

Press Release

November 16, 2020

FOR IMMEDIATE RELEASE

CONTACT:

Dr. Sharon Harris

516- 676-2008

safeglencove@yahoo.com

SAFE Glen Cove Coalition: New Evidence on Substance Use Disorders COVID-19 Susceptibility

According to a recent study conducted by the National Institute on Drug Abuse (NIDA), there is reason to be concerned that people with substance use disorders (SUDs) may be particularly vulnerable to COVID-19 and its most adverse health outcomes.

Two weeks ago an analysis of electronic health record data from more than 73 million patients at 360 U.S. hospitals, of whom 7.5 million (10.3% of the sample) had an SUD and 12,030 had COVID-19. It was clear that people with SUDs are indeed at higher risk of contracting and suffering worse consequences from COVID-19. This was especially true for African Americans.

People with SUDs were significantly overrepresented among those with COVID-19, making up 15.6% of the COVID-19 group versus just 10.3% of the total sample. Risk of COVID-19 was highest among those who had received a diagnosis of SUD within the past year. Those with a recent Opioid Use Disorder (OUD) diagnosis were 10.2 times more likely than those without a recent SUD diagnosis to have COVID-19, followed by recent diagnosis of tobacco use disorder (8.2 times more likely), alcohol use disorder (7.8 times), cocaine use disorder (6.5 times), and cannabis use disorder (5.3 times). The 7.5 million patients in the sample who had ever had any SUD (lifetime SUD) were 1.5 times more likely than the rest to have a COVID-19 diagnosis. Those with an OUD were 2.4 times more likely to have COVID-19 than those without, followed by people with cocaine use disorder (1.6 times), alcohol use disorder (1.4 times), and tobacco use disorder (smoking or vaping; 1.3 times).

Patients with lifetime SUD diagnoses also experienced more severe outcomes from COVID-19 than others, including hospitalization (41% versus 30%) and death (9.6% versus 6.6%). The disparity between African Americans and Caucasians was stark: 13 percent of African Americans in the sample with both lifetime SUD and COVID-19 died, versus 8.6 percent of Caucasians with both diagnoses.

The reasons for the increased risk of COVID-19 infection and adverse outcomes among people with SUDs are complex. First, many kinds of chronic substance use harm or weaken the body in ways that make people who use substances more vulnerable to infection. The slowing of breathing caused by

opioids can lead to hypoxemia—reduced blood oxygen—which can harm the brain as well as compromise cardiac and pulmonary health. Behaviors associated with opioid use and certain other kinds of illicit drug use also raise the risk of contracting infectious disease of all kinds. Despite social distancing, people with drug addiction need to interact with other drug users or dealers, for example, in order to obtain drugs.

The study also showed that tobacco use disorder (defined as nicotine dependence, without specification of the mode of administration) puts individuals at heightened risk for COVID-19. The lung damage caused by smoking is well known; research suggests vaping also compromises lung health. The link between smoking and vaping and COVID-19 is also supported by a recent analysis of the results of a survey of smoking-related behaviors and COVID-19 symptoms and diagnoses. Among 4,351 adolescents and young adults nationwide who were surveyed, those who had ever used e-cigarettes (but not traditional cigarettes) were five times more likely to report having COVID-19, and those who had ever used both e-cigarettes and traditional cigarettes were seven times more likely to report having COVID-19.

Not only compromising health directly, substance use and addiction also affect health indirectly by impeding access to healthcare. Because of stigma, people with SUDs are often more reluctant to seek all kinds of medical treatment than other people, and when they do seek treatment, they may receive substandard care or even be rejected for care. These barriers make it more likely that people with SUDs who contract COVID-19 will not receive the best treatment or will delay seeking treatment, putting them at greater risk of adverse outcomes.

These impacts are greatest for African Americans. Although Blacks misuse opioids at similar rates to whites, the study found that even among patients with opioid use disorder, there was a disproportionate number of COVID-19 diagnoses among African Americans. As a result of social and economic disparities, African Americans have higher rates of the comorbidities that raise susceptibility to COVID-19, including hypertension, diabetes, cardiovascular diseases, and kidney diseases.

Given research evidence on SUDs and COVID-19 susceptibility, NIDA maintains that it is crucial for providers to screen patients who have or are suspected of having COVID-19 for SUDs and smoking/vaping history. This is especially true for African Americans, for whom SUD may confer special vulnerability for COVID-19 as a result of longstanding disparities in health and healthcare access. Patients with SUDs or potentially compromised lung health from smoking and vaping should be monitored closely to best prevent the most adverse complications of the virus. And addressing SUD should be part of any comprehensive public health approach to addressing COVID-19.

The National Institute on Drug Abuse (NIDA) is a United States federal-government research institute whose mission is to "lead the Nation in bringing the power of science to bear on drug abuse and addiction". For more information please visit www.drugabuse.gov.

To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition or visit SAFE's website to learn more about the COVID-19 Epidemic and its correlation to increased mental illness, alcohol and substance use at www.safeglencove.org.