

## COVID-19 COMMUNITY IMPACT SURVEY: SUBSTANCE USE

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David Hu, and Arielle Coq.



*Results as of June 8, 2021*

# REMINDER

This webinar is meant to be watched after you have already seen the [CCIS Introduction Webinar](#).

The introduction contains important background information explaining how to interpret these results, how we did the survey, and how to frame these findings with a racial justice lens so that we can all turn the CCIS data into action!

Visit <http://mass.gov/covidsurvey> for more!

# CCIS TEAM MEMBERS

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## CCIS Data Dissemination Workgroup

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# CCIS COMMUNITY PARTNERS

Many groups that were critical in the success of this effort and gave important input on the development and deployment of the survey:

- Health Resources in Action (HRiA)
- John Snow International (JSI)
- Academic Public Health Volunteer Corps and their work with local boards of health and on social media
- Mass in Motion programs, including Springfield, Malden, and Chelsea
- Cambodian Mutual Assistance
- The Mashpee Wampanoag Tribe
- The Immigrants' Assistance Center, Inc
- Families for Justice as Healing
- City of Lawrence Mayor's Health Task Force
- The 84 Coalitions, including the Lawrence/Methuen Coalition
- Boys and Girls Clubs, including those in Fitchburg and Leominster and the Metro South area
- Chinatown Neighborhood Association
- Father Bill's
- UTEC
- MassCOSH
- Stavros Center for Independent Living
- Greater Springfield Senior Services
- Center for Living and Working
- DEAF, Inc.
- Massachusetts Commission for the Deaf and Hard of Hearing
- Viability, Inc.



# PURPOSE AND INTENT

# SUBSTANCE USE

This webinar will share some key findings from the COVID-19 Community Impact Survey (CCIS) around the pandemic's substance use impacts. The goal is that these findings:

- Inform immediate and short-term actions
- Identify ways to advance new, collaborative solutions with community partners to solve the underlying causes of inequities
- Provide data that stakeholders at all levels can use to "make the case" for a healthy future for ALL.

Remember to watch the [CCIS Introduction Webinar](#) for important background, tools, and tips to frame these findings with a racial justice lens to turn the CCIS data into action!

Visit <http://mass.gov/covidsurvey> for all things CCIS!



# SUBSTANCE USE

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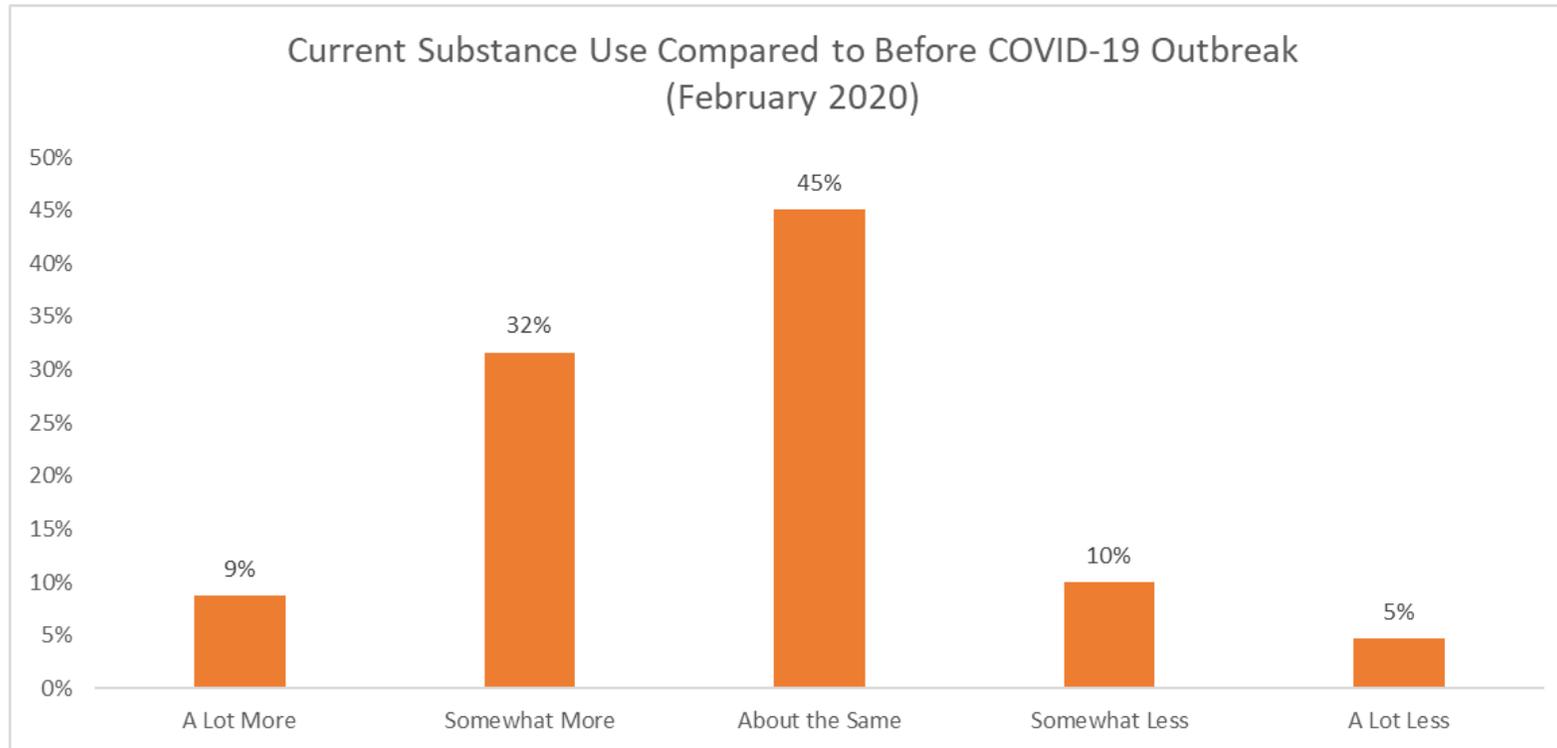
# FRAMING MATTERS

Alcohol appears to be an accepted part of the social fabric in the United States.

Despite the common belief that addiction and overdose can impact anyone, the data shows us that factors including socioeconomic status, race, and other social/environmental factors potentially put people at increased risk of substance use and overdose.

# CHANGE IN SUBSTANCE USE

2 out of 5 MA adults using substances reported increasing their substance use compared to prior to February 2020.



Among respondents who reported substance use in the last 30 days:

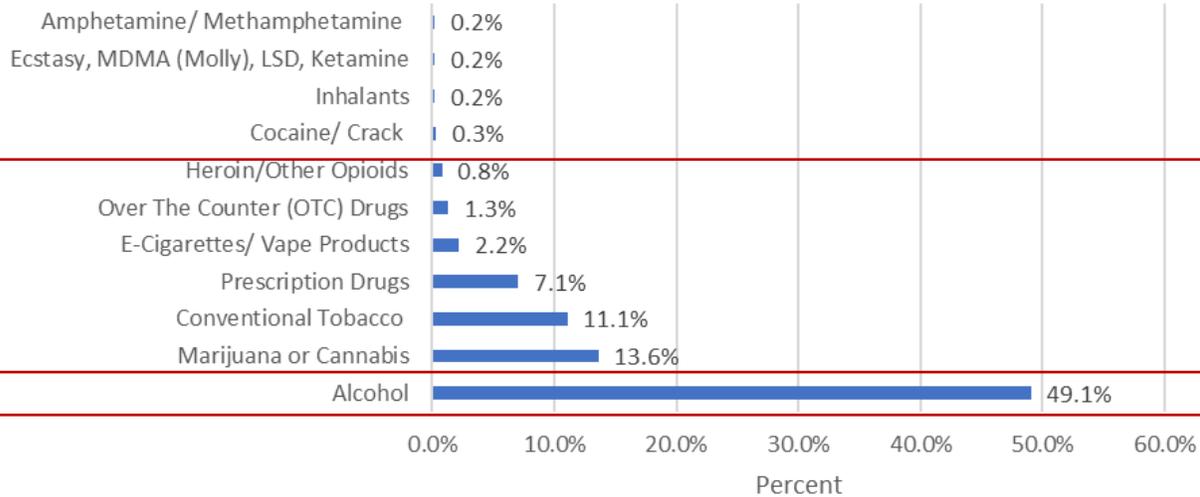
- 41% reported that their current substance use **increased** compared to before the COVID-19 outbreak
- 45% reported that their current substance use has remained **about the same**
- 15% reported that their current substance use **decreased**.

