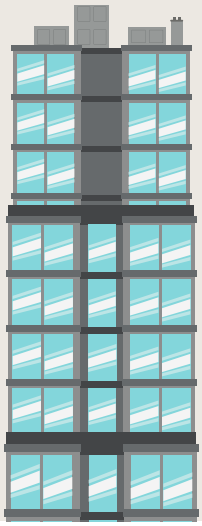
Enhancing substance use service delivery in rural and remote Ontario

Providing substance use services in rural areas can be challenging due to limited resources, geographic isolation, and health human resource shortfalls. The *Supporting Transformation through Research, Evidence, and Action in Mental health (STREAM) Lab* at the *Waypoint Centre for Mental Health Care* conducted a rapid review of academic literature and published reports on substance use services in rural and remote areas. Based on 28 documents, we highlight key findings and considerations that may be relevant to decision-makers supporting MHSU systems planning in Ontario.

Considerations for decision-makers:

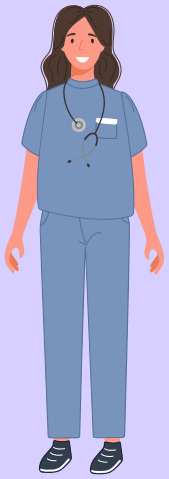
1. Adapting substance use service settings to maximize the use of existing service infrastructure in rural areas, and minimize transportation barriers.



Co-location of services may be particularly relevant in rural areas.[1] Additional adaptations may include:

- integrating outreach-based services [2]
- embedding services such as medication for opioid use (MOUD) prescribing in primary care [3 4 5]
- offering take-home MOUD dosing, when appropriate [6]
- embedding bed-based substance use services within existing bed-based social services [7]
- providing services remotely, where feasible [8 9]

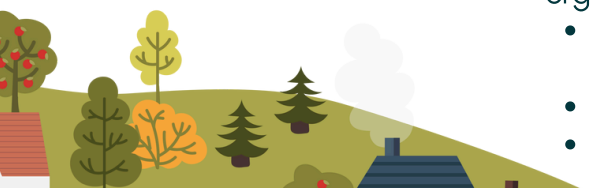
2. Providing support and capacity-building opportunities to offset provider shortages.



Supports may include:

- remote mentorship, consultation, and training [3 4 10 11 12]
- implementation supports [13]
- reduced caseloads to account for travel time [2]

3. Drawing on the strengths of rural and remote communities, including Indigenous communities.



Whole-of-community approaches can be used to engage a broad range of community interest-holders.[9 14] Research and reports developed with/by Indigenous community members, leaders, and organizations highlight the need for substance use services that:

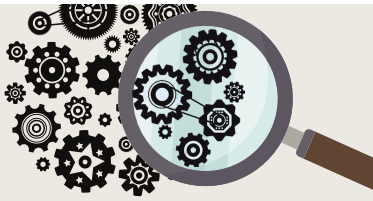
- incorporate Indigenous cultural practices and land-based programming [15 16 17 18 19 20]
- prioritize Indigenous-led service delivery [21]
- use culturally-relevant measurement tools [19 21]

4. Providing a complete continuum of care.

Providing a full continuum of substance use care may be challenging in areas with smaller, dispersed populations. Strategies may include:

- hub-and-spoke models, where...
  - a regional hub provides a full spectrum of services and community-based spokes provide limited monitoring and treatment,[1] or
  - a hub provides an access point and spokes provide specialized treatment [20]
- broader eligibility criteria (e.g., expanded age ranges for youth services) in areas where the population is too small to support a highly specialized service [2 7]
- integration of telehealth services with in-person monitoring and follow-up [1 6 8 9 14 22 23]

5. Integrating ongoing monitoring and evaluation to support effective and equitable services.



There are gaps in the literature on rural substance use services. We found limited information on:

- "what works" in rural areas
- rural adaptations to some elements of the care continuum, including withdrawal management and bed-based services
- the needs of equity-deserving groups including women and gender-diverse people, linguistic minority groups, 2SLGBTQIA+ individuals, youth, or older adults in rural areas

Services need to engage in ongoing learning to offset these knowledge gaps.

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Supporting Transformation through Research, Evidence, and Action in Mental Health (STREAM) Lab is dedicated to meeting the evidence needs of mental health and addictions decision-makers in Ontario and beyond. *STREAM* products focus on evidence related to health systems, delivering actionable insights that can inform planning and decision-making. *STREAM* is based at the *Waypoint Centre for Mental Health Care*. The findings in this product should not be taken to represent the views of *Waypoint* or our funders.

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