

## **Mobilization of the Substance Use Disorder Recovery Community in the time of Coronavirus**

**Austin McNeill Brown**

Recovery from substance use disorders (SUD) is mostly a relational process defined by improving interdependent relationships, prosocial growth, and quality of life improvements.<sup>1,2</sup> Recovery-affirmative social support - social groups that affirm one's recovery identity - as well as supportive recovery institutions all play a central role in the recovery journey.<sup>3</sup>

Given the high degree of socially driven support and reliance on recovery affirmative connection, one may wonder the impact of the COVID-19 virus and social distancing practices on such a community. So how are those in recovery doing in light of social isolation? The answer may surprise you.

First, we must understand a couple of basic facts about the recovery community that much of the world may not know. As a marginalized and perpetually misunderstood population, community members have long looked out for one another. In fact, "one alcoholic/addict helping another" has long been the mantra of the community- both ideologically, but more importantly, as the central practice of the community members. The roots of this extend to the inception of Alcoholics Anonymous in the 1930s and even further back through organizations like the Oxford Groups and the Washingtonians. More modern examples appear in the harm reduction, advocacy, and outreach networks.<sup>3,4</sup>

The grassroots nature of recovery organizations, along with the genuine foundation of altruism upon which the community operates, when coupled with the decentralized and self-supporting nature of the community, create a well-suited model for response and adaptation to a crisis. This ability to mobilize is demonstrated by the response to the ongoing overdose crisis. Past overreliance on outsider help and the current War on Drugs, has made the recovery community leery of waiting on policymakers and officials to respond to the needs of their community. Their marginalized and stigmatized identity often makes their community a low priority at the policy level. What's worse is that the criminal justice system, the biomedical establishment, and the treatment industry all, at various times, have infiltrated and co-opted the recovery space. As such, individuals in recovery have come to rely on one another in ways people who are not in recovery would have trouble understanding.<sup>4</sup>

Every day, crisis or not, people in recovery are working to bring healing to suffering, often with no other motive than to alleviate the pain of their fellows. Informal and non-professional networks of recovery support can be found in every city and town throughout the country and the world. This widespread and unseen network of informal support has been the trend for a century or more. Interwoven within this informal network is a vast population of professionals, peers, and advocates who work in, near, and around recovery every day.

## **How has the Recovery Community Responded to Coronavirus-Related Challenges?**

So how has the recovery community responded to the current COVID-19 pandemic? They have reacted the same way as always in responding to crisis- by mobilizing the goodwill, knowledge, expertise, and networks that they have built up over decades of marginalization.

A few highlights of mobilization- Within hours, the [General Service Organization](#) of various 12-Step groups issued suggestions of social distancing and suggestions for digital online alternatives that were already in place. Doctors affiliated with harm reduction communities and clinics pressed for national guidelines from leading public health organizations and released practical tips on staying safe, particularly for the vulnerable population of people who use drugs, and people who are experiencing homelessness.

Recovery community organizations<sup>4</sup> like [Unity Recovery in Philadelphia](#) and [The Alano Club](#) of Portland immediately shut down face-to-face operations, while ramping up local digital meetings, all-recovery groups, and national digital meeting networks. Additional programming such as Yoga, meditation, workshops, and various advocacy meetings switched over to digital platforms. Skeleton crews of street-level outreach workers, such as [Project Weber](#) in Providence, Rhode Island, are making contact with the vulnerable, collating resources, disseminating information, offering harm reduction materials, and ensuring access to beds and medical care.

Service providers, such as clinicians and prescribers, as well as patient's rights attorneys immediately petitioned to have healthcare information regulations relaxed so that digital and telehealth consultations could be facilitated immediately. Calls to crowd source free digital therapy went out and were received. Collegiate Recovery Programs (CRPs) were able to switch over to digital programming and check-in relatively easily. A national call went out from the [Association for Recovery in Higher Education](#) (AHRE) offering directives, information, and a listserv thread dedicated to innovative practices as they develop, to be shared with CRPs nationwide. This mobilization is happening all over the country, at the national, state, and neighborhood levels and across thousands of recovery-related organizations and communities.

