



Canadian Centre  
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# COVID-19 and Substance Use: Impacts on Consumption, Services and Service Providers

ISSUP Webinar

Rebecca Jesseman, Robert Gabrys,  
Anna Goodman, Susan Barrass, and Sue Cragg

October 20, 2021

# Agenda



- About CCSA
- Mental Health and Substance Use During COVID-19
- Impacts on the Substance Use Workforce
- Perceptions of and Experiences with Virtual Services and Supports
- Changes to Opioid Agonist Therapy Prescribing in Ontario
- Questions

# About CCSA

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- **Vision:** A healthier Canadian society where evidence transforms approaches to substance use.
- **Mission:** To address issues of substance use in Canada by providing national leadership and harnessing the power of evidence to generate coordinated action.
- **Value Proposition:** Provide national leadership to address substance use in Canada. A trusted counsel, we provide guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.

# About CCSA

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- Trusted third-party expert on substance use and addiction
- Independent, neutral and non-partisan
- Works with governments across the political spectrum to advance initiatives that reduce harm
- Firmly rooted in science and sound methodology; driven by compassion
- Collaborates with scientists and service providers across Canada

# CCSA Strategic Framework

## Vision

A healthier Canadian society where evidence transforms approaches to substance use.

## Mission

To address issues of substance use in Canada by providing national leadership and harnessing the power of evidence to generate coordinated action.

## Value Proposition

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

## North Star Outcomes

Improved wellness for those experiencing the harms of substance use through:

An accessible, inclusive continuum of quality services and supports



Evidence-informed responses that reduce substance use harms

## Strategic Goals and Priorities



Advancing knowledge by synthesizing research



Driving collaboration efforts across Canada



Bridging the gap between what we know and what we do



- ▶ Make evidence-informed resources easily accessible to key audiences
- ▶ Promote increased knowledge, understanding and awareness of substance use and addiction
- ▶ Monitor emerging trends and alert stakeholders

- ▶ Mobilize collective efforts by connecting and convening stakeholders towards a common goal
- ▶ Shine a spotlight on initiatives in the P/Ts and communities

- ▶ Equip the substance use field with the knowledge it needs to respond effectively
- ▶ Serve as an amplifier for news and research related to substance use and addiction
- ▶ Inform policy makers on new research, leading practice and emerging issues



# Mental Health and Substance Use During COVID-19

(bi-monthly survey)

# Context and Objectives

*In collaboration with the Mental Health Commission of Canada*

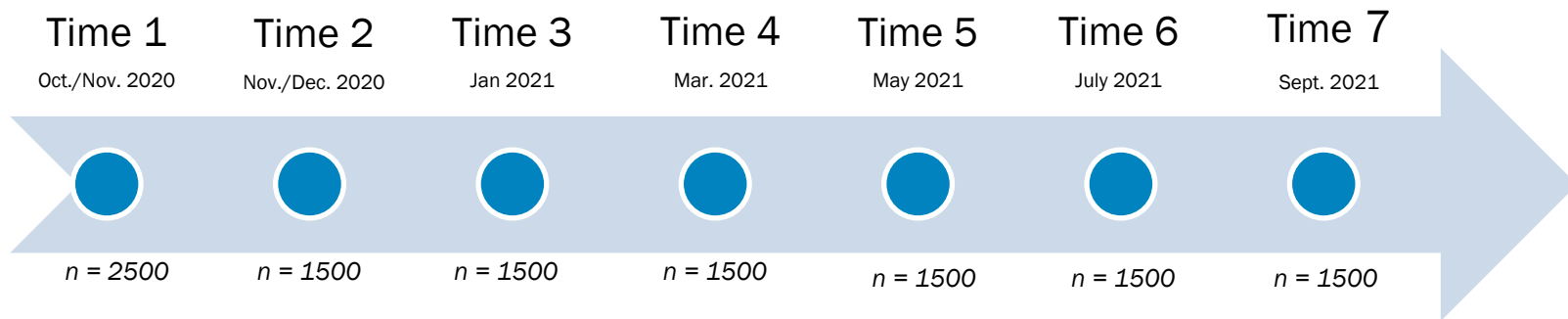
## Project Objectives

- Track the ongoing impact of COVID-19 on mental health and substance use across several priority populations
- Highlight the intersection between mental health and substance use during the COVID-19 pandemic
- Inform public health policy and the development of resources related to mental health and substance use



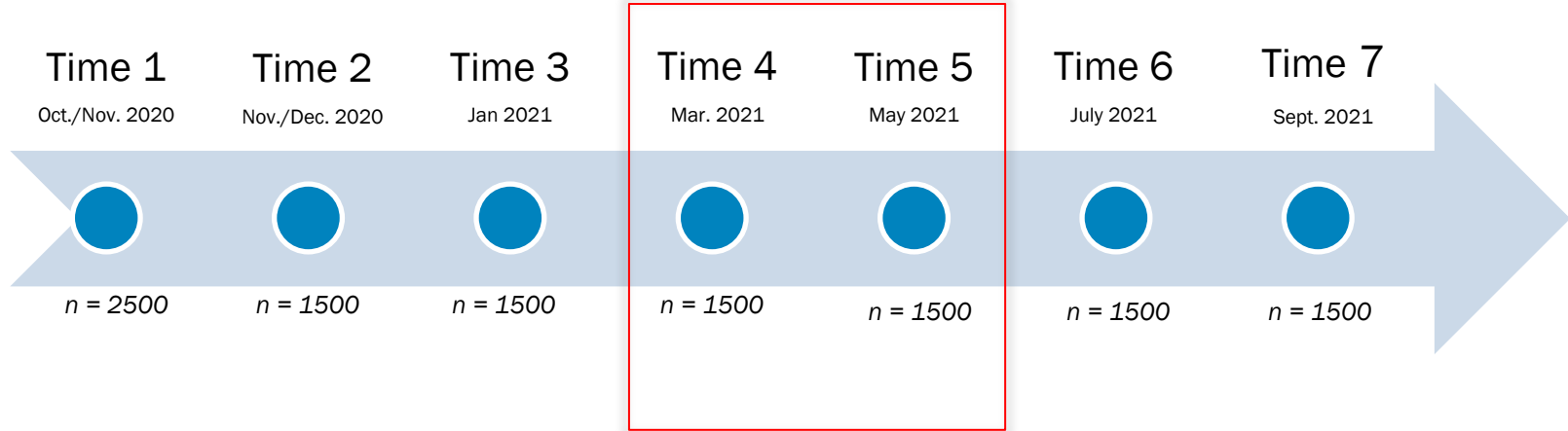


# Methods



Study sample: People living in Canada, aged 16 and older

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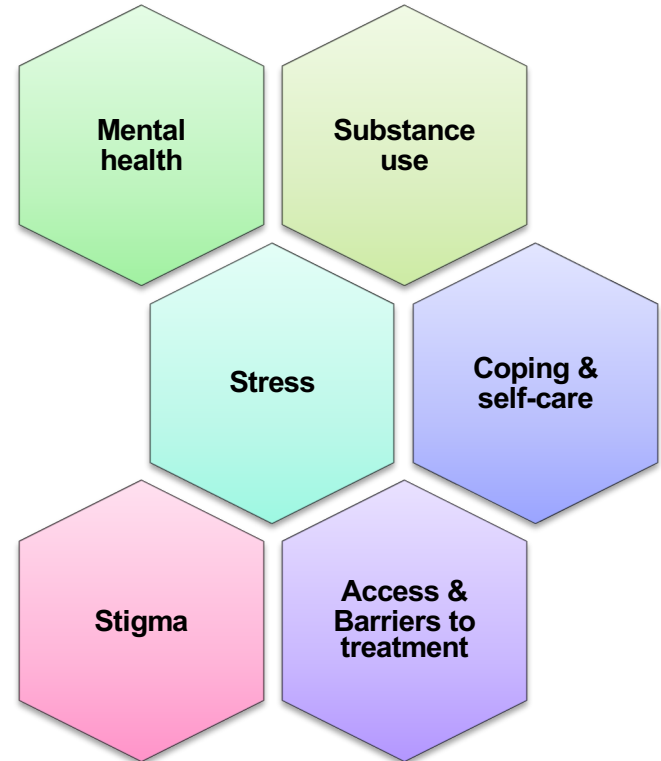
# MH & SU Indicators

