



Perspectives on Challenges and Opportunities in Norwegian Peer Recovery Services for People Living With Dual Diagnosis During a Pandemic

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Summary

The COVID-19 pandemic and the measures required to address it has brought on major challenges to health-care systems worldwide, and particularly to vulnerable populations. Individuals struggling with substance abuse and mental health distress (dual diagnosis—DUD) may be particularly vulnerable as the pandemic may increase the extent and severity of drug abuse and mental health issues. The challenges in maintaining treatment during the pandemic lockdown has urged also Norwegian peer recovery services to rethink their organization.

Within the field of substance abuse treatment and recovery, collaboration between the public health system and non-profit organizations is increasingly recognized as an essential part of innovation and development in the field (1,2). The peer recovery services the authors are involved in, as researchers, are low threshold for people living with DUD in Norway, where they get their own recovery coaches to help them with their everyday life and drug-free activities. Use of peer recovery services has provided a new form of expertise and avenues for building trust between people struggling with substance abuse and mental health distress and service providers. Systematic reviews based on international studies of peer-delivered recovery support for people living with DUD also show promising results including reduced substance use and relapse rates, greater treatment satisfaction, improved relationship between with treatment providers, and increased treatment retention (3–5).

COVID-19 and Peer Recovery Services in Norway

As a result of the COVID-19 pandemic, many substance abuse treatment programs in Norway had to reduce their

staff and hours or even close due to the infections restrictions. This is particularly of concern as individuals with DUD are at risk population for contamination due to a range of factors including psychological and psychosocial conditions/status (6). Moreover, the conditions associated with complications and lethality of COVID-19, such as chronic respiratory disease, diabetes, immunosuppression, and hypertension (7), have all previously been associated with moderate to severe substance abuse (6). Individuals struggling with DUD could also be more susceptible to complications of their drug use, such as experimenting with new substances and overdose, due to limited availability of illegal drugs. The social and psychological strain due to social distance, isolation or quarantine, and lack of treatment access can intensify negative emotions and increase drug abuse and/or the risk of relapse (8–10).

A report conducted among individuals living with DUD in Norway states that many felt an increase in symptoms, increased substance abuse, suicidal thoughts, and triggering of trauma during the corona lockdown. Seventy-two percent of the informants reported that they were feeling a little or much worse during the COVID-19 pandemic (8). Many expressed limited both mentally and physical care and reduced ability to care for themselves (8). Important rehabilitation services were reduced or cut completely. The challenges in maintaining treatment during COVID-19 urges us

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to rethink the organization of services in nonprofit organizations', and their ability to adapt and reorganize.

As researchers, working in action research projects with high degrees of user involvement, we experienced a dynamical adjustment developing from the moment Norway was hit by the pandemic. In the following, we will present experiences from the recovery coaches from 5 different peer recovery services in 5 cities. The data have been collected in collaboration with recovery coaches.

- Guidelines

Feedback from all the recovery coaches was the need for clear guidance and guidelines. All the coaches had the impression that both colleagues and participants followed the official guidelines related to the pandemic. (Despite the perhaps common expectations that those who use drugs would not cope with the guidelines).

- Routines and daily activities

The most frequent challenge reported by the participants was the lack of routines in everyday life that challenged their sobriety. There were also challenges related to strain on the psyche and feelings of loneliness and isolation.

Some of the participants signed up as volunteers—to help people in need, get purpose, and a reason to get up in the morning.

Daily virtual group meetings within the 5 peer recovery services were held where all the participants and recovery coaches were invited. Those who participated express that these meetings were very helpful during a stressful and lonely time.

- A change in patterns of drug abuse

There was a pressure on the bigger cities as drug supply was scarce. People came from rural areas in search of drugs. Cannabis prices increased, and many participants were in desperate search of alternatives, and some used stronger stimulants. There was a higher alcohol consumption, and an increased risk of overdose and/or hospitalization.

- Communication changed

There was a wide range of opinions and experiences regarding virtual meetings and different kinds of virtual methods in the contact between the recovery coaches and the participants with DUD. Some participants did not seem to mind the change, while others stated that they lost contact with their recovery coaches. Most frequently used communication-tools were phone calls, Facebook Messenger, and only a few used videocalls.

The participants as well as the recovery coaches learned the technical skills of participating in conference calls—which is useful skills to have. During the pandemic lockdown, the recovery coaches reported that they grew closer as

colleagues—due to more frequent virtual meetings, group assignments, and guidance in smaller groups.

- Creativity and opportunities

To some extent there has been recruitment of new participants in the peer recovery services during COVID-19. The new participants were thankful and found the service useful, however, the general impression was that “virtual talking therapies” was much more suitable for the participants with whom the recovery coaches already had formed a relationship.

The organization's flexibility was highlighted and their ability to adapt and restructure their services. As the pandemic restrictions were adjusted—hiking, local activities, and new hobbies were established. There was a focus on physical activity, from both the recovery coaches and the participants. The self-help groups of the recovery coaches, participants, and relatives did an important job during the difficult months.

- Collaboration and coordination of services

The crisis led to a better cooperation internally in the peer recovery services. There were reports on good communication and cooperation between recovery coaches and public health-care workers from the municipalities. Cooperation and exchange of knowledge between the recovery coaches and the researchers also had positive effects.

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