



Virtual Services and Supports for Substance Use and Concurrent Disorders – Platforms and Security

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.
- People who do not use VSS for substance use, substance use disorders or concurrent disorders are more likely to express concerns about privacy and security. Privacy concerns and access to quiet or private spaces from which to attend meetings with healthcare providers vary by gender and age.
- Governments should consider examining ways to provide private and safe spaces from which to access virtual services and supports, educating the public about data security and developing privacy and security standards.
- Providers may wish to reassure clients about privacy when using virtual care and must ensure interactions are positive and safe.

Providers of services and supports for substance use, substance use disorders and concurrent disorders abruptly switched to providing 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 Platforms and Security as one of four key components of effective delivery of virtual services and supports (VSS). Platforms and security-related factors include promoting trust and safety, compliance with accessibility requirements, and technical support.

What Are Virtual Services and Supports?

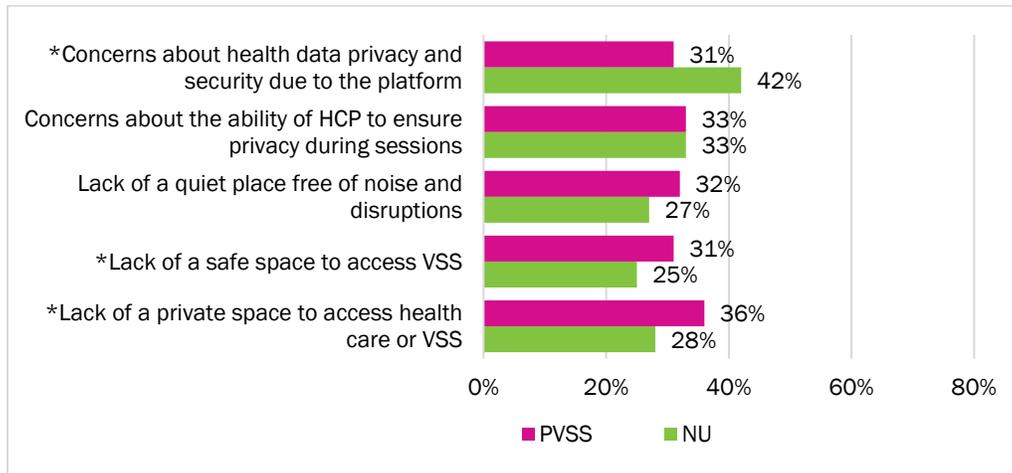
Our study defined virtual services and supports as any education, health care or treatment provided through technology, such as phone, video conferencing or apps. This could include disorder management, counselling, peer support, treatment programming or harm reduction services.

Key Findings

Our study found that concerns about privacy and security are higher among those who have not used VSS for substance use, substance use disorders and concurrent disorders (NU) than among people who are using VSS for these reasons (PVSS).



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



Note. * indicates significance differences between groups at $p < .05$

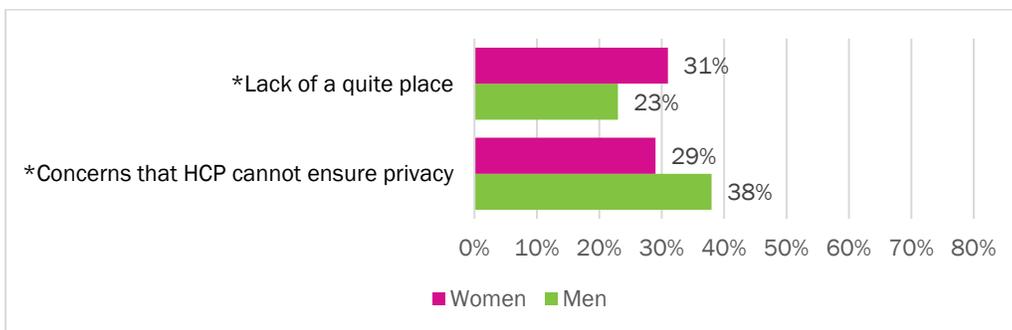
Overall, less than half of respondents in either group had concerns about the privacy and security of their health data or information due to the platform being used. Only a third agreed that they had concerns about the ability of their healthcare provider to ensure privacy during sessions.

Fewer than a third of respondents in either group agreed that the lack of access to a quiet place free of noise and disruptions poses a barrier to using VSS. A similar proportion agreed that they lacked a safe space for VSS or lacked a private space where they could talk with a healthcare provider or access services and supports. However, PVSS were more likely to note these barriers.

Subpopulations

Among NU, those who identified as women were more likely than those who identified as men to agree that the lack of access to a quiet place free of noise and disruptions posed a barrier to using VSS. Men were more likely than women to agree that their healthcare practitioner could not ensure privacy during sessions.

