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Letter to the editor: Other Consequences. COVID-19 and underestimated public health crisis

Anastasia Peshkovskaya ^{a,b,c,*}^a Collaborative Research Group for Pandemic Studies, Russia - France^b Mental Health Research Institute, Tomsk National Research Medical Center of the Russian Academy of Sciences, Tomsk, Russia^c Tomsk State University, Laboratory of Experimental Methods in Cognitive and Social Sciences, Tomsk, Russia

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COVID-19 pandemic extraordinarily heightened alcohol consumption rates worldwide. A more than one year after the coronavirus outbreak and 477% increase in online alcohol sales reported by end of April 2020 (The Nielsen Company, 2020), the overwhelming gap in knowledge of pandemic impact on alcohol use and health is still exists.

Since the beginning of the pandemic, more than 30% of the U.S. survey participants (n = 1,567) reported increasing in drinking alcohol due to stress, loneliness and depression symptoms (Veldhuis et al., 2021). Even at five-month follow-up, their high rates of depression and anxiety led to use substance to cope. In parallel, APA's survey (n = 3,013) conducted in late February 2021 showed increased drinking in 23% of adults coping with pandemic stress (APA, 2021). Studies exploring the alcohol and other drug use during the lockdown in Belgium (n = 3,632, 70% female) showed an alarming increase in alcohol consumption in 30.3% of respondents with strong associated with younger age (Vanderbruggen et al., 2020). In addition, one more survey in U.S. (n = 1,540, 53% female) revealed changes in drinking behavior for younger aged adults and women, including increase in frequency of consumption and days of heavy drinking (Pollard MS, Tucker JS, Green HD, 2020). Obviously, social and economic imbalances that reached their peak with increased suffering from coronavirus disease, loss of close ones, and unemployment during state lockdowns increased alcohol use as a strategy to manage burden of social isolation, stress, grief, coronavirus anxiety, and other mental health issues (Rodriguez et al., 2020; Megalakaki and Kokou-Kpolou, 2021).

Importantly, as it was shown for SARS and Ebola, the Covid-19 pandemic may give a rise to illegal alcohol and drug trafficking (Scherbaum et al., 2021), gender-based violence (Onyango et al., 2019), and hate crimes against various populations (Xu et al., 2021). The majority of 'pre-pandemic' studies found that self-reported experience of prejudice, discrimination, violence, and hate has an unfavorable impact on wellbeing, impairing mental health, and even definable psychiatric disorders (Brunnet et al., 2021; Júnior et al., 2020; Bokhan et al., 2013). Today, racial and ethnic minorities, migrants, LGBTQAI+, and impoverished groups who were systematically exposed to traumatic impact of alcohol and drug use stereotypes, health care access inequality, and adverse effects of discrimination, stigma and racism may be affected in unprecedented scale. Some of recent reports have already disclosed that people of color and sexual and gender minorities appeared to be at higher risk of distress amid pandemic – intensified or newly initiated substance use was reported in more than 30% of racial and ethnic minority respondents (McKnight-Eily et al., 2021).

While this focus is important, another dimension of pandemic effects is increased suffering from domestic violence caused by alcohol abuse during the outbreak (Mahase, 2020). Moreover, while delayed and long-term health consequences of the pandemic are still to be explored, future high risk of fetal alcohol spectrum disorder (FASD) is now highlighted extensively considering the evidence of increased alcohol consumption in women and the risks of unintended pregnancies (Calina et al., 2021).

* Collaborative Research Group for Pandemic Studies, Russia.

E-mail address: peshkovskaya@gmail.com.<https://doi.org/10.1016/j.jpsychires.2021.10.038>

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