

Center for Rural Health



Comprehensive Center
for Pain & Addiction

Highlighting Loneliness and Substance Use Disorders

**For Community Health
Workers/Representatives**

Loneliness isn't just an uncomfortable feeling—it's a powerful driver behind substance use disorders (SUDs) - including opioid (OUD) and stimulant use disorder (StUD). For Community Health Workers and Representatives (CHW/Rs), understanding this connection is crucial in providing compassionate, effective care. This resource offers evidence-based insights, practical screening tools, and immediate community supports designed specifically to empower CHW/Rs to identify loneliness early, intervene thoughtfully, and strengthen the social connections essential to recovery and wellbeing.

Understanding Loneliness

Loneliness is now widely viewed as both a serious public-health issue and a key contributor to SUDs. Recent analyses show a reciprocal pattern: feeling chronically disconnected can prompt people to self-medicate with substances, while heavy use of those substances often fractures relationships and deepens isolation.^{1,2} Because either condition can amplify the other, CHW/Rs benefit from integrated, relationship-centered approaches that address both at once.

Despite being common, loneliness is often stigmatized; admitting to it can evoke shame or fear of being judged as socially inadequate, which discourages help-seeking.³ Negative stereotypes—such as viewing people who are lonely as personally responsible for their situation—further isolates those who already feel disconnected.⁴ These attitudes are compounded for individuals who also experience discrimination based on disability, sexual orientation, immigration status, or language barriers, multiplying the risk for chronic loneliness and SUD.⁵

Loneliness is the subjective sense that our social needs are unmet—feeling abandoned, cut off, or “stranded,” even in a crowd.

Social isolation is the objective state of having few or no meaningful contacts. A person can be isolated yet content (e.g., a rural resident who chooses seclusion) or surrounded by people yet desperately lonely.

Former U.S. Surgeon General Vivek H. Murthy summarizes this distinction by noting that isolation is an addressable circumstance, whereas loneliness is an internal signal, much like hunger, that we lack the necessary connection required for health.⁵ Recognizing both elements helps CHW/Rs screen accurately and tailor interventions: some clients need concrete opportunities for contact, while others need help transforming the quality of existing relationships.

The Arizona Center for Rural Health (AzCRH), and Comprehensive Center for Pain and Addiction (CCPA), in collaboration with the Arizona Department of Health Services (ADHS) is implementing training and technical assistance for the Overdose to Data Action – State (OD2A-S) program. AzCRH & CCPA aim to create and deliver professional development content for clinicians, community health workers/representatives (CHW/Rs), and healthcare professionals. This tool is for CHW/Rs to share strategies for caring for people experiencing loneliness within substance use.

The Link Between Loneliness and Substance Use

Remember, substance misuse can include alcohol, cannabis, nicotine, opioids, stimulants and others. Substance misuse is using in a “manner, situation, amount or frequency that can cause harm to the person using the substance or to those around them.” After repeated misuse people can develop a substance use disorder which is a medical condition. Substance misuse may reduce the unpleasant feelings of loneliness; even if only temporary.⁷

Loneliness can both trigger and worsen substance misuse, as individuals may use substances to self-medicate emotional pain or fill perceived social voids. Substance use can isolate individuals further, damaging relationships and creating additional barriers to social support.^{1,2,8} This cyclical relationship can intensify SUD severity and prolong recovery processes. Loneliness—whether social or emotional—emerges as a key risk factor for starting and continuing substance use, so prevention and treatment efforts should tackle this dimension directly.⁹

Research indicates that loneliness frequently co-occurs with substance use and depression, exacerbating health outcomes and complicating treatment efforts.¹⁰ For many people experiencing persistent loneliness, using drugs in groups can feel like a way to meet our human connection needs. Sometimes it will fill this need, but it can also reduce our inhibitions. This may make us more susceptible to injuries and infections related to driving while under the influence, engaging in consensual unprotected sex, sharing syringes or other injection supplies.

Health Implications

Chronic loneliness significantly impacts physical and mental health, increasing risks for anxiety, depression, reduced immune functioning, cardiovascular disease, and sleep disorders—all of which can worsen SUD and overall health outcomes.^{8,10} Because loneliness unsettles our emotional balance, many people find it harder to manage stress, anxiety, and sadness—conditions that can push some toward alcohol or other drugs for short-term relief.¹¹ The U.S. Surgeon General cautions that the lack of social connection carries a mortality risk comparable to smoking up to 15 cigarettes per day, underscoring the urgency of addressing loneliness as a public-health priority.¹²



Practical Strategies for CHW/Rs

Screening & Identification:

Use brief, evidence-based tools to screen for both loneliness and substance use at first contact, and repeat screenings at key transition points (e.g., post-detox, discharge from hospital) to catch changes early.^{1,10} See Appendix A for screening tools.

