



## *School of Addiction and Behavioral Health*

### *Educational Activity:*

## *From Craving to Caving: Stress and Addiction Recovery in the COVID-19 Era*

### **INTRO**

With all that's happening in the world and locally right now, we're becoming aware that people with addictive disorders are—like all of us—alternating at times between fear, worry, and boredom. They fret that such emotions are making them want to use alcohol or other drugs to soothe themselves, and many are finding themselves back in a relapse cycle they thought they had left behind when they entered recovery. Why does this happen, they ask, and is there anything they can do about it?

Hello, everyone, and welcome to our podcast! We're coming to you from our studio at the Council on Alcoholism and Drug Abuse of Northwest Louisiana! I'm your host, Kent Dean, Director of CADA's School of Addiction and Behavioral Health. Today, we're looking at our current situation, here in the middle of a pandemic; at how the necessary isolation and physical distancing create a powerful confluence of factors that militate against abstinence and stable recovery for people with substance-related and addictive disorders; and at what strategies can help alleviate the emotional discomfort of the current situation so vulnerable individuals (and their families) don't crater "from craving to caving." You'll be able to earn one contact hour of continuing education by completing the post-test after you listen to the program. We'll give you instructions on how to do that at the end of the show.

### **The Perfect Storm**

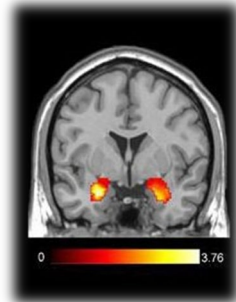
There's no denying the reality that we're living in stressful times. New, intrusive lifestyle changes to prevent the spread of a virus, economic turmoil in the stock market, self-isolation, worries about personal health and safety and that of loved ones, political divisiveness, fears of unemployment; well, gosh, the list just seems endless! Who wouldn't be depressed and anxious!?

### **Addiction, Depression, and Anxiety**

Looking at depression and anxiety from an objective, neurological standpoint, let's examine specific brain structures implicated in this dysphoria:

1.

**Amygdala: The amygdala is part of the limbic system, a group of structures deep in the brain associated with emotions. Activity in the amygdala is higher when a person is sad or clinically depressed. This increased activity continues even after recovery from depression.**



**Thalamus: The thalamus receives most sensory information and, similarly to a microwave repeater, relays it to the cerebral cortex, which directs high-level functions such as speech, behavioral reactions, movement, thinking, and learning.**



**Hippocampus: The hippocampus has a central role in processing learning, long-term memory and recollection. It's smaller in some depressed people, and research suggests that ongoing exposure to stress hormone impairs the growth of nerve cells in this part of the brain.**



**Symptoms of depression can include loss of interest, fatigue, fretting about things, loss of (or increase in) appetite, irritability, rumination on real or perceived negatives in one's life, difficulty in sleeping and in concentrating, unreliable memory, aches and pains, difficulty in carrying out even the simplest of tasks, and feelings of guilt, hopelessness and unworthiness.**

**One symptom which must not be ignored is thinking (and even planning) to harm one's self to escape the emotional pain of the disorder. The greatest cause of suicide in adults and adolescents alike is untreated depression.**

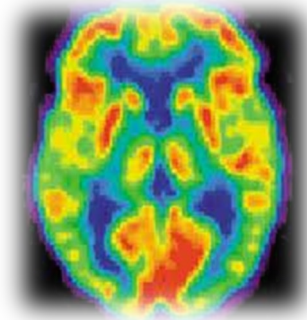
**A major loss can trigger depression, and this trigger is now recognized as a common evoking agent to incipient depression. Symptoms of depression can be masked by addictive behavior, both as a distraction for the person and as subsumed into the predictable stress and demoralization which normally accompany active addiction.**

**About 1 in 5 grieving people develop major depression. Addicts' ability to adapt and heal in their grief is impaired by the effect on slowing of maturation brought about by their illness and by constant triggering of the reward centers in the brain trying to feel better, causing a desire to self-medicate the pain of the loss with chemicals.**

**Roughly 20% of Americans present with anxiety problems.** The belief that one is in some sort of threat situation, and the emotions that go with it--is a normal part of active addiction, anyway. Anxiety can often be so intense that the likelihood of recovery in addiction is greatly facilitated by dealing with it.

