall, users were satisfied with available VSS and experienced few barriers.
- Men and women, and people in different age groups had varying levels of satisfaction with VSS, and experiences of barriers and benefits.
- There are numerous actions governments should consider, including increasing public awareness of the effectiveness of VSS and improving practitioner virtual care skills.
- Organizations should consider supporting a tailored mix of virtual and in-person supports.

Providers of services and supports for substance use, substance use disorders and concurrent disorders abruptly switched to offering these services virtually to comply with the physical distancing requirements that were part of the response to the COVID-19 pandemic. CCSA studied experiences with and perceptions of virtual care for people who use substances or are experiencing substance use disorders or concurrent disorders during the pandemic. We also studied people who had not used these services. This report at a glance is one of four that summarizes the findings.

The Ontario Mental Health and Addictions Virtual Care Collaborative's [Virtual Care Equity Matrix](#), published in June 2021, identifies key components for effective virtual services and supports (VSS). This report at a glance presents overall findings from CCSA's study of experiences with and perceptions of VSS. Three other reports in this series present findings relevant to some of the key components as identified in the matrix.

What Are Virtual Services and Supports?

Our study defined virtual services and supports as any education, health care or treatment provided through technology, such as phone, video conferencing or apps. This could include disorder management, counselling, peer support, treatment programming or harm reduction services.

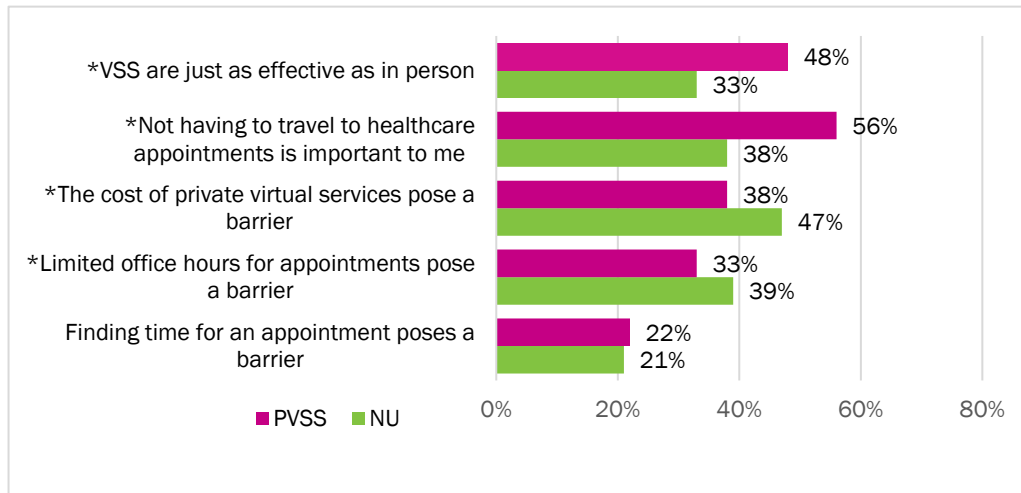
Key Findings

Among people who use VSS for substance, substance use disorders and concurrent disorders (PVSS), about a third of survey respondents continued to use in-person services during the pandemic, but many switched to VSS due to its increased availability.



Most PVSS were satisfied with the quality of the support and care provided virtually. Compared with people who have never used VSS for these conditions (NU), PVSS were more likely to agree that VSS were just as effective as in-person services and supports, and that not having to travel to appointments was important to them.

Figure 1: Percentage of respondents who agreed with statements about VSS



* Indicates significant differences between groups at $p < .05$.

