



## Addiction, Mental Illness, and The Opioid Crisis in Connection to COVID-19

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### ABSTRACT

The COVID-19 virus has seemingly disrupted all aspects of society and life in America. As the pandemic stretches on indefinitely and the country approaches almost ten months of government restrictions, the longer-term implications of the societal shutdown are coming to light, especially the increase in addiction, mental illness, and overdose. The rise in substance use disorders, referred to as the “secondary effect of COVID-19,” is an epidemic in itself that researchers, physicians, and recovery specialists agree must be addressed and battled in conjunction with the virus [1]. This article explores the effects of the pandemic on substance use disorders by looking at the ways in which social isolation impedes treatment and recovery, the connection between mental health illness and addiction, and the impact of the virus in geographical regions with high rates of opioid overdose.

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### KEYWORDS

Virus, COVID-19, Addiction.

### “Addiction is a disease of isolation” [2]

A combination of healthcare and social factors has contributed to this increase in addiction and overdose. Treatment and recovery services, in particular, have been impacted significantly by the influx of COVID-19 patients into available hospitals and healthcare centers. This overwhelming burden on the healthcare system has “made it harder for people with substance use disorders to seek help, keep up their treatment regimen, or access social supports [1].” As has been evidenced in multiple studies, addiction is a disease that needs to be managed in a variety of methods, which include a combination of social connection, such as recovery support group meetings, and specific treatment medications.

While many well-known group recovery meetings, such as Alcoholics or Narcotics Anonymous, have been moved to virtual platforms, there are still many treatment resources that have been unable to continue in an online setting after government closings of public facilities, leaving a large population of people enrolled in those programs searching for alternative options [1]. Additionally, while virtual addiction treatment resources demonstrate an enormous progression in telehealth services, the social isolation many are experiencing because of necessary quarantine orders is a catalyst for substance use disorders, as “addiction is a disease of isolation” and “thrives on secrecy” [2,3]. The effects of this social isolation are exacerbated as the country moves into prolonged physical distancing guidelines due to the continuation of the virus.

### “Substance use disorders co-occur with mental health disorders” [4]

The drastic change in circumstances many faces during the pandemic will have long-term effects on the increase of mental health illness across the country and uptake in substance abuse in the youth population. In adolescents, the switch to virtual learning and closure of in-person schools in the spring and hybrid or fully online education models that have continued into the fall have caused a significant disruption in the lives of nearly 30 million children [1]. Children being confined to the home for extended periods of time has also led to the serious issues of food insecurity and increased susceptibility to abuse, which are larger-scale risk factors that can “put children at further risk for later drug abuse” [4]. The escalation in traumatic events experienced by many children and adolescents during the pandemic as a result of financial hardships due to unemployment and illness in the family is also linked to “later cognitive deficits and psychiatric illnesses, including schizophrenia, major depression, bipolar disorder, Posttraumatic Stress Disorder, and substance abuse” [5]. An increase in mental health illness and substance abuse disorders due to the familial devastations caused by COVID-19 especially impacts children and adolescents growing up in this precarious time.

### “Social determinants of health create greater vulnerability” [2]

Another significant piece in understanding the impact of COVID-19 on drug use and overdose is exploring the intersection

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of the ongoing opioid crisis with the pandemic. Geographical areas, such as Chelsea, Massachusetts, which contain a large population suffering from opioid addiction are also areas with a high rate of COVID-19 cases [2]. This is in part because of the increased susceptibility to the virus those with compromised lungs due to smoking or inhaling illicit substances face, but also because of the societal factors in these areas which contribute to the vulnerability of their populations to disease, called the social determinants of health [2,5]. The “deadly social fissures” which contribute to pervasive opioid addiction in regions of poverty, homelessness, and lack of healthcare have been worsened during the pandemic, consequently causing an increase in addiction. Peter Grinspoon, a primary care physician who has recovered from and treats opioid addiction, remarks on this “tale of two epidemics” by asserting that “we will need to address... the true social determinants of health... as part of an effective response to future pandemics” [2].

Although there is still much left to be discovered about the effects that COVID-19 will have on society ten to twenty years in the future, the social isolation measures that have been in place for multiple months have already led to increases in illegal substance use and psychiatric disorders. Additionally, social inequities that contribute to heightened vulnerability to disease in specific geographical areas have been intensified. These realities are a call to action for healthcare professionals and the general public alike to reach out to those fighting the battle against addiction during these precarious times, and actively

support initiatives to lessen the societal inequities which make specific geographical communities more susceptible to the virus.

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