

# Stay-Home Order Side Effect: Opioid Deaths Nearly Doubled

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✓ Fact Checked

## STORY AT-A-GLANCE

- › Opioid overdose fatalities nearly doubled during the stay-at-home order in Cook County, Illinois, compared to a 100-week period in 2018 to 2019, rising from 23 deaths per week to 44
- › When the lockdown was lifted, the number of weekly deaths quickly declined and then began to creep up again, settling at 32.7 deaths per week
- › Disruptions of care during stay-at-home mandates are a major concern for people with opioid use disorder, who depend on regular face-to-face health care
- › Stay-at-home orders also may have driven some people to seek out even more dangerous drugs when their access to opioids disappeared and, while they were locked down at home, possibly alone, overdoses may have occurred in solitude, without bystanders able to call for lifesaving help
- › Increased anxiety, depression and social isolation were also likely factors driving up opioid deaths during lockdown; severity of depression is associated with an increasing likelihood of misusing opioids for nonpain symptoms as well as self-increasing opioid dosage

March 21, 2020, a stay-at-home order was enacted in Illinois due to the COVID-19 pandemic. It continued for 11 weeks, eventually being lifted May 30, 2020. During those 11 weeks, opioid-involved overdose deaths soared in Chicago and the surrounding suburbs of Cook County, worsening an already alarming epidemic of opioid deaths.

The report – the result of a collaboration between Northwestern University researchers and Dr. Ponni Arunkumar with the Cook County Medical Examiner’s Office – found that opioid overdose fatalities nearly doubled during the stay-at-home order compared to a 100-week period in 2018 to 2019, rising from 23 deaths per week to 44.<sup>1</sup>

## Lockdown Drove Up Opioid Overdose Deaths

The researchers analyzed weekly opioid overdose deaths for four different time periods:<sup>2</sup>

- 100 weeks from January 5, 2018, to December 3, 2019
- December 4, 2019, to March 20, 2020 – the 15 weeks prior to the stay-at-home order
- March 21, 2020, to June 5, 2020 – the 11 weeks during the stay-at-home order
- June 6, 2020, to December 23, 2020 – the 29 weeks after the order was lifted

In 2018 and 2019, Cook County had already recorded high levels of opioid-related overdose deaths, the researchers noted, “with a disturbing increase beginning in late 2019 and early 2020.” During this period, 4,283 opioid overdose deaths occurred, with a mean of 23 deaths per week during the initial 100-week period.

This increased to a mean of 35.1 per week in the 15-week period prior to the pandemic, which was followed by “an even more pronounced increase during the 11-week stay-at-home order: 44.1 mean weekly deaths.”<sup>3</sup> When the **lockdown was lifted**, the number of weekly deaths quickly declined and then began to creep up again near the end of the 29-week period, settling at 32.7 deaths per week.

“Although deaths have declined below the peak weekly numbers seen during the stay-at-home period, opioid overdose deaths following the stay-at-home period remain elevated above pre-2020 levels,” the researchers noted,<sup>4</sup> suggesting that the pandemic took a toll on those at risk of opioid overdose and death.

It's not only Chicago, Illinois, that is being affected; lockdowns took similar tolls across the U.S. and, after weeks of extended isolation, many communities reported a rise in drug overdose deaths. Jacksonville, Florida, for instance, had a 20% increase in overdose emergency calls in March 2020. Four counties in New York also reported a rise in overdoses, while Columbus, Ohio, also had a surge in overdose deaths, including 12 over a 24-hour period the first week of April.<sup>5</sup>

## **Increased Anxiety, Depression Likely**

The early days of the pandemic led to significant disruptions for people with substance use disorder (SUD) seeking in-person treatment and recovery services. According to the report:<sup>6</sup>

*“For most people with SUD, the pandemic compounded an already tenuous situation with massive losses of service sector jobs and health insurance, and loss of in-person social support, resulting in increased anxiety, depression, and social isolation.”*

**Feelings of anxiety and depression** were common not only in those with SUD but also the general population. The National Center for Health Statistics (NCHS), in partnership with the Census Bureau, set up an experimental data system known as the Household Pulse Survey.<sup>7</sup> In all, from May 7 to May 12, 2020, 34.4% of adults reported symptoms of anxiety or depression, while 30% reported signs of anxiety and 24.1% reported symptoms of depression.

Rates varied by state, with more than 40% of adults in Illinois, Louisiana, Mississippi and Missouri, as well as Washington, D.C., reporting depression or anxiety symptoms. Black and Hispanic adults also reported anxiety or depression more often than whites or Asians, and women, younger adults and people with lower education levels were also more likely to be affected.<sup>8</sup>

Numbers held steady in the following months, with 30% of U.S. adults reporting symptoms of anxiety or depression the week of March 17 to 29, 2021.<sup>9</sup> For comparison, prior to the pandemic in 2019, the survey revealed 8.1% of adults had symptoms of

anxiety disorder, 6.5% had symptoms of depressive disorder and 10.8% had symptoms of anxiety disorder or depressive disorder.<sup>10</sup>

Research shows that severity of depression is associated with an increasing likelihood of misusing opioids for nonpain symptoms as well as self-increasing opioid dosage. Further, the increased use of opioids among people with major depressive disorder may be because they're using it as a form of self-medication for social or emotional pain.<sup>11</sup>

## **Disruptions to Treatment, Loss of Support Implicated**

It's well known that the psychological distress associated with **economic recessions and unemployment** is a significant factor in increasing drug use among adults. Even before the pandemic, opioid use disorder (OUD), which affects at least 2 million Americans, and those who misuse opioids — another 10 million<sup>12</sup> — were at epidemic levels.