This aligns with trends seen in statewide substance use treatment data.

# SUBSTANCE USE

3 out of 5 MA adults reported using a least one substance/product in the past 30 days.

Percent of People who Reported Using Substances in the past 30 days by Substance

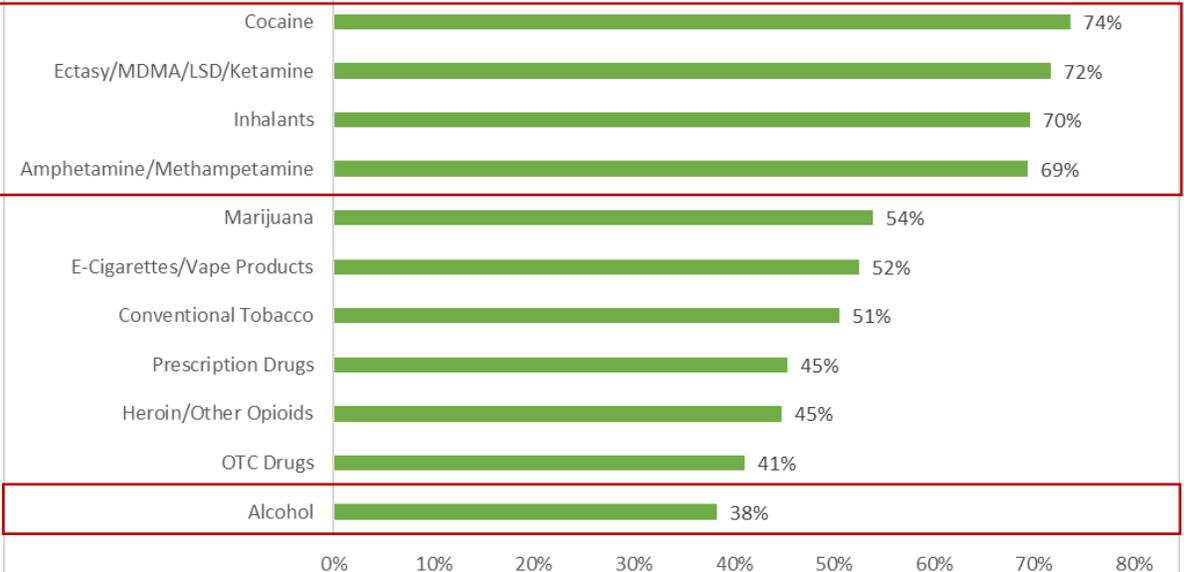


In this survey, respondents reported the most use of the following substances:

- Alcohol
- Marijuana/Cannabis
- Conventional Tobacco

NOTE: Prescription drugs, Other Opioids and OTC drugs may have been taken as prescribed/intended.

Percent of Respondents Reporting Increased Substance Use

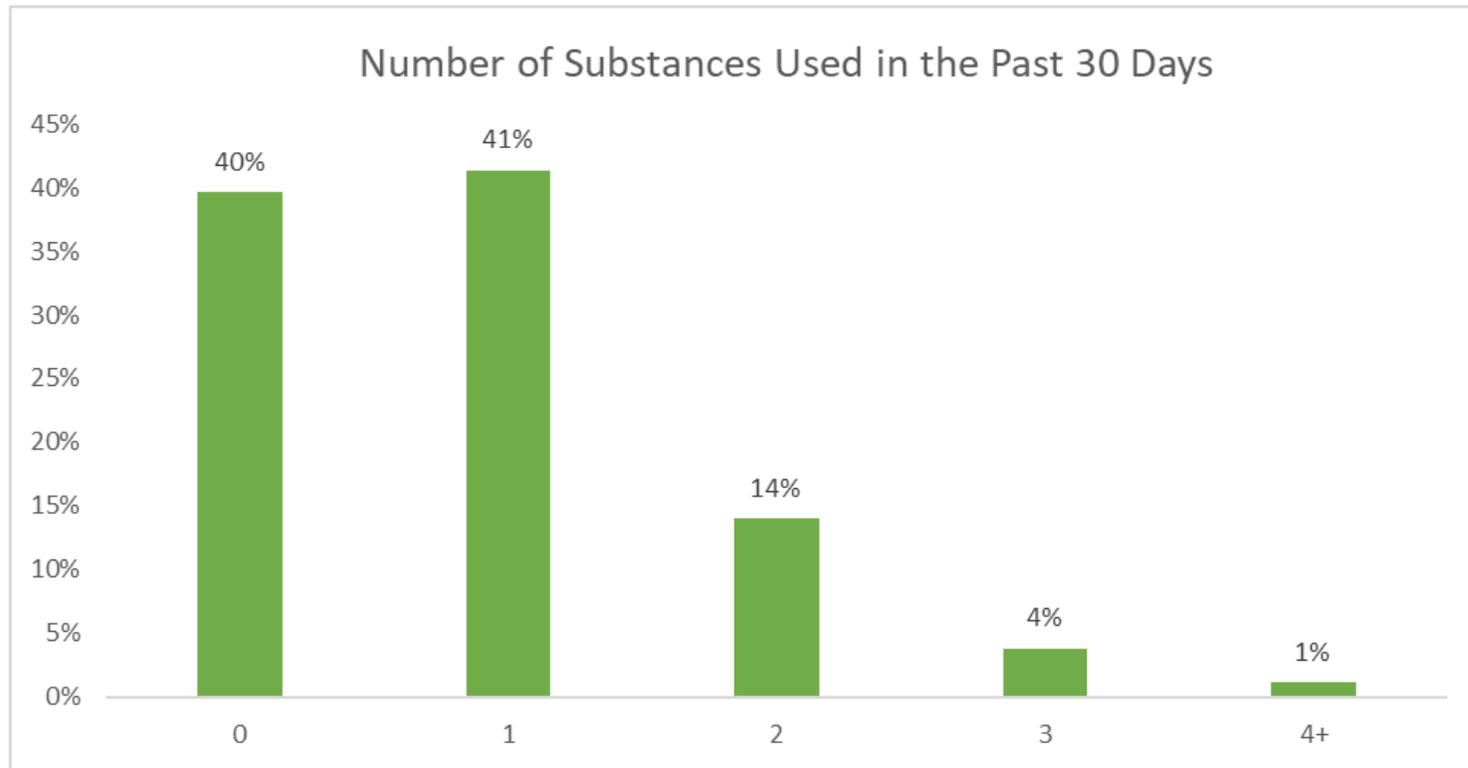


Although respondents could select multiple substances when indicating increased use:

- 74% of respondents who used **cocaine** reported increased use
- 72% of respondents who used **ecstasy/MDMA/LSD/ketamine** reported increased use
- 69% of respondents who used **amphetamine/methamphetamine** or **inhalants** reported increased use

