An Examination of The Impact of COVID-19 on the Mental Health and Substance Use of Social Minorities in Canada

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Abstract. COVID-19 outbreak in Canada has resulted the implementation of public health mitigation laws regarding self-isolation, country-wide lockdowns, and closure of public services to decrease the spread of COVID-19. The application of these public health policies facilitated unintended consequences and side effects that would eventually intensify the already existing mental health issues and substance abuse prevalent amongst these vulnerable populations. People who use drugs (PWUD), wellness service providers, households with young children, and LGBTQ2+ people have reported their concerns for either food security, financial obstacles including the lack of job guarantee, limited access to public resources, and the ongoing opioid crisis in Canada that collided with the pandemic. These concerns have contributed greatly to the positive feedback cycle between the increasing use of substance including alcohol, cannabis, and opioids, and deteriorating mental health issues such as anxiety, post-traumatic syndrome, and depression. This study aims to discuss and compile the responses of social minorities in Canada regarding the use of substances and mental health conditions.

Keywords: COVID-19, Mental Health, Substance Use of Social Minorities.

1. Introduction

The COVID-19 pandemic has disrupted and brought unparallel global transitions accompanied by an increasing risk for mental health problems and substance uses. Psycho-social consequences and substance abuses during COVID-19 interrelate as one affects another, and this phenomenon is especially prominent in terms of social minorities. Prior to the pandemic, the on-going stigmatization of both mental health issues and substance uses marginalized a number of individuals. Canada's opioid epidemic which has continued from 2016 to 2020 concurred with the onset of COVID-19 pandemic that saw an 80% increase of opioid toxicity as of 2021 when compared to the same time a year before [1]. Canadians have faced a prevalence of psychological distress that includes post-traumatic stress symptoms followed by depression and anxiety. Especially during the times of quarantine, adverse outcomes of mental health surged after implemented laws restricted the mobility of people and those who have experienced quarantine reported with negative psychological effects. Legally enforceable mandatory quarantine in Canada ranges from 10 to 14 days and individuals directed to quarantine has reported with higher rates of feelings anger, fear, despair, and loneliness [2]. Economic consequences of country-wide lockdown also contributed to the growing consideration for suicidal thoughts and behaviors, particularly as a result of unemployment or paid sick leaves.

Parents of Canadian households with children reported with worse mental health and substance uses when compared to before the pandemic [3]. However, not only does typical households experience such changes, but social minorities oftentimes undergo the negative impacts of COVID-19 with greater likelihoods and detriments. These groups include LGBTQ2+ (lesbian, gay, bisexual, transgender, other queer, and the Two Spirit), underhoused individuals, and health service providers. Of which, street-involved individuals living with homelessness, poverty, and incarceration faced imminent challenges in terms of substance uses and as a result, an emerge of mental health issues amongst this group of people [1]. Mental health issues of frontline service providers who work with people experiencing homelessness are an outcome of the formidable obstacles faced by homeless sectors and are often neglected in research attentions [4]. As for LGBTQ2+ adults, they are a group of structurally vulnerable population that even before the pandemic has already exhibiting higher

proportion of substance uses and proactive mental health crisis [5]. This paper aims to explore the impact of COVID-19 on the mental health and substance uses in Canadian populations and subsequently centralize the repercussion on social minority groups in Canada.

2. Mental Health and Substance Use in General Canadian Population

After jurisdictions in Canada have taken public health measurements to limit the spread of COVID-19, there has been a presentation of higher odds of suicidal ideation and deliberate self-harm during the first wave of COVID-19. The adverse mental health outcomes impinged individuals who have tested positive for COVID-19 and those who have extreme fear of contamination living at the most severe areas. In a study conducted between the first wave of COVID-19 in Canada, 3000 Canadian adults participated in reporting that 37% of the participants with worsen mental health compared to before the pandemic and of those, 41.9% underwent quarantine [2]. Due to increased concern with future career prospects, job and/or income loss, food security, and most importantly fear of illness and health impact, quarantine and social pressure to quarantine has facilitated the increase possibility for thoughts of self-harm or suicides when compared to those that did not remain in quarantine [2].

