

Research Paper

## Psycho-Social Consequences of COVID-19 among Individuals with Substance Use Disorder: An Indian Perspective

Sanjeev Mishra<sup>1\*</sup>, Arti Singh<sup>2</sup>, Ravinder Kumar<sup>3</sup>, Pradeep Kumar<sup>4</sup>

### ABSTRACT

COVID 19 is the greatest public health disaster. It has been making widespread concern throughout over the world in past year and throwing up many challenges for us in different ways. The Purpose of the study has to provide information and explore about the Psycho-Social consequences of COVID-19 among individuals with substance abuse in India. Literature has been searched the both electronic databases including PubMed and manual searches for this. It can be said that found, during lockdown health care facility become more difficult for people with substance use disorder which is affected by various factors like lower socioeconomic status, social isolation, lack of transportation availability, suicide, employment, increased domestic violence specially in the area of physical as well as verbal, and also found that some people with substance use disorder shifted on another substance which is easily available like Indian Made Foreign Liquor shifted to Home Made Foreign Liquor that can be cause for severe health related problem . This crisis has paved the path towards development and acceptance of digital psychiatry as a mode of treatment. In this review paper an attempt has been made to provide an overview of the mental health awareness of people during the pandemic, emotional well-being during lockdown, prevention of suicide, and emergence of digital psychiatry for the person with substance use disorder during the Covid-19 pandemic.

**Keywords:** Covid-19, Substance Use, Psychosocial Impact, Service Utilization.

Corona virus disease, one of the most highly infectious diseases was reported worldwide as pandemic. On December 2019, WHO was reported to have cases of pneumonia due to unknown reasons in Wuhan city of China. A novel coronavirus was identified by Chinese authorities as the cause on January 2020 and was subsequently named "COVID-19" [1]. COVID 19 is the greatest public health disaster, it has been making widespread concern throughout over the world in past year and throwing up many challenges for us in different ways. The primary measures contain the outbreak, like home quarantine and continuous lockdown are eventually leading to insurmountable economic

<sup>1</sup>M. Phil, Psychiatric Social Work Trainee, Institute of mental health, Pt. B.D.S., PGIMS, Rohtak

<sup>2</sup>M. Phil, Psychiatric Social Work Trainee, Institute of mental health, Pt. B.D.S., PGIMS, Rohtak

<sup>3</sup>M. Phil, Psychiatric Social Work Trainee, Institute of mental health, Pt. B.D.S., PGIMS, Rohtak

<sup>4</sup>Consultant Psychiatric Social Work, State Institute of Mental Health, Pt. B.D.S., PGIMS, Rohtak, India

\*Corresponding Author

Received: December 21, 2021; Revision Received: March 11, 2022; Accepted: March 18, 2022

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burden at community level and are forcing the mass to face various unwanted emotional reaction, psychological complications, behavioural changes including excessive substance abuse, and another part those people who are suffering from substance use disorder and belong to the marginalized community and are invariably more prone to contract infection during the COVID-19 pandemic. There are widespread concern that physical and social functioning as well as mental well-being of the people with substance use disorder are affected by the COVID 19 crisis. Travel ban across the world has limited the supply of recreational substances in the market, resulting that addicts people obtaining their needs at a peak cost and sometimes by illegal way. [2]. Lockdown restrictions have undoubtedly impacted the majority of the general population; they may have disproportionately affected vulnerable populations, such as people who use drugs, many of whom rely heavily on health and social services. People who use drug (PWUD) also suffer from a higher prevalence of mental health issues compared to the general population, which may be further compounded by the self-isolation that COVID-19 has necessitated and the inability of critical services to address PWUD's needs during the pandemic. For instance, early reports have shown negative social and psychological effects from COVID-19, which have been associated with increased risk of relapse and drug consumption among PWUD. Closure and reduction of capacity of select health and social services in response to the COVID-19 pandemic may have placed people who use drugs at a disproportionately increased risk for experiencing harms and resulted in critical treatment disruption. COVID-19 has affected service accessibility due to ban of travel and also more significant impacts on people those were taking Opiate Agonist Treatment (AOT) services which needs daily visit for monitoring [3] Persistent use of psychoactive substances increases risk of substance use disorders (SUDs) bio-psychosocial disorders with multiple risk factors interacting at individual and contextual levels resulting in co-morbid health conditions and affecting people formal social and economic backgrounds. The health consequences of SUDs (e.g., cardiovascular diseases, respiratory diseases, immune and central nervous system depression, and psychiatric disorders) and the associated environmental challenges (e.g., housing instability, unemployment, and criminal justice involvement) increase risk for COVID-19. COVID-19 adds to the complexity of SUD as it affects the lives of individuals with SUD.[4]

