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Recovery after the Pandemic

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The novel coronavirus pandemic will exert profound effects on the future of addiction treatment and recovery. Predicting such effects risks casting one more a fool than prophet, but those concerned about the future of recovery need to anticipate as clearly as possible the challenges and opportunities that will flow from the present pandemic. Earlier essays in this series predicted the futures of drug use, addiction treatment, recovery support, and the future of AA, NA, and other recovery mutual aid organizations. The pandemic will accelerate many of these earlier predictions and alter others.

Whether the coronavirus pandemic will be as transformational to the recovery community as the AIDS epidemic was to the LGBTQ community remains unclear. The long-term effects of the COVID-19 pandemic will depend on three factors:
1) reach (the ultimate depth and scope of international and national penetration),
2) severity (cumulative morbidity and mortality combined with the magnitude of economic, social, and political disruption), and
3) duration (including the question of whether COVID-19 is an isolated milestone event or the awakening of more lethal and cyclical pandemics).

Based on my own projections of its reach, severity, and duration, I predict ten critical effects of the coronavirus pandemic on the future of addiction recovery.

*Recovery support needs will increase as direct and indirect consequences of the pandemic. As the stabilizing effects of daily work routines diminish or cease in response to demands for social distancing, drug use and its consequences will accelerate among those at greatest risk for substance use disorders, including for those in pre-clinical stages of such disorders. In addition to "telescoping" problem progression, a new population of at-risk individuals will emerge in tandem with pandemic-related self-medication of emotional distress, social isolation, financial distress, family conflict, and grief.

*Recovery support service needs will intensify due to closure of local addiction treatment programs. Treatment organizations who lack cash flow to survive rapid reduction in service delivery and related income streams will be particularly vulnerable for closure. Such closures will

place greater pressure on recovery communities to respond to acute needs, much as they did prior to the proliferation, professionalization, and commercialization of addiction treatment in the 1970s and 1980s.

*The movement of recovery support to a *primarily* digital culture will increase exponentially. If the COVID-19 pandemic extends for an extended period or morphs into a cyclical pattern of reactivation, this shift will rapidly solidify. Such is already underway as older generations of people in recovery give way to generations born with hands grasping digital devices. Telemedicine approaches to addiction treatment will expand rapidly and move the locus of addiction from institutional settings to the digital world, e.g., "treatment without walls." All manner of recovery support media will move to digital platforms. The platforms, formats, and timing through which addiction treatment and recovery support will be delivered in the future will evolve rapidly. Breakthroughs in technology will create once unimaginable space for digital recovery communities. The present and future pandemics will speed the transition of recovery communities into that space.

The COVID-19 pandemic drives home two powerful lessons: no viable program of personal recovery can rely solely on support within face-to-face meetings, and no recovery fellowship is sustainable as an organization based solely on face-to-face meetings. Studies have shown that participation in multiple aspects of recovery mutual aid groups elevates recovery outcomes far superior to those achieved from meeting attendance alone. At no time is that more important than in the middle of a pandemic. The critical question is the extent to which recovery support activities beyond online meetings can be co-located in digital space, e.g., reading recovery literature, home group activities, receiving and providing sponsorship, service activities, daily application of program principles, drug-free socializing, and so forth.

The movement of recovery support to e-recovery platforms may occur so quickly that important limitations and unintended consequences of such platforms will not be visible for some time, including the fate of individuals and organizations left behind in this shift. (Watch for forthcoming blog on this question.)

*The economic impact of the coronavirus pandemic will be far greater and more prolonged than presently anticipated, which will extend the historical focus of recovery communities on emotional and social recovery support into the arena of financial mutual aid. Recovery community organizations will become more deeply involved in providing food, clothing, shelter, mutual economic assistance, and employment assistance. The potentially sustained economic austerity spawned by the pandemic may force substantial cuts to public funding for addiction treatment and recovery support services. As the availability of local services declines or collapses, recovery advocates will begin the long-term process of rebuilding such services and developing alternative service and support models that tap the spirit of volunteerism that has long existed within communities of recovery.

*The strong service ethic within communities of recovery will be extended in more formal ways to address the larger needs of the community. This may take the form of a Recovery Corps through which volunteerism of people in recovery is channeled to address a broad spectrum of community problems and needs. These service initiatives will be delivered primarily through new grassroots recovery community organizations rather than traditional recovery mutual aid societies. Such activities will formalize broader acts of service already evident in response to the pandemic.

*Increased international contact among people in recovery sharing digital recovery support platforms and improved digital language translation technologies will

contribute to the rise of a global recovery community. These pandemic-spawned contacts will lead to the international hybridization of recovery-related concepts and the cross-fertilization of recovery support initiatives, e.g., sharing of recovery support models and recovery support literature and international recovery conferences unaligned with any recovery fellowship. These contacts may spur ecumenical recovery support frameworks that defy easy categorization as secular, religious, or spiritual.

*Increased knowledge of public health concepts and technologies will spur increased interest in population-based interventions to prevent and mitigate alcohol and other drug problems across the spectrums of severity, complexity, and chronicity. This could lead to greater balance between environmental and personal recovery support strategies. (Watch for forthcoming blog.)

*The elevated status of scientists and science-grounded professional helpers emerging from the pandemic will spur increased expectations for research reporting on methods of addiction treatment and recovery support. The dissemination of such findings will result in the public exposure of, and a backlash against, highly promoted products and services confirmed in studies to be unhelpful or harmful. In the post-COVID world, objective facts will be much more likely to take precedence over ideological spin or marketing hype. The pandemic's new revelation: opinions on matters of health not grounded in science can be deadly. Technical expertise matters.

*The coronavirus pandemic's exposure of the weaknesses of the U.S. healthcare system will accelerate demands for health care reform—reforms that will potentially exert profound effects on the future of addiction treatment and recovery support. These reform processes will result in the integration of addiction treatment within primary health care or lead to the increased isolation and marginalization of addiction treatment and recovery support. Such opportunities and threats require the presence and active participation of recovery advocates in these policymaking forums.

*When the viral dust settles and the body count is complete, the health disparities between Black and White and between the wealthy and poor and working class people will expose a wrenching reality. This will bring renewed and heightened attention to disparities within the addiction treatment and recovery support arenas in such areas as problem prevalence, service attraction/access, service retention, and recovery-focused service and support outcomes. Every professional and peer intervention will be expected to account for who they are reaching and not reaching and the effects of proffered services across diverse populations. The pandemic retrospective will underscore that need.

Change can be as regressive as progressive, and change always carries the shadow of unintended consequences. We must move gently into the brave new world that is upon us, taking care that we do not abandon long-held core values in our efforts to survive.

Based on what you have observed in your local community, what predictions would you revise or add to this list?