



Virtual Access to Addiction Medicine (VAAM)

Information for Clinical Teams

2026

General Overview

The Saskatchewan Health Authority (SHA), in partnership with the Government of Saskatchewan, is increasing access to addiction supports in the province through a new virtual access to addiction medicine (VAAM) program.

Through VAAM, Saskatchewan residents will receive timely, seamless access to a care team of physicians, nurses, and addiction counsellors in a fully virtual format. VAAM provides Saskatchewan residents with access to the medications, treatment, support and resources to help reduce substance use and dependency, prevent overdoses, save lives and live in recovery.

Phase one of VAAM will begin in January 2026 in select communities with expansion to additional communities in the following months.

Here is some important information regarding the process:

- Clients can self-refer or be connected by a care provider and access same day support to address their addiction concerns.
- Intake, assessment, and treatment will be provided virtually via telephone or videoconferencing in collaboration with existing local supports such as labs for urine drug screening, mental health and addiction outclient services for counselling and pharmacists for medication administration and witnessed dosing.
- Pharmacies and other community-based organizations may be able to support clients by providing telephone access and space for clients to connect for appointments with VAAM.
- Once stabilized, clients will either be connected to local in-person providers or transferred to ongoing virtual addiction support if no local providers are available.
- Pharmacies that provide addiction medicine services, including dispensing of opioid agonist therapy (OAT), are key to the success of the VAAM program.

Frequently Asked Questions

Q: What is virtual access to addiction medicine (VAAM)?

A: The virtual access to addiction medicine (VAAM) program will offer seamless access to prescribers, nurses, and addiction counsellors for Saskatchewan residents, ensuring they receive life-saving medications and treatments to overcome their addiction. Offering the program virtually increases access to addiction medicine treatment in a timely way and improves access in rural and remote areas.

VAAM is a new and innovative way of offering addiction medicine across the province. VAAM is planned for Saskatchewan communities that do not have access to a local clinic, or an opioid agonist therapy (OAT) prescriber in their community.

Saskatchewan's VAAM design is based on the Alberta virtual care model and implements their learnings and best practices. The Alberta Virtual Opioid Dependency Program (VODP) has resulted in reduced wait times for treatment, improved client experience and enhanced efficiencies for clinicians and the health-care system. Virtual OAT has proven to be effective for reducing opioid use, sustaining clients in recovery and preventing overdoses.

Q: Who is eligible for virtual access to addiction medication (VAAM)?

A: VAAM services are available to individuals:

- currently living in Saskatchewan;*
- 18 years+ (Physician discretion can be used to offer services to mature minors);*
- wanting to address their substance use: opioids, stimulants, alcohol, benzodiazepines;*
- open to discussion about substance use disorder medication; and*
- with no current prescriber. (The VAAM team may also provide prescriptions between care settings.) If there is a local prescriber, individuals will be referred there.*

If individuals don't have a valid Saskatchewan health card, they will be supported to access coverage and will not be denied VAAM services. VAAM staff can help navigate any medication coverage barriers (although Saskatchewan does not offer blanket emergency medication coverage).

Clients may engage at any point in the care continuum (this may include new starts, emergency bridging, transfers from another clinic, or restarts).

Q: What services does virtual access to addiction medication (VAAM) provide?

A: VAAM will focus on addiction medicine with a holistic model of care. The clinical scope will include:¹

- diagnosing substance use disorders;*
- assessing concurrent mental health disorders;*
- initiating substance use medication when indicated (within College of Physicians and Surgeons of Saskatchewan policy boundaries);*
- managing mild to moderate acute alcohol withdrawal when possible and safe;*
- routinely screen for sexually transmitted and blood borne infections (STBBIs) and manage or refer as appropriate;*
- providing brief counselling, trauma-informed and culturally safe care;*

¹ Adapted from: https://www.metaphi.ca/wp-content/uploads/RAAMToolkit_03_RAAMModel.pdf

- managing or making referrals for concurrent health needs (for example, iron deficiency anemia, diabetes), prioritizing connection to primary care where possible;
- initiating medication for mood and anxiety disorders when indicated and medication for mild stimulant-induced psychosis; and
- linking to appropriate community services and supports.

The following will not be included with VAAM:

- managing severe withdrawal;
- complicated/severe withdrawal or psychiatric illness;
- chronic pain management in individuals where substance use is not a concern; or
- providing ongoing general primary care and long-term psychotherapy.

Q: What medications are prescribed in the virtual access to addiction medicine (VAAM) program?