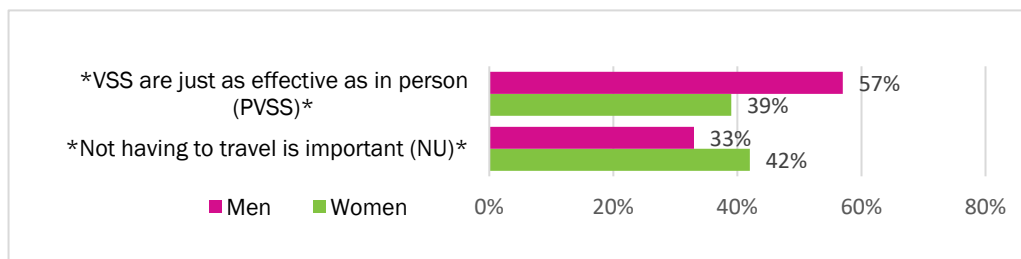
Each listed barrier to using VSS was reported by fewer than half of either group. In addition to concerns that are discussed in the other reports in short about relationship building, technology, privacy and security, the members of both groups who identified barriers cited the cost of private virtual services and limited office hours for appointments as the most common.

Although they moved some services online or to phone calls, service providers reported that a lot of in-person care continued. The move to virtual appointments created a steep learning curve for both practitioners and clients. Some groups were more likely to struggle with virtual care, including those with ADHD, women with trauma and members of the LGBTQ2+ community.

Subpopulations

Among PVSS, those who identified as men were more likely than those who identified as women to agree that VSS were just as effective as in-person services. Among NU, women were more likely than men to agree that not having to travel to appointments was important.

Figure 2: Percentage of women and men respondents who agreed with statements about VSS

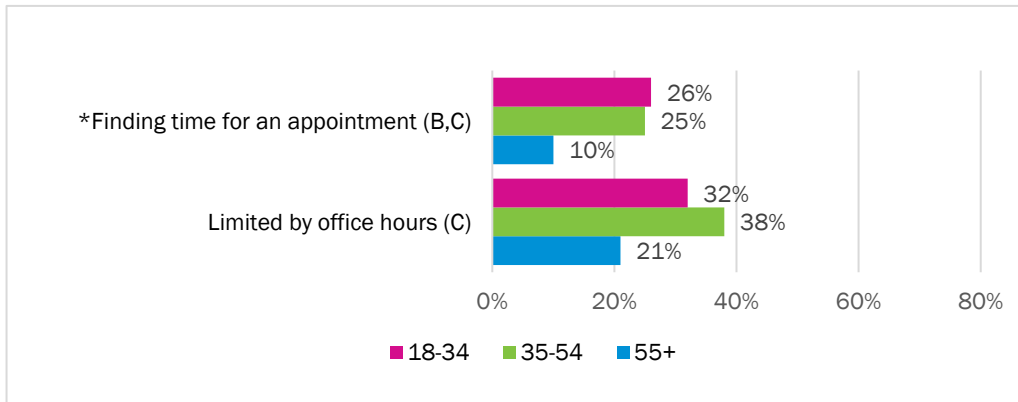


* Indicates significant differences between groups at $p < .05$.



Among PVSS, respondents aged 35 to 54 years were more likely than those aged 55 years and older to note that limited office hours were a barrier. Those aged 55 and older were less likely than people in both younger age groups to report that finding time for an appointment posed a barrier.

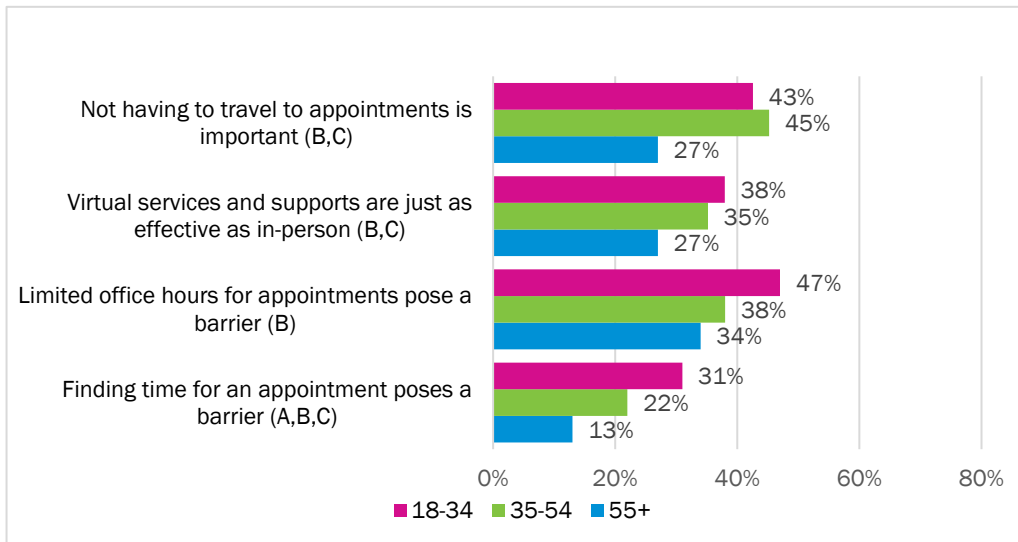
Figure 3: Percentage of PVSS respondents who reported barriers to VSS by age group