Financial constraints challenge the issue of mental distress in the light of food insecurity and food accessibility. As in early outbreak of the pandemic, worries regarding transmission of virus via food sources, packaging, and delivery services contributed as a secondary effect of COVID-19 that has exacerbated the anxiety and other consequential behaviors (ie. hoarding). Findings in a 2021 study suggested that 17.3% of the Canadian adults were struggling with food worry in concerning with food security problems of whether there were enough food present to meet the needs of the entire households at the early stages of the pandemic [6]. A clear association showed the positive correlation between food worry during COVID-19 and the reported suicidal ideation, anxiety, and depression. Inequitable food distribution that causes food worry and anxiety in Canada are most prevalent amongst young people, people with low household income, underhoused individuals, families with young children, people with pre-existing mental health conditions, and those that identify themselves as Indigenous [6]. As a result, it is crucial to recognize the plight of the indigenous populations as well as other social minorities during the pandemic as the rates of mental health issues are higher.

To continue the topic of financial deficient, as the pandemic has demanded the closure of schools and waived numerous employment opportunities, employment and social care access instability provoked pressure of parents with young children. After the Canadian government has implemented lockdown measures in March 2020, families with children have raised consternation due to the disruption of services, associated with the increase of quarantine, family stressors, and domestic violence. Families with children less than 18 years old living at home declared at a 44.3% of worsen mental health as a consequence of the pandemic with 51% presenting anxiety symptoms, 54% with psychological distress, and 48% displaying depressive symptoms. As a result of increased mental stressors, many parents reported to have developed further alcohol consumption where 27.7% of parents with young children have increased alcohol use compared to 16.1% of those parents that do not have children at home. Unlike most cases where people tend to worry about their own situations, parents with young children at home informed a unique pressure that impelled them to anxious about the physical and mental health of their children. Stress of family financial crisis elicited the increased negative interactions between parents and children including yelling/shouting, physical conflicts, discipline intensified by the constant stressful condition of food insecurity, domestic violence, and the interruption of education and healthcare systems during the pandemic [3].

In the light of uncoordinated social systems and the consequential mental health and substance abuse issues, general families in Canada have affected extensively. The pandemic and the social-economical outcomes impacted not just the general populations, but also signified greatly on minorities as vulnerable populations have greater chances to experience uneven distribution of social resources [5].

3. Impace of COVID-19 on Harm Reduction: In the Streets

3.1. People who use drug

The closure of public services has disproportionately affected populations who rely profoundly on the health services. One of the populations that is highly susceptible to the adverse fallouts of the national wide restriction is people who use drugs (PWUD) where they often need to access harm reduction services to obtain the necessary equipment for harm reductions and attention for receive critical healthcare support [7]. For instance, the harm reduction treatment, opioid agonist treatment (OAT), requires PWUD to visit specific pharmacies or clinics that provide such medications whilst this action is limited by the inflexibility and reduction of the likewise services. COVID-19 requirements demanded the closedown of services coupled with mandatory self-isolations and social distance and consequently contributed to the chances of PWUD to overdose deaths [7]. Prevalence of mental health issues of PWUD surpassed the general Canadian population and could be further aggravated by self-isolation and social distancing. The devastating situations of PWUD are substantiated by the ongoing opioid crisis in Canada since 2016 where the number of opioid-related overdose deaths greatly exceeds the predicted trajectory in the pre-COVID-19 phases and is even greater at the beginning of the pandemic [7].

During the first wave of COVID-19, a study that contained about 200 PWUD participants across Canada has 77% identification of polysubstance use (ie. the combined use of more than one category of drugs at the same time) [7]. Surprisingly, it is not the COVID-19 policy of self-isolation itself that promoted the adverse mental health outcomes but is the inaccessibility of mental health services that expedited the increased depression and anxiety of PWUD. Oftentimes mental health issues, substance use, and relapses come in one package as participants have detailed the unresponsiveness of addiction and mental health counselling since the beginning of the pandemic. A majority of the participants (66%) who were reliant on counselling and drop-in services prior to COVID-19 reported issues with accessing the internet and navigating the system for online service sessions which furthered the mental health problems that already existed [7].