# SUBSTANCE USE

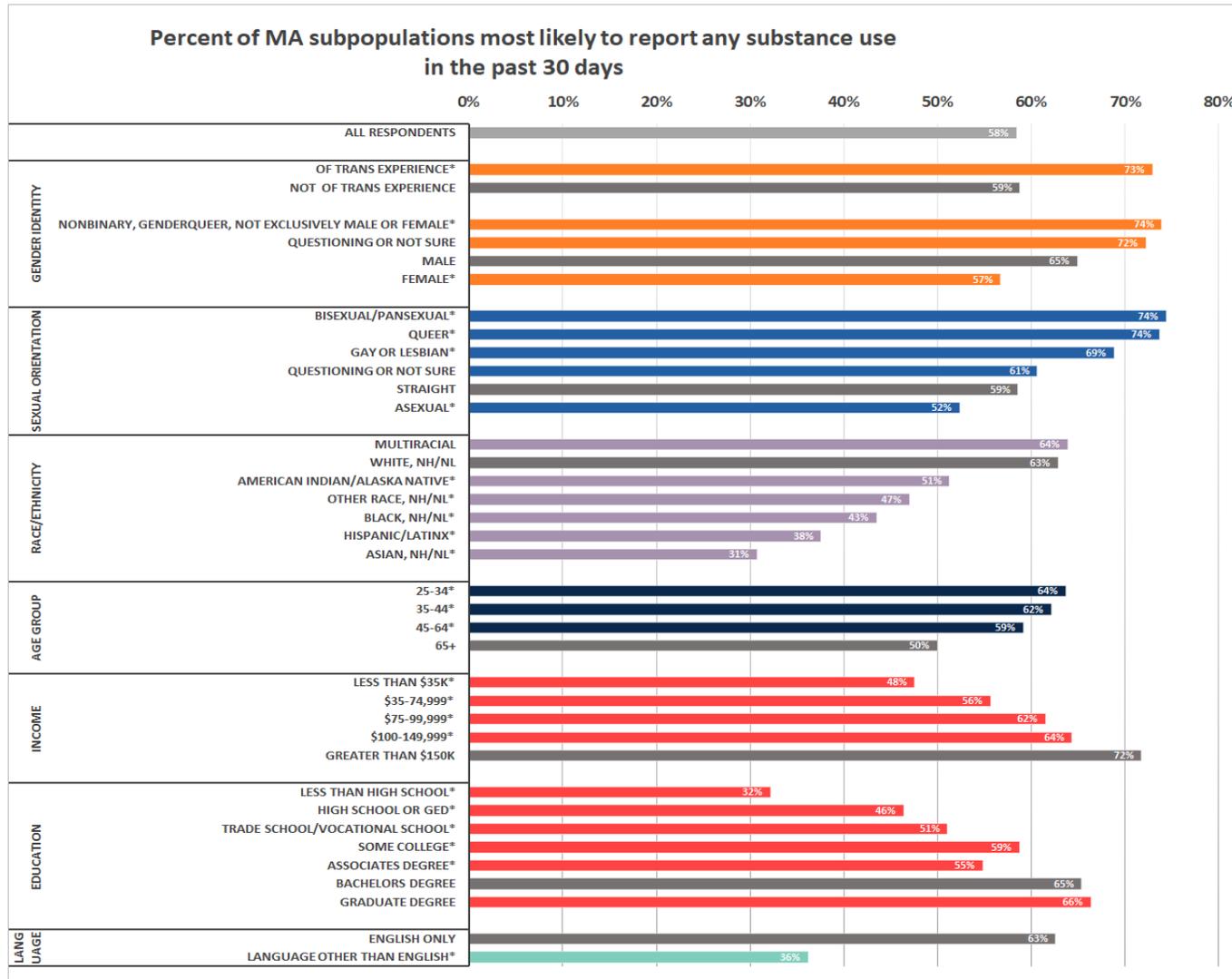
1 out of 5 MA adults reported using 2 or more substances/products in the past 30 days.



- 40% of respondents reported **no substance use** in the past 30 days
- 41% of respondents reported using **only one substance** in the past 30 days
- 19% of respondents reporting using **2 or more substances** in the past 30 days

# SUBSTANCE USE

Over half of MA adults reported using at least one substance in the past 30 days.



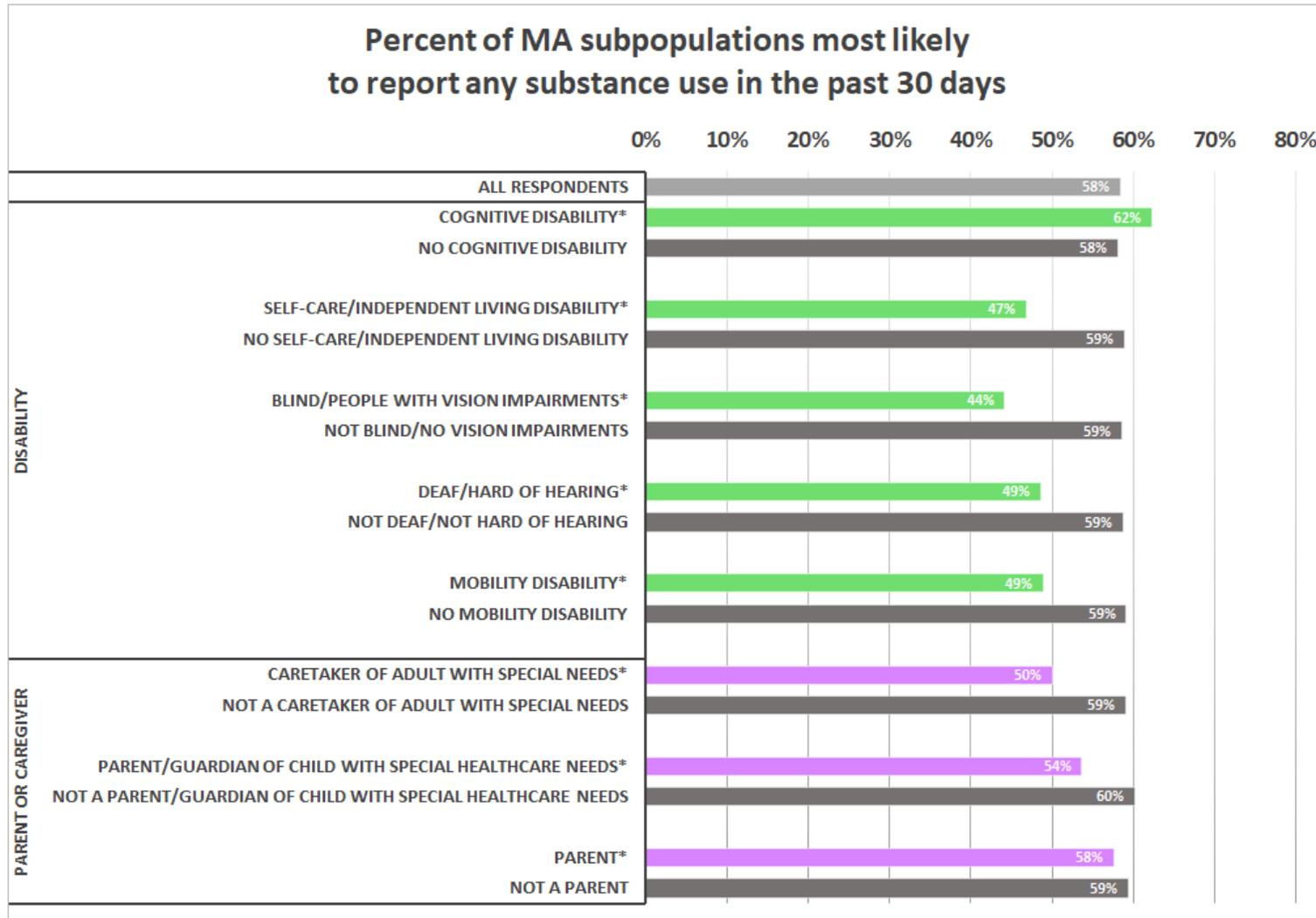
In this survey, the following groups reported the highest rates of substance use:

- Whites, nH/nL
- Respondents of transgender experience
- Nonbinary respondents
- Bisexual/pansexual, queer & gay or lesbian respondents
- Respondents between ages 25-64
- Respondents with income >\$150K
- Respondents with a Bachelors degree
- Respondents who spoke English only

\* significant at the  $p < 0.05$  level as compared to the grey referent group in each cluster

# SUBSTANCE USE, CONT.

Over half of MA adults reported using at least one substance in the past 30 days.



