

'Relapsing Left and Right': Trying to Overcome Addiction in a Pandemic

Substance-abuse centers are shutting and relying on virtual programming, just as more and more people turn to drugs and alcohol.

By **Emma Goldberg**

Jan. 4, 2021

Jackie Ré, who runs a substance-use disorder facility in New Jersey, gathered the 12 female residents of her center in the living room on March 27 and told them that the coronavirus outbreak had forced the center to limit contact with the outside world.

There was an immediate outcry: The women already felt disconnected and didn't want their sense of isolation exacerbated, Ms. Ré said.

Within the next six months, nine left the program at Haley House in Blairstown against staff advice, and all but one relapsed.

"It's been a nightmare," Ms. Ré said. "For one woman it was a matter of days, another less than a week. I've never seen anything like it."

Addiction is often referred to as a disease of isolation, and overcoming that challenge has only become more difficult during a pandemic that has forced people indoors — in some cases to live lonely lives, with drugs and alcohol as a way to cope with the stress.

Several studies have shown that binge drinking has increased during the pandemic, and a recent report from the Centers for Disease Control and Prevention cited a "concerning acceleration" of opioid-related overdoses last year.

At the same time, many treatment centers have closed down or limited in-person visits.

The New York Times spoke to several residents of addiction treatment facilities who expressed dismay at the loss of in-person counseling. Many of them declined to give their full names as part of the anonymity granted by their recovery programs.



Jackie Ré, the program director at the Haley House, said the majority of the residents left the facility in March after strict virus measures were enacted. Jonah Markowitz for The New York Times

Some centers have turned virtual or shut down because of virus outbreaks, while others struggle to retain residents after having been compelled to restructure their programming or eliminate visits from family and bar trips outside the facility.

A recent survey of 165 centers by the National Association of Addiction Treatment Providers, a nonprofit organization that represents hundreds of centers, found that 43 percent had to reduce patient capacity, nearly a third saw a decrease in patient retention and 10 percent had to shut down because of the pandemic. The majority of the closures have been in the Northeast, according to the association, because of the outbreak's early concentration in New York.

"In the 80-year history since addiction treatment began, we've never experienced anything as challenging as this," said Marvin Ventrell, chief executive of the N.A.A.T.P. "You have to put people in social settings to heal, and Covid conspires against that."

The threat to these centers may begin easing, as residents and staff of addiction treatment centers in New York State recently began to receive the vaccine as part of the first phase of the rollout.

But at the moment, because of the difficulties of congregate living and treatment, the association of treatment providers reported that 44 percent of their centers are conducting half their programming virtually.

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In New York City, the Hazelden Betty Ford Centers, which offer outpatient services, switched to entirely virtual care in mid-March. At first, the organization scrambled to remake a program that had relied so heavily on in-person gatherings.

Staff had to identify a virtual platform compliant with substance-abuse confidentiality regulations. They also had to accommodate patients who didn't have internet-connected devices or stable Wi-Fi connections.

They worried, most of all, about people who were isolated in their homes relapsing.

"Many of our clients were riddled with fear and anxiety," said Rose Foley, who runs mental health services for a Hazelden Betty Ford center in Chelsea, Manhattan. "I remember working with clients and hearing the sounds of sirens from outside their apartments. It was a traumatic time."



Many facilities in the Northeast, including the Garden State Treatment Center in Sparta, N.J., were adversely affected once virus shutdowns began in the spring. Jonah Markowitz for The New York Times

Clients struggled with the loss of their in-person support groups.

“What is more supportive than walking into a room and seeing a human you can touch?” asked one client, Maureen. “What’s been missing is body language, our ability to hug each other. All that stuff is important when people are going through the difficult experience of getting off drugs or alcohol.”

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Some positives have come from virtual care. John Driscoll, head of recovery services at Hazelden Betty Ford, said the number of patients choosing to attend sessions biweekly has doubled. The organization’s recovery program for families, which used to be local, is now on video and open to families around the globe, serving more than 2,500 people since the summer.

Still, the emotional connections formed through in-person treatment are difficult to replicate on the computer. A recent study published in Drug and Alcohol Review found that a sense of loneliness can amplify the risk of drug and alcohol abuse in people with substance-use disorders.

"I had this image of what the rest of my life would look like with communities I could relate to, meetings I could go to for in-person accountability," said Emily, 30, who successfully completed the program at the Alina Lodge recovery center in New Jersey in September. "Now I have to sit in my room by myself with a computer, which is how I got sick."

Emily is now participating in a virtual recovery program.

