Canadian Centre on Substance Use and Addiction

Evidence. Engagement. Impact.

www.ccsa.ca • www.ccdus.ca July 2023 Policy Brief

Fostering Equity in Virtual Care for Substance Use: Recommendations for Policy Makers

Issue

The COVID-19 pandemic resulted in a rapid shift to virtual care (Bruneau et al., 2020; Perri et al., 2021). This shift improved access to substance use services and supports for some, while introducing unique barriers to access for others (Goodman et al., 2022; Melamed et al., 2022; Russell et al., 2021). Lack of access to internet and technology, low levels of digital literacy and a lack of safe and private spaces to access virtual care prevented people from accessing virtual substance use care, especially those from equity-deserving populations (Goodman et al., 2022).

To effectively tailor virtual substance use services and supports to those who need it most, CCSA sought input from members of equity-deserving populations about their experiences accessing and using virtual substance use care. Working in partnership with a researcher associate with lived experience of substance use, we used a qualitative approach to explore experiences with virtual substance use care among members of equity-deserving populations in Newfoundland. We also collected recommendations on how to tailor virtual substance use services and supports to the realities, needs and preferences of equity-deserving populations.

Equity-deserving populations are communities that experience significant collective barriers in participating in society (Queens University, 2017). In our study, equity-deserving populations included:

- People experiencing socio-economic or housing issues
- Members of a racial or ethnic minority
- Women
- Members of the 2SLGBTQ+ community
- People living in a rural or remote area

Intended for policy and decision makers working in health, technology, social services and diversity and inclusion, this brief outlines six recommendations for ways to improve access to and experiences with virtual substance use care for equity-deserving populations living in Canada.

Recommendations

Participants had the following recommendations for policy makers:

Involve people with lived or living experience when developing, delivering and evaluating virtual substance use policies and programs.

To improve access to and experiences with virtual substance use care, participants felt it was essential to include people with lived or living experience (PLLE) when developing, implementing and evaluating virtual substance use care policies and programs. This includes hiring PLLE to deliver virtual substance use supports and services and enable them to participate in policy and decision making. Participants felt this was the only way to ensure that the policies and programs would be safe (i.e., free from stigma), effective and truly meet their needs.

Ensure all people living in Canada have access to technology and know how to use it.

Lack of access to technology and low levels of digital literacy prevented many equity-deserving populations from accessing virtual services and supports for substance use. Further, programs designed to increase access to technology among equity-deserving populations, such as low-cost or no cost internet and cellphones, are frequently underused and, in some cases, completely inaccessible to those who need them. Ultimately, participants felt that equitable access to virtual care cannot be achieved without declaring access to technology, including internet and mobile devices, a human right.

In addition to having access to technology, people need to know how to use it. To help increase the use of virtual services and supports, participants recommended investing in programs to educate people on how to use technology and how to access and navigate virtual services and supports for substance use.

Invest in the promotion of existing virtual substance use care.

Limited knowledge about virtual services and supports prevented many individuals from equity-deserving populations from accessing the care they needed. Many participants in our study were unaware of the virtual substance use supports and services available to them (e.g., Wellness Together Canada, virtual meetings with Alcoholics Anonymous), which they cited as a major reason for not accessing virtual supports. Participants felt that governments and local health authorities should do more to ensure that information about virtual care is available where equity-deserving people are likely to see them. A variety of advertising techniques to promote virtual care were suggested, including posters and flyers in health and community services (e.g., pharmacies, clinics, harm reduction services, community social services for homeless people); pamphlets in harm reduction supply bags; flyers in mailboxes; posters in public places (e.g., buses and utility poles); information in the newspapers, TV and radio; and on social media like Facebook or YouTube.

Invest in the delivery of quality virtual care.

Participants emphasized the need for governments to invest in the delivery of virtual substance use care beyond the COVID-19 emergency response but felt it is not enough to simply ensure continued access. Governments must also invest in improving the quality of substance use care received in virtual settings. Participants favoured developing and implementing standards to guide the delivery of virtual substance use care across Canada. There were diverse views of what these standards would include, but their recommendations converged on the idea that there should be policies

ensuring that virtual care allows for in-depth interactions with providers to build quality relationships and adequately address patients' health issues.

