

Director of ARP gets real about COVID's impact on our industry

Q: What does ARP stand for?

A: ARP stands for the Assistance and Recovery Program, which is a benefit offered to Local 3 members as a recovery resource.

Q: What does 'recovery resource' mean?

A: We provide assessment, treatment center placement and recovery coaching for formal and voluntary referrals. If a member tests positive on a drug screen, ARP works directly with the employer and apprenticeship programs providing formal contracts and Substance Abuse Professional (SAP) services. Depending on the severity of the individual's substance use, we set up the best treatment, review insurance coverage and track how well the person is doing in treatment with the goal of him or her returning to work and/or having a healthy life.

Q: Since COVID, have you received more phone calls?

A: Yes. When COVID first hit, people were getting laid-off, and so we didn't see the positive drug tests. But when work opened up, we saw more positive tests, because people had been home. Part of their coping skills with the isolation was to drink more or use substances. There has also been an increase in people who didn't have any substance abuse or alcohol issues prior to COVID and have now developed an addiction issue. The progression from abuse to dependence appears to be much faster right now. People are dealing with a new life. They have no escape. They can't go to the gym; they can't go interact with their friends, go to church, or do all the things that they've built their lives around. Consequently, they turn to other means to cope.

Q: How else has COVID impacted our membership?

A: The financial toll has played a major role in how people are handling this crisis. Some people are laid-off and can't make ends meet, or their spouse has been laid-off. This can create tumultuous relationships. Suicidal ideations have gone through the roof. We are getting a lot more calls from people who are toying with the idea of treatment, but they are refusing to go, because they don't want to get COVID. There has been a lot of relapse since COVID too, which is heartbreaking. Some of these are people with many years of sobriety.

Q: How do you handle that?

A: We move forward. There is no room for judgment and no room to chastise another human being for taking a step back. What good does that do?

COVID has also affected how we can treat people, because I have to assess them, while they are wearing a mask. (It's difficult to read how people are doing, when you can't see their faces.) Also, due to restrictions and county guidelines, formal referrals have been changed to Zoom meeting assessments. This removes the personal aspects of an assessment. Part of my job is doing a check-in on clients who have been in treatment for three weeks. Because of COVID, I am no longer able to do this. I can't wait to get back to the way it used to be, because treatment is more effective when we are able to develop real relationships on a recovery basis with our members.

Q: What's the best part of your job?

A: The best part is the "ah ha!" moment, when the light goes on ... when I got to meet those clients (before COVID) at the three-week mark and I got to sit across from them, remembering how desperate

they were, the walls were closing in, and at three weeks, they have a light in their eyes, they have hope and they have this plan of action. They want something different and they see it's possible.

Q: What happens in treatment in those three weeks?

A: For someone who uses every single day, they are mentally and emotionally broken. They don't know which way is up. In three weeks, the substances are cleared out of their system and they've eaten a few good meals, so their bodies are working again. Their heads clear, their cravings have subsided so that every moment of every day isn't about, "How do I get more?" They get to be a funnel for the good stuff, counseling, therapy and routine, and they have that light in their eyes again.

The other best part of my job is when I get calls from people (I still have some who call me every week, going on three years), and they're still doing good. They tell me about things that seem inconsequential to other people, like they went back to school night for their children, or they had a conversation with their mom, who they haven't talked to in a year. They want to call and share those milestones.

Q: What's the worst part of your job?

A: The worst part is losing someone to the disease of addiction, because then there is no hope for change. (A living and breathing person can change.) I've lost people in my five years here to suicide, to overdose. Their families may live the rest of their lives blaming themselves for not being able to save the person, or blaming the person for being too weak.

Q: Hasn't the stigma about addiction and mental health improved in the last decade?

A: Within this industry, the stigma is still there. People say, "I was just tougher or if I had a stronger will, then I wouldn't be struggling." The one positive from COVID is that there is now a global conversation about mental health. I'm a big proponent of bottom lines. You can stay miserable and attach to your stigma or you can choose to take the road less traveled and get help. Seeking help isn't a weakness. I tell all of my in-patient clients that they have more courage in their pinky than most people have in their entire bodies. They are agreeing to give up their friend (their substance), go to a place they've never been for 30 days, leave their homes, their families and their jobs, and trust me, the person they've met for an hour, as I'm plucking them from their lives and dropping them into an alternate universe. How much courage does that take?

Q: What are the main takeaways for someone who is reading this?

A: Reach out, if you're struggling. You are never alone. The ARP hotline is available 24 hours a day. Call us after hours at: (510)462-2415. Or call during business hours: (510)748-7444 or (800)562-3277.

Note that plans may be different in other states, so contact your Trust Funds provider about your state-specific benefits. Also, you don't have to call us. Call anyone who can help. There's the National Suicide Prevention Lifeline at (800)273-8255 or the Mental Health Crisis line at (877) 726-4727.