

# San Patrignano and the Covid-19 pandemic

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Since its foundation (1978) San Patrignano Therapeutic Community (SP) hosted over 25,000 people with Drug Use Disorder (DUD). SP is based on the following inspiring principles: DUD is not considered a chronic diseases and long term recovery is achievable; the program is free for residents, families and Public Health Services because SP is a "home" and not a "clinic"; recovered users are the "hardcore" of the TC and the best tutors for new-comers; the program is secular, based on shared ethical and spiritual principles, but not confessional. The residential program lasts 3 to 4 years, and includes (a) a complete detoxification from any addictive substances (including OST, alcohol and tobacco); (b) educational program based on mentalization and empowerment, gradual retrieval of the natural functioning of the rewards system, self-esteem, and accountability; (c) vocational training: learning a trade or resuming studies, in the last part of the program.<sup>1-7</sup>

An internal medical center provides adequate health care to those individuals affected by drug related diseases, and copes with routine medical needs. Psychiatric care and medications are provided to those affected by a definite psychiatric disease, but it is not used to deal with the usual psychological distress related to change and growth (recovery) process. Individual psychotherapy is used in all cases in which severe adverse childhood trauma are referred or discovered, and when the educational program is not enough to achieve the recovery goal.

During our 40 years of activity with drug users, we had to deal with the obligation to prevent epidemics (hepatitis B, HIV, hepatitis C, tuberculosis, scabies, sexually transmitted disease, zoonosis, but also summer enteric infections, winter respiratory diseases, etc.) in a crowded environment of people, often already affected by immunosuppression or other chronic drug-related diseases. So, we developed a well-structured health prevention organization.

Since the first Italian autochthonous case of SARS CoV-2 pneumonia (February 21) we "closed" the TC (two weeks before the National lockdown). The spreading of Covid-19 epidemic inside SP would have been unmanageable, being very difficult to strictly apply social distancing among people. All the residents (recovering addicts, but also resident staff, founders, educators, and respective families) were locked down, whereas all external employees stayed at home on paid leave (hopefully with social safety nets provided by the State). Those considered crucial for the TC activity (educators, doctors, nurses, etc.) adopted the necessary personal protective equipment (PPE). Furthermore, all individual older than 65, and the 50 AIDS patients hospitalized in the SP Medical Centre, were fully protected and isolated from the other residents.

Contact between recovering addicts and their families was maintained and increased through telephone or skype calls. People living at SP never used PPE inside the TC; they had the possibility to exit their rooms/housing, eating together in the dining room (with an increased physical distance among them). They maintain their daily activities, including outdoor sports (SP covers 300 hectares), but excluding contact or team sports (in respect of those living outside, suffering for Covid-19 disease, or locked down in their homes).

We also implemented a monitoring system and arranged a “plan B” in case of Covid-19 spreading inside SP. We checked the core temperature and Covid-like symptoms, every day, and for every single resident, collecting this information in a database. Those with fever or symptoms (quite frequent in February until mid-March) were visited, checked for oxygen saturation, and isolated in an ad hoc equipped building. In case of need for hospitalization, we had an agreement with the local Public Hospital Covid-Unit.

Up to now, we have had no cases of Covid-19 at SP.

In transitioning from phase 1 to phase 2, we tested with nasal swab around 350 people, namely those considered more “risky” for the TC as a result of being non-resident and having had family/social contacts outside SP, and no one resulted positive for SARS-CoV-2.

Coming to the mental and psychological impact on recovering addicts, in the first phase people were scared by the epidemic. Over time we observed a decreasing fear for themselves, and an increasing anxiety for their relatives' health, and for the possible serious economic consequences on their families. Very few individuals dropped out from the therapeutic program because of the epidemic.

Now we are in the “phase two” which is probably more difficult to manage, because of the gradual re-opening of most of the activities, including the admission of new guests who ask to enter in the program.

In conclusion, we did not directly suffer the health consequences of the pandemic, but we were spectators of the awful health and economic disaster caused by Covid-19.

Recovering people living at SP demonstrated a deep participation on what was happening, and had the time to reflect about the psychological pain of the affected families, to become aware of the “selfishness” of addiction they used to live, and to reconsider the real meaning of life. For them, it was an opportunity to grow and mature.

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