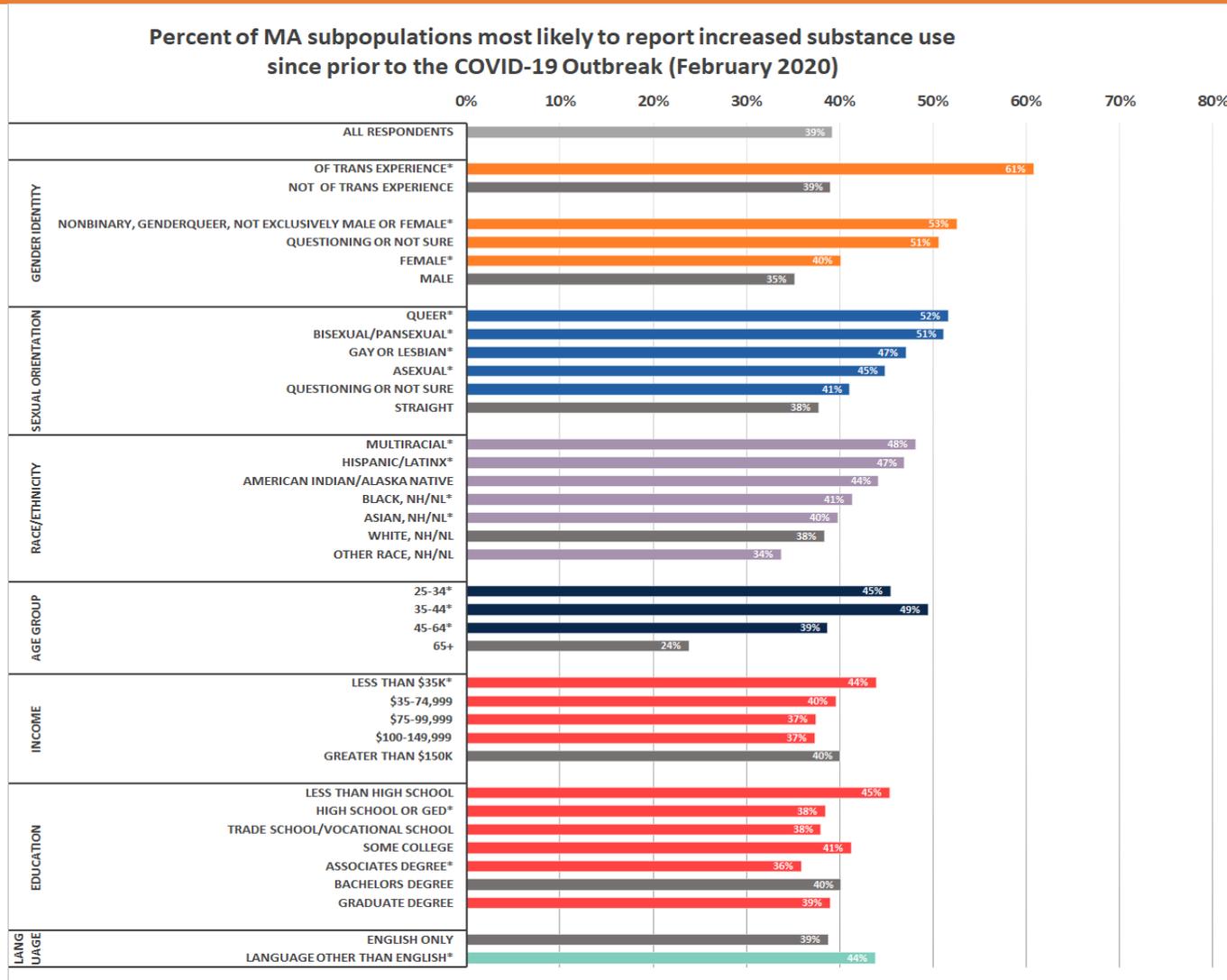
Respondents with a cognitive disability were more likely to report substance use in the past 30 days.

Parents & caretakers of persons/children with special needs were less likely to report substance use in the past 30 days.

\* significant at the  $p < 0.05$  level as compared to the grey referent group in each cluster

# INCREASED SUBSTANCE USE

2 out of 5 MA adults using substances reported increasing their substance use compared to prior to February 2020.



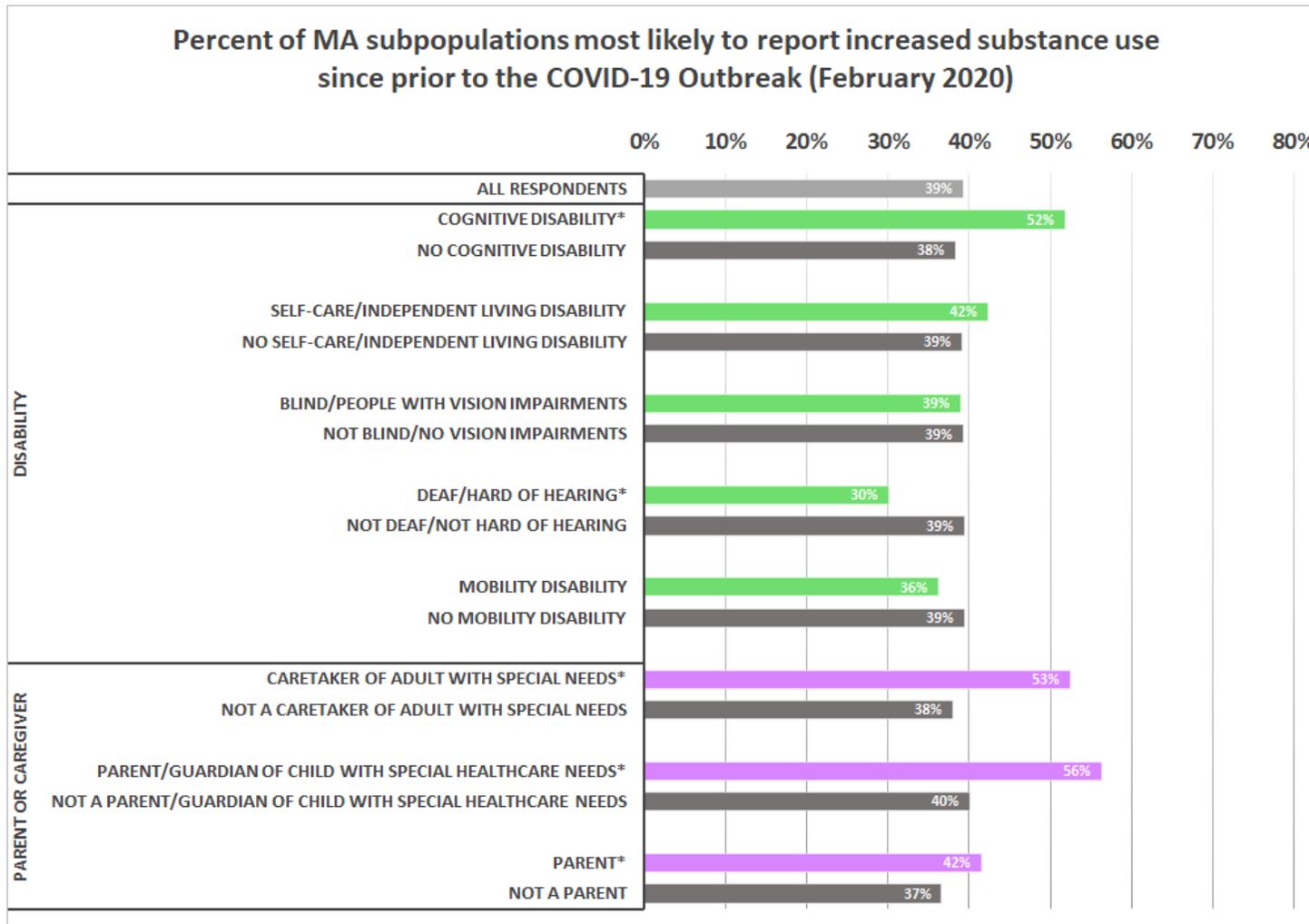
In this survey, the following groups were more like to report having increased substance use prior to the COVID-19 outbreak (February 2020):

- Respondents of transgender experience
- Nonbinary respondents; females
- Bisexual/pansexual, queer, gay or lesbian & asexual respondents
- Multiracial, Hispanic/Latinx, Black nH/nL & Asian, nH/nL respondents
- Respondents between ages 25-64
- Respondents with income <35K
- Respondents who spoke a language other than English

\* significant at the  $p < 0.05$  level as compared to the grey referent group in each cluster

# INCREASED SUBSTANCE USE, CONT.

2 out of 5 MA adults using substances reported increasing their substance use compared to prior to February 2020.