Improve accessibility and create low-barrier virtual services and supports.

Equitable access to culturally sensitive virtual substance use care can only be achieved by offering care in formats that are accessible to everyone living in Canada. Participants mentioned the need to make virtual services more accessible to people living with hearing, seeing and speaking disabilities. Suggestions included offering support and services in American sign language, with closed captioning or live transcripts. Allowing a family member or friend to accompany someone to a virtual appointment can also increase accessibility among people living with mental illness or disabilities.

The need to develop flexible and rapidly available services was another recurring theme in our study. Participants expressed a desire to access virtual services and supports 24/7 to respond to urgent needs without waitlists nor wait times. When asked for recommendations for supports and services that would best suit their needs, participants shared several ideas, including:

- Mobile apps to access physicians, addiction counsellors and harm reduction services,
- Typing or text-based services,
- Addiction helpline with PLLE as operators,
- Virtual peer-support groups for 2SLGBTQ+ people,
- Virtual services for families to address intergenerational trauma,
- Phone line to help navigate the healthcare system,
- Online safe spaces to chat about anything (not necessarily substance-focused conversations) and
- Phone line to report providers' stigmatizing behaviours and identify their potential training needs.

Conclusions

There is no single solution to achieving equitable access to virtual substance use care in Canada. Without substantial investments in healthcare and technology, it will be nearly impossible to achieve equitable access to virtual substance use care. Governments, health authorities, service providers, PLLE, members of equity-deserving populations, and First Nations, Inuit and Métis communities must work together to improve the accessibility and quality of virtual substance use care for everyone living in Canada.

References

Bruneau, J., Rehm, J., Wild, T.C., Wood, E., Sako, A., Swansburg, J., & Lam, A. (2020). *Telemedicine support for addiction services: National rapid guidance document*. Montreal, Que.: Canadian Research Initiative in Substance Misuse. https://crism.ca/wp-content/uploads/2020/05/CRISM-National-Rapid-Guidance-Telemedicine-V1.pdf

Goodman, A., Cragg, S., Corace, K., Suschinsky, K., & Tharmalingam, S. (2022). *Client and practitioner experiences and perceptions of virtual services and supports for substance use or concurrent disorders during the COVID-19 pandemic*. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction. https://www.ccsa.ca/client-and-practitioner-experiences-and-perceptions-virtual-services-and-supports-substance-use-or Melamed, O. C., deRuiter, W. K., Buckley, L., & Selby, P. (2022). Coronavirus disease 2019 and the impact on substance use disorder treatments. *Psychiatric Clinics of North America*, *45*(1), 95–107. https://doi.org/10.1016/j.psc.2021.11.006

Perri, M., Schmidt, R. A., Guta, A., Kaminski, N., Rudzinski, K., & Strike, C. (2022). COVID-19 and the opportunity for gender-responsive virtual and remote substance use treatment and harm reduction services. *International Journal of Drug Policy*, *108*, Article 103815. https://doi.org/10.1016/j.drugpo.2022.103815

Queens University (2017). *Equity, diversity, inclusion and Indigenization*. Kingston, Ont.: Human Rights and Equity Office of Queens University. https://www.queensu.ca/hreo/sites/hreowww/files/uploaded_files/20201210KeyEDIIterms.pdf

Russell, C., Ali, F., Nafeh, F., Rehm, J., LeBlanc, S., & Elton-Marshall, T. (2021). Identifying the impacts of the COVID-19 pandemic on service access for people who use drugs (PWUD): A national qualitative study. *Journal of Substance Abuse Treatment*, *129*, Article 108374. https://doi.org/10.1016/j.jsat.2021.108374

ISBN 978-1-77871-094-0

© Canadian Centre on Substance Use and Addiction 2023

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 the Government of Canada.