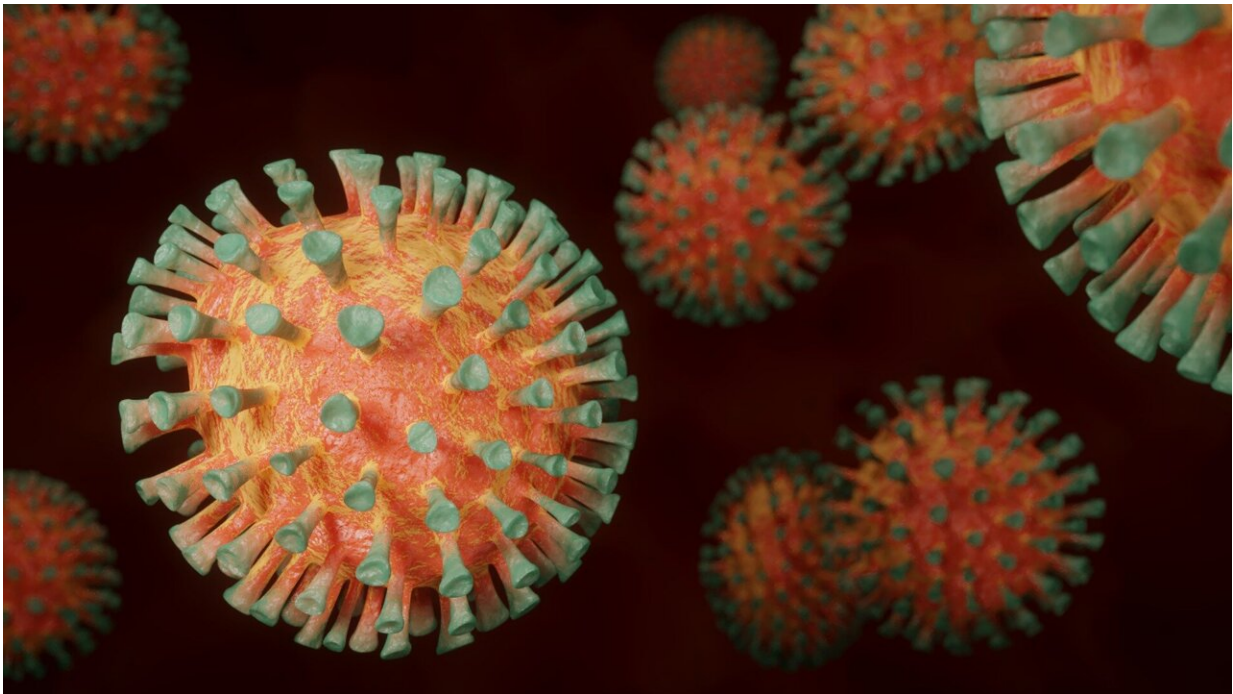


Q&A: How addictions have been affected by COVID-19, good and bad

February 15 2022, by Wayne Lewis



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In addition to the public health crisis that is the COVID-19 pandemic, the turmoil of the past two years has caused widespread challenges to mental health and well-being. The picture of its long-term consequences—including the effects on substance use and addiction—is still developing, and can be cloudy at best.

The Keck School of Medicine of USC's Adam Leventhal is perfectly positioned to offer some clarity. As founding director of the USC Institute for Addiction Science and a professor in the Department of Population and Public Health Sciences, he creates new knowledge about, and develops ways to prevent, addiction. One element of his research program employs large surveys to elucidate a thorny and often volatile subject.

Leventhal, who is also a professor of psychology, the founding director of the Health, Emotion & Addiction Laboratory and a member of the USC Norris Comprehensive Cancer Center, offers updates on trends among [young people](#) as well as broader patterns in alcohol use in the U.S.

What effect has the pandemic had on substance use among teens?

It's hard to tease apart whether the pandemic caused it, but I can say that in 2020 the prevalence of e-cigarette use, along with use of several other addictive substances, went down amongst youth in the United States.

With the huge social disruptions, teens are very stressed over the pandemic. We see that manifest in depression-related symptoms and anxiety. Usually, you would expect e-cigarette use, and other [substance use](#), to go up. But we didn't see that here in the pandemic.

There's speculation that part of the reason could be that during lockdowns, Zoom school and other types of restrictions, teens had less access to e-cigarettes, or any other type of substance that they're not of legal age to purchase.

Even before the pandemic, teen substance abuse and mental health had

already been changing. Since 2010, prevalence of suicidal thoughts among teens had risen. There is also evidence that attention deficit hyperactivity disorder, or ADHD, had gone up as well. The [substances](#) teens use changed, with less illicit drugs being used. So this pandemic threw a big wrench into what was already a complicated scenario.

Are there any other issues around teens and addictive behavior that have been influenced by the pandemic?

We found in one study that young adults were using food to cope with social isolation, which then correlates with small amounts of weight gain for young adults.

Have you seen any notable changes among adults?

Taking the population-level average in the United States, we have seen slight increases in drinking among adults. But within that, there's a lot going back and forth.

With major tragedy, people reexamine their lives. Some might have a shortened sense of future and say, "Let's live for today." There's a good amount of data to suggest that adults who were drinking on an irregular basis became more-frequent drinkers. The concern is, it may not be something that you can just turn off.

Of course, others might say, "Life is short. I need to get my health together." So we do see people who were previously drinking because it was a social activity have a tendency to just give it up entirely, and that's a good thing.

What are some of the obstacles people face in getting help?

Number one is stigma. It's getting better, but there's still a narrative out there that addiction is a choice or a moral failing. Because of that, people are concerned they'll face judgment if they seek help. On top of that, if someone's using a substance illegally, it can be hard to say, "I need help."

Another major issue is the lack of access to services relative to the size of the problem. Start with smoking, which is the number one cause of preventable death. Then add on alcohol and illicit drugs. Then top that off with people who are increasingly recognizing addiction to food or to digital devices as behavioral patterns. The amount of addiction medicine doctors, counselors and preventive services available are simply not proportional to the size of these problems.

Sadly, as with many other health conditions, there are significant disparities in substance use disorder. Certain racial and ethnic minority communities, lower income communities and sexual and gender minority groups disproportionately face the burden of substance use, and there's some evidence that the gap may have widened.

Do you have any messages for people who are concerned that their habits are getting out of their control?

The message would be, "If you're concerned, that's good." Because that means you're recognizing that there might be a problem.

The first thing you should do is go see your health care provider. It doesn't have to be an addiction specialist, a psychiatrist or a psychologist. It can be your primary care physician.

There are also resources on the web, such as the American Society of

Addiction Medicine. Twelve-step groups are free, and there's science that shows they work.

And then, if you're not ready, it's okay. Talking about it with people can be a good start.

Self-monitoring is another good first step. Take note, how many drinks are you having? Has the number increased? If you track that accurately, that'll give you information that can help you recognize whether now is the time to seek help.

Finally, people need to know that treatment works. We just can't expect a 100% success rate. Human behavior is complex, and your odds of succeeding with a given [addiction](#) treatment may not be in the majority. But that still represents doubling or tripling your chances of success compared to no treatment at all.

People need to continue to try, and try again. And they do.

Provided by University of Southern California

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