Harm reduction in terms of syringe service programs also provides as a trigger to mental health issues for PWUD. Syringe service programs support clients to acquire sterile syringes in order to reduce the risk of HIV transmission for drug users and improve the syringe accessibility for those who rely on injection-type substance treatments or infectious treatments on the street. Syringe services, likewise of other healthcare providers, has closed down most of their services during the outbreak of COVID-19 which impeded the operation of programs maintaining the health urgency of PWUD [8]. However, local authorities in Canada realized the importance of essential medical services to PWUD on the street during the pandemic. Although only 9% of the surveyed PWUD described the avoidance of syringe services programs, Vancouver, compared to other surveyed cities from the same study in the United States (Chicago, Miami, Los Angeles, and Baltimore), self-reported the highest quartile for worry of COVID-19 with the danger of averting syringe service services [8]. This is associated with the fear of contacting the virus and was seen more prominently after October 1st 2020 due to a notable surge in cases of COVID-19 in British Columbia [8]. The constant mistrust of the system and desolation of exposure to COVID-19 has led the population to avoid syringe services and thus inciting more likelihood of mental distress induced by the pandemic.

In general, PWUD are more susceptible to mental health issues and that has been escalated by the augmented feelings of isolation and loneliness which leads to further drug abuse. Limited access to drug supplies during COVID-19 for those who combats addiction may cause them to obtain drugs from different dealers who possess various doses of unfamiliar drugs that in turn increases the risk of overdose and complicates addictions [1]. Six months into the pandemic at Kingston, Ontario has shown an increase demand on the streets implicating the people living at homeless encampments as overdose epidemic has worsen since the COVID-19 pandemic [1]. With 30 participants interviewed at homeless encampments at Kingston, fentanyl use has increased and a consensus that the drug uses increased in the community. Many of the participants reported that the community’s upsurge use of

fentanyl was due to the depression and stress regarding the financial situation and housing conditions during the lockdown [1]. Pandemic induced job losses are one of the greatest contributions to homelessness which forced people to live in shelters. The disintegration of daily routine reinforced the usage of fentanyl in seeking for numbing affects to escape the troubled reality. However, this has led to an increase of fentanyl related overdoses and deaths in the community [1].

Although Kingston, Ontario, had one of the lowest COVID-19 cases across Canada, the inimical effects of pandemic restrictions on people living in the streets and at homeless encampments triggered the collision between the ongoing opioid crisis and COVID-19 pandemic. As of December 2020, there were 33 cases of death from opioid overdose compared to 22 cases of opioid-related death from 2019, while no cases were reported regarding COVID-19 related deaths. Participants synchronously expressed little fear of contacting and becoming sick from COVID-19 but the opioid crisis as a result of the pandemic has touched every single participant's life [1]. Between March 16th (initial announcement of lockdown in Ontario) to December 31st 2020, Public Health Ontario announced 87% of opioid toxicity and deaths to be from the use of fentanyl, a 12% increase since the same period in 2019 [1]. Housing struggles and substance abuses are not only the immediate risk factors for psychological trauma and self-harm behaviors, but the stigmatization and discrimination towards the population also developed the inevitable mental health consequences [1]. Policy makers highlighted the importance of avoiding social gathering and non-essential shopping which restricted the access of public facilities such as public restrooms and the purchase of camping and outdoor supplies which were essential for street-involved individuals. Again, COVID-19 related mandatory laws overlooked the needs of this community include restraining the consistent approach to hygiene accommodations, shelters, and clothing

3.2. Wellness service providers

The ramifications of the pandemic on underhoused and PWUD denounced the operation of harm reductions on the streets which further impacted the wellness providers who work to support the 235,000 Canadians facing or experiencing homelessness [4]. Harm reduction and housing service providers faced burn out on low working satisfactions and poorer health outcomes of the patients that would consequently lead to inadequate services. Defective public health services for underhoused individuals aggravate the problem of prolonged homelessness and service disengagement [4,9]. Frontline service providers faced the issue of stress and constant demand while homeless service providers often experience the lack of resources and supports from the government. The well-being of direct service providers has long been neglected by the public during the pandemic.

