

Webinar: Positive Learning Outcomes within Recovery Intervention in Times of COVID-19

“The COVID-19 pandemic has, as we know, caused unprecedented disruption to society, causing significant stress and anxiety in many people’s live. One of the concerns has been the impact of social isolation and the disruption of services for people in recovery from substance use problems” - EURAD

Faced with this new situation, self-help groups and NGOs working with recovery had to adapt and find creative solutions. This webinar highlighted some of the positive outcomes. [Watch the full recorded webinar here!](#)

Petra – Narcotic Anonymous

NA - www.na.org; European Delegates Meeting contact@edmna.org; NA Sweden - info@nasverige.org

What is Narcotics Anonymous

It is a worldwide fellowship of recovering addicts whose primary purpose is for addicts to stop using drugs while utilising a 12-step approach – which is a set of guideline outlining a practical approach to recovery where addicts learn to stop using drugs and face the daily life. The NA approach to drug recovery is completely non-professional and relies on peer support. The membership is free and is only based on the decision to stop using drugs. NA does not have any relations with institutions, is non-religious, and does not take political standpoints. The foundation of NA is recovering addicts talking to each other in regular meetings. The more experienced members, also known as sponsors, work with the new and incoming members. It should not be forgotten that recovery is an ongoing and personal journey. In the meetings, personal experiences are shared and milestones celebrated.

Successes in times of COVID-19

The outbreak of the COVID-19 pandemic initially lead to fear of isolation, stop of NA meetings, and a wave of relapses. This stress and fear usually can be triggers for recovering addicts. Yet, in many ways, the recovery community is better prepared compared than almost anyone. They have a lot of practice in channelling their fears and anger. The NA in-person group meetings were moved online, allowing the group to continue to focus on the primary message of helping recovering addicts. The online meetings attracted more participants since it became accessible to those unable to attend regular meetings before, for example, rural areas and prisoners. In 2020, 130 online meetings, including 60 new ones, were held online, compared to 1 online meeting before. Via Facebook, people can share their stories on their daily recovery as well.

Since there are meetings available 24/7, recovering addicts are able to attend the recommended 90 meetings in 90 days. Members shared that they have doubled or tripled their attendance during the pandemic. An increase of attendance in regular special interest meetings has grown, such as the women meeting. For example, single parents with children can participate from home and do not have to arrange a babysitter. Usually, many meetings encourage participants to stay online after the meetings ends for small talks and some coffee. Overall, the main purpose of the meetings is to connect with each other. Milestones are also still celebrated.

Challenges

The adjustments towards online meetings had its challenges. Tools have been developed and are available to download from the website to support local groups to use virtual platforms. Some countries organise smaller in-person meeting. Here, they take precautions and keep distance, wear masks, do not serve coffee, etc. Attending online meetings can be a barrier for those with a low income, homeless, or those without electronics. What we miss the most is hugging and share those feelings.

Phaedon Kaloterakis – European Federation of Therapeutic Communities

EFTC has been established in 1991 and has more than 70 organisations from 27 different European countries. It also has associate members from Israel, Lebanon, Iran, Colombia, USA, and Japan. Our member programmes have to do with prison-based therapeutic communities, aftercare services, reintegration services, street work, etc. EFTC encourages self-evaluation and active participation in research to improve ourselves and show policy-makers that the model is effective.

The new reality of the COVID-19 pandemic, brought a lot of fear among our staff and our members (those receiving the services). It brought a lot of anxiety and grief, strict protocols were put in place by the government, visiting was almost made impossible, nor was hugging. Both are important. Overall, it is important to note that the therapeutic communities are quite used and have experience to deal with crises, for example HIV. Also now, the community had to adjust and adapt to the new reality, redefine and re-establish core treatment priorities. We were forced to become more flexible.