Worldwide, 40.5 million people struggle with opioid dependence, a global prevalence of 510 cases per 100,000 people.<sup>13</sup> “Before the first COVID-19 case in the United States, a different epidemic — the **opioid crisis** — was taking the lives of 130 Americans per day,” wrote two doctors from Yale School of Medicine in *Annals of Internal Medicine*.<sup>14</sup> They were concerned, as early as April 2020, that the pandemic could increase opioid overdose rates.

Not only do **social distancing** and stay-at-home orders adversely affect **mental health**, but the closure of substance use treatment clinics during lockdown kept some people from accessing lifesaving care.<sup>15</sup> Disruptions of care during stay-at-home mandates are a major concern for people with opioid use disorder, who depend on regular face-to-face health care.

Access to medications for addiction treatment was also restricted, while patients **simultaneously faced challenges like loss of work, housing** and food security, which could trigger a downward spiral leading to relapse and delayed recovery. When combined, the disruptions to care and social support accelerated what was already a catastrophic number of **opioid overdose** deaths.

It also may have driven some people to seek out even more dangerous drugs when their access to opioids disappeared. What's more, while locked down at home, possibly alone, overdoses may have occurred in solitude, without bystanders able to call for help. The authors of the featured study explained:<sup>16</sup>

*"The pandemic also led to interruptions and changes in the drug supply. Increasing use of illicit fentanyl had already been contributing to an increase in overdose deaths in Cook County. Fatal overdose risk is amplified when powerful, illicitly manufactured opioids are substituted for less potent drugs, which may have been unavailable during lockdown.*

*Loss of support groups and services may have led some in recovery to relapse, which can result in loss of drug tolerance. Social distancing may have led to solitary use of opioids in places with no bystanders available to administer naloxone, which can reverse opioid overdose effects when given in time.*

*These challenges for persons with SUD during the COVID-19 pandemic occurred in the context of rising overdose mortality rates beginning in late 2019 and were exacerbated during the early months of the pandemic."*

## **Addiction Often Starts With Prescriptions**

Opioids have a very high rate of addiction, as they trigger your brain to release endorphins that not only relieve pain but also create feelings of pleasure and well-being. As the good feelings wear off, the craving to recreate them by taking more pills can be strong, but soon tolerance develops and an even higher dose is needed to get the same feel-good boost.

Using opioids for as few as five days increases the risk of long-term use,<sup>17</sup> and many people who started out taking the drugs for [back pain or other chronic pain](#) end up addicted. An estimated 21% to 29% of people prescribed opioids for chronic pain misuses them and 8% to 12% develop an opioid use disorder. Many also transition to using heroin; an estimated 80% of heroin users misused prescription opioids first.<sup>18</sup>

Unfortunately, opioids continue to be prescribed in cases where less addictive medications could be used instead. Nonopioid pain relievers, such as acetaminophen (paracetamol) and nonsteroidal anti-inflammatory drugs (NSAIDs), work just as well as opioids for moderate to severe chronic back pain or hip or knee osteoarthritis pain, for instance.<sup>19</sup>

Yet, even children may be prescribed opioids after minor procedures. Insurance claims data from 2016 and 2017 reveal 60% of children between the ages of 1 and 18 with private insurance filled one or more opioid prescriptions after surgical tonsil removal.<sup>20,21</sup>

Dentists even wrote a significant 18.1 million prescriptions for opioids in 2017, as the drugs are frequently prescribed for wisdom teeth extractions, even though it's suggested that NSAIDs and acetaminophen be prescribed instead.<sup>22</sup>

## The True Cost of Lockdowns Is Unknown

It remains to be seen what the ultimate costs of stay-at-home orders will add up to, in terms of lives lost to untreated medical conditions, economic crisis, substance abuse and [mental health conditions](#).

A report by the Well Being Trust (WBT) and the Robert Graham Center for Policy Studies in Family Medicine and Primary Care estimated that up to 75,000 people may die during the COVID-19 pandemic from drug or alcohol misuse and suicide. These “deaths of despair” were exacerbated by:<sup>23</sup>

- Unprecedented [economic failure](#) paired with massive unemployment
- Mandated social isolation for months and possible residual isolation for years
- Uncertainty caused by the sudden emergence of a novel, previously unknown microbe

The U.S. Centers for Disease Control and Prevention (CDC) also reported in December 2020 that the highest number of overdose deaths ever recorded in a 12-month period —

over 81,000 – took place in the 12 months ending in May 2020,<sup>24</sup> which was during the height of lockdowns for many areas.

## Help for Opioid Addiction

If you think you or a loved one may be struggling with opioid addiction, the Substance Abuse Mental Health Service Administration<sup>25</sup> can be contacted 24 hours a day at 1-800-622-HELP. I also urge you to listen to my interview with Dr. Sarah Zielsdorf, in which she explains how [low-dose naltrexone \(LDN\), used in microdoses](#), can help you combat opioid addiction and aid in your recovery.

Using microdoses of 0.001 milligrams (1 microgram), long-term users of opioids who have developed a tolerance to the drug are able to, over time, lower their opioid dose and avoid withdrawal symptoms as the LDN makes the opioid more effective.

For opioid dependence, the typical starting dose is 1 microgram twice a day, which will allow them to lower their opioid dose by about 60%. When the opioid is taken for pain, the LDN must be taken four to six hours apart from the opioid in order to not displace the opioid's effects.

## Sources and Reference

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