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Online 12-step groups during the Covid-19 pandemic: A patient’s perspective

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A R T I C L E   I N F O

Edited by: Dr. Ornella Corazza

Keywords:
Substance use disorder
Addiction
12-Step programs
Covid-19
Recovery

A B S T R A C T

Background: Following the Covid-19 pandemic, lockdown strategies have been adopted by many Governments worldwide to stop the spread of the virus. Twelve-step programs for people with substance use disorders (SUDs) as Narcotics Anonymous (NA) experienced forced interruption as well, in some cases organizing online meetings to continue their activities. The purpose of this article is to reflect on concerns and advantages of online setting for 12-step groups.

Methods: We report the experience of an Italian NA participant attending for the first time an online NA group during the Covid-19 pandemic.

Results: The strengths and limitations of the online setting, showing up from the living voice of this participant, are expressed in the light of the present pandemic situation. Together with the general advantages derived from telehealth technologies, specific benefits of the virtual setting for 12-step programs are shown. Concerns are also discussed, as those related to privacy and social presence.

Conclusions: The case highlights many possibilities of the online setting for 12-step programs. On the other hand, it suggests the critical importance of in-person groups to accompany the recovery process. Future outcome research is needed about the combination of these approaches.

Introduction

Following the development of the Covid-19 pandemic a public health strategy of social distancing has been adopted by many Governments. The lockdown soon proved effective in containing the infection, causing on the other hand emotional isolation, loneliness and complete transformation of the daily routine (Martinotti et al., 2020). Among the locked down activities were also 12-step programs for substance use disorders (SUDs), such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). These are self-help groups encouraging abstinence-oriented norms, self-efficacy and coping skills through peer-based social support and 24-hours availability (Humphreys, 2004). The process includes different steps and goals that each member adheres to and accomplishes. Some common steps in the 12-step programs include: admitting that one cannot control one’s addictive disorder, examining past mistakes with the help of an experienced member (i.e., sponsor), learning a new code of behavior and helping others who suffer from the same addiction (Ferri et al., 2006). The American Psychiatric Association recommends community-based approaches such as AA as implementation treatments for alcohol use disorder (Reus et al., 2018).

Twelve-step programs are diffused worldwide, but research involving them is sparse (Kelly et al., 2020). Twelve-step programs in their online variant have been largely diffused also prior to Covid-19 pandemic, especially in US (Alcoholics Anonymous, 2020). While overall acceptability and effectiveness of other telehealth support groups have been found to be as high as in-person groups (Di Carlo et al., 2020), no specific reference exists in the literature about 12-step online groups.

Here we report the real testimony of a participant that attended for the first time NA online meetings during the Italian Covid-19 lockdown, discussing about opportunities of web-based 12-step approach for the recovery process.

Case report

“My name is D. and I have a substance use disorder. Through my life I have tried almost all different types of substances. Finally, after 27 years

https://doi.org/10.1016/j.etdah.2022.100047
Received 12 April 2022; Received in revised form 28 May 2022; Accepted 9 September 2022
Available online 11 September 2022
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of substance use, at the age of 39 I reached out for help. At first, I tried with private therapy. It was useful, but never enough: I was unable to remain abstinent for a long period of time. Relapses were always around the corner, and after each of them to get back on my feet was always much harder.

When I landed in the self-help groups, more precisely in the Narcotics Anonymous, I felt devastated and exhausted, with little hope of improvement. I remember my first meeting as if it was yesterday. Entering the room, I felt very uncomfortable among all those “drug addicts” because I was not, I felt different. The meeting started and the members began reading about “What and addiction”, “What the NA’s program is all about”, “Why are we here” and so on. Then, they started sharing their stories and I was so surprised because each single one of them addressed me saying that, since I was the newcomer, I was the most important person and “I had to keep coming back”. I did not stay abstinent immediately that night, but that same evening a seed was planted, and it slowly sprouted. At first, I got to know what abstinence was and how to move toward it. I started attending the meetings daily, even multiple times a day. It appeared as if it all was proceeding; not necessarily well, but my recovery phase was proceeding.

Next, the event that changed everyone’s lives appeared: the Covid-19 virus. Besides the victims and the numerous persons infected, it left countless people with substance use disorders without self-help groups. For me, after only 110 days of being abstinent from all types of substances, that was a huge misfortune. I found myself at home, without NA groups and without any possibility of going out. I felt as if relapse was around the corner.