Corona virus pandemic has sent shockwaves to the healthcare system, societies and economies around the world. The impact of the coronavirus pandemic is clearly visible in financial markets but there is still no clarity on the deeper impact that it is having across various sectors.[5] People use health care services to diagnose, cure, or maintain disease or injury, to improve or maintain function or to obtain information about their health status and prognosis. Health care utilization can be appropriate or inappropriate, of high or low quality and of high or low cost.[6].

Treatment services provide essential treatment services for people who use drugs, including opiate agonist treatment and needle syringe programs, as well as withdrawal and counselling services, along with other important treatment programs in all forms of substance use.

Clinicians support emergency departments and other services provided in hospital settings in efficiently managing patients who use drugs and present with other health problems.

Ensuring ongoing supply of opiate treatment during these periods has been requiring significant changes to how treatment is provided. The use of monthly depot buprenorphine as well as moving from a framework of supervised dosing has been required for patients on

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daily basis dose of buprenorphine and methadone. Ensuring ready access to take-home naloxone for patients is crucial to reduce overdose risks. Delivery of methadone and buprenorphine to the homes of people with confirmed COVID-19 infections is likely to need support and home isolation. People who use drugs are likely to be more vulnerable during the COVID-19 epidemic, due to poorer health literacy and stigma and discrimination towards this group. People who use drugs may prioritize drug use above other health concerns. Adequate supply of clean injecting equipment is important to prevent outbreaks of blood-borne viruses.

Opiate users may misinterpret SARS-CoV2 symptoms as opiate withdrawal and manage this by using opioids. Ensuring people who use drugs have access to drug treatment as well as access to screening and testing for SARS-CoV2.[7]

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease, COVID-19 to be a Public Health Emergency of International Concern. WHO also stated that there is a high risk of COVID-19 spreading to other countries around the world and in March 2020, COVID-19 was considered as pandemic. WHO and public health authorities around the world are working at their best level to contain the COVID-19 outbreak [8]. First case of COVID-19 in India, was reported on 30 January 2020. India is the largest number of confirmed cases in Asia,[9] and third highest number of confirmed cases after the United States and Brazil in the world.[5] Total number of confirmed cases 100,000 on 19 May 2020, 200000 on 3 June, [10,11] and on 17 July 2020, 10,00000 cases were confirmed. On 29th August 2020, India recorded global highest spike COVID-19 cases on a day with 78,761 cases overtaking the previous global highest daily spike of 77,368 cases that were reported in the US on 17 July 2020. [12,13] India has registered the first confirmed case of death due to novel corona virus, a 76-year-old man from Karnataka's Kalaburgi who passed away, has been tested positive for Covid-19 [14] 7 September 2020 India's COVID-19 infection tally crosses 42 lakh with record single-day spike of 90,802 cases.[15] The total number of coronavirus cases mounted to 42,04,613, while the death toll climbed to 71,642 with 1,016 fatalities being reported in a span of 24 hours. [16] On the basis of 28 March 2020, the number of affected people more than 512000 with 23495 deaths in 202 countries. Due to the fear of this virus, number of patients with mental problem was increasing. People were affected with various mental problems like panic, phobia, health anxiety, sleep disturbances, to dissociative, like symptoms and which is pre-affected by substance use disorder are facing uncontrollable withdrawal, especially for opioid dependence and undergoing daily disposing agonist treatment, missing a single dosage at this crisis period would lead to relapse. To reduce the spread of COVID-19, social distancing technique is frequently promoted; social distancing and limited socialization also reduce the possibility of peer pressure for substance use. Hence, people who were addicted to any substance use dependence pattern are expected to experience withdrawal. The above factors convey that the social restriction and locked down states in most parts of the world were found as risk factor affair in the short-run, many of the individuals have faced severe withdrawal symptoms, which was life-threatening at times.[17] COVID-19 directly presented concerns about retrieving treatment for substance use disorder, up on the nature and severity of the problem treatment needs repeated in person visits. For example, few medications like methadone, treatment for Opioids use disorder is administered daily, raising the risk of virus exposure and transmission.[18]