Another woman who had been treated at Alina Lodge and Haley House, Sarah Manfredo, said every milestone she'd envisioned for herself evaporated after family visits and outside jobs were prohibited because of the pandemic.

Ms. Manfredo, 36, left the addiction treatment center in August and moved in with a fellow alumna of the program, who immediately relapsed. Few of the women she went through treatment with have stayed sober, an outcome that she attributes largely to the pandemic. "People are relapsing left and right," Ms. Manfredo said. "The loneliness plays into it."



Sarah Manfredo, who left an addiction program in August, now works as a behavioral health technician at Garden State Treatment Center. Jonah Markowitz for The New York Times

Inside Haley House, the women felt cut off from the world and stifled, Ms. Ré explained. But those who left realized they could not resume their social routines and couldn't attend in-person Alcoholics Anonymous meetings because the programming had gone virtual.

The challenges at Ms. Ré's treatment center mounted this fall when a staff member tested positive for coronavirus and the facility went on lockdown. The residents wore masks and joined their counseling sessions by Zoom; they were given individually packaged meals, and staff had to quarantine from family.

But after nearly 14 days, two residents tested positive for the coronavirus and the facility had to start its quarantine again, amounting to almost a month of lockdown.

Before the coronavirus outbreak, just one in 10 Americans suffering substance-use disorders got the treatment they needed. The C.D.C. and the National Center for Health Statistics reported that 81,230 people died of drug overdoses in the 12-month period ending in May 2020, the largest number of drug overdoses ever recorded in a year.

Overdose-related cardiac arrests spiked in April, making up 74 of every 100,000 emergency medical calls nationally, more than 20 percent higher than usual, according to recent research from the Journal of the American Medical Association Psychiatry.

In the fall, the C.D.C. estimated that there would be a record-high number of fatal drug overdoses in 2020. An examination of hospital billing at Mount Sinai Hospital Downtown showed that in March, right as New York's outbreak began, the hospital recorded the highest number of alcohol-related emergency room visits in 2020.

While overall non-Covid-19 emergency room visits dropped precipitously in March and April across New York, Dr. Erick Eiting, vice chair of operations for emergency medicine at Mount Sinai Downtown, said substance-use disorder patients were among some of the first to return. "You can tell people are having a hard time," Dr. Eiting said. "They're experiencing additional stressors that can contribute to substance-use disorders."

Rebecca Linn-Walton, assistant vice president of the office of behavioral health at NYC Health + Hospitals, said: "We're experiencing the uptick we all expected."

Dr. Linn-Walton said NYC Health + Hospitals scrambled to distribute technological devices to vulnerable New Yorkers given the increased reliance on tele-health this year. More than 314,000 New Yorkers have had virtual psychiatric or substance-use visits since March.

Some people who struggle with these disorders found that the changes in normal life wrought by the pandemic provided the motivation they needed to finally get addiction treatment.

For Brendhan, 29, a respiratory therapist at Yale-New Haven Hospital, the early weeks of the coronavirus outbreak were a haze. He arrived at the hospital each morning at 6:30 a.m. and spent the day cleaning ventilators and delivering them to patients in need.

On May 28, he realized that the pressures of work were allowing him to ignore his addiction to alcohol; he called High Watch Recovery Center in Kent, Conn., and was admitted the next day.

He started his recovery there by isolating in a cabin and attending group meetings by Zoom while he waited for the results of a coronavirus test.

He eventually was able to join the rest of the residents in daily meetings, where he shared stories that he had never divulged even to family. After 106 days at the center, he moved into a sober living facility and quit his job at the hospital.

Offering in-person treatment has been challenging for those centers that do not have the resources to test their residents for the coronavirus regularly. Most instead opt to test and quarantine anyone newly admitted, as well as to regularly test staff members who have more contact with the outside world. They ask residents to keep at a distance during group meetings and meals.

At Haley House, the residents marked Thanksgiving under Covid-19 lockdown. Ms. Ré pushed four tables into separate corners of their large dining room and invited the residents to eat in small shifts, at a distance of more than 10 feet from one another. They also gathered to share their gratitude for small sources of joy amid self-isolation.

One young woman had asked if the kitchen at Alina Lodge could make her a corn salad for the holiday; when she received her requested dish, wrapped in tinfoil with a heart drawn on top, her eyes welled up. "There's been positives through all of this," said Ms. Ré. "The women are like sisters now, and they're learning to go deeper on their spirituality. I call it the graces of Covid."

A version of this article appears in print on , Section A, Page 7 of the New York edition with the headline: Battle to Break the Habit Is Quickly Overpowered By Lockdown Loneliness