9 positive outcomes and lessons

- 1) Definitions of words matter and terms need to be redefined. Dealing with this pandemic needs a specific mindset. Therefore, many of the therapeutic communities do not use the wording social distancing, but speak about physical distancing with social intimacy.
- 2) The set of values among therapeutic communities show more goodness and kindness from everyone involved, which is a positive outcome.
- 3) Members take more responsibility and them and staff are getting closer to each other. The member-client input has improved and decisions are being taken more collectively
- 4) New ways of connecting and coming together are invented. Physical presence cannot be replaced but activities continued to be organised online. Online meetings can save money and time. Yet, emotions can be more easily hidden behind the camera.
- 5) Therapeutic communities are forced to enter the spotlights and they have become a more integral part of the continuum of care in any national health system. In many countries these communities are usually marginalised and undervalued.
- 6) Emphasis on services aiming the most vulnerable group has to be given. Usually with an [economic] crisis leading from the pandemic, funding is decreased and vulnerable groups are suffering the most, such as women, minors, refugees, prisoners, and homeless.
- 7) Therapeutic communities have to become more imaginative concerning social reintegration. The pandemic, and its following recession, caused high unemployment. Creativity is needed on how to deal with this staff and members to avoid relapse and programme completion
- 8) The pandemic has made people more environmentally aware. We are teaching ourselves, our staff, and our members to play an important role in teaching about environmental issues.
- 9) During times of crises, cooperation is a must and it should be a priority on national and international level. Therapeutic realise that they need each other and have to reach outside of the community and not remain private (or idiots – Greek translation)

Overall, it should be reminded that the therapist is the servant of the warrior for him/her to fight the battle (original Greek translation). The therapist is not a god or superior above those that are recovering. The therapist assist the recovering persons by putting him/her an armour on for them to start their recovery fight.

COVID-19 has given us the chance to revisit our core beliefs.

Monica Barzanti – San Patrignano

San Patrignano (SP) is a therapeutic community, residential, free of charge, and a long term programme. The community is made up of different population groups: residents in recovery (between 1000 and 1100), resident staff, such as educators, volunteers, and their families (180), and employees that live outside of the community (210).

During the first wave in Italy in February, SP closed the community (no admissions, tours, home visits, etc.) a couple of weeks before the national lockdown. No cases were detected in the community and activities started in the summer again when COVID-19 cases lowered in the country. Since September, masks are mandatory for everyone in the community. The second wave caused a total of 500 COVID-19 cases. To reduce the spread, additionally, departments were separated, the dining room was closed, quarantine protocols were established, etc. Currently, the community tries to co-exist with the virus and most activities have returned to normal, except the organised tours and events. Initially, COVID-19 was feared once discovered. Over time, the community realised that everyone recovered without complications. A good level of quality of life was tried to be maintained through reading, films, and board games. Residents kept regular contact with their families through video calls and could do individual sports in a dedicated green area.

However, the admissions were strongly affected by COVID-19. All admissions and their preliminary interviews were held via skype or other platforms. The number of admissions decreased during this time period. Yet, the number of abandonments also decreased. Usually, those abandoning the programme, have already been in treatment for 14 till 18 months and feel ready to leave against the advice. Besides this, SP also faced a decrease of psychotropic drug prescriptions that are usually temporary used to help people. Another difficulty appeared in the vocational training activities and social reintegration. Due to the economic crisis, it was difficult for people to look and find a job, especially since 1 out of 4 people re-enter the restaurant sectors which was mostly closed in 2020. SP identified a project funded by the National Department for Youth, usually only for those between 18 and 29 years, to help everyone in the community to recognise their skills and presenting them with efficiency in job seeking. A psychologist was assigned help analysing the skills of reintegrating persons to evaluate possibilities related to their hard- and soft-skills. This job orientation will be most probably be repeated in the future since an increase of self-esteem to find a job beyond their training.

Other positive outcomes

Set up online videocalls for all residents with family members which will be kept in the future; more people were reading and doing individual sports activities; established adequate policies for remote work for employees, which can be used in the future; a system for tele-psychiatry was set up and could be used in other situations; an online shop with products from SP was created after it had been a concept for a while; the WeFree prevention initiatives for students were converted into online programmes and reached 24.000 students between March until December; more areas equipped with computers and internet connections allowing distant learning for those attending middle and high school, universities, and professional courses; the staff-member relationship was closer; maturity and responsibility among all; and an optimistic approach to the future remained. San Patrignano will remain to be flexible in their capacity and work to help people.