What could I do? First, I had to stay calm. I heard that various Italian groups were getting organized through the web, utilizing several digital platforms. NA used Zoom, hence many groups were created covering all days of the week, even with several meetings a day. Initially my resistance against this was strong. I did not think I could stay alone and a half hours connected with other people through a monitor or through my cell phone. In fact, the first few days I had no online meetings. But time went by and I felt more and more at risk, so after a few days I reversed my decision, I created an account and I attended my first meeting. I did not like it and I did not share anything, yet that day I spent 90 minutes listening to other members’ testimonies. The following morning, I joined a meeting, and in the early afternoon still another. Overall that day I attended four groups and I started sharing as well. Some of our groups started suffering attacks from agitators, a sort of hacking, at times very heavy too. Our network, through meetings and forums, was able to adopt, with the sole participation of the members, some necessary measures to protect the participants’ privacy.

Now the months have passed, and activities have reopened, even our groups. Honestly, it was much needed, because the warmth that you get from an “in person” group you cannot get from a monitor. After a meeting there might be a luncheon or a dinner with your recovery pals, and these are little actions that become essential for the recovery process. At the same time, I hope that some of these virtual rooms might remain open even after the Covid-19 emergency. First of all because, as of today, the service has been created, secondly because we have registered many “newcomers”, especially among the younger population. Clearly with such an online tool it could be easier to spread the message also among those who live in isolated villages or in regions where there are only one or two groups of natural persons. Nonetheless, the solution is not to be found in the online meetings, yet those can be helpful if followed by actual meetings; they cannot substitute them, because they remain surrogates.

In these months of forced shelter in place I have reached goals that I never thought I could achieve. First of all, I remained abstinent. Furthermore, I started offering my services to my group and to the hospitals and institutions’ sub-committee. I am now in my sixth month of abstinence and I try to be helpful by listening to those who started coming only recently and with whom I have established a relationship. It helps me above all, and I hope it can help someone else as well. This is recovery.”

Discussion

Online group meetings for SUDs in general share many of the advantages of telehealth technology (Giroux et al., 2017). It improves access to care and allows even to remote and isolated populations to take part; no less importance it leads to the reduction of travel time and costs (Smith-Merry et al., 2019). Thanks to the great flexibility of this technology it is also possible for participants to attend meetings from different cities or even different regions. It could help to overcome the barrier of addiction-related stigma, because the anonymity could be better preserved (Naslund et al., 2016).

Remote technology could lead some specific benefits to 12-step programs. The virtual setting may enhance the appeal of group therapy for shy, anxious or ashamed people, preventing premature termination. Also, the virtual space between the participants may help the expression of intense or problematic emotions. It may also help engaging people of the e-generation: young people grown up in the Internet era seem to have a closer bond with developing technology, with the virtual space being probably a natural dimension to meet for them (Burns et al., 2009).

Regarding the founding issues of 12-step intervention strategy, they could remain effective also in the digital space. Online groups could effectively provide that multiplicity of relationships that holds the recovering person (Groh et al., 2008). Through the experiences of other participants, personal own experiences could acquire a shape and a structure of which they are not yet equipped, gaining greater readability and recognizability. Peer support, also in the form of distant relationships, performs a fundamental self-holding function in the transition from a deficient identity, in which the substance carries out an essential role, to an identity without substance (Moos, 2007). This transition can be represented as a process in which the group replaces the substance, in order to guarantee a stability of identity and a greater cohesion. Being in a group gradually becomes for the patient an accessible experience, evocative even in the absence of the real group (Kaskutas et al., 2002).

Together with these advantages, many concerns can arise about online 12-step groups. Privacy could be an obstacle, because participants could feel violated showing their home. Furthermore, annoying people could take part in the online group. Someone may not attend online groups because of the inability to have a room where to be alone. It is important to consider that technical difficulties, such as connection problems, could interfere and interrupt the flow of affective content that is being shared. Similarly to other online activities, also videoconferencing can become addictive, configuring problematic usage of the internet (Di Carlo et al., 2021). Finally, social presence is the capability for a web-based technology to provide a feeling of warmth to social interactions (Biocca et al., 2003). Although allowing for a deeper social presence than other computer-mediated communications, videoconferencing maintains a lower social presence if compared to in-person meetings (Banbury et al., 2018).

Conclusions

Given these concerns and considerations, online 12-step programs could be considered as reliable and valuable, both in the present pandemic crisis and in the general situation. However, the convenience of the new technology cannot fully replace the direct sharing between people with SUDs in recovery. When social interaction relies too much on technology there is the possibility of loss of personal contact. It would be useful if there were guidelines that indicate how to best perform the groups in this way.

Declaration of Competing Interest

The authors report no conflict of interest. The authors alone are responsible for the content and writing of the article.
CRediT authorship contribution statement

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