## Mental health

1. Self-reported mental health
2. Depression symptoms
3. Anxiety symptoms
4. Suicide ideation

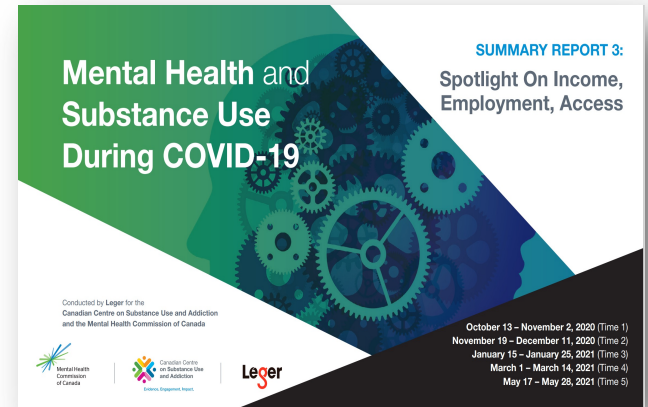
## Substance use

1. Change in alcohol use
2. Problematic alcohol use
3. Change in cannabis use
4. Problematic alcohol use



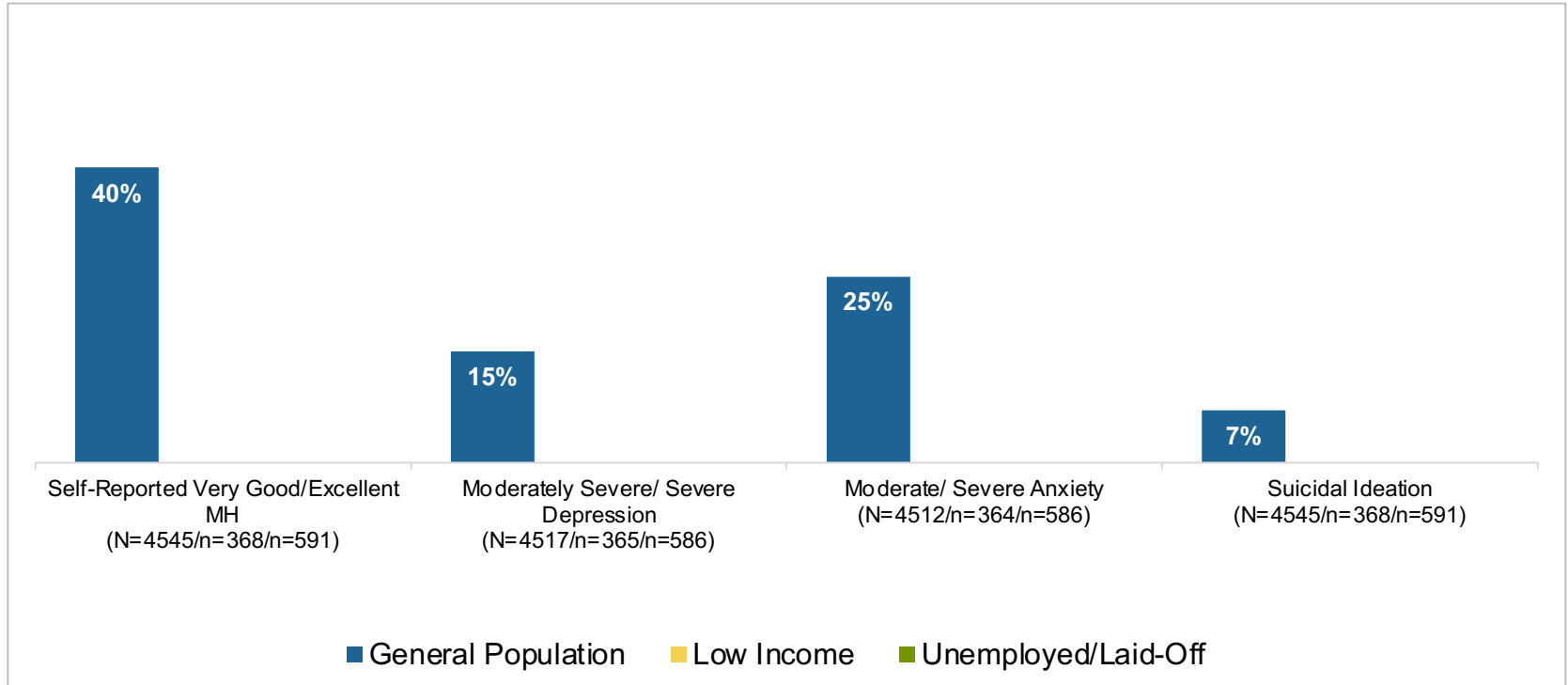
# Priority Populations

- Individuals with past or current mental health and substance use concerns
- People with young children
- People who live alone
- **People with low income\***
- **People who are unemployed or laid-off**