Note. B indicates significant difference between 18–34 and 55 and older at $p < .05$. C indicates significant difference between 35–54 and 55 and older at $p < .05$.

Among NU, respondents 55 and older were less likely than those in younger age groups to agree that not having to travel to appointments was important and that VSS were just as effective as in-person services and supports. Respondents aged 18 to 34 years were more likely than those in older groups to state that limited office hours for appointments and finding time for an appointment posed barriers.

Figure 4: Percentage of NU respondents who agreed with statements about VSS by age group



Note. A indicates significant difference between 18–34 and 35–54 at $p < .05$. B indicates significant difference between 18–34 and 55 and older at $p < .05$. C indicates significant difference between 35–54 and 55 and older at $p < .05$.



Calls to Action

A [national survey](#) found that 76% of Canadians were willing to use virtual care after the COVID-19 pandemic ends. Our research findings will inform the development of future VSS to address a potential increase in demand and to improve the experiences of both clients and practitioners.

Governments should consider:

- Educating the general public about the effectiveness of virtual care to improve the perception of people who have not used it yet.
- Exploring ways to support those who identify as women to address transportation and caregiving barriers.
- Investigating the barriers to equitable access and exploring solutions.
- Developing standards for professional practice and roles, and for delivery of VSS in Canada.

To ensure the most effective and appropriate virtual and in-person services and supports, organizations should consider:

- Providing technical support for direct-care workers and clients.
- Creating a culture that focuses on tailoring the mix of virtual and in-person services and supports to each client, their cultural needs and the broader characteristics of the region.

Find Out More

Read the full report, [Client and Practitioner Experiences and Perceptions of Virtual Services and Supports for Substance Use or Concurrent Disorders During the COVID-19 Pandemic](#), for more information about our research, including methods, findings and references. Three other reports at a glance present our findings about [Establishing and Strengthening Virtual Relationships](#), [Connectivity and Equipment](#), and [Platforms and Security](#).

Resources

Canadian Medical Protective Association

- [Thinking of working with virtual clinics? Consider these medical-legal issues](#)

Canadian Medical Association

- [Virtual Care in Canada: Discussion Paper](#)
- [Virtual Care: Recommendations for Scaling Up Virtual Medical Services: Report of the Virtual Care Task Force](#)
- [How To Set Up Virtual Care in Your Practice](#) (member access only)

Survey Methodology in Brief

Our study included a survey conducted between February and April 2021, and qualitative interviews with service providers.

Data were collected from 1,066 online survey respondents, including 326 who had used virtual services or supports during the pandemic (108 for substance use or substance use disorders and 218 for concurrent disorders) and 708 who had never used virtual services or supports for these conditions. The proportion of men and women who answered the survey was roughly equal.

Fourteen service providers were interviewed to discuss their experiences with providing virtual services and supports.



Canadian Agency for Drugs and Technologies in Health

- [COVID-19 and the Surge in Virtual Care: Lessons Learned and Challenges to Come](#) [video]
- [Telehealth: Summary of Evidence](#)

ISBN 978-1-77178-892-2

© Canadian Centre on Substance Use and Addiction 2022



Canadian Centre
on Substance Use
and Addiction

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.

CCSA activities and products are made possible through a financial contribution from Health Canada. The views of CCSA do not necessarily represent the views of Health Canada.