Is it enough? We don't know. Nor do members of the recovery community ever feel as if their work is "enough." Virus or no, there is always more work to do. Organic, local, and grassroots efforts are never-ending and proceed unseen every day in America. If there is more to do, the recovery community will strive to get it done.

It is also essential to understand that mobilization and supports are almost entirely free of charge and open to anyone seeking support, either for their recovery or for their recovery organization. In a time of profit-based systems of care, exorbitant service costs, and bad faith profiteering, the recovery space is, and remains, open and free to all. The recovery community has always placed a premium on helping people, and they have managed to do so with little direct reliance on the marketplace. Low-cost self-sustainment has been the model for various organizations since the beginning.

## **What can Policymakers and Individuals do Right Now?**

It is essential that policymakers ensure that the barriers to care, financial constraints, and regulatory rules are temporarily relaxed. This allows the recovery community to best serve the people they are seeking

to help. Resources, such as protective gear, are essential for street-level outreach as well. Clinicians should consider donating their time for free digital therapy, if they are not already doing so. People in recovery should maintain contact with their networks, attend digital meetings, and seek to promote new ways to be of service to others. Those who are currently on a medication regimen should be in contact with their local providers daily as regulations and safety precautions are changing daily. By committing to service in a time of crisis, people in recovery will maintain valuable social connections while continuing to exemplify the principles of recovery. People in recovery should also consider contacting their local recovery community organization and offering their time to be of assistance to the operation of these valuable centers.

Finally, in light of this crisis, provided below are multiple links to recovery resources all offered through recovery networks.

### **Helpful Links**

All recovery meetings and family support meetings at Unity Recovery:

[https://unityrecovery.org/digital-recovery-meetings?fbclid=IwAR08GIGhn4lbbbCC\\_IFh67\\_T\\_ujtcMoDrg13dHYpgaPYMrvA55NPeXWQm7Y](https://unityrecovery.org/digital-recovery-meetings?fbclid=IwAR08GIGhn4lbbbCC_IFh67_T_ujtcMoDrg13dHYpgaPYMrvA55NPeXWQm7Y)

RecoveryLink, Digital Support Finder- <https://myrecoverylink.com/digital-recovery-support/?fbclid=IwAR32jG0M6sMINvsFVdXhvQRI6sIb-IVBT9zhjvAecvqIHwBJSKQafccRQWU>

Association for Recovery in Higher Education

<https://collegiaterecovery.org/>

AA Online Meetings

<https://www.aaonlinemeeting.net/>

Virtual NA Meetings and Online NA

<https://virtual-na.org/>

<https://www.na.org/meetingsearch/text-results.php?country=Web&state&city&zip&street&within=5&day=0&lang&orderby=distance>

CA online

<https://www.ca-online.org/>

SMART Recovery Online

<https://www.smartrecovery.org/smart-recovery-toolbox/smart-recovery-online/>

Refuge Recovery, Buddhist Recovery

<https://www.buddhistrecovery.org/meetingslisting/meetings/Telephone+-+Online.htm>

The Alano Club

<https://portlandalano.org/>

## SHE RECOVERS

<https://sherecovers.co/>

LifeRing online meetings

<https://www.lifering.org/online-meetings>

Any further inquiries can be directed to the author's email listed below.

### References

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**About the Author:** Austin McNeill Brown is a PhD student in the Social Science Program and Graduate Research Affiliate with the Lerner Center for Public Health Promotion in the Maxwell School of Citizenship and Public Affairs at Syracuse University. [abrown48@syr.edu](mailto:abrown48@syr.edu)

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426 Eggers Hall | Syracuse | New York | 13244  
syracuse.edu | lernercenter.syr.edu