Respondents with a cognitive disability were more likely to report increased substance use.

Parents & caretakers of persons/children with special needs were more likely to report increased substance use.

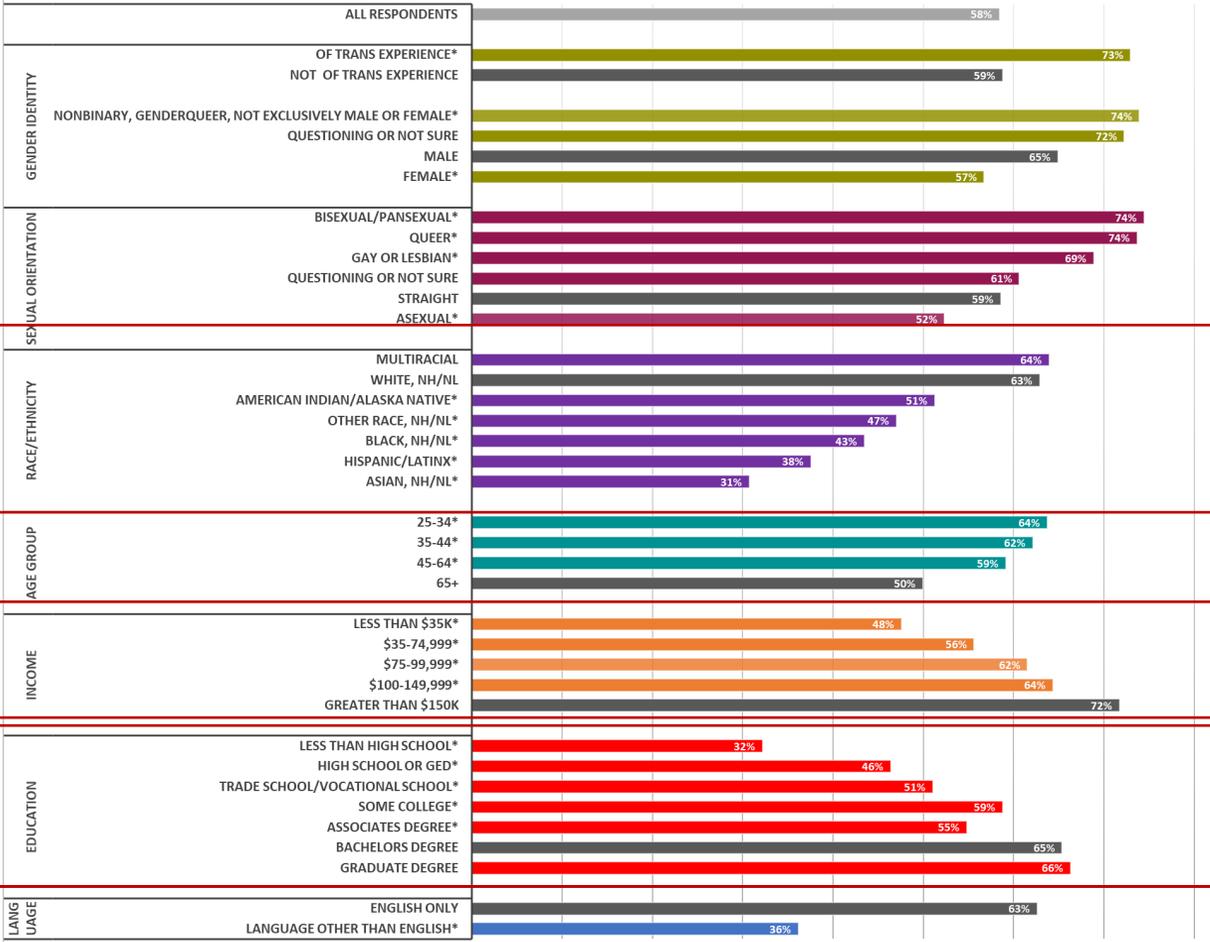
\* significant at the  $p < 0.05$  level as compared to the grey referent group in each cluster

# SUBSTANCE USE

Populations who were **most likely to use** substances were not always the same populations who saw the biggest **increase** in use.

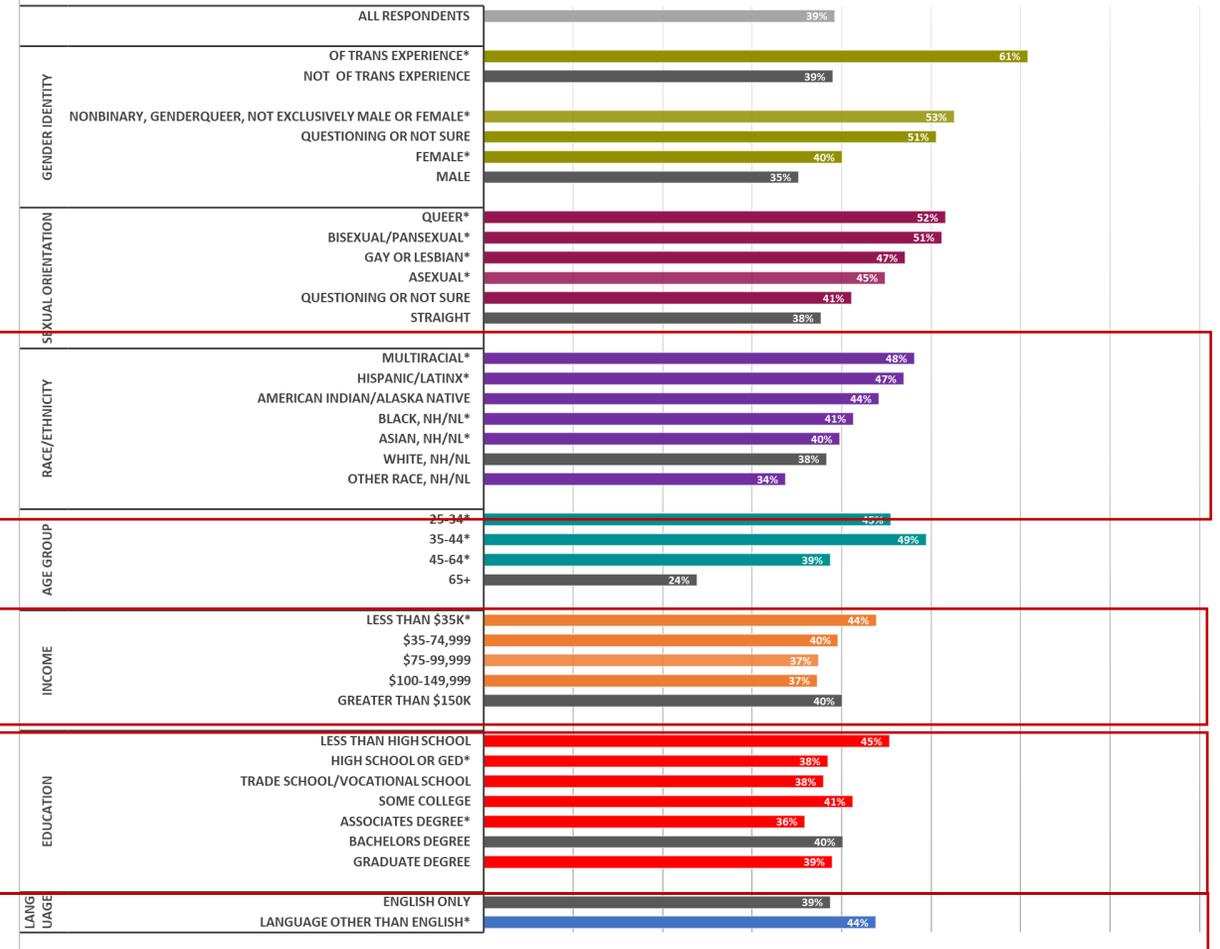
Percent of MA subpopulations most likely to report any substance use in the past 30 days