**While the common anxiety disorders, panic disorder, social phobia, generalized anxiety disorder and obsessive-compulsive disorder, differ in their symptoms, one commonality is a sense of dread. This is also true with posttraumatic stress disorder (PTSD, which is now classed in a new category in DSM-5, Trauma- and Stressor-Related Disorders).**

**The anterior cingulate cortex is particularly involved in appraising and expressing fear and in judgment and anticipation of emotional stimuli.**



**The insula is involved with perceiving bodily sensations of anxiety.**



It is important to understand and remember that other disorders, including physical problems, such as diabetes or fibromyalgia, for example, can cause many or all of these symptoms in people.

**Symptoms of anxiety can be masked by addictive behavior, both as a distraction for the person experiencing anxiousness and as a part of the stress and demoralization which normally accompany active addiction.**

**Barriers to full recovery in both mood and anxiety disorders include: patient noncompliance to taking medication; lying to the doctor about taking the medication; self-discontinuing the medication due to impatience, side effects, or inappropriate fear of becoming dependent.**

### **Barriers to Mental Stabilization in Shutdown**

Living with co-occurring addictive disorders and mood or anxiety disorders is, of course, challenging enough as it is. With added complexities imposed by living in the isolation engendered by our current sheltering, difficulties become even more imposing.

**While in the grip of active addiction, people with addictive disorders tend to live isolated lives to begin with. That isolation serves only to promote increased use of chemicals to soothe the sense of loneliness and disconnection endemic to their lives. In recovery, the task is to reach out and make connections with others involved in recovery, but such face-to-face interaction is difficult or impossible given the need for physical distancing.** While it's true that alternatives exist for communication, such as online interaction, the satisfaction gained by these Internet-based forms of fellowship are not experienced by everyone as a true match for being physically present with other human beings. The three articles in this podcast's appendix enumerate some workable solutions to the dilemmas we've described.

### **OUTRO**

That's our podcast for today. If you'd like one hour of CE credit for just \$5.00, you can go to the School's website, [cadaschool.com](http://cadaschool.com), click on "online courses," and just follow the instructions. Once you pass the post-test, which includes evaluation questions, you'll be able to download and print your certificate of completion. Be sure and stay in touch with us on Facebook! See you next time

## **Non-Broadcast Appendix Resource Articles**

### **Once the Coronavirus Pandemic Subsides, the Opioid Epidemic Will Rage**

**Navdeep S. Kang**

People with substance use disorder already face many obstacles to treatment. However, public health precautions such as social distancing and self-quarantine—necessary measures, by all accounts, to contain the spread of COVID-19—are more than inconveniences to a person struggling with addiction. They are risk factors for relapse that can impede access to highly regulated but critical medications such as methadone and buprenorphine. The fear and uncertainty associated with social and economic distress, along with mandated isolation, can aggravate anxiety and depression—and many people will self-medicate with drugs and alcohol to ease the stress. It is a known fact that the path to addiction is littered with loneliness and disconnection. Because of this tragic confluence of viral outbreak and necessary countermeasures, we are likely to emerge from the coronavirus pandemic with more new people suffering from addiction and more people who have fallen out of treatment and relapsed.<sup>1</sup>

### **Seven Reasons Why Now Is a Good Time to Receive Residential Addiction Treatment.**

**Constance Scharff, PhD**

Community resources are limited. Community support programs, like 12-step groups, have gone online or temporarily closed. Many groups have been forced to use passwords to protect their virtual meetings because of meeting disruptions. This has made online meetings more difficult for new participants to access.

Overdose cases may not get support. Emergency medical services (EMS) are stretched to the limit in many areas. If someone overdoses, it is possible that EMS will not arrive in time to successfully deliver naloxone, the overdose reversal drug. Even if paramedics can get someone to the ER, there is no guarantee that ER doctors can attend to the person immediately. There's also a significant possibility of being exposed to COVID-19 in the emergency room.

Relapse is happening. Around the nation, there are reports of increases in relapse rates among individuals who had been clean and sober. The stress of the pandemic, losing work, inability to get the support needed to maintain recovery, social isolation—these are all contributing factors to relapse.

Intensive outpatient programs are limiting services in some areas. Although mental health treatment is an essential community service, outpatient programs in some areas are limiting services by cutting ancillary programs that rely on outsourced providers. This is being done to limit COVID-19 exposure.