The CHIME framework is important for recovery yet all people facing the COVID-19 pandemic can use them to have a positive attitude. Let me suggest, that our world uses this element to recover from the crisis, the anxiety the pandemic has brought to them. Learn to be more connected and solidary, to have more hope. Desperation only brings bad choices.

Lyndsey Wilson-Hague – Phoenix Futures Scotland

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Phoenix futures delivers a range of modern community, criminal justice, residential rehab, and house-in treatment recovery-based services, based on best practice guidance, sound evidence based, clinical guideline, with over 50 years of history.

In 2020, Phoenix Futures worked effectively and efficiently to ensure to fully comply with the restrictions due to COVID-19, including a COVID safe environment with PPE and masks. Also there are control measures, cleaning regimes, client-admission quarantine procedures, daily staff screenings regarding to temperature, and testing of all staff three times a week. Additionally, all staff members received the vaccine. Phoenix Futures shared their practices with other rehab providers in Scotland to remain open and safely support their clients which require their services. During all this time, the residential services remained COVID free. A positive completion of moving on in rehab of 89% is seen and successful transitions to the recovery housing services for ongoing support have been maintained. With everything going on, more admissions presenting complex needs and mental health are seen. Some of phoenix futures their adaptations have supported physical and mental health.

Phoenix Futures took steps to ensure the involvement of the community within the residential rehab services by engaging them to implement their own guidance before the government's restrictions came into effect. Various rules were set, including no hugging, social distance, increased cleaning regimes, reduced group sizes, and no non-essential visits. The community stood behind it from the start and it prepared them for the government measures. Currently, there is an increased community engagement, more community led-initiatives, seminars, and senior residents show support to staff and residents. Adaptations are embraced and making them role models in the community. Through adapting, the community can grow to be stronger than ever. Communication with family and friend has remained through video and phone calls. Also, sustainable projects were created.

There has been an increase on creative well-being intervention, focussing on yoga, meditation, creative writing, etc. Partner agencies and graduates have been supportive by delivering interventions online which Phoenix Futures stream directly into the services, such as gender specific support, keeping fit, relaxation, etc. Families and individuals accessing the community service in Scotland, have been given welfare checks, including cards showing online activity, providing emergency food supplies, and encourage others to seek medical advice. A phoenix online social club has been established via video calls and on social media in March, providing a weekly timetable focussing on social connectivity, health, well-being, etc. Lastly, a recovery tv was launched, accessible on Facebook and Youtube, containing motivational and knowledge based segments.

Wider positive outcomes

A recovery and residential group was established in March 2020 where a range of rehab providers in Scotland come together to work collaboratively on a common purpose and share best-practices promoting that treatment should be open for everyone in need. It supported development of rehab policies and protocols specific to COVID-19. The residential sector allowed them to source funds from the drug death taskforce, set up by the Scottish government to address the rising numbers of drug related deaths, to pilot rapid access to residential rehab with a continuum care model following in their fatal overdose. Due to COVID-19, a programme for early releases from prisons was introduced and it allowed us to secure funding directly from the Scottish government for a national prison to rehab pathway where upon release, people can directly move towards rehab and get the needed support.

Boro Goic – Celebrate Recovery

Celebrate Recovery is a community-based treatment organisation based in Bosnia and Herzegovina and works closely together with their partners in Serbia and Montenegro. Here, drug demand reduction is not really developed and many people are in recovery. The organisation aims to establish recovery oriented systems of care and want to see the people reaching their maximum potential. The more people are integrated in society, the less they are stigmatised. They have a counselling centre with free and anonymous helplines, self-help groups for resocialisation and women, and are running multidimensional family therapies.

During the pandemic, a 40% increase of clients was seen, yet family members have decreased. Most probably because they need a big trigger to call the organisation. Situations at home seem not to have exploded and therefore causing a trigger to call for help. Looking at the services, most were not requested more than usual. So far, the new established online meetings have seen great attendance and will be considered in the future as well.

Outcomes during the pandemic

Maintaining sense of connectedness among service users which brings strength; providing acceptance, understanding, support, being there to listen and to share with; support group for women has increased their meetings from twice a month to every week due to the move to online meetings; more time and opportunities to share experiences and using useful links and literature; there was a need for more flexibility in providing services to clients; providing services to those who ask for help for the first time in accordance with personal needs; different contexts of individual and group meetings increased retention in the programme; those who started the programme and their recovery pathway showed greater motivation; support and even online support has proven successful in creating individual recovery plans, and; more involvement among service users from rural areas.