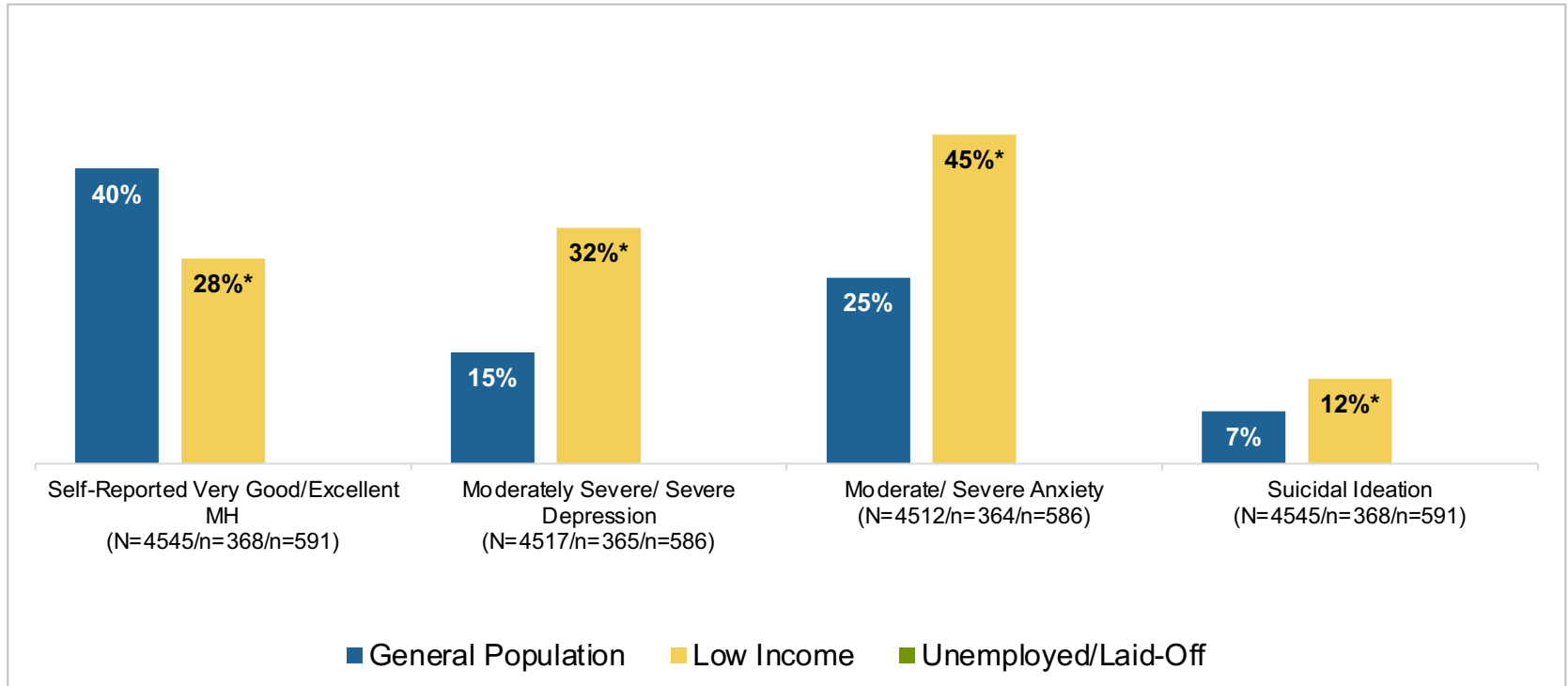


\*For example, the low-income cut-off threshold for a 4-person household is \$26,000 in a small population centre (<30,000) and \$37,000 in a large population centre (>100,000)