Social Connection Promotion:

Encourage participation in community groups, peer support meetings, and local events that build meaningful social ties and networks.

Integrated Care Approaches:

Support integrated interventions combining mental health counseling, substance use disorder treatment, and social support strategies. Holistic approaches effectively address loneliness as a core component of recovery.^{1,10}

Educational Outreach:

Provide information on the risks of loneliness and substance use, and educate individuals and families about healthy coping mechanisms, community resources, and support networks.

Immediate Community Resources to Provide

Crisis & Safety Lines

988 Suicide & Crisis Lifeline Immediate emotional-distress support Call or text 988
<https://988lifeline.org>

Arizona Poison & Drug Information Center Expert advice on drug interactions, overdoses, and poisoning 1-800-222-1222 <https://azpoison.com>

Arizona 24/7 Crisis Line Statewide phone support for mental-health or substance-use emergencies – 1-844-534-HOPE (4673) <https://www.azahcccs.gov/BehavioralHealth/crisis.html>

Never Use Alone Hotline 24/7 peer support while using substances; emergency help on stand-by Phone 800-484-3731 <https://neverusealone.com>

Treatment & Recovery

FindTreatment.gov SAMHSA locator for nearby SUD, mental-health, and medication-assisted-treatment services <https://findtreatment.gov>

SAMHSA National Helpline 24/7 confidential information and referral for mental-health and substance-use concerns
Phone 1-800-662-HELP (4357) <https://www.samhsa.gov/find-help/helplines/national-helpline>

Opioid Assistance and Referral Line Provider and public consult on opioids.
<https://www.azdhs.gov/oarline/>

Sonoran Prevention Works Statewide naloxone distribution, syringe-services, and overdose-prevention training <https://spwaz.org/get-supplies/>

Community & Resource Directories

Arizona 2-1-1 Statewide directory for food, housing, mental-health, transportation, and SUD services Dial 2-1-1 <https://211arizona.org>

Campaigns & Community Listings Local Community Centers and Support Groups (social activities, counseling, peer meetings; check municipal or county directories)

CHW/R Training & Workforce Supports

Arizona FCM Workforce Development Program IHRSS Institute (training and peer-support hub for CHW/Rs) <https://www.fcm.arizona.edu/workforce-development-program/ihrss-institute>

988 Lifeline “Be The 1 To” Materials Simple scripts and graphics to share with patients <https://bethe1to.com>

Research & Clinical Perspectives

American Medical Association What Doctors Wish Patients Knew About Loneliness and Health <https://www.ama-assn.org/delivering-care/public-health/what-doctors-wish-patients-knew-about-loneliness-and-health>

Department of Labor Recovery-Ready Workplace Toolkit (policies and supports for employers and staff in recovery) <https://www.dol.gov/agencies/eta/RRW-hub/Toolkit>

Mental Health Academy The Stigma and Shame of Loneliness (brief, clinician-friendly overview) <https://www.mentalhealthacademy.com.au/blog/the-stigma-and-shame-of-loneliness>

National Centre for Social Research Research Exploring the Stigma Associated with Loneliness (evidence report) <https://natcen.ac.uk/publications/research-exploring-stigma-associated-loneliness>

Personality and Individual Differences Revisiting the Social Stigma of Loneliness (research article) <https://www.sciencedirect.com/science/article/abs/pii/S0191886920306735>

The Social Stigma of Loneliness (open-access article) <https://journals.sagepub.com/doi/full/10.1177/00380261231212100>



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Appendix A: Screening Tools—Quick Access

Screening Tools for Substance Use Disorders:

Visit NIDA’s screening-tool chart, which lists options for substance use, mental health, and loneliness across age groups: <https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>

Screening Tools for Mental Health and Loneliness:

Patient Health Questionnaire-9 (PHQ-9): A widely used tool to screen for depression severity in various populations, including those with chronic illnesses and substance use issues. It consists of nine questions that assess the frequency of depressive symptoms over the past two weeks. <https://pmc.ncbi.nlm.nih.gov/articles/PMC1495268/>

Mental Health America (MHA) Online Screening Tools: A one-stop portal offering self-administered versions of the PHQ-9, GAD-7, PTSD Checklist, Bipolar Spectrum Diagnostic Scale, and more, with plain-language scoring guidance and follow-up resources. <https://screening.mhanational.org/screening-tools/>

Campaign to End Loneliness “Measuring Your Impact on Loneliness” Toolkit: Compares validated loneliness measures (e.g., UCLA-3, De Jong Gierveld-6, ONS single-item) and provides step-by-step advice on selection, administration, and interpretation. <https://www.campaigntoendloneliness.org/toolkit>