0% 10% 20% 30% 40% 50% 60% 70% 80%



Percent of MA subpopulations most likely to report increased substance use since prior to the COVID-19 Outbreak (February 2020)

0% 10% 20% 30% 40% 50% 60% 70% 80%



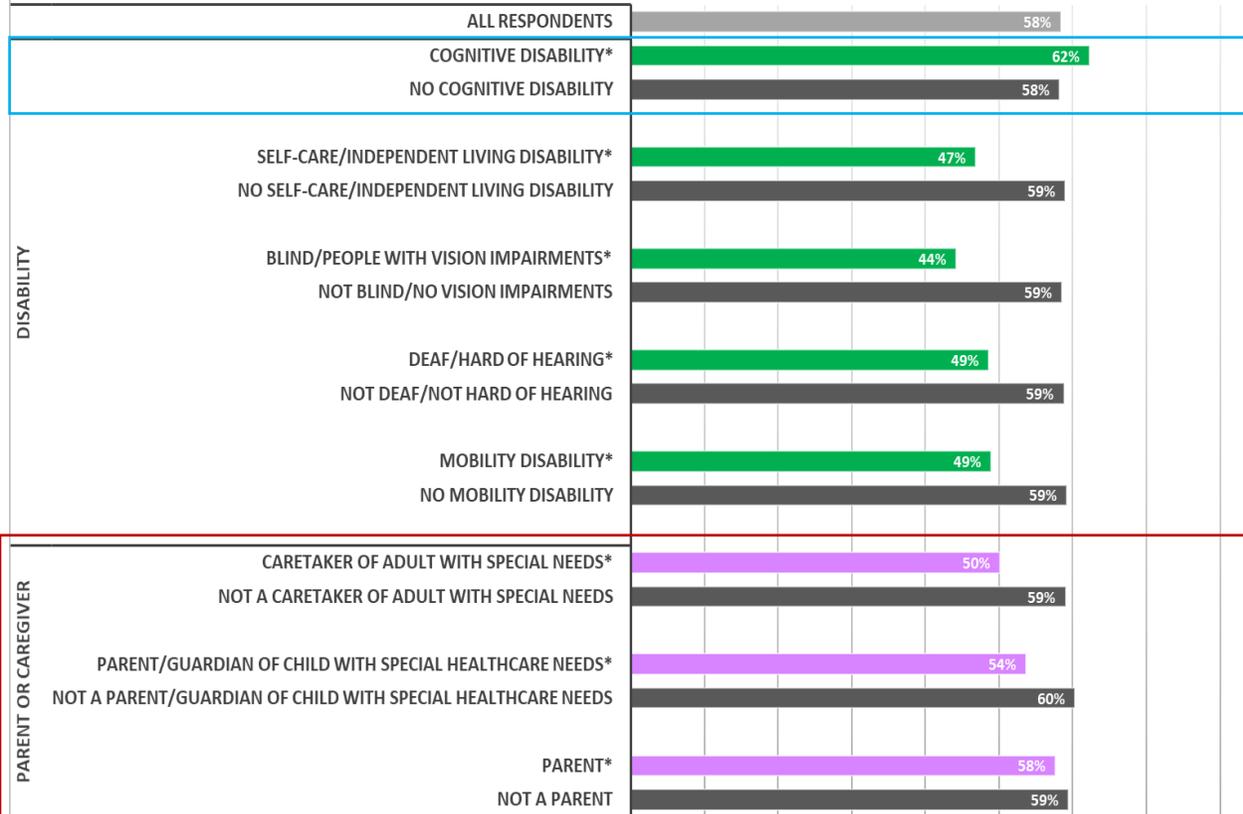
\* significant at the p<0.05 level as compared to the grey referent group in each cluster

# SUBSTANCE USE, CONT.

Populations who were **most likely to use** substances were not always the same populations who saw the biggest **increase** in use.

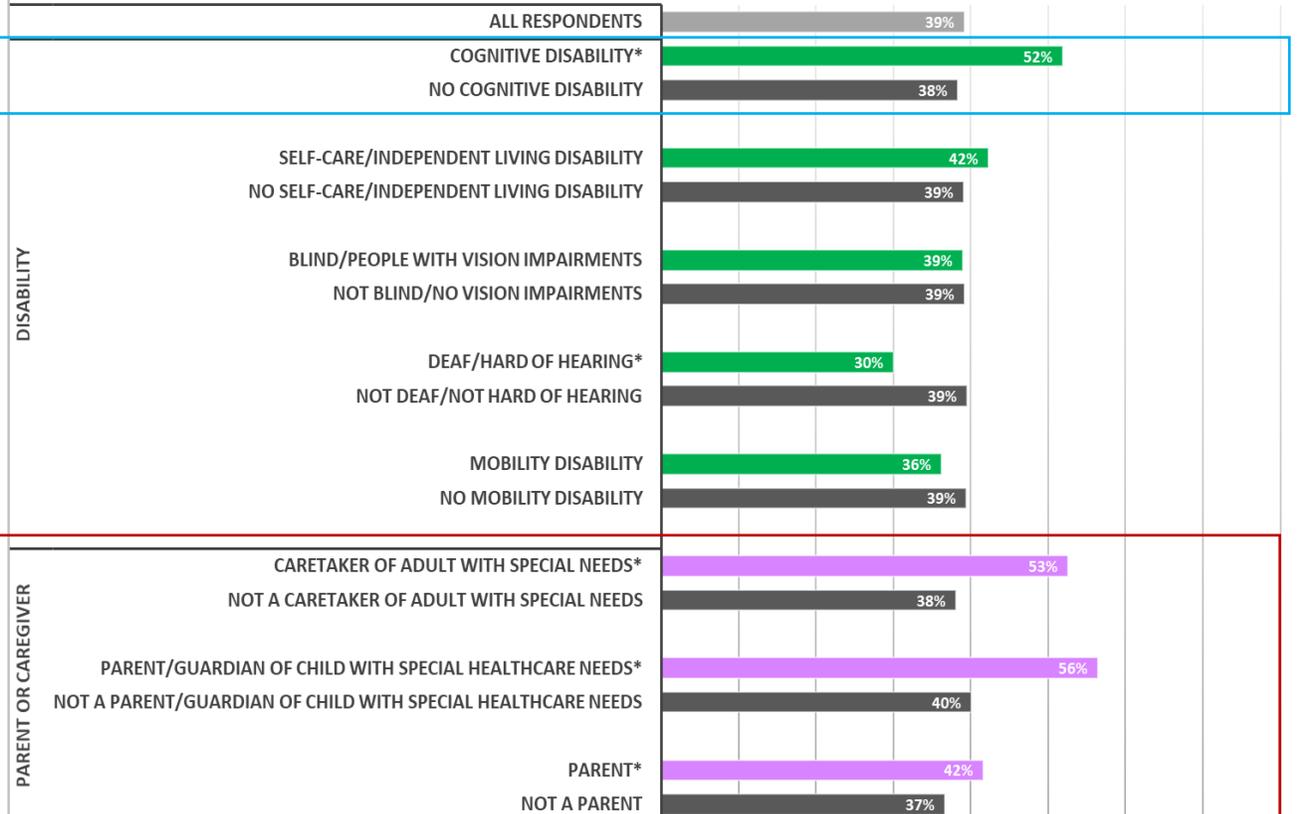
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Percent of MA subpopulations most likely to report increased substance use since prior to the COVID-19 Outbreak (February 2020)