A: The VAAM program will prescribe addiction medications approved by the College of Physicians and Surgeons (CPSS) for virtual prescribing. This may include medications to treat individuals living with opioid use disorder, alcohol use disorder or stimulant use disorder.

Q: Who can connect someone to the virtual access to addiction medicine (VAAM) program?

A: Any health-care professional can support an individual to contact VAAM. VAAM is a low barrier service so individuals can self-refer. Information on how to connect an individual can be requested by family members, prescribers, pharmacists, community-based providers, or corrections.

Q: When is it appropriate to encourage a client to contact the virtual access to addiction medicine (VAAM) program?

A: Any time they are showing signs of opioid, or alcohol use, or other substance use disorders—such as cravings, loss of control, withdrawal, tolerance, risky use, or ongoing use despite harm—and need timely, low-barrier access to addiction medicine (assessment, medication initiation, withdrawal support, or linkage to longer-term care). If you are unsure, the VAAM team will do screening and assessment to determine appropriate fit for the program.

Q: I am unsure what addiction resources exist in my community; can I still refer someone to the virtual access to addiction (VAAM) program?

A: Yes, if there are existing resources (example: rapid access to addiction medicine (RAAM)/opiod agonist therapy (OAT) clinics, mental health and addiction services (MHAS) or primary health care (PHC) services) that are more appropriate, the VAAM team can refer individuals back to those services.

Q: When will the virtual access to addiction medicine (VAAM) program start accepting clients?

A: The anticipated start date is January 2026.

Phase one of the VAAM program will offer services in select communities, which have been identified as having limited access to addiction care. The Saskatchewan Health Authority (SHA) is supporting program implementation at these sites, and services will roll out as communities are ready. More sites will be added in the future.

Q: Who are the virtual access to addiction medicine (VAAM) clinical team members?

A: The initial VAAM clinical staffing complement will include physicians, registered nurses (RNs), registered psychiatric nurses (RPNs), and addiction counsellors.

Q: How do I contact the virtual access to addiction medicine (VAAM) program to connect someone or if I have a question or concern about a client engaged with VAAM?

A: VAAM clinical staff are available to support you with your inquiry:

Phone: 1-844-449-8226 (VAAM)

Email: VAAM@Saskhealthauthority.ca

Q. How can I support someone to connect with the virtual access to addiction medicine (VAAM) program?

A: While VAAM strives to be as low barrier as possible, several things are required for the effective support of clients:

- *Safe, quiet and private place for the client to contact VAAM, to ensure privacy and confidentiality.*
- *Access to a phone, tablet or computer (with video, if available).*
- *A way for the clinic to contact the client, if the call gets dropped.*

Q: If a client who has "fallen off" their opioid agonist therapy (OAT), and we can't reach their regular prescriber, can we contact virtual access to addiction medicine (VAAM) program for a restart?

A: Yes, the VAAM team can restart a client and monitor them until they are connected with their regular prescriber. Prior to accessing VAAM, efforts should first be made to connect a client with their regular prescriber. The VAAM team will reach out to the regular prescriber and ensure continuity of care.

Q: What is the expected wait time for clients?

*A: VAAM prioritizes **same-day access** to a prescriber for urgent cases (example: high risk of opioid toxicity, pregnancy, HIV/hepatitis C positive) and timely care for other clients. Timely connection means prescriptions can often be issued the same day, with counselling and nursing support integrated into care. Once stabilized, clients may be transferred back to local in-person providers if available*

Q: Does the virtual access to addiction medicine (VAAM) program follow clients long-term?

A: If no local health-care prescribers or providers are accessible, VAAM services may be provided on a longer-term basis.

Q: Is there a fee for clients to access virtual access to addiction medicine (VAAM) services?

A: There is no fee to access VAAM services. The cost of medications will depend on each individual's health coverage.

Q: Can VAAM support clients with complex needs?

A: Yes, to a degree. The program can manage concurrent mild-to-moderate mental health conditions, initiate pharmacotherapy for mood and anxiety disorders, and provide trauma-informed and culturally safe care. However, VAAM does not manage severe psychiatric illness, severe withdrawal requiring inclient care, or ongoing non-addiction primary care needs. Those cases should be referred to appropriate local or specialized services.

Q: Can clients who are already connected to an opioid agonist therapy (OAT) or rapid access to addiction medicine (RAAM) clinic access the virtual access to addiction medicine (VAAM) program?

A: If a client already has an active prescriber at a local OAT or RAAM clinic, their care should continue there. VAAM is designed to fill gaps in access, not duplicate services.