Challenges

Young people aged 25 and younger, have a harder time to adjust to and retain in the online intervention and are more likely to drop out; lack of motivation was a significant factor for many that dropped out; online interventions sometimes showed low rates of connectedness among group members; hopelessness (embedded) in society influenced service users negatively and they sometimes drop out of the programme; challenge for the people in recovery working from home and having to attend more online meetings besides their online work; internet connection and inadequate equipment has also been a challenge and sometimes an obstacle for service provision; multi-disciplinary approach has often not been possible since not every office/centre was available (organisational isolation), and; employment and self-sustainability in people in recovery has been put on hold.

Conclusion

Recovery from addiction continues in new forms despite negative external circumstances, either a pandemic, poverty, war, etc.; online interventions are providing to be a good but by no means the only tool in the age of social distancing; maintaining contact has significantly helped to alleviate the stress and psychological difficulties caused by the COVID-19 pandemic; when service users need support and help, they focus less on methods of service provision and more on actually receiving the help they need (for example, the self-help group for women), and; several successful testimonials have shown that people do progress in their recovery process.

Positive outcomes from members

- Milica Bulajic: I am working in the Office for Combating Drugs of the Government of the Republic of Serbia. One of the positive experiences in this period was providing funds for healthcare protection for vulnerable social groups. The funds were given to the NGOs that are in direct contact with over 400 people who are in problems with drugs.
- Margaret Kwa'ada Julius: One of the positive experiences in this period was providing palliatives for about 150 vulnerable women in Chukun local Government in Kaduna State: women that their children have challenges with SUD. From the Eye Opener Foundation-Nigeria
- At Child space Organization we had numerous positive things during the pandemic from March 2020. We gradually took our services online which mainly targeted teenager and young people.
 - We were able to accomplish many advocacy activities online including advocating against ADA by young people themselves through our YouTube channel <https://www.youtube.com/watch?v=Q4IX16kHtBQ>
 - We got new partnership with Kenya Red Cross youth and were able to reached out to many young people in different counties in Kenya online which we couldn't prior to this.
 - We were able to share our Model globally with wider communities onlineYou can reach me for further deliberations on chrispine@childspaceorganization.org
Chrispine Okello, Executive Director - Child SAPCE Organization

Q&A Session

What did contribute that women are increasing their attendance in your meetings Boro?

Boro: Before the pandemic, women might have been busy with their work and/or with the families they had to care for. During the pandemic, these 'excuses' faded away and they probably focussed on their own needs more. Also, this pandemic and its isolation can be related to how people feel in addiction, isolated. Women felt the same and wanted to participate in the self-help group more. Once you attend more meetings, you not only feel you are taking but also giving, which feeling is important.

How, generally, your organisations are connected with other specific organisations who educate people at some healing/medical methods? All around the world there are a lot of different healing/helpful methods and schools.

Petra: NA cooperated with many different treatment centres, hospitals, and prisons to compliment their treatment. The NA meeting and the 12 step programme goes well together with other treatment programmes and creates support network and are used by many centres and organisations. These meetings can be attended 24/7. Also we have seen an increase in the women meeting. Since it is intimate to share feelings, fears, etc., a safe space is needed, which is the women meeting for women.

Monica: San Patrignano welcomes people that come to SP through the public service for drug addicts, which are normally medical managed with methadone or other medication. When wanting to leave every substance behind, they come to a therapeutic community that does not offer methadone, i.e.

Phaedon: EFTC promotes one specific method, the therapeutic community. The learned lessons are that there is an urgent need for openness and inclusivity and unity. We cannot afford to remain private. Although there are many difficulties in collaborations due to different perceptions, we still have to work together for the benefit of the people we serve. One way would be joining or creating networks.

Lyndsey: All phoenix services and partnerships include a wide range of different organisations since we have to tailor our approach to everyone's needs. For some its housing, trauma inform practice,

engagement with mental health services, and/or psychology. Also in relation to the medical model. Phoenix futures offers detox in their therapeutic communities for the first six weeks. During that time, they are engaged with medical professionals.