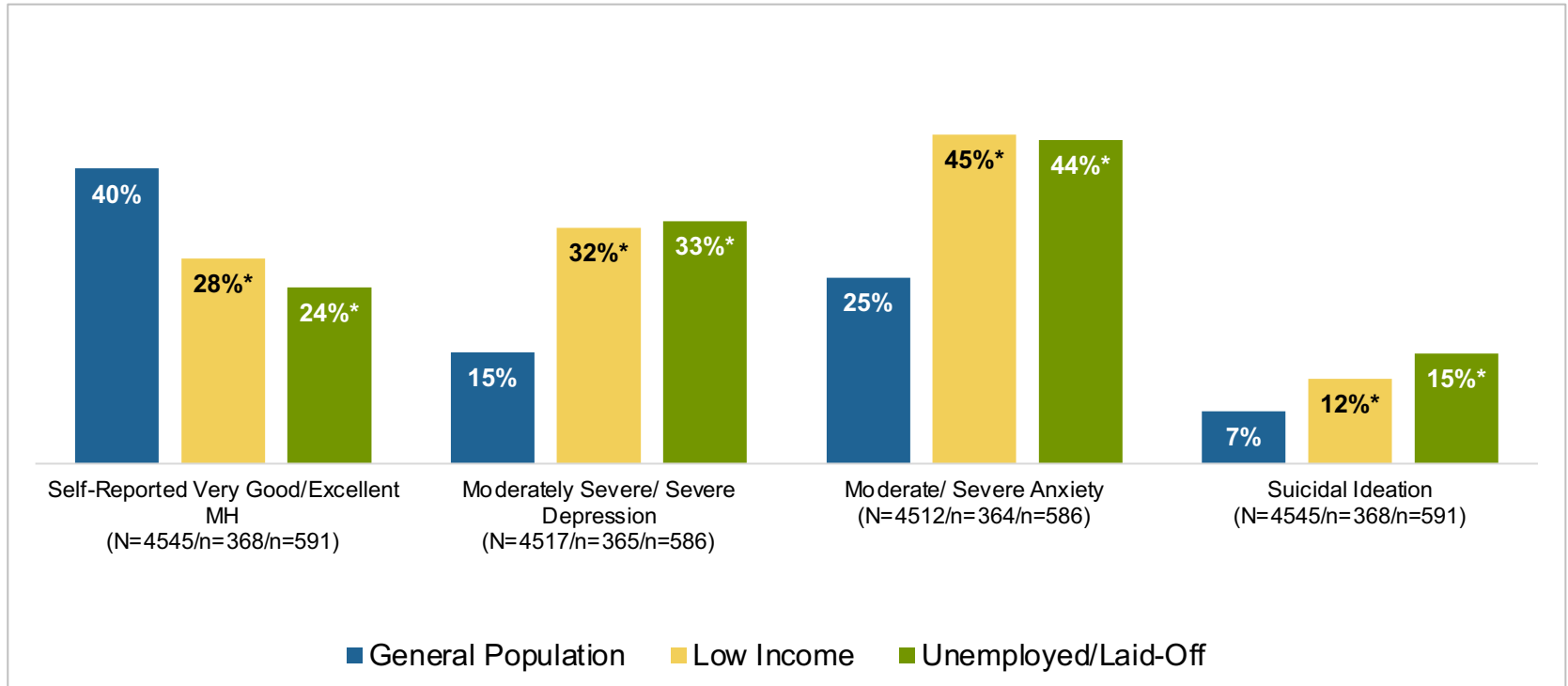
# Mental Health Indicators



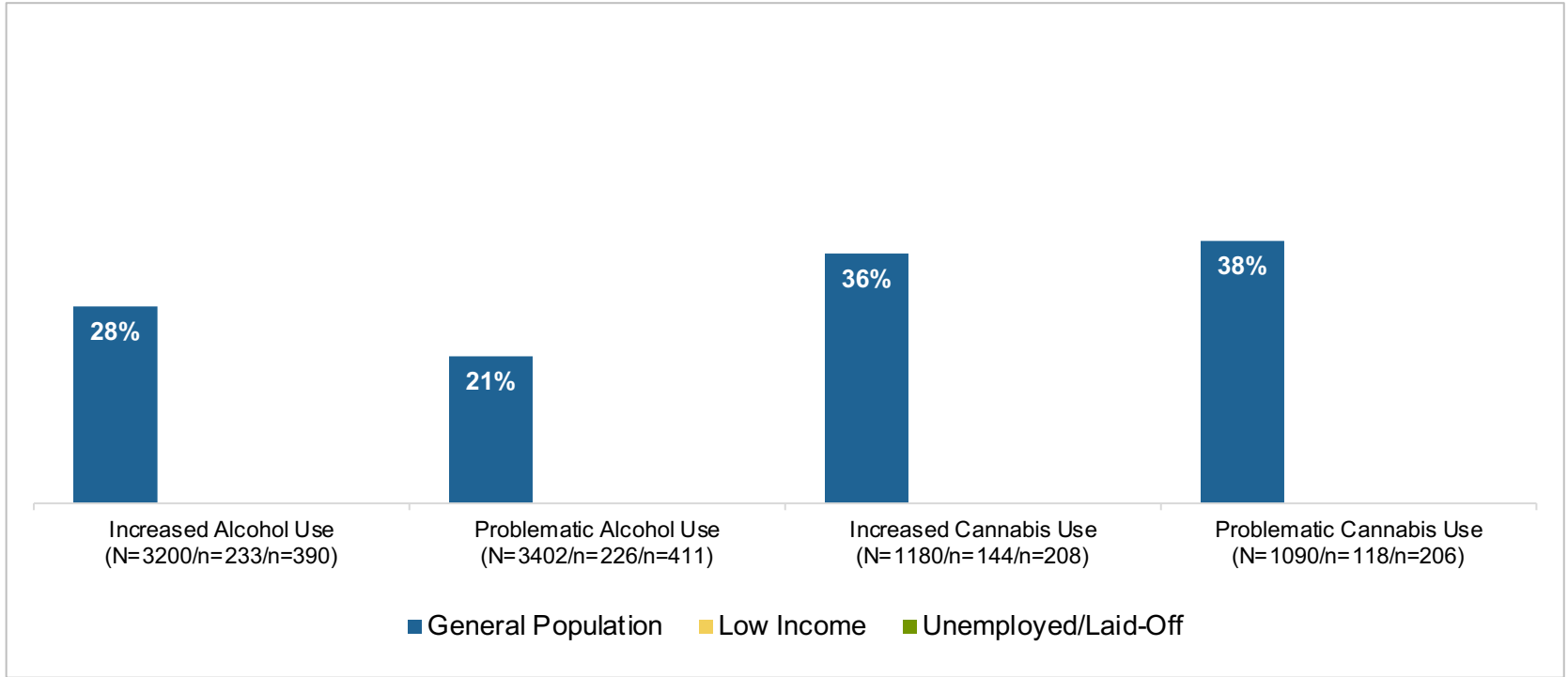
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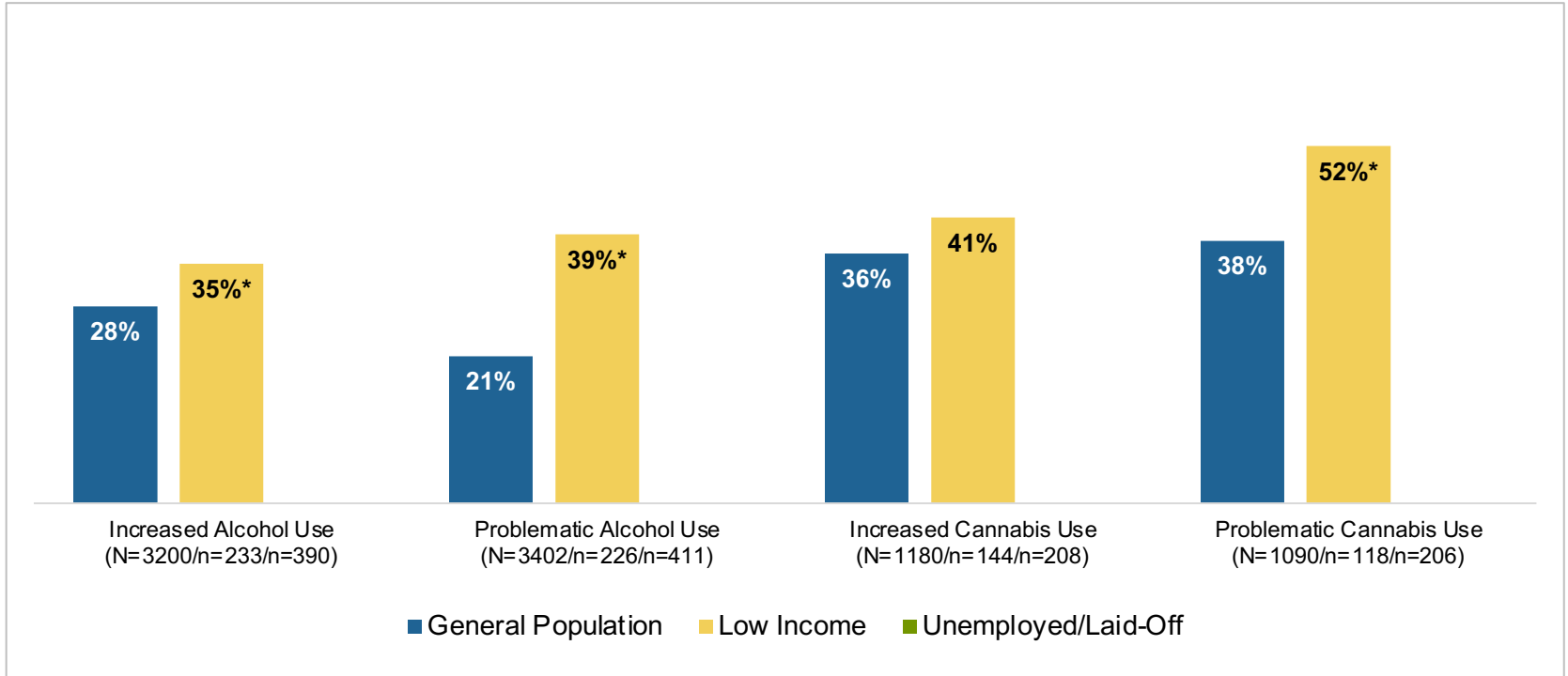