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Jemberie et al found that pandemic disproportionately affect people with substance use disorder due to collision of SUDs and COVID-19. SUDs and COVID-19 intersect on 5 dimensions. (a) Drug and alcohol use are often communal and may contribute to the spread of COVID-19. (b) Many individuals with SUD have limited financial resources, unstable housing and limited access to clean water and soap increasing their risk of infection. (c), Co-morbidities prevalent among people with SUD are associated with more severe COVID-19 symptoms, complications and fatalities and increase vulnerability to COVID-19. (d) COVID-19 public health mitigation measures may exacerbate loneliness, mental health symptoms, withdrawal symptoms and psychological trauma.(e) COVID-19 mitigation measures are likely to inhibit access to SUD treatment services.[19]

Individual with substance use disorder is at high-risk population for containment due to multiple factors – attribute to clinical, psychological and psychosocial conditions. Moreover, social and economic changes caused by pandemic along with the traditional difficulties regarding treatment access and adherence. Drug use can increase the risk associated with covid-19 infection, the social and psychological risk of the pandemic can favor and intensify drug abuse in a potentially catastrophic cycle. Distancing and isolation are essential measures to help prevent coronavirus transmission however these strategies and the pandemic outbreak itself, have been associated with negative emotions such as irritability, anxiety, fear, sadness, anger [20]. Due to lack of availability of liquor, alcohol users may shift to homemade liquor which can cause severe health complications [21] It can be broadly explained in following headings:

- a) **Academics:** Childs and students have experienced a number of pandemic-related consequences. Such as closures of universities [22] give much free time for adults, to increase the opportunities of substance use. Resulting that substance users increases the quantity to take substance and experienced cognitive and behavioral problems. Students may interfere with their academic performance and also present obstacle in learning to compare with their classmates.[23]
- b) **Physical health:** COVID-19 pandemic is having a worse impact on physical health of people with substance use affected in both condition when substance is available or not. Due to lack availability, facing physical complications such as tremors, seizure, vomiting, body pain, watery eyes, running nose and many more. The person found poor quality of substance; also, can harm physical health as well as taking behavior of multiple substances also contribute of health issues.[21]
- c) **Mental health:** There is concern of the coronavirus disease pandemic is having a negative impact on the mental health of the general population and severe on people with substance use through a range of suggested mechanism fear, uncertainty, and anxiety, social distancing/ isolation, loneliness and economic repercussions with lack of availability of drugs and movement restriction. Previous disaster such as the severe acute respiratory syndrome (SARS) in 2003 contributed to increased anxiety and mood and thought disorders, adjustment disorders and post-traumatic stress disorder, resulting in extreme cases in societal behavior especially in case of associated substance use disorder.[24]
- d) **Delinquency:** There is an undeniable link between substance abuse and delinquency, alcohol- and drug-related crime victims which is indirectly supported by lockdown, due to having freer time [20]. Arrest, adjudgement and intervention by the juvenile justice system are ultimate consequences for many youths engaged in alcohol and other drug use. It cannot be established that drug abuse causes delinquent behavior or delinquency causes alcohol and other drug use. Still, the two behaviors are close