Exceptions:

- *If a client temporarily loses access to their prescriber (example: bridging needed after discharge, release from corrections, or while awaiting reconnection to local care).*
- *If no local prescriber is available or accessible in a timely manner.*

In these cases, VAAM can provide short-term bridging prescriptions and stabilization, with the goal of transitioning clients back to local in-person services when possible.

Q: I am a physician, can I continue prescribing after the clinic initiates therapy?

A: The ideal scenario is for stable substance use disorder to be treated within a comprehensive family medicine practice setting. If you are interested in continuing maintenance prescribing following initiation and stabilization of a substance use disorder, and meet your regulator's requirements to do so, the VAAM team would be happy to help facilitate transfer back to you for ongoing care.

Q: How will I be updated about my client's care?

A: VAAM prescribers and care coordinators will share treatment plans and progress notes with the referring or primary care provider when appropriate. The program is designed to stabilize clients and then link them back to local addiction medicine clinics or primary care providers for ongoing management whenever possible. The EMRs being utilized within SHA are MedAccess and MHAIS.

For Pharmacists:**Q: Our pharmacy does not currently provide services for opioid agonist therapy (OAT). Where do we get more information on providing OAT services?**

A: For the pharmacy requirements and pharmacist standards of practice when dispensing opioid agonist therapy (OAT), see the Saskatchewan College of Pharmacy Professionals ([SCPP Opioid Agonist Therapy \(OAT\) Standards](#)). These standards are supplemental to the College of Physicians and Surgeons of Saskatchewan ([CPSS OAT Standards and Guidelines](#)) and must be taken together as a whole.

The pharmacy will need to ensure:

- *operating hours can accommodate the daily witness ingestion (DWI) and take-home dose / carries as directed by the practitioner;*
- *an area within the pharmacy maintains the client's privacy and confidentiality (example: during DWI). See [SCPP's Private Consultation Room Standards](#); and*
- *staffing is sufficient to support the additional time required to prepare doses (example: DWI, carries), witness clients, and collaborate with practitioners.*

Q: How can community pharmacists partner with the virtual access to addiction medication (VAAM) program to enhance client access to addiction medicine?

A: The role of pharmacists in opioid agonist therapy (OAT) is outlined in the Saskatchewan College of Pharmacy Professionals (SCPP) Standards: https://saskpharm.ca/document/13597/REF_OAT_Standards.pdf. Some key roles include:

- *Providing education on prescribed medications, in a culturally safe environment with an awareness of client's individual experiences.*
- *Support clients in obtaining medication coverage as required (example: obtaining Exceptional Drug Status or prior approval).*
- *Referring the client to a health provider, when appropriate.*
- *Providing connections to community services and supports.*

- *Reviewing the client's health and medication history to ensure OAT is safe and appropriate before dispensing treatment.*
- *Preparing the client's dose, supervising them taking it, and watching for any side effects or signs of intoxication.*
- *Monitoring attendance, missed doses and how the client is doing on treatment, and updating the prescriber regularly.*
- *Providing education about OAT and other resources for clients, giving naloxone kits, and supporting safe take-home dosing when the client is ready. Resources may include:*
 - *Find Mental Health and Addictions Services and Take-Home Naloxone sites in my Community:* <https://www.saskatchewan.ca/residents/health/accessing-health-care-services/mental-health-and-addictions-support-services>;
 - *Clients have access to HealthLine 811, if needed. Addiction support and counselling are within the purview of this service;*
- *Ensuring they have the required skills, knowledge and competencies to dispense addiction medicines. The onus is on the pharmacists to obtain evidenced-based resources and training to enhance their knowledge.*
 - *Additional resources on OAT may be found at medSask's Methadone in Saskatchewan:* <https://medsask.usask.ca/professional-practice/methadone--information-for-people-healthcare-providers>.
 - *Note: The [Harm Reduction Primer and Opioid Agonist Therapy Standards](#) training course is a mandatory condition for licensure for all pharmacy professionals and may be reviewed as a refresher.*
- *To ensure the VAAM staff have a comprehensive health history of clients accessing VAAM, staff and physicians may connect with a pharmacist who has an established therapeutic relationship with the client and request collateral information.*
- *The VAAM team may also request that the pharmacist complete a Clinical Opiate Withdrawal Scale (COWS) assessment or the Subjective Opioid Withdrawal Screening (SOWS) as per SCPP Standards (see https://saskpharm.ca/document/13597/REF_OAT_Standards.pdf). **Cautionary Note:** Pharmacists must practice within their own scope of practice and competence. Pharmacists are not permitted to conduct the full OAT assessment as set out in the CPSS OAT Standards for the safe initiation of OAT.*

Q: How will a client access medications prescribed through the virtual access to addiction medicine (VAAM) program?