Study that primarily focused on Ontario and Eastern Canada revealed that COVID-19 had impacted the financial, health, and social lives of the wellness service providers. 79.5% of the participated service providers reported a decline in mental health and of which 31.6% reported a drastic decline in mental wellness. Substance uses in alcohol and cannabis had increased by 27.5% and 20.8% respectively [4]. About a quarter of the participants discussed that at least 1 of the individuals they have directly helped died during the pandemic which enhanced the post-traumatic stress symptoms of the workers to 41.9% [4]. The exposure to traumatic events and stressful conditions including deaths of close ones, worrying for health insurance and affordable treatments, lack of working supports and extended hours of working, have worsen the mental health conditions of those who work in the frontline during the pandemic. The overall common rates of mental health problems and unfulfilled basic needs (ie. financial security, working pressure, etc) allocated the wellness service providers to become a highly vulnerable population at the critical situation of COVID-19 and they would seem to benefit from the amendments and improvements in mental health supports [4].

Worries for financial instability due to the impact of the pandemic are one of the main reasons for mental health deterioration amongst frontline service providers. Public health interventions on paid sick leave benefits ensured the minimal transmission of virus at workplaces. However, essential wellness providers who work without paid sick leaves heighten the prejudicial effect on both the

workers themselves but also to the vulnerable populations that receive the care and support. Older age, full-time work, and having a regular medical doctor were positively associated with paid sick leave benefits amongst frontline service providers [9]. On the contrary, 17.7% of the studied frontline workers across Canada were not supported with paid sick leave benefits [9]. These were service providers working at homeless shelters and harm reduction programs which had their working hours decreased yet having access to Canada Emergency Response Benefits (CERB). Though paid sick leave benefits and CERB were provided to most frontline workers in protecting the service users and providers, the increase of mental health issues of the frontline workers is one that cannot be omitted. More than half (51.4%) of the frontline workers still reported that their financial status has been severed by the onset of the pandemic which furthered the already existing stress and mental health problems [9].

4. LGBTQ2+

The LGBTQ2+ community, defined as one of the structurally vulnerable populations, burdens the negative health outcomes from individuals' situations that intersects the power of hierarchy, maintaining and determining the barrier of good health. Prior to COVID-19, LGBTQ2+ populations have already had higher tendency to be diagnosed of anxiety, depression, self-harm, and other mental health issues compared to cisgender and heterosexual people. Higher rates of substance use (cannabis and alcohol) can also be seen within the community [5]. Substance use inequity and mental health detriments of LGBTQ2+ individuals root from the constant discrimination and stigmatization of the sexual orientation represented. The pandemic exacerbates the already existing social adversity leading to additional mental health problems and substance use to mitigate these hardships.

As mentioned before, mental illness and substance abuse influence one another in a negative reinforcement relationship. In the COVID-19 era, substance use opted as a coping strategy which increase the risk of drug dependence and substance abuse. Moreover, the there is a positive association between the use of alcohol and the self-reported worsen mental health especially with depression in the LGBTQ2+ community. When compared to non-LGBTQ2+ people, LGBTQ2+ individuals seem to have higher susceptibility to substance use and adverse mental health. With 24.5% of the population reporting an increase of alcohol use and 18.5% reporting an increase of cannabis use due to the pandemic, most of the LGBTQ2+ representatives associate these increases with higher incidents of suicidal thoughts [5,10].

5. Conclusions

COVID-19 has not only negatively impacted the mental health and substance abuse of the greater population in Canada but has also more immensely affected the health conditions of the minorities. Parents with young children, PWUD, wellness service providers, and LGBTQ2+ communities were disproportionately wounded by the extended consequences of the pandemic. Public health policies on quarantine and self-isolation, food and employment security issues, inaccessibility of public facilities and services operate in opposite favors of the basic needs of these populations and impair the pre-existing mental health problems and substance uses. Given the anticipated social-economic pressure faced by social minorities even before the onset of the pandemic, it is important to empower the vulnerable populations with more resources and attentions to alleviate the risks for substance abuse and mental health deterioration. Public health policies should not only concentrate upon limiting the spread of the pandemic but should also consider the complications that is followed by the commencement of the policies.

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