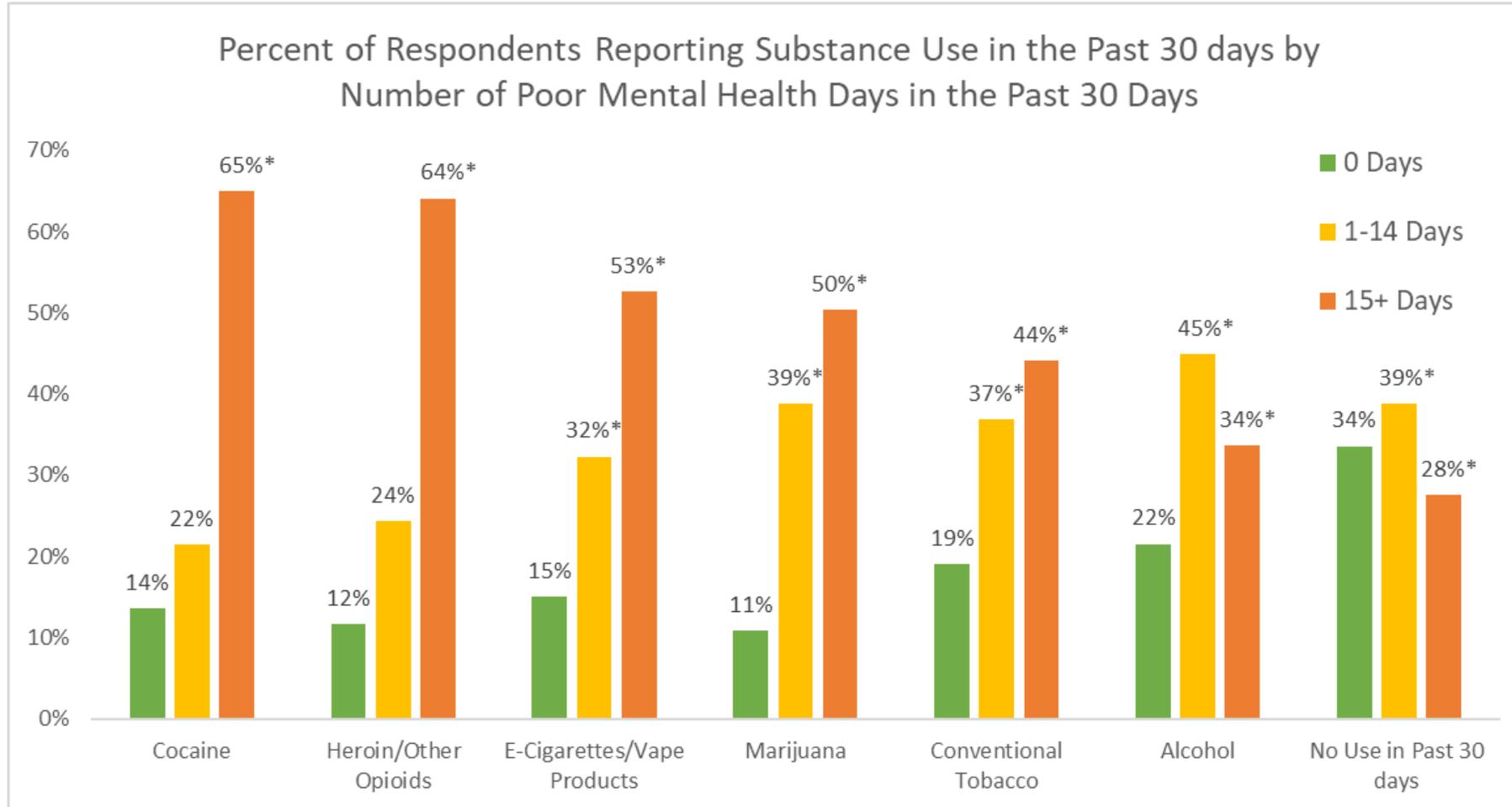
0% 10% 20% 30% 40% 50% 60% 70% 80%



\* significant at the  $p < 0.05$  level as compared to the grey referent group in each cluster

# SUBSTANCE USE & MENTAL HEALTH

People reporting substance use were more likely to report poor mental health days in the past 30 days.

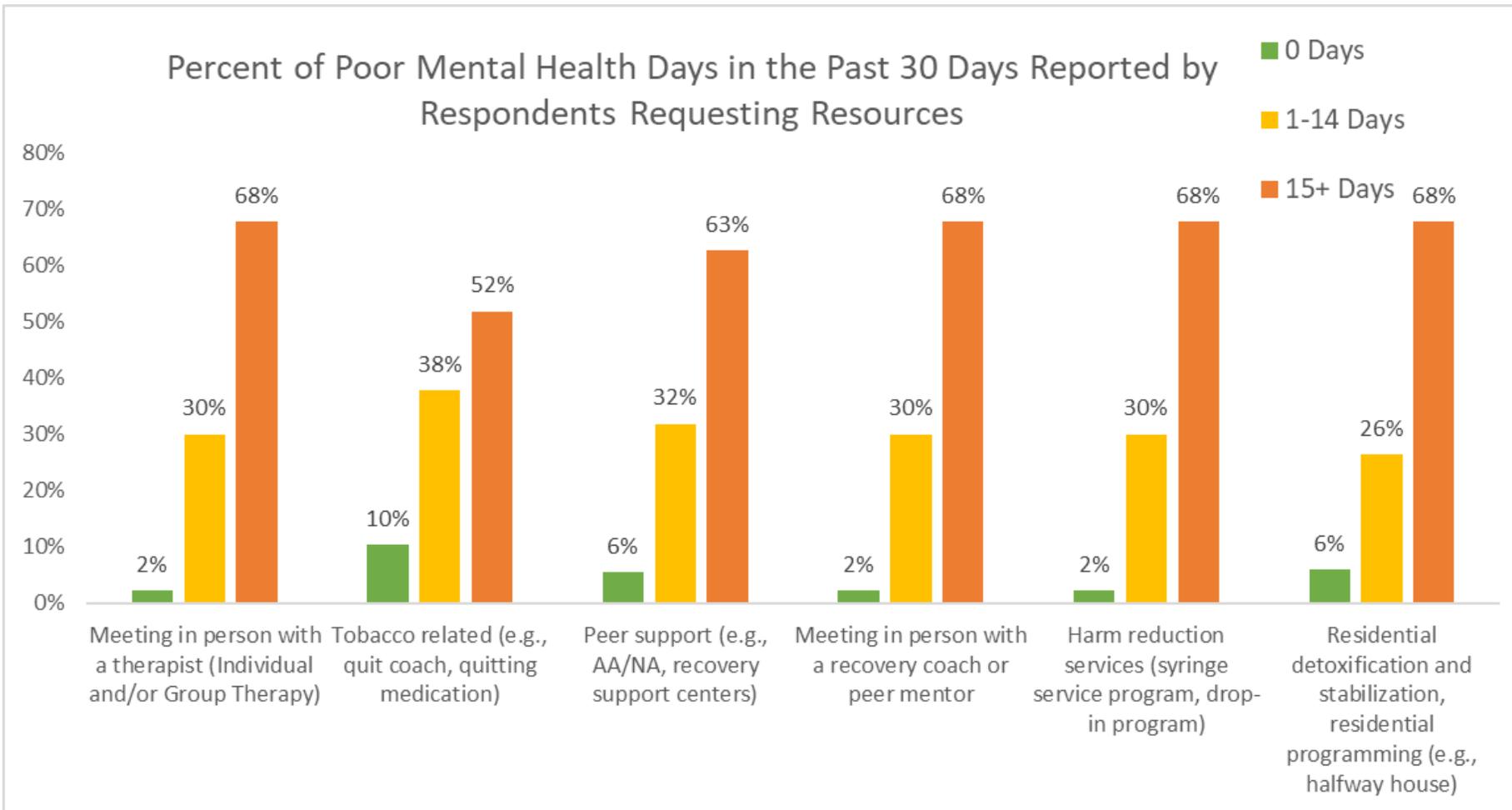


At least half of the people reporting use of **cocaine**, **heroin/other opioids**, **e-cigarettes/vape products** or **marijuana** reported 15+ days of poor mental health.