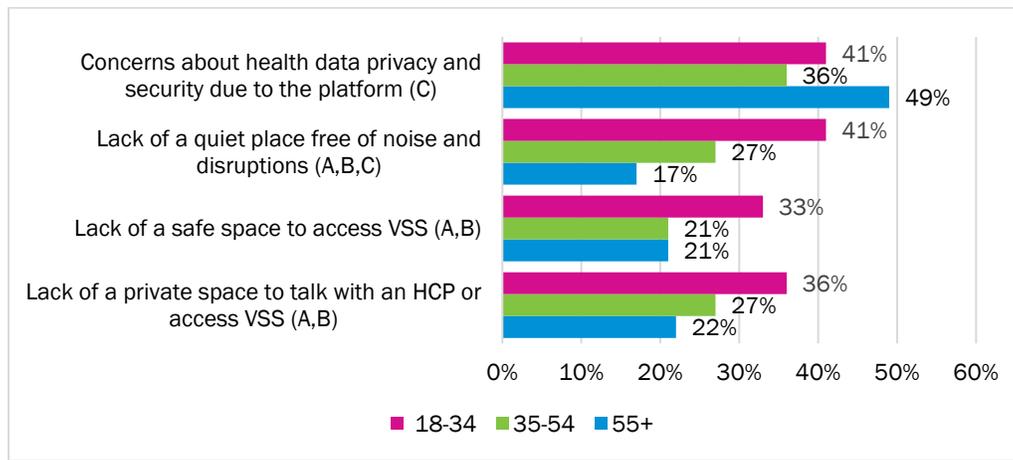
Figure 2: Barriers reported by NU respondents by gender



Note. * indicates significant differences between groups at $p < .5$



Figure 3: Barriers reported by NU respondents by age groups



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 $p < .05$.

Concerns about security and privacy appear to differ by age. Among the NU:

- Adults aged 18 to 34 years were more likely than adults aged 55 years and older to be comfortable with accessing medical records online, using VSS for counselling or therapy, or to attend a peer support meeting, such as Alcoholics Anonymous.
- Adults aged 55 years and older were more likely than those aged 35 to 54 years to agree that concerns about the privacy and security of health data due to the platform being used posed a barrier.
- Adults in progressively older age groups were less likely to agree that the lack of access to a quiet place posed a barrier to using VSS.
- Adults aged 18 to 34 years were more likely than those in other age groups to agree that the lack of a safe or private space where they could talk with a healthcare provider or access VSS was a barrier.

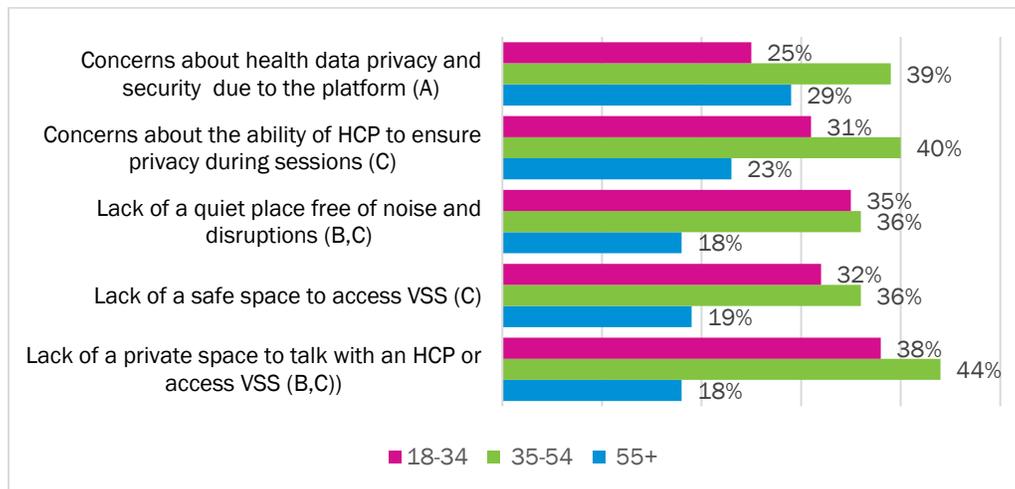
Among PVSS:

- Adults aged 35 to 54 years were the most likely to agree that privacy and security of health data due to the platform being used posed a barrier and to be concerned about session privacy.
- Adults aged 55 years and older were less likely than those in the other age groups to agree that the lack of access to a quiet, private place or a safe space posed a barrier to using VSS.

Providers also indicated that priority populations and those at greater risk of homelessness, poverty and problematic substance use were less likely than others to have private safe spaces and security concerns. Providers also stated that red tape around navigating privacy and data issues hampered their efforts.



Figure 4: Percentage of PVSS 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

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:

- Examining ways to provide quiet, safe and private spaces to access virtual care from, such as spaces in public libraries or community centres.
- Educating the public about the safety, security and privacy of VSS.
- Developing standards for privacy and security, and disseminating them widely.

Providers should consider:

- Directly addressing privacy concerns with clients, reassuring them with information and using a person-centred approach.
- Moderating online forums, meetings and social networking sites to ensure a positive experience; countering disinformation; and protecting users from harmful comments.

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 [General Findings](#) and our findings about [Establishing and Strengthening Virtual Relationships](#), and [Connectivity and Equipment](#).



Resources

College of Physicians and Surgeons of Alberta

- [Advice to the Profession: Virtual Care](#) (Privacy and Confidentiality, p.8)

Alberta College of Pharmacy

- [Providing virtual care to patients](#) (Appendix 2 – Safeguards to protect security and data integrity, p. 7)

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 disorder and 218 for concurrent disorder) 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.