- *VAAM will prescribe the medication for the client, who will attend their preferred pharmacy.*
- *The pharmacy may be in the client's community if there is one available, or in the nearest community.*

Q: Are all medications prescribed through the virtual access to addiction medicine (VAAM) program listed on the Saskatchewan Formulary?

- *Drugs that are used for opioid use disorder or opioid agonist therapy (OAT) are all listed on the Saskatchewan Formulary.*
- *Drugs that are used for alcohol use disorder are listed with Exception Drug Status (EDS) criteria. For the drug(s) to be a benefit, a pharmacist or prescriber must request Exception Drug Status (EDS) for approval.*
***Note: Depending on the treatment algorithm for stimulant use disorder, most drugs are listed on the Saskatchewan Formulary however, a pharmacist or prescriber must request Exception Drug Status for the drug(s) to be a benefit.*

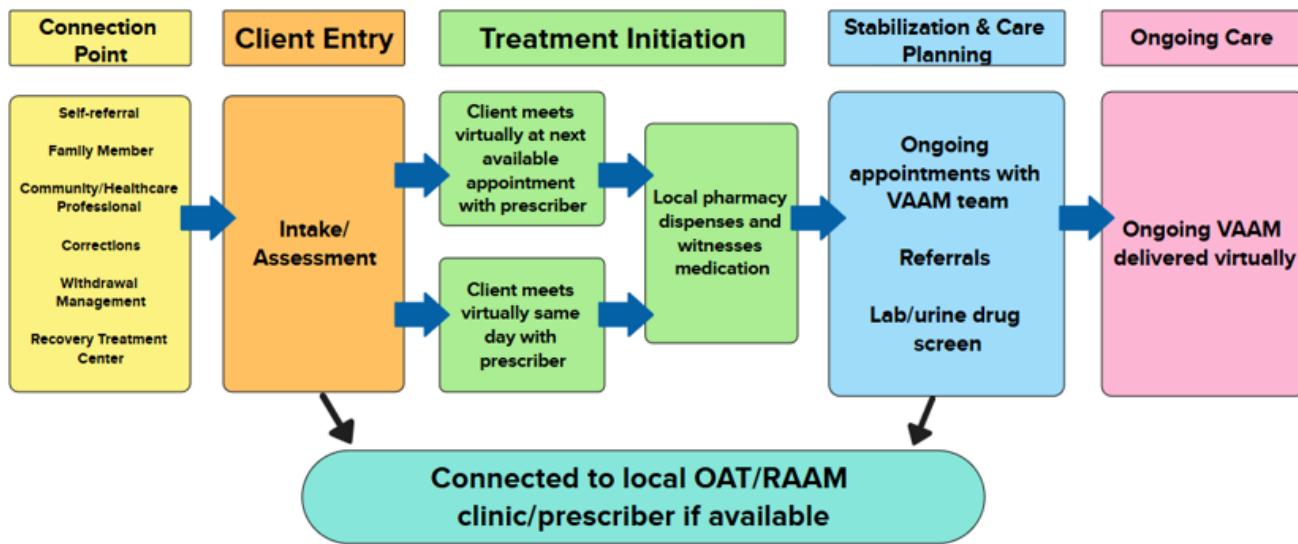
Q: What other assistance is available?

- *A client may have private insurance through their employee benefits plan, a university student health plan, or a personal plan.*
- *The client may contact their private insurer or group benefits administrator for more information regarding drug coverage.*

Q: How can we assist clients with their Special Support or Seniors' Drug Plan applications?

- *Some clients may not have access to email or fax.*
- *Pharmacies may be able to assist clients by faxing the completed application form and income documents to the Drug Plan using the fax number 306-787-8679.*

VAAM Process



VAAM Process:

1. Individual calls in and receives immediate addiction support (via phone call, video conferencing, etc.).
2. Individual is connected to a care team including a physician who will assess for substance use disorder.
3. Timely access to prescriptions (such as buprenorphine) will be facilitated, or if individuals were previously connected to supports, they can be immediately re-engaged in addiction treatment services (example: outpatient counselling, inpatient, withdrawal management, etc.) in a timely manner.
4. If possible, client is linked to a local Rapid Access to Addiction Medicine (RAAM), Opioid Agonist Therapy (OAT) or primary care clinic, or may continue to be supported through the virtual clinic.
5. Support is provided for follow-up care, including possible inpatient treatment transition.

Virtual Access to Addiction Medicine

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Email: VAAM@saskhealthauthority.ca

**Virtual Access to Addiction Medicine
Information for Providers Webpage**



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