



Commentary

The Dual Impact of COVID-19 and Racism on Substance Abuse: A Call to Action for Mental Health Scientists and Practitioners

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Introduction

In the spring of 2019, the world came to a halt, falling to the mercy of a coronavirus called COVID-19. National stay-at-home orders forced almost everyone indoors, excluding essential workers, and many families remained locked in for an entire year. As anti-Asian rhetoric about the virus flowed freely from politicians charged with protecting its citizens and racially-motivated attacks increased, Black Americans faced similar injustices at the hands of police and other vigilantes leading to hundreds of nation-wide protests to end racism [1]. The media focus on the U.S. opioid crisis waned in response to these events, yet behavioral health specialists and researchers anticipated the worse, expecting that the toll of a viral pandemic and flares of racial discord would be ripe ground for increased cases of mental health issues and substance abuse [2,3].

As expected, the virus had an impact on the mental health around the world [4] and reports of perceived discrimination in the U.S. increased. The majority (68%) of Asian American young adults reported experiencing discrimination and 15% reported incidents of physical or verbal assaults during the COVID-19 pandemic [5]. Moreover, another study revealed that more than half (51%) of Asian Americans

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and approximately 62% of Black Americans reported increased experiences of vicarious racism in acts committed against family, friends, or individuals on the news [6].

These experiences of discrimination especially influenced the mental health of Asian and Black Americans in particular. For example, one study showed that 40% of Asian Americans reported an increase in anxiety and depressive symptoms due to heightened experiences of discrimination since the pandemic [7]. In another study, 30% of Black Americans reported higher levels of psychological stress due to perceiving COVID-19 to be a major health threat and anticipating unfair treatment in the healthcare system [8]. Unhealthy coping in times of distress is not a new phenomenon. Many people turn to alcohol and drugs to manage stress, psychological distress and other issues.

Evidence prior to the pandemic showed a consistent relationship between perceived discrimination and substance abuse for alcohol and other drugs [9-11]. A few studies found a relationship between perceived discrimination and prescription drug misuse in diverse samples (Caribbean and Cherokee youth; Filipino adults) [12-14]. Prescription drugs are important to consider given that they are readily accessible and often viewed as safer than illicit street drugs. Prescription Drug Misuse (PDM) is also rising in popularity after alcohol, marijuana and tobacco [15].

PDM is taking prescription medication in any way other than as prescribed. Opioids, stimulants, and depressants (e.g., sedatives, tranquilizers) are the three most commonly abused prescription drug classes [15]. While most people take prescription drugs as indicated, 18 million people abused prescription drugs in the U.S. in 2017 [16]. Of all prescriptions, opioids have the highest abuse rate and are the most dangerous. Opioids are a known pathway to other serious drugs like cocaine and heroin and have a high potential for overdose and death [17]. Despite limited media and research focus on the opioid epidemic in racial and ethnic minority populations, evidence suggests a major ongoing crisis [18]. PDM should be an especially important focus since early research evidence suggests that not only the frequency and quantity of drug use increased during the pandemic, but that many individuals switched to new and more accessible drugs [19]. Preliminary death reports support the concerns that emerged from the scientific and clinical communities.

Between January and September of 2020, drug overdose death increased for all racial/ethnic groups in the U.S. with stark increases for Black and American Indian/Alaska Natives [20]. Another study found an increase in the national percentage of overdose associated cardiac arrests among Latinx (49.7%) and Black individuals, 50.3% [21]. At the state level, American Indian/Alaska Natives in Colorado had the second highest overdose death rate in 2020, at 30.3 per 100,000 people [22]. These data suggest an increase in drug use during the coronavirus crisis, but other stressors may have also had an influence.

In the spring of the 2020 COVID-19 pandemic, our research team sought to investigate the interplay between perceived racial discrimination and PDM in a sample of U.S. racial and ethnic minority adults (Black,

Asian American, Latinx) [23]. Using MTurk, an electronic crowd sourcing platform, we surveyed 399 adults (Mage = 34) on experiences of discrimination and past year drug use. On average, participants reported 2.5 past year experiences of discrimination, which was higher than averages reported in prior studies [24-26]. Participants endorsed PDM ranging from less than 1 to 2 occasions, which was over and above national averages [27]. Regression analyses indicated a direct relationship between perceived discrimination and PDM, controlling for age and gender, for Asian American, Black and Latinx participants. The study is a step towards understanding the impact of the combined stressors of the coronavirus pandemic and racism on the health and well-being of racial/ethnic minorities in the U.S, but more is needed. The convergence of a global pandemic, racism as an epidemic, and the opioid crisis in the U.S. have stimulated significant mental health challenges among racial and ethnic minorities. There are several research and clinical implications proposed to address these challenges.

Studies on prescription drugs, due to the accessibility and as a pathway to other drug use (e.g., heroin), are especially warranted. Examining these relationships after the pandemic may be even more salient since prescription drugs are readily accessible in most homes, where many families were confined long-term. The stressors of confinement and racial discrimination may have fueled the onset of substance use for many. Because of the unique times, inclusive research is more important now than ever. Research should include subgroups that are historically underrepresented and may have unique experiences that lead to substance abuse and need to be addressed. Many of these considerations also apply in clinical settings, where stereotypes about drug users may inhibit universal screening and PDM may be inadequately monitored across all groups. Health education on the proper use and disposal should be provided to patients. Individuals should be discouraged from buying prescriptions online from non-reputable sources and sharing and selling their prescriptions. It is also essential to destigmatize getting help when there is evidence of misuse. Lastly, we must continue to increase access to care and ensure equitable treatment for everyone.

Scientists and practitioners have just begun to investigate, observe, and treat individuals affected in the aftermath of these converging global and national crises. It may take many years to counterbalance these effects. However, targeted efforts are necessary to ensure that the current course towards closing existing health gaps will not reverse.

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