

## People in addiction treatment are losing crucial support during coronavirus pandemic

By **Debbie Cenziper**, **Karin Brulliard** and **Joel Jacobs**

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### PLEASE NOTE

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Isolation, Randy Albright has learned after 445 days in recovery, can be a perilous thing. It's why, until recently, he was showing up three days a week at the Recovery Centers of America in suburban Maryland, leading group support sessions before heading to his midnight shift as a project manager for Metro.

"Isolation is a luxury that you have to learn to grow into," he often told the group, former users of pain pills, heroin, alcohol and other drugs.

Now, with much of the country shut down amid calls for social distancing, 56-year-old Albright and thousands of others face weeks or months without the in-person meetings and support services long considered a lifeline in drug treatment and recovery.

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From Seattle to New York, providers have been forced to cancel support groups or move them online. Inpatient treatment centers have limited family visits. Counselors have urged patients to check in by phone. Clinics that dispense medications to treat opioid addiction have reduced access to their waiting rooms, routing staff outside for curbside delivery.

At a time when overdose deaths from opioids and other drugs are rising in many states, addiction specialists worry the changes in a newly isolated America will disrupt the fragile healing process for those who rely on a robust drug-treatment support system. Albright, whose group sessions were suspended on March 11, calls it his “sober network.”

Providers say they are determined to stay open, even with more limited services.

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“The last thing that the health-care system needs right now are thousands of people in withdrawal or filling up the emergency rooms or going back on the streets and overdosing,” said Dan Reck, who oversees MATClinics, which has four drug treatment centers in Maryland. “This is unprecedented, and it’s not always clear what we should be doing.”

Doctors at Reck’s centers prescribe opioid addiction medications, which reduce dependency and ease the symptoms of withdrawal, and about 1,700 clinics nationwide are certified to dispense the medications on site. The Substance Abuse and Mental Health Services Administration has urged the clinics to provide uninterrupted treatment.

A SAMHSA handbook on disaster planning for treatment programs notes that disruption to services can cause clients in recovery to relapse, and that those receiving medication-assisted treatment “are at risk of serious medical and psychological complications if the process is interrupted.”

To limit face-to-face contact and the need for daily dosing at clinics, the federal government has relaxed rules on when and how medications can be dispensed. Previously, practitioners were required to evaluate patients in person before prescribing medication; they can now prescribe following a telemedicine appointment. Opioid treatment programs can now request a blanket exemption to provide 28 days of take-home medication to stable patients and a 14-day supply for less stable patients considered capable of safely handling the drugs.

There are currently no reported shortages of opioid medications, SAMHSA has advised.

Providers at opioid treatment programs say they have been working around the clock, staggering dosing appointments to reduce crowds in waiting rooms and dispensing medications outdoors to patients showing symptoms of infection from the coronavirus. Technology specialists have scrambled to help counselors and doctors move to telemedicine.

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But the situation is tenuous: Some patients bounce from the streets to shelters and can be difficult to reach, with limited access to a computer or phone. Others simply respond better to in-person therapy.

Studies have found that people in drug and alcohol recovery are more likely to relapse following crises such as terrorist attacks or natural disasters, and the coronavirus pandemic is a similarly disruptive, frightening situation.

In the state of Washington, which had the first reported case of the coronavirus in the United States, the didgwálic drug treatment center told its 320 patients two weeks ago that group counseling would be temporarily suspended. Patients were so upset that chief operating officer Dawn Lee reinstated the sessions, only to suspend them a second time.

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Now, staff members shuttle opioid addiction medications outside to patients with symptoms of the virus and promise that counselors are available by phone. The center is working to launch telemedicine so that patients can continue individual therapy.

“Their whole entire support system is now gone,” said Lee, whose center is operated by the Swinomish Indian Tribal Community and open to natives and non-natives. “We teach people to find your support, talk to them, talk about what you need. If they don’t have that, they’re just completely isolated, and that’s why a lot of people use in the first place.”

In Seattle, the nonprofit Evergreen Treatment Services set up a mobile dispensary — a customized van — in the parking lot of its largest clinic to give opioid medications to symptomatic patients. Group counseling has temporarily been suspended; counselors are talking to patients by phone.

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“We’re doing everything we can to maintain calm, to maintain a sense of we’re all in this together,” said Steve Woolworth, Evergreen’s chief executive.

In New York, with more reported cases of the coronavirus than any other state, drug treatment providers have spent weeks racing to modify programs.

In south Bronx, the Montefiore Medical Center suspended group therapy and reduced individual therapy sessions to weekly phone calls for patients in the methadone program. Last week, internist and addiction specialist Chinazo Cunningham said she tried calling one patient three times. She never got through.

“The patients that I’m most concerned about are the patients that maybe are the least stable, who maybe have the poorest access of all to technology,” said Cunningham, who oversees a network treating 450 people on buprenorphine for opioid addiction.

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The Guidance Center of Westchester, a nonprofit with a facility less than a mile from the containment zone in New Rochelle, has reduced the number of patients on site from as many as 175 a day to 50. Instead of coming in for daily dosing, patients have been given take-home medication.

Chief executive Amy Gelles said she worries about social isolation, though some counseling sessions are being held through telemedicine or by phone.

“The coming in . . . every day is not only good for getting medication, but patients would touch base with counselors,” she said. “They’d have peers that they connect to and get a tremendous amount of support in groups. So that’s all gone.”

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It's critical for the government to continue to assess the ongoing impact of the pandemic on those in treatment and recovery, said Anthony Dekker, medical director of nine outpatient community clinics for the U.S. Department of Veterans Affairs in northern Arizona.

Telemedicine, he said, can augment but not replace face-to-face contact.

"In every crisis that has occurred in this country, whether it's earthquakes or hurricanes or floods, people have used more substances of abuse," said Dekker, an addiction and pain management specialist who noted he was not speaking on behalf of a federal organization.

"People who have alcohol use disorder may have a loss of recovery. People who have opioid use disorders cannot get to their clinics," he said. "We should be planning ahead. . . . These things should be discussed now."

Albright, the project manager in Maryland, said he plans to keep busy at home. He collects classic cars, crochets blankets and checks in regularly with family and friends. He's given out his phone number to members of his support groups.

With more than 1,000 patients a day in residential and outpatient treatment in Massachusetts, Pennsylvania, New Jersey and Maryland, the Recovery Centers of America is open but has suspended large gatherings, family education days and family visits. Staff members are improvising with telemedicine and using FaceTime and video apps to connect patients with their families.

"One common expression you hear in [Alcoholics Anonymous] is, 'Don't wander into your head alone. It's a dangerous neighborhood,'" said chief scientific officer Deni Carise. "What do you do when you can't go to a meeting? How do you get support when you can't meet with other people in recovery? I'm worried that the isolation will lead people to start questioning their recovery or put them at risk."

Albright, who used pain pills for four years before seeking treatment, said he is determined to see his recovery “continuing tomorrow.”

“As long as I maintain the tomorrow element, I’m fine,” he said. “But then again, I have my plans in place should I start to feel differently or think differently. Everything is a plan. I mean, don’t we all plan for the worst?”

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