# Substance Use Indicators

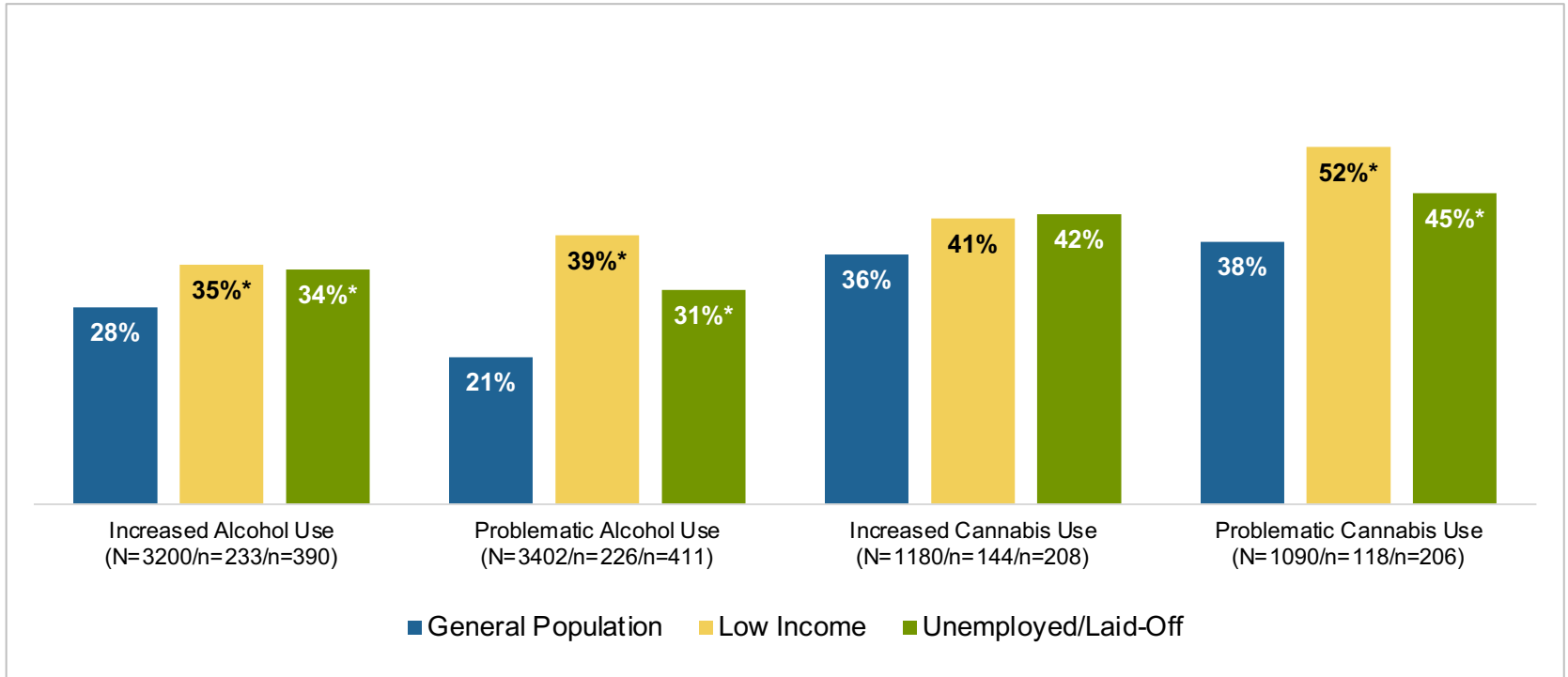




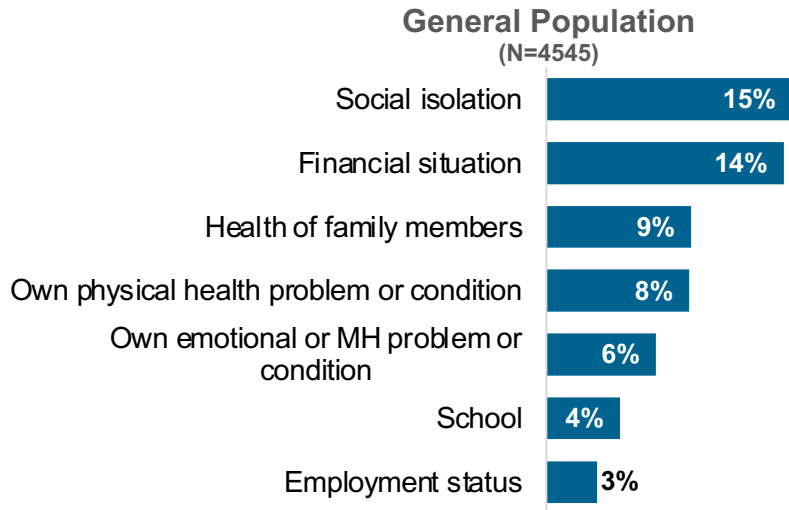
# Substance Use Indicators



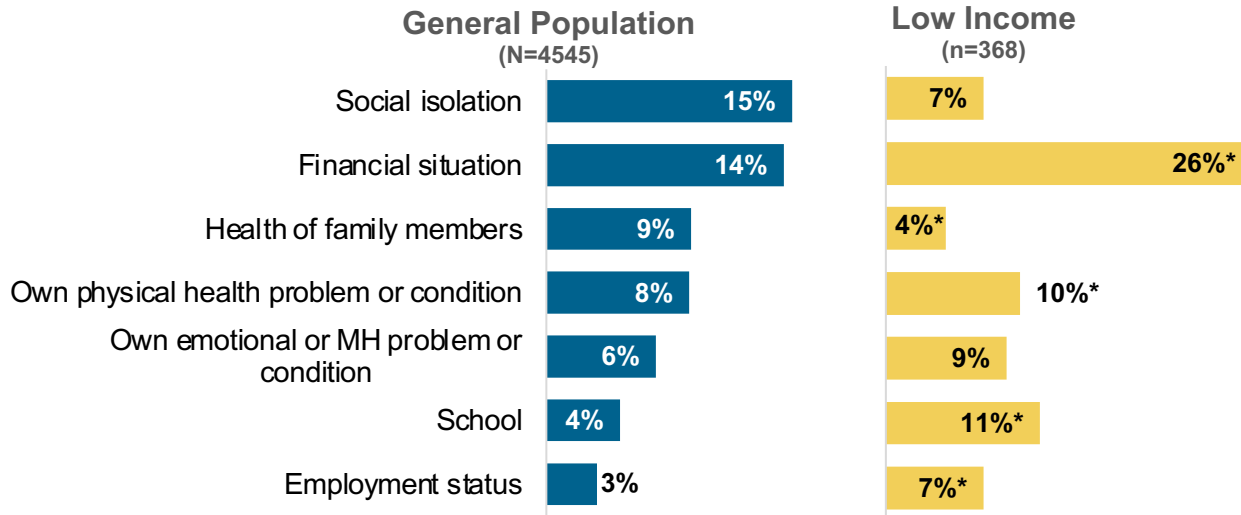
# Substance Use Indicators



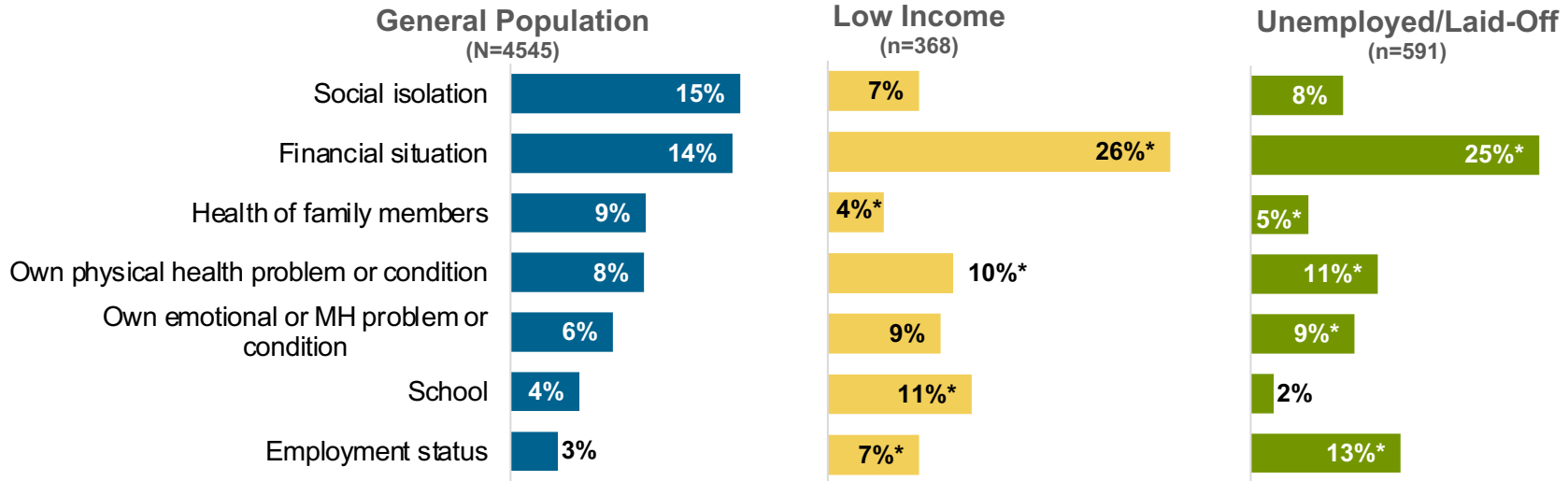
# Top Pandemic Stressors



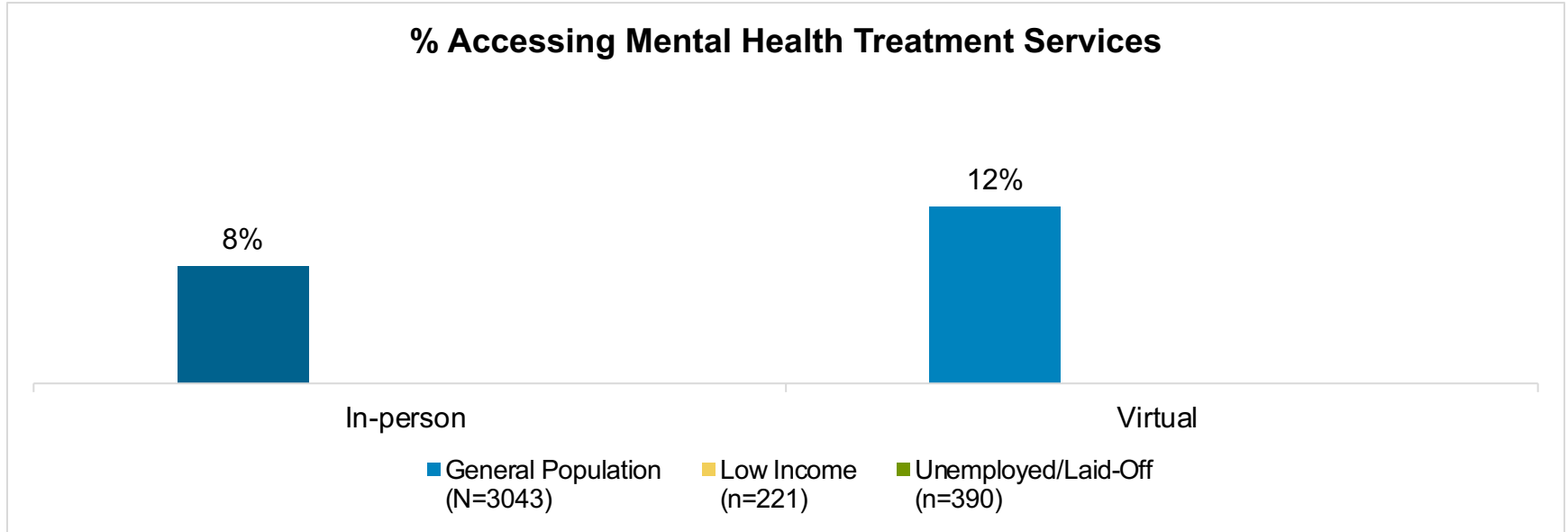
# Top Pandemic Stressors



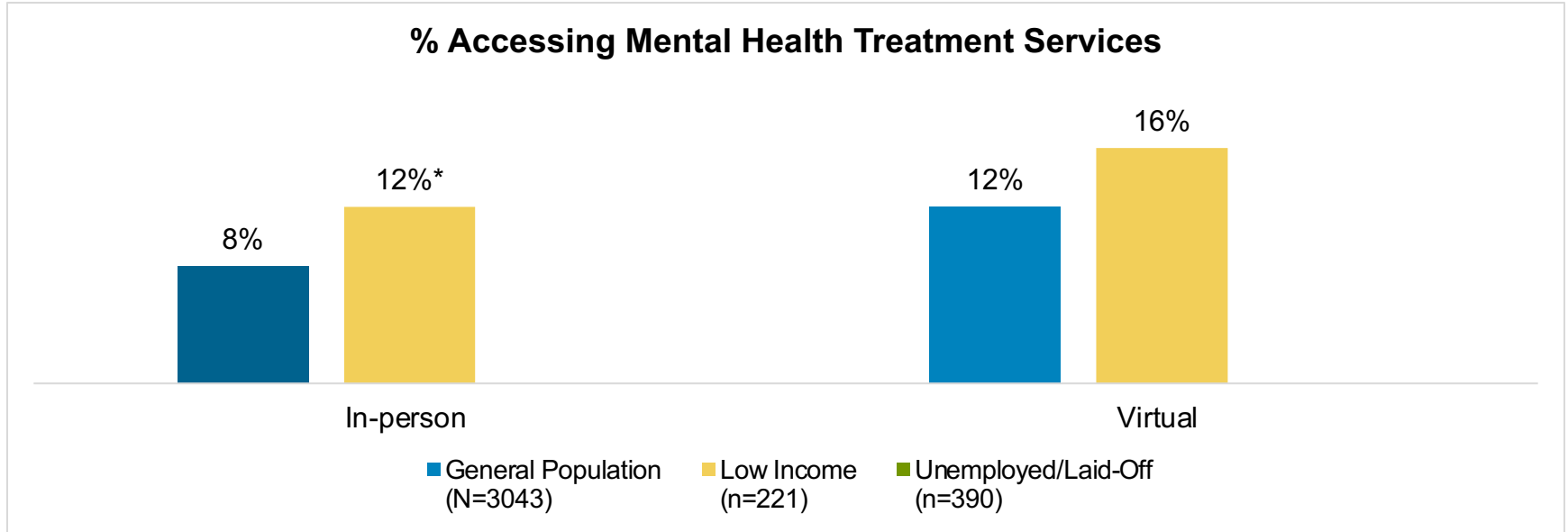
# Top Pandemic Stressors



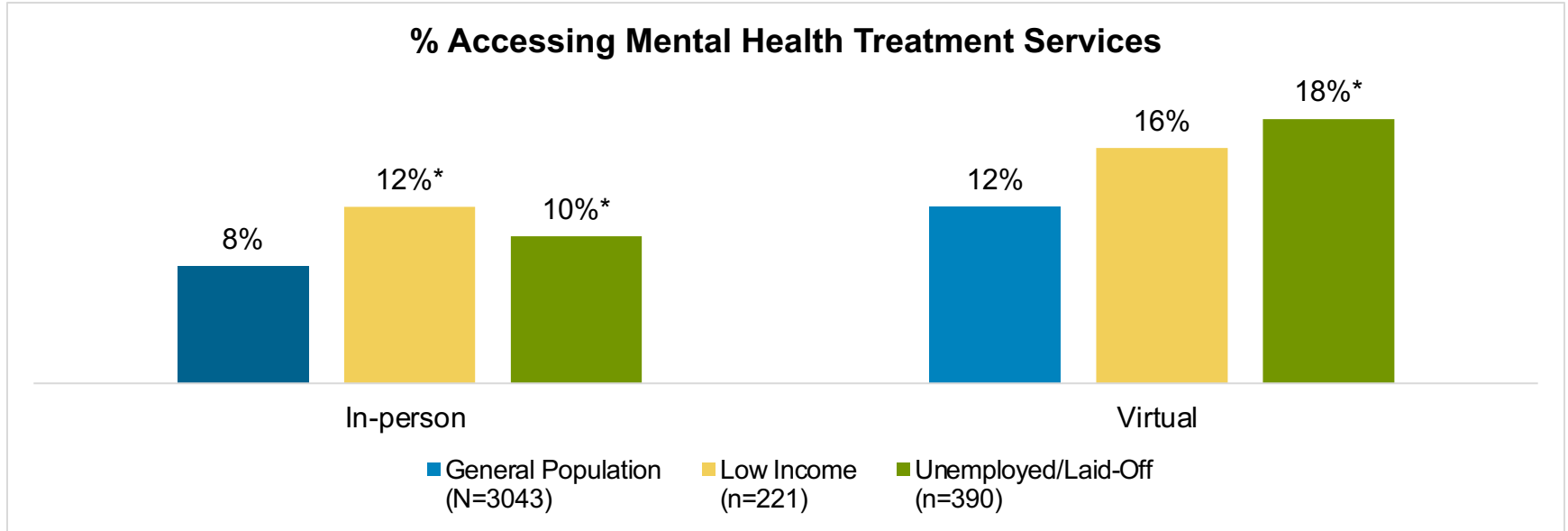
