

What was lost when covid forced addiction support groups online — and what was gained

By Allyson Chiu

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In the roughly eight years since she left treatment for alcohol-use disorder, Amy Durham has been to countless recovery group meetings. At first, she went every day, before gradually scaling back to two or three times a week — a routine she stuck with until this past March, when the coronavirus pandemic shuttered many in-person meetings nationwide.

“I was really on solid ground in my recovery at that point, so I would say I wasn’t fearful for my own recovery, but it was quite jarring to me,” said Durham, 48, who is the corporate director of alumni relations at Pennsylvania-based Caron Treatment Centers, where she herself received treatment.

“As a person in long-term recovery, I never in a million years thought this could ever happen,” she added. “It never dawned on me, it never crossed my mind, and we were forced to pivot quickly, and we did.”

Church basements and other usual gathering spots were largely abandoned as community addiction support groups switched to virtual meetings, driven by concern that the estimated 22 million people in the United States in recovery from substance-use disorders — many of whom are also at an increased risk of developing a severe case of covid-19, the disease caused by the coronavirus — would be left without a critical resource as they navigated life amid increased isolation and stress.

But as Zoom meetings have become prolific, expanding access to these vital support systems, reception among addiction specialists and attendees has been mixed. For some, the virtual meetings are a lifeline that has helped them maintain their sobriety during a time when mental health issues, alcohol consumption and overdoses are on the rise. Others, however, say virtual platforms have not been able to fully replicate the close connections formed during in-person meetings.

“It’s a good alternative, but it’s not a perfect alternative, and it doesn’t fit for everyone,” said Gerry Schmidt, chief operations officer at Valley HealthCare System in West Virginia and former president of NAADAC, the Association for Addiction Professionals.

The explosion of virtual support group meetings mirrors the rapid shift to telehealth services among providers who work with those suffering from substance-use disorders. The change, which has been widely adopted by many mental health professionals, has given experts hope of reaching the roughly 90 percent of people who are not getting treatment even though they may meet the diagnostic criteria for substance-use disorder, said Deni Carise, chief science officer of Recovery Centers of America.

“This is our opportunity not just to make getting treatment easier for people, more frequent for people, more confidential, but also a time when we can reach that 90 percent of people,” Carise said.

But although it is likely that telehealth will continue to be part of addiction care even after the pandemic, Carise said she anticipates that “a vast majority” of community support groups will resume in-person meetings once it is safe.

“They will do that because that’s what we know has worked for so long,” she said.

One of the cornerstones of recovery is establishing connections with people going through similar experiences, and many have created those bonds through in-person support group meetings, Durham said.

“We don’t recover alone. We have to have each other,” she said. “This disease loves isolation, and we know all about loneliness and despair, and we can’t stay well in recovery if we’re not connecting with people.”

Ivan Walks, a psychiatrist and chief executive of Integrated Health Resources in D.C., likened group meetings to attending church.

“It was the time when they actually met someone who accepted them the way that they were, accepted them with whatever history they had, and they could actually look someone in the face, and smile at someone and get that smile back,” said Walks, who works with substance-abuse patients. “There’s that group for whom the meeting was not only a way for them to work toward their sobriety . . . but for those people, it was also, ‘I don’t really have any place else.’”

Re-creating those critical in-person interactions on a virtual platform can be challenging, Schmidt said.

“It’s like watching a movie,” he said. “It’s just one-dimensional. You don’t get to use all of your senses. . . . In the whole business of recovery, a lot of it is personal.”

Carise, who is also in long-term recovery, noted that the group-support experience isn’t limited to meetings. “There’s before, during and after the meeting, and all three parts are equally important,” Carise said.

The time before a meeting has traditionally been a chance for people to work on “giving service,” which is an integral part of the recovery process, said Alison Johnson, managing director at Summit Psychological Services in New Jersey, who specializes in counseling people with addictions. Helping to set up chairs or make coffee is considered part of service, Johnson said.

Then, after a meeting, people often continue their conversations, Carise said. “So a one-hour meeting where people are all talking to different people is really a three-hour-or-more meeting.”

Groups such as Alcoholics Anonymous are “built around the fellowship with the people there,” Carise said. As of December 2019, AA had roughly 64,000 groups nationwide, serving more than 1.3 million members, according to data from the organization.

And for some people in recovery, ranging from newcomers to those with years of sobriety, the shortcomings of virtual meetings have, in certain cases, been harmful to their healing process, experts said.

There are people who have stopped going to meetings, Johnson said. “People that would probably have gone regularly to meetings several times a week, a lot of people have just dropped off doing those meetings and not replaced them with something else.”

Schmidt added that he knows of “several individuals that have relapsed during this time, some with a good bit of sobriety and clean time.” One person, Schmidt said, had been sober almost 20 years but lived in a rural area and lacked the resources (with no Internet and poor cellphone service) to connect virtually.

“To me, that points out no matter how far down the road of recovery you are, you’re still vulnerable,” he said, “and if you lose important elements of your support system in recovery, it can be extremely detrimental.”

Linda, a longtime AA member who spoke on the condition that her last name not be used to protect her anonymity, agreed. “Initially, there was a lot of negativity, and we tried to really be positive about it,” she said, adding that her mind-set has been: “This is all we have. It is what it is. Let’s go for it and really get out of this opportunity whatever the spirit of the universe has for us.”

In place of her usual four to five in-person meetings a week, Linda said she is now leaning heavily on virtual gatherings, and the change has given her opportunities to connect with the broader AA community in ways she previously hadn’t considered. She can attend meetings in other U.S. cities and around the world, or “virtually go to different landmarks that are important in Alcoholics Anonymous, and workshops and conferences that I might not have been able to attend,” she said, “because they would have been in California or Canada or wherever, too far away to travel.”

“Definitely it has enhanced my sobriety,” she said.

Virtual meetings could also help alleviate people’s concerns about seeking support in their own communities, Walks said.

“You can actually do the meetings virtually with people that accept you and not have to worry about stigma,” he said.

For those who may be struggling with virtual support, experts said there are ways to maintain connections during the pandemic without increasing the risk of spreading the coronavirus.

Carise urged people to make an effort to engage in virtual meetings, rather than just being a passive observer. “You’ve got to do what you can to develop relationships,” she said. Some have started gathering in person in “mini groups,” which Schmidt said he supports as long as they are following public health recommendations, such as prioritizing outdoor venues, wearing masks and social distancing. Or it can be as simple as picking up the phone and calling someone, Durham said.

And although Durham said she hopes virtual meetings will continue to be offered even when in-person meetings are allowed again, she emphasized that “there’s no price tag you can put on” face-to-face interactions.

“That connection is really powerful that we have with each other, and it’s a feeling that you can’t get on the virtual platform,” she said. “I think you can get close, but there’s nothing like somebody coming back in from a horrible relapse and having the courage to talk about that in a meeting, and then me creating an opportunity after to go up and just give that person a hug and say, ‘I’m here for you, whatever you need. Here’s my number. Call me and let’s meet for coffee. Let me know what I can do to support you.’”

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