Residential programs may have space. Because of fear about disease transmission, some residential treatment programs that often have waiting lists may now have space available. Treatment facilities are going to great lengths to screen new residents and maintain healthy environments for clients and staff.

Teleservices are expanding. In order to limit the possibility of spreading COVID-19, treatment facilities are frequently using expanded teleservices. Such services allow clients to stay in the treatment center but still get much of the variety of quality services they have come to expect.

There's no shame in seeking help. Whether you have been clean in the past and relapsed or are seeking addiction treatment for the first time, there are people waiting to help you. Addiction treatment is a critical mental health activity. You or your loved one deserves support and an opportunity to recover. <sup>2</sup>

## **How People in Addiction Recovery Are Dealing with the Isolation of COVID-19**

### **Healthline Staff**

Those with substance use disorder frequently deal with isolation, which can contribute to addiction. Add general anxiety surrounding a virus and addiction avoidance becomes even more difficult.

The importance of group gatherings: Group meetings through organizations such as Alcoholics Anonymous and Narcotics Anonymous are the first line of defense for those recovering from substance use disorders. So are meetings with a sponsor and other sober activities.

Online meetings, forums, and talks were widely available before COVID-19 struck. They've increased since as people try to stay home and stay sober.

But having that healthy physical routine of a gathering is vital for those in recovery. At those meetings, people show up early to make coffee, set up chairs, or socialize. People stay late to chat. Some schedule meals and coffee together around the meetings. Having something to fill that time can be crucial.

People in recovery are going to greater-than-normal lengths to avoid relapse-inducing isolation, said Bob Forrest, the co-founder of Alo House Recovery Centers and known from TV's "Celebrity Rehab with Dr. Drew."

"I'm dealing with people discharging from our rehab that are scared. They want to stay another month," said Forrest, an addict who went to rehab more than 20 times before remaining sober the past two decades. "They don't want to stay alone. The fear is multiplied because you're going out into a world that's closed." "You can text and Skype

and have more meaningful conversations now,” Forrest told Healthline. “You can talk to people. Maybe, because we have so much time on our hands, we can talk about some meaningful stuff, instead of the Lakers and the Clippers.”

Fear of the unknown is a powerful problem for those used to turning to substances as a coping mechanism, said Lori Coffey, LSW, LCADC, the national director of operations for Footprints to Recovery treatment centers.

“There is no finite amount of time that we are to endure this new way of life,” Coffey told Healthline. “Living with the fear that we may lose someone we love also causes a sense of helplessness. Individuals suffering from substance use disorder often do so because of a lack of healthy coping mechanisms. Utilizing outside support, even electronically, is essential.”

The COVID-19 outbreak also has other implications for people recovering from substance use.

“In addition to increased triggers, there are also a limited number of treatment providers that are still accepting new patients,” said Coffey. “If an individual wants help, where can they go? The hospitals are overloaded and treatment availability is limited.”

Many in the field said treatment centers and support groups will likely see an uptick in people needing help.

Alcoholics Anonymous has a web page devoted to online options, including Zoom and Google Hangouts.

Narcotics Anonymous provides similar information on its website.

Joi Honer, the national alumni director for Pinnacle Treatment Centers, offered suggestions on social distancing for those with substance use disorder in a blog on the centers’ website.

“Talking to a person, hearing a voice, offers more of a connection than sending a text or Facebook message,” Honer told Healthline. “Voices can be soothing at a time like this. Consider FaceTime, Zoom, or any other kind of video chat interface that allows us to see each other in conversation, not just hear. It creates a higher level of contact.”<sup>3</sup>

## References

<sup>1</sup> Once the Coronavirus Pandemic Subsides, the Opioid Epidemic Will Rage  
<https://www.healthaffairs.org/doi/10.1377/hblog20200407.290720/full/>

<sup>2</sup> Seven Reasons Why Now Is a Good Time to Receive Residential Addiction Treatment.  
<https://www.psychologytoday.com/intl/blog/ending-addiction-good/202004/now-s-the-time-go-rehab>

<sup>3</sup> Healthline: How People in Addiction Recovery Are Dealing with the Isolation of COVID-19  
<https://www.healthline.com/health-news/coronavirus-isolation-can-be-difficult-for-people-with-addictions#The-importance-of-group-gatherings>