# Mental Health Treatment Services



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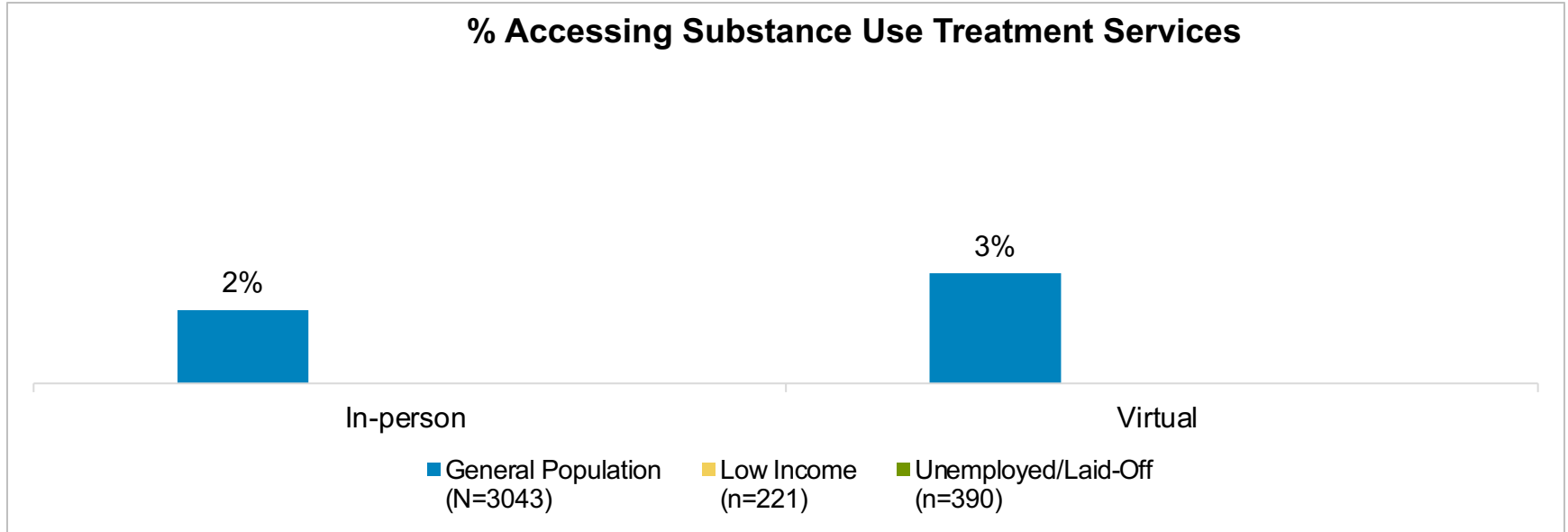


# Mental Health Treatment Services

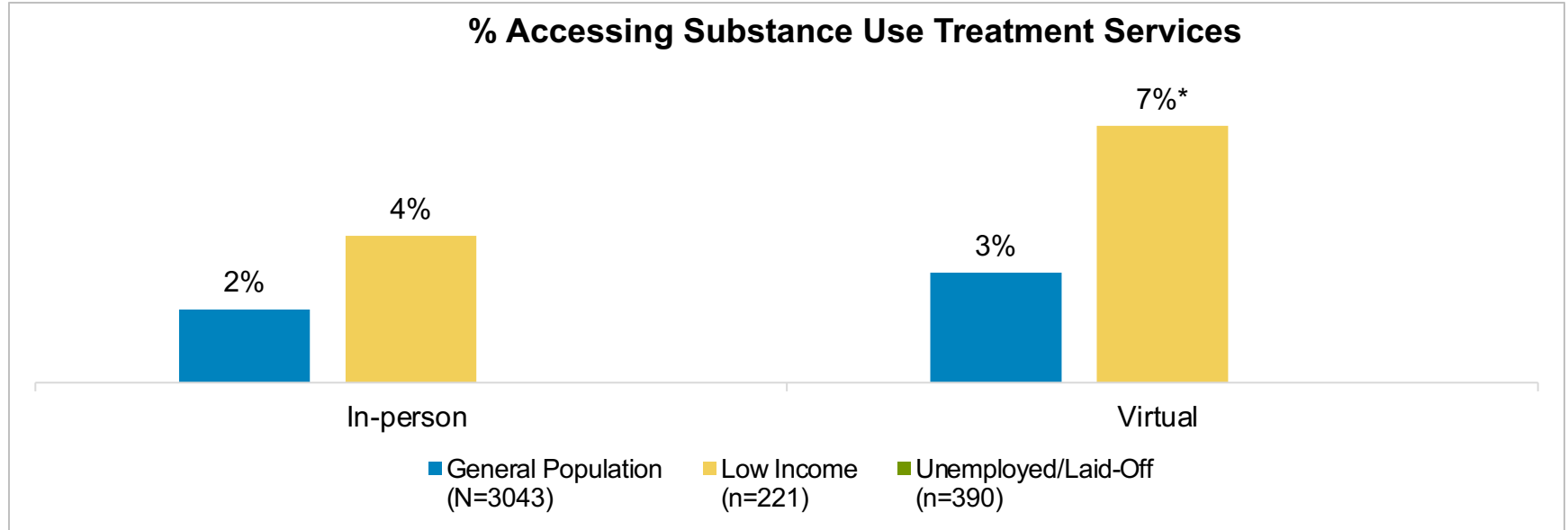




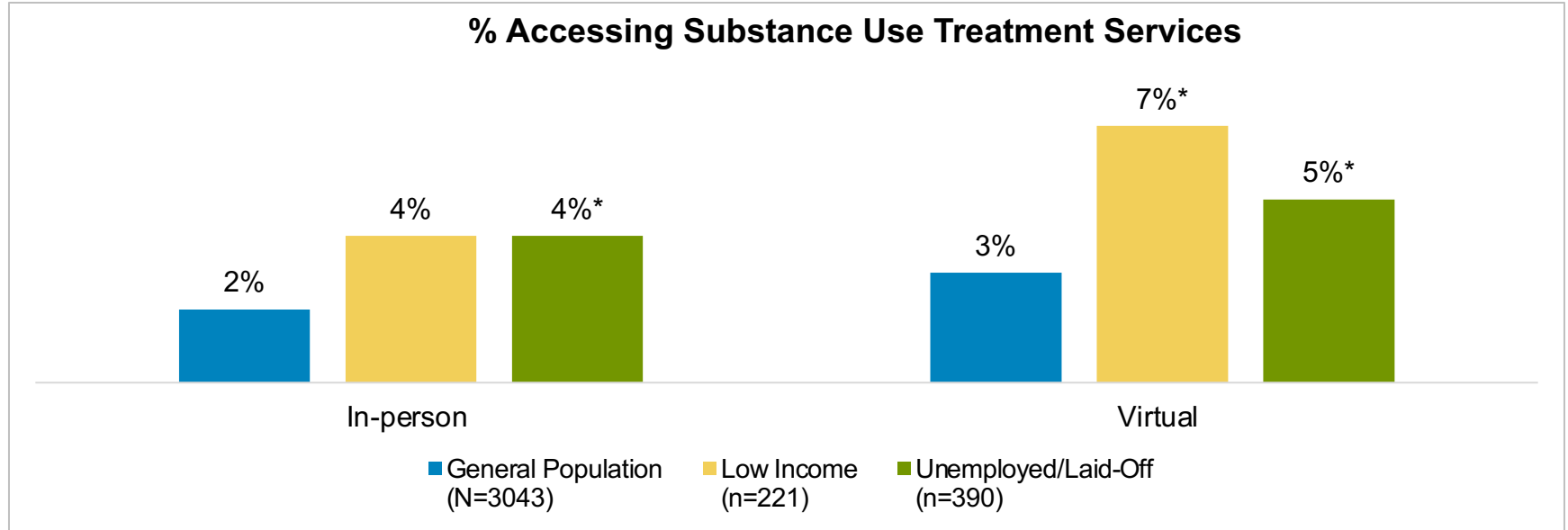
# Substance Use Treatment Services



# Substance Use Treatment Services



# Substance Use Treatment Services



# Key Findings

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- The substance use and mental health impacts of the pandemic are inter-related
- Not everyone is being affected equally
  - Pandemic stressors differ across groups of individuals
- Targeted interventions are required to meet the needs of those most impacted
- Current services are not reaching the majority of those who would benefit

For the full reports, visit: [Mental Health and Substance Use During COVID-19](https://www.ccsa.ca/mental-health-and-substance-use-during-covid-19)  
<https://www.ccsa.ca/mental-health-and-substance-use-during-covid-19>