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related and often convey about institute and family problems, involvement with negative peer groups, causes Childs having free time but lack of earning sources and addictive behave pull him towards delinquency [25]

- e) **Legal Problem** – A sharp increase for legal substances during only a temporary change in the price of illegal supply chains can rapidly increase their cost when legal supply chains are closed. Patient’s description also suggests that the illicit drug markets operated largely as before despite national lockdown.[20] Possession and use of alcohol and other drugs are illegal for all. Beyond that, however, there is an association between alcohol and other drug use and delinquent behavior of juveniles. Substance abuse is associated with both convulsive and income-generating crimes by people. This increases fear among community residents and the demand for criminal justice services, thus increasing the burden on these resources. Gangs, drug trafficking, prostitution, and growing numbers of youth homicides are among the social and criminal justice problems often linked to substance users. [25]
- f) **Drugs marketing and drugs users** - The risk of overdose for people with addiction, who are isolated at home, and so no one usually receives an injectable form of naloxone, has to be considered at the time of emergency services and health systems in general needed. The lockdown strategies is already impacting drug markets, including shortages of many types of drugs at the street level, increases prices for consumers on the black market and lack of pure drugs. Man-made drugs’ availability, such as methamphetamine, is drastically reduced due to restricted air travel and cancelled flight, while cocaine, mostly trafficked by sea, continues to be detected during the lockdown. Heroin and opioids seem to be forced toward being trafficked along transportation routes. Finally, cannabis seems to be less available, due to restrictions on move across regions and borders under lockdown. These disturbances are likely to grow and further high risks for people with substance use disorder, for example by increasing variability in drug purity, the likelihood of adulteration, and contamination of heroin supply with synthetic opioids.[24]

**Vellecillo G et al** conducted a study in Spain and found that people with substance use disorder are considered at increased risk of COVID-19. Its more serious complications for multiple physiological and social causes. Findings also indicated that, there was 2023 patients admitted for COVID-19 pneumonia in the hospital, of whom 27(1.3%) had SUD. Clinical and social characteristics of 27 patients with SUD included in the study are showed that the majority of patients were Spanish men, with mean age of 56 years and stable housing. The main SUD was alcohol and a quarter of patients had psychiatric comorbidities. Ongoing SUD care previous to the admission was observed in 24(88.8%) patients. About two third patients had one or more comorbidities associated to COVID-19 risk. Patients with alcohol use disorder had more median COVID-19 risk factors than other patients. HIV infection was present in 2(7.4%) patients and chronic hepatitis C in 1(3.7%). Fever and respiratory symptoms were present in all 27 patients, astenia and myalgia in 21(77.8%) and gastrointestinal in 4(14.8%). During a median length of stay of 10 days (IQR: 7–19), severe pneumonia developed in 7(25.9%) patients, acute respiratory distress syndrome in 5 (18.5%) and none died.[26]

**Chiappini et al** found in their study ‘COVID-19: the hidden impact on mental health and drug addiction’ that Often overlooked in this scenario are those with SUD, who may experience: (A) changes in levels of drug use—an increase is often seen as a reactive behaviour to negative impact of disasters; (B)shifted to other substances if previously used

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substance was not found due to lack of unavailability(C) a relapse, if they had already recovered from alcohol/drug addiction. Risks of severe COVID-19 and increased mental health issues in people who use drugs, like - physical comorbidity, e.g., lung or cardiovascular disease, HIV, viral hepatitis infections; psychological comorbidity, e.g., general distress, sleep disorders, anxiety/mood disorders, psychotic symptoms; and homelessness, incarceration, economic difficulties, and socioeconomic issues deriving from drug addiction. Overdose risk for addicted people who are home-isolating, and hence with typically no one to inject them with naloxone, should be considered in a time of overloaded emergency services and healthcare systems in general.[24]