\* significant at the  $p < 0.05$  level as compared to the green reference group (0 days of poor MH)

# SUBSTANCE USE & MENTAL HEALTH

People experiencing persistent poor mental health were more likely to request a wide range of substance use resources.



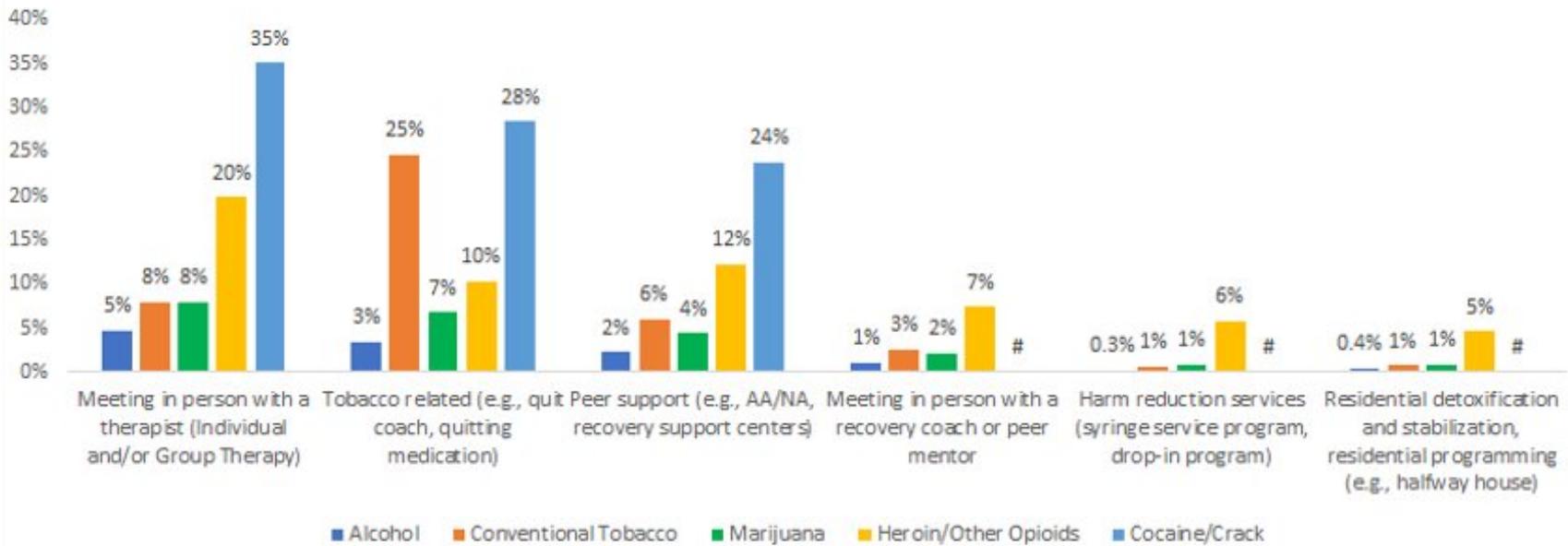
The majority of people requesting resources for substance use report 15 or more days of poor mental health in the past 30 days.

\* significant at the  $p < 0.05$  level as compared to the green referent group (0 days of poor MH)

# SUBSTANCE USE RESOURCES

Respondents reporting substance use were more likely to request resources.

Percent of Respondents Requesting Resources by Substance Use in the Past 30 Days



## TOP 3 RESOURCES REQUESTED among respondents reporting substance use

1. Meeting in person with a therapist (individual and/or group therapy)
2. Tobacco related resources (e.g., quit coach, quitting medication)
3. Peer support (e.g., AA/NA, recovery support centers)

Nicotine replacement therapy (NRT) was the most requested tobacco-related resource across substance use groups.

# percentage suppressed due to small counts

# SUBSTANCE USE & DELAYED CARE

Respondents reporting substance use were 1.2X more likely to delay care than respondents reporting no substance use.



People reporting **heroin/other opioid** use were **2.2X** more likely to **DELAY CARE**, followed by those reporting **cocaine/crack** use at **2X**.



People reporting any substance use were **2.1X** more likely to **HAVE DELAY IN ROUTINE MENTAL HEALTH CARE** than those reporting no substance use.

- People reporting **marijuana** were **3.3X** more likely, while those reporting **conventional tobacco** were **3.1X**



People using **heroin/other opioids** were **3.7X** more likely to report **DELAYED ROUTINE AND URGENT CARE**.



People using **conventional tobacco** were **1.4X** more likely to report **DELAYED URGENT CARE**, followed by those reporting **heroin/other opioids** at **1.3X**.

# RESPONDENTS REPORTING SUBSTANCE USE

Compared to respondents who reported no substance use in the last 30 days, those who reported substance use were:



**3.6X** more likely to have had an overnight or longer stay at a **CORRECTIONS INSTITUTION**



**1.3X** more likely to **WORRY ABOUT HAVING TO MOVE IN THE NEXT FEW MONTHS**



**1.3X** more likely to BE **“VERY WORRIED” ABOUT GETTING COVID-19**



**1.4X** more likely to **WORRY ABOUT** access to **MENTAL OR EMOTIONAL SUPPORT**

# KEY TAKEAWAYS

- Populations who were most likely to use substances were **not** always the same populations who saw the biggest increase in use. Many of the populations who reported increased use were the same populations **more likely** to be impacted by the pandemic in other ways.
- Certain populations, including people of trans experience, people who are nonbinary, and people questioning their gender identity were **more likely** to report using substances as well as increased use. These populations were also more likely to report 15+ days of poor mental health.
- **Services need to address co-occurring substance use and poor mental health.** People reporting substance use were more likely to report poor mental health days in the past 30 days and people reporting poor mental health days were more likely to request substance use treatment resources.
- Respondents reporting substance use were any **1.2X** more likely to delay any medical care and **2.1x** more likely to delay routine mental health care than respondents reporting no substance use.
- Helping people address substance use disorders requires more than increasing substance use treatment services. **People need additional supports to access basic needs, access mental health services, and overcome barriers to accessing medical care, in addition to treatment for substance use disorder.**

# DATA TO ACTION

Key Finding: Substance Use – Respondents are burdened with a range of social determinant related needs, and are more likely to delay care

Heard: Need to increase integration of mental health and substance use disorder services, address recent changes in substances used, and provide for basic needs and wrap-around support

Action Taken: BSAS' comprehensive portfolio of programs/initiatives, including:

- Funding triage-urgent care centers to address co-occurring MH/SUD, allowing for immediate access at the initial point of care
- Reinforcing the use of Screening, Brief Intervention and Referral to Treatment (SBIRT) to address increased alcohol consumption during COVID
- Addressing stimulant use by allowing admissions into MAT Enhanced settings
- Leverage use of telehealth for induction/intake for Medications for Opioid Use Disorder (MOUD), including telehealth induction on buprenorphine and naltrexone and promoting the use of telehealth by reimbursing providers for patient cell phones/data plans
- Providing recovery-based/culturally-responsive services for Black and Latino men at risk of fatal overdoses following release from incarceration
- Increasing investments in new and existing housing-related initiatives, including expanding low threshold/housing first and recovery housing programs

# WANT TO KNOW MORE?

Visit <http://mass.gov/covidsurvey> for more information on how residents of Massachusetts have been impacted by the pandemic and how we can all work together to turn these data into action!