Implementation Tips for CHW/Rs:

TRAINING:

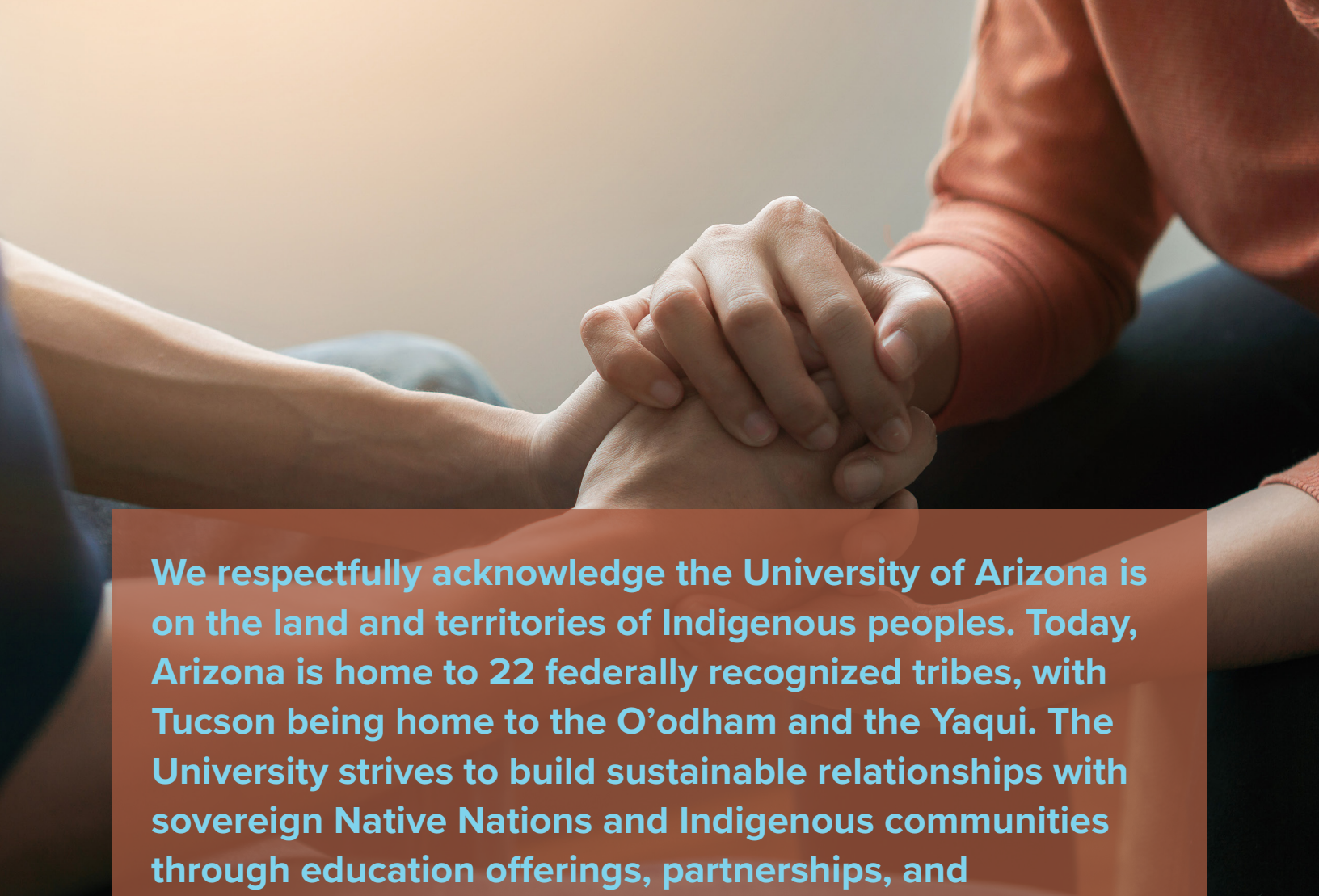
Ensure proper training in administering and interpreting these screening tools to provide accurate assessments and appropriate referrals.

CULTURAL SENSITIVITY:

Be mindful of cultural factors that may influence responses and perceptions of loneliness and substance use.

CONFIDENTIALITY:

Maintain strict confidentiality to build trust and encourage honest disclosure during screenings.



We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O’odham and the Yaqui. The University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

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Medical disclaimer: The information on this resource is designed for educational purposes only. The information does not substitute, nor does it replace the advice of a medical professional, including diagnosis or treatment. Always seek guidance from a qualified health professional with questions you may have regarding a medical condition. Naloxone can and should be administered if you think someone is overdosing.

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