# Impacts on the Substance Use Workforce

# Overview

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- Service providers are already facing trauma, grief and burnout due to the overdose crisis, which has been worsened by COVID-19
- Substance use providers lack equitable access to resources, including PPE
- Services closest to the ground were most strongly impacted
  - Peer supports
  - Outreach
  - Harm reduction

# Workforce Capacity Study

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- Mental Health and Substance Use Workforce Capacity to Respond to COVID-19, led by Dr. Ivy Bourgeault and Dr. Mary Bartram
- Combined methods: literature review, online survey and key informant interviews
- Funded by the Canadian Institutes of Health Research
- Online survey and interviews conducted between March and May 2021

# Changes in Presenting Concerns

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- **10% increase** in clients presenting for alcohol use (49% pre-pandemic, 59% during the pandemic)



- **12% increase** in clients presenting for cannabis use (37% pre-pandemic, 49% during the pandemic)



# Impacts on the Substance Use Workforce

**52%** Reporting **decreased** capacity due to:

- Lockdown and social distancing: **43%**
- Client issues with virtual care: **42%**
- COVID-19 protocols: **28%**

Services discontinued or decreased

- Group support and intervention: **58%**
- Community outreach: **58%**
- Outreach: **56%**

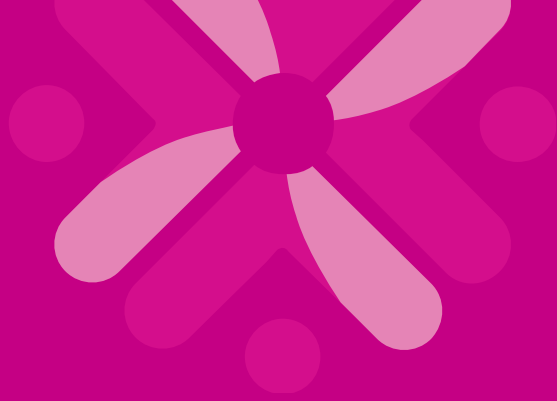
**44%** in peer support  
reported **increased**  
services

# What Is Needed?

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Substance use service providers indicated a need for

- Funding and payment for services (19%)
- Organization enabled to practice optimal scope (17%)
- Removal of regulatory barriers (18%)



# Perceptions of and Experiences with Virtual Services and Supports

# Project Background and Objectives

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- In spring 2020, a gap was identified in data about the effectiveness of virtual care to treat substance use, substance use disorders and concurrent disorders during the pandemic.
- Our goal was to find out how this shift to virtual care was going for those receiving services and to understand who may be left behind.

## Objectives

- Explore experiences with and perceptions of virtual services and supports for substance use, substance use disorders and concurrent disorders;
- Understand barriers to using virtual services and supports; and
- Explore ways to improve access to virtual services and supports.

# Methods



- CCSA formed a Virtual Care Advisory Committee to guide this work
- We opted for a mixed-methods approach with a broad definition of virtual care:
  - National online survey of those using virtual care for substance use, substance use disorders and concurrent disorders, as well as the general population
  - Qualitative key informant interviews with practitioners delivering care
- We defined virtual services and supports as any education, access to health care or treatment provided through technology, such as telemedicine, video conferencing or apps

# Those Using Virtual Care (n= 326)

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- 2/3 satisfied with virtual services
- 3/4 agree that virtual services save time and prevent spread of COVID-19
- Gender differences:
  - Women more likely to be less satisfied with virtual care
  - Men less concerned with being in-person for services
- The most popular options for care post-pandemic were in-person (42%) and telephone (32%)

# Those Using Virtual Care (n= 326)

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- Biggest barriers: cost (38%), lack of private space (36%), relationship building (36%)
  - 34–54 age group are most likely to lack privacy
  - 55 and over age group are less likely to think they can build a relationship virtually
- 68% of respondents agreed that investing in virtual services should be a government priority

# General Public (n=708)

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- Almost 3/4 would be comfortable using virtual care to meet a doctor or nurse and attend individual appointments
- Only 1/3 see virtual services as effective as in-person
- More likely than those using care to be concerned about privacy and security of a virtual platform
- 2/3 of respondents believe the government should invest in virtual services



# Qualitative Findings (n=14)

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- Included counsellors, psychologists, social workers, educators and harm reduction providers
- Almost all services fully in-person before the pandemic, with some telephone, video, etc.
- COVID-19 adaptations:
  - Some moved services online, some to the phone
  - A lot of in-person care continued

# Qualitative Findings (n=14)

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- Steep technology learning curve for both practitioners and clients
- Very successful change for those who can benefit, very detrimental for those it leaves out
  - Benefits: connection with a greater number of people, more flexibility, can see client's home
  - Drawbacks: not everyone has access to internet and technology, accountability issues
- Practitioners agreed virtual care cannot replace in-person care

# Implications



Government considerations for policies related to virtual services and supports:

- Educate the general public on the effectiveness of virtual care
- Provide education and resources to increase comfort with technology among practitioners and clients
- Adapt the provision of virtual services and supports to suit considerations of geography, age, and gender
- Increase access to internet and safe spaces, especially in rural areas and for marginalized populations
- Maintain in-person service provisions in addition to virtual supports



# Changes to Opioid Agonist Therapy Prescribing in Ontario

# Background and Objectives

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- Opioid agonist therapy (OAT) is the gold standard of care for the treatment of opioid use disorder
- COVID-19 pandemic interrupted access to and delivery of treatment
- A group of Ontario clinicians developed COVID-19 OAT treatment guidelines to facilitate safe access to care and continuity of care during the pandemic, while supporting physical distancing

## Study Objective

- Assess how care delivery has been affected by the COVID-19 OAT guidelines from client and prescriber perspectives

# Methods

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- Online survey co-designed with those with lived and living experience of substance use and prescribers
- 354 clients
  - Changes in the frequency of office visits and urine drug screens
  - Changes in the number of carries
  - Perceptions of virtual care
- 76 prescribers
  - Awareness of the COVID-19 OAT guidelines
  - Implementation of the COVID OAT guidelines
  - Experiences with care delivery under the COVID-19 OAT guidelines

# Findings

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- 93% of prescribers had read the interim guidelines
- Of those, most
  - Reported changes in prescribing carries
  - Supported the changes in guidelines agreeing that they were reasonable and balanced
  - Agreed that the guidelines provided the right amount of structure for allowing prescribers to use clinical judgment for decision making
- 58% of clients reported receiving additional carries

# Findings

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- Most clients and prescribers responded positively to changes in care
  - Improved relationships
  - General satisfaction with virtual care but there is room for improvement
  - Saved time and money
- Additional carries were not associated with self-reported adverse health outcomes



# Implications



- Ontario COVID-19 OAT treatment guidelines allowed for balance between protection and safety in maintaining continuity of care
- Changes in care delivery were not associated with self-reported adverse health outcomes
- Most clients and prescribers responded positively to changes in care delivery
- Study limitations impact generalizability of findings
- Policies and supports to reduce barriers to OAT care post-pandemic should be implemented
- Results support the need for equitable access to quality virtual care for all

# Future Considerations

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- Trends and innovation in other jurisdictions around OAT care
- Potential permanency of guidelines and adaptations for future use
- Increased support and capacity building among practitioners
- Expanded access to alternative modes of delivery of care
- Expanded service provision for other harm reduction supports and strategies

# Questions and Comments

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For more information visit:  
[ccsa.ca](http://ccsa.ca)



# CCSA's Issues of Substance 2021



**November 23–25 | 23-25 novembre**

- CCSA's Issues of Substance is Canada's premiere conference for the substance use and addiction field
- A three-day virtual experience!
- Early bird registration closes October 22, 2021
- #CCSAConference

# Contact Information

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