ADDICTION CARE DURING THE COVID-19 PANDEMIC

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The world is facing a challenge that is not only testing our resilience but has changed the way we view our reality. We are bombarded by a constant news feed of statistics, death rates, and updates on the progression of the countries' efforts to maintain control over the pandemic daily.

For most individuals, this pandemic brings a level of uncertainty and anxiety which is to be expected. Panic buying of groceries and stock piling of sanitiser has become the norm. Our daily lives and routines have been disrupted, which seems surreal. During the lockdown period people's lives changed drastically. Individuals were confined to their homes and they were no longer able to go on nature hikes, walk the dog, meet friends for dinners, attend family gatherings, go to gym, have beauty appointments or go on holidays. What would have been a mundane experience of buying groceries has become a production of masks, sanitiser and the majority of shoppers trying to distance themselves socially. Post lockdown, movement may be less restricted, but until the COVID-19 virus has become manageable, there may still be lingering anxiety within society.

THE QUESTION IS WHAT DOES ADDICTION CARE LOOK LIKE - NOT ONLY DURING LOCKDOWN BUT AS ONGOING PATIENT CARE DURING THE COVID-19 PANDEMIC? WHAT DOES THIS LOOK LIKE WITHIN OUR NEW REALITY?

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Individuals in the recovery stage of their addiction may be faced with new challenges. Patients that have recently left treatment centres have been thrust into a new world reality and the need to integrate and adapt to their environment has become more of a challenge. Addiction modalities all vary, but a common theme is that of connection and not isolation. A lucky few are with friends or family, but there are those individuals upon whom lockdown has enforced a sense of isolation and a feeling of powerlessness. The addiction fellowship advocates for meetings (AA, NA, GA etc) and building connections with fellow addicts in recovery; now these meetings are held on an online platform which restricts those who do not have access to the internet. Post lockdown, fellowship meetings may continue but again within a new reality of social distancing in meetings, perhaps incorporating masks and there may be fewer individuals in attendance due to fear of becoming infected with COVID-19.

IF YOU ADD COMORBIDITY TO THE EQUATION, THE INDIVIDUAL IN RECOVERY HAS A GREATER BATTLE. THE TRIGGERS TO RELAPSE MAY BE AGGRAVATED BY A GROWING INABILITY TO COPE WITH THE LOCKDOWN MEASURES, LACK OF ROUTINE AND THE INCREASE OF THEIR ANXIETY AND/OR DEPRESSION.

Individuals with a comorbidity of depression or anxiety may experience exacerbated symptoms during the crisis. Natural levels of anxiety may be elevated and being unable to see loved ones or engage in activities that brought you joy such as hiking, eating out, the beach etc. may contribute to an increase in depressive symptoms.

TREATMENT METHODS MAY ALSO SEE A DRAMATIC CHANGE DUE TO THE COVID-19 PANDEMIC.

Online therapy has become a popular alternative to face-to-face treatment but again, one could question the level of true connection and feeling of rapport between therapist and patient. Face-to face contact may become limited or altered due to the use of PPE by therapists, or the measures they need to implement to ensure the minimisation of risk.

OF COURSE, ANY FORM OF THERAPY IN CONTAINMENT IS BENEFICIAL IN LIEU OF NONE, HOWEVER THE THERAPEUTIC SESSION MAY BE AFFECTED WHEN CONSIDERING A SESSION WITH A THERAPIST WEARING A MASK OR SANITISING REPEATEDLY.

Therapists themselves have their own emotions and the need to adapt to a new reality of societal norms presents a challenge. Therapy is ultimately a relationship, and the strength of this relationship assists in the treatment of the patient. It is necessary to question how the therapeutic relationship may be altered when we are advised to keep our social distance, to be mindful of PPE and to avoid all unnecessary human interactions. Patients are vulnerable as is and so we need to consider how they may experience the new reality of therapy, and how this may impact their pursuit of acceptance, connection and a safe space to recover.

MODALITIES OF INPATIENT AND OUTPATIENT TREATMENT MAY NEED TO BE ADAPTED AND ALTERED TO IMPLEMENT RELEVANT PROTOCOLS TO MINIMISE RISK.

As mentioned previously, the face-to face therapeutic frame may be affected in the individual and the group sessions. In addition, in-patient admissions are, to date, not allowing visitors from family or friends as per the government regulations, and as such patients have limited engagement with loved ones and may be able to contact them only telephonically or via a device. Out-patient programs may differ in the level of their protocols and the extent of therapeutic interventions.

Addiction care has changed. The world is facing a new reality and learning a new way of engaging with each other. The need for connection remains, and our task is to find alternatives tthat simultaneously are therapeutic, but also minimise risk.

HISTORICALLY TREATMENT METHODS HAVE EVOLVED AS WE LEARN MORE AND AS THE WORLD HAS CHANGED. THERE IS NOW AN OPPORTUNITY TO ADAPT AND TO STILL PROVIDE A HIGH QUALITY OF CARE WITHIN THIS NEW REALITY. IT IS ACKNOWLEDGED THAT THIS IS AN ADJUSTMENT FOR BOTH THERAPIST AND PATIENT, HOWEVER, THIS SHARED ADJUSTMENT COULD FOSTER THE THERAPEUTIC RELATIONSHIP WHICH IS THE FOUNDATION OF PSYCHOTHERAPY.

A common slogan of the fellowship *life on life's terms* is very relevant to this pandemic, and accepting this would be the first step towards adjusting to our new normal for both therapists and patients.

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