### ISSUES & CHALLENGES DURING COVID-19

- a) **Unemployment, and Mental Health-** The COVID-19 pandemic impacted the global economy leaving millions of people unemployed, without a social safety net and limited access to healthcare and social services. The associations of involuntary or unexpected unemployment with SUD and mental health, when individuals with SUD lose the structure of employment and SUD symptom severity may increase. As pandemic-related unemployment soars, and home foreclosures and housing eviction rises, there may be increases in mental health and SUD problems. Unemployment in Sweden during the severe recession in the 1990s was associated with alcohol-attributable hospitalization and mortality and suicide during a 12-year follow-up. An analysis of economic changes in 26 European Union countries over three decades showed that increases in unemployment were associated with a 28% increase in mortality from SUD and a 4.5% increase in suicide. During the 2008–2010 financial crisis as well as socioeconomic vulnerability among millennials (compared to older generations) was associated with increased alcohol and drug use disorders in the US.[19]
- b) **Changes in Drug Use Patterns** Confinement rules, unemployment and fiscal austerity measures during and following the pandemic period can affect the illicit drug market and drug use patterns. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol analyses and data from the Global Drug Survey (GDS) suggest that there has been a shift in drug market and drug use patterns during the pandemic. While the use of several psychoactive substances increased, use of recreational synthetic drugs, such as MDMA (methylenedioxymethamphetamine), diminished likely due to closure of clubs and festival avenues in several European countries. Economic crises in the United States between 1959 and 2003 were associated with increased adolescent cannabis and illicit drug use, and elevated involvement in illicit drug markets. As people who use drugs lose income and can no longer afford their primary drug of use, suppliers may adulterate drugs or introduce novel psychoactive substances with unknown risks for overdosing and infectious disease transmission. A Hungarian study reported a shift from heroin and amphetamine injection to synthetic cathinone (bath salt) and reduced availability of heroin after the 2008–2010 financial crisis. Synthetic cannabinoids (spice), similarly, became a primary drug of use among the homeless population following a ban on novel psychoactive substances in the United Kingdom. Finally, a wastewater analysis from Northern Italy in 2009 noted a reduction in metabolites from expensive drugs (e.g., cocaine and heroin) and increased metabolites from less expensive drugs (e.g., methamphetamine and cannabis). [19]
- c) **Bereavement and Loneliness: Lasting Effects** - In addition to the economic peril in the post-COVID-19 period, the pandemic is traumatizing people. Shrinking social

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networks and deaths from COVID-19 leaves many without coping resources. Social isolation, loneliness, death of loved ones, complicated grief, and prolonged bereavement are associated with problematic substance use and relapse both in younger and older adults, and can adversely affect mental health. Older adults who are living alone are more likely to have SUD when compared to married older adults. Living alone is also associated with depression in older adults. The current pandemic potentially adds to the already high percentages of older adults living alone. For some older adults with depression, the pandemic-related bereavement might also affect their remission. Unless socially protective measures are taken, the post-pandemic period may be likely exacerbating these risk factors for substance use and mental health disorders. [19]

- d) **Current Addiction Care Practice**-Countries differ in legal and regulatory frameworks and the organization of addiction care systems; addiction treatment, however, is recognized internationally as an essential service that should be maintained even in a disaster or pandemic. Many countries have national policies guiding the implementation and application of interventions linked to health and social care systems. During the pandemic, psychiatric and addiction care services are making efforts to ensure continuity of care while mitigating the risk for spreading COVID-19 infections. In Sweden, the National Board of Health and Welfare posted informational materials on how to prevent the risk of COVID-19 transmission in opioid treatment programs (OTPs); in the United States, the Substance Abuse and Mental Health Services Administration released guidance to allow safer administration of methadone during the pandemic. Most of the measures focus on reducing the number of outpatient treatment visits, increasing the use of tele health and expanding take-home medication for OTPs. While these current actions mitigate the negative impact of COVID-19 on individuals with SUD, there remains a need to adopt proactive policies which support individuals with SUD and strengthen addiction care services. [19]