How did your organizations face these challenges regarding the pressure on the staff? Do you have any good practice that you could share with us?

Lyndsey: The staff was protected as much as possible. Communication channels were kept open throughout the pandemic; a health and well-being calendar with various online events was launched, taking the mind of things; integral structured elements were put in place to protect staff and offer a platform to raise questions or concerns; an organisational taskforce met every week to discuss and disseminate news to the staff; encouraging staff to take annual leave since many cancelled their leave, whereas it is important for the well-being to take of from work to not get a burnout.

Phaedon: The network EFTC encourages all their members to talk with each other and provide room for this. To exchange experiences, know how, and how we feel. That is all we can do as a network.

How did the authority support your work?

Lyndsey: The UK and Scottish governments have been very supportive in distribution of and access to PPE equipment in the early stages. They also supported the staffs testing regimes, currently we test three times a week and take the quick test twice per week. In general terms, when it comes to funding, it is a difficult subject and discourse, especially in relation to the residential treatment. Yet, the announcements going on right now, especially from the Scottish government, is that they are going to announce further funding in this field and sector.

Boro: All representatives from the different offices or ministries for drugs in Croatia, Serbia, Montenegro, and Bosnia and Herzegovina are present, showing that they want to follow up on what we are working on. Our project in this region also keeps communicating and reporting since we want to involve them in our work. Their support is given when we want to organise something and when communication with other institutions as non-NGOs is needed. They are doing as much as they can.

Monica: In Italy, the first wave of the pandemic was so unexpected that the problematic and vulnerable groups were mainly the elder. The government was too busy to address this issue and the people with drug use problems were left aside and nothing was done to support the communities and their services. Later, a little more protection was provided and now we have a good collaboration with the sanitary services at the local level that provide us with swaps and everything that is needed for new admissions and when we have to test someone. During spring, we were totally isolated.

Phaedon: In Greece, we were among the first ones to be tested, members and staff. We are among the first to be vaccinated. The government also provides us with these suits when we visits prisons.

I would like to know whether any of the treatment providers have scheduled virtual NA meetings or allow clients to access them?

Lyndsey: yes we have access to virtual NA/AA meetings at our residential TCs

Petra: Yes, many treatment centres and juvenile detention centres, institutions, jails do connect to virtual meetings so their clients can participate.

Monica: In the last years, 40% of our people in recovery from drug-use disorders suffer also from alcohol dependence but they are not aware of that. That's why we advise some of them to attend AA meetings after their discharge from the community, to continue to work on this aspect that might require longer support of peers, especially because alcohol is socially accepted and easily available everywhere.

How can I become a member of NA?

Petra: The decision to become a member in the NA Fellowship rests with the individual. You are an NA Member if and when you say so. Membership, however, is restricted to addicts or people who have a desire to stop using drugs. There are no annual dues or fees for membership. Start with going to NA-meetings and then you can decide if you want to be a member. For more information on NA and virtual meetings please visit na.org or virtual-na.org

How, generally, your organisations are connected with other specific organisations who educate people at some healing/medical methods? All around the world there are a lot of different healing/helpful methods, schools...

Monica: We have collaborations with psychologists, psychiatrists and psychoanalysts and they normally use the CBT (Cognitive Behavioural Therapy) and EMDR (Eye Movement Desensitization and Reprocessing) to address the traumas deriving in particular from sexual abuse that 1 out of 3 of our women and girl suffered in childhood or adolescence, which often also caused food disorders. The therapists come within the community on a daily basis and have their individual meetings with around 25% of our people (also some men are included). In addition, 20% of our people are prescribed for a short term psychotropic therapy to address those mental issues that require this kind of treatment. During the COVID emergency, we were able to organize online meetings in substitution. Our group of girls under 18 also practice Yoga to relieve stress. From the medical point of view, we have an internal Medical Center that take care of the physical health of all our people, with specialists in the different areas that come and visit the patients weekly. Recently, with the amazing collaboration of the International Liver Foundation we eradicated the Hepatitis C from all our people! And we are studying the psychological effect of this complete recovery from that virus that in many cases is proven to cause depression and anxiety.