**Arya and Gupta** conducted a study “COVID-19 outbreak: Challenges for addiction in India” and found, during lockdown health care facility become more difficult for people with substance use disorder followed by the step of lockdown. Various factors affected like lower socioeconomic status, lack of transportation availability, and also found that changing pattern of substance on another or start use multiple substance due lack of availability that can be cause for severe health related problem. Complicated alcohol withdrawal will likely present as altered behavior, and unreliable history with uncertain COVID-19 status will pose a management challenge for emergency health workers. Furthermore, closure of treatment centres due to lockdown will significantly increase the workload on those treatment centres remaining open. Confusion around COVID-19 status and overloading of existing services will likely result in substandard care and poor outcomes as compared to usual settings. [21].

**Dubey et al** conducted a study entitled as “COVID-19 and addiction” and found that ‘COVID-19 and addiction are the two pandemics, which are on the verge of collision causing major public health threat. While every effort must be taken to make the public aware of deleterious effects of substance use disorder on COVID-19 prognosis, the resumption of de-addiction services and easier accessibility of prescription drugs are needs of the hour. People with SUD are at greater risk of worse COVID-19 outcome. There is surge of addictive behaviours (both new and relapse) including behavioural addiction in this period. Withdrawal emergencies and death are also being increasingly reported. Addicted

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people are especially facing difficulties in accessing the healthcare services which are making them prone to procure drugs in illegal means [2].

**Dunlop et al (2020)** conducted a study entitled as Challenges in maintaining treatment services for people who use drugs during the COVID-19 pandemic, and mentioned that the impact of COVID-19 across health services, including treatment services for people who use drugs, is emerging but likely to have a high impact. Treatment services for people who use drugs provide essential treatment services including opiate agonist treatment (OAT) and needle syringe programs alongside other important treatment programs across all substance types including withdrawal and counselling services. People who use drugs are likely to be more vulnerable during the COVID-19 epidemic, due to poorer health literacy and stigma and discrimination towards this group. People who use drugs may priorities drug use above other health concerns. Adequate supply of clean injecting equipment is important to prevent outbreaks of blood-borne viruses. Opiate users may misinterpret SARS-CoV2 symptoms as opiate withdrawal and manage this by using opioids. Ensuring people who use drugs have access to drug treatment as well as access to screening and testing for SARS-CoV2 where this is indicated is important.[7]

### CONCLUSION

It can be said that COVID-19 infection and lockdown strategies both are impacted a human life negatively, during lockdown health care facility become more difficult for people with substance use disorder which is affected by various factors like lower socioeconomic status, social isolation, lack of transportation availability, suicide, employment, increased domestic violence specially in the area of physical as well as verbal, and also found that some people with substance use disorder shifted on another substance which is easily available like Indian Made Foreign Liquor shifted to Home Made Foreign Liquor that can be cause for severe health related problem. Treatment modes, techniques and accessibility to the Healthcare system was compromise during the pandemic, it is indicating there is immediate need of effective treatment strategy for reducing the difficulties for addict population. This crisis has paved the path towards development and acceptance of digital psychiatry as a mode of treatment. In this review paper an attempt has been made to provide an overview of the mental health awareness of people during the pandemic, emotional well-being during lockdown, prevention of suicide, and emergence of digital psychiatry for the person with substance abuse, during the Covid-19 pandemic.

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### ***Acknowledgement***

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

### ***Conflict of Interest***

The author(s) declared no conflict of interest.

***How to cite this article:*** Mishra S., Singh A., Kumar R. & Kumar P. (2022). Psycho-Social Consequences of COVID-19 among Individuals with Substance Use Disorder: An Indian Perspective. *International Journal of Indian Psychology*, 10(1), 963-972. DIP:18.01.098.20221001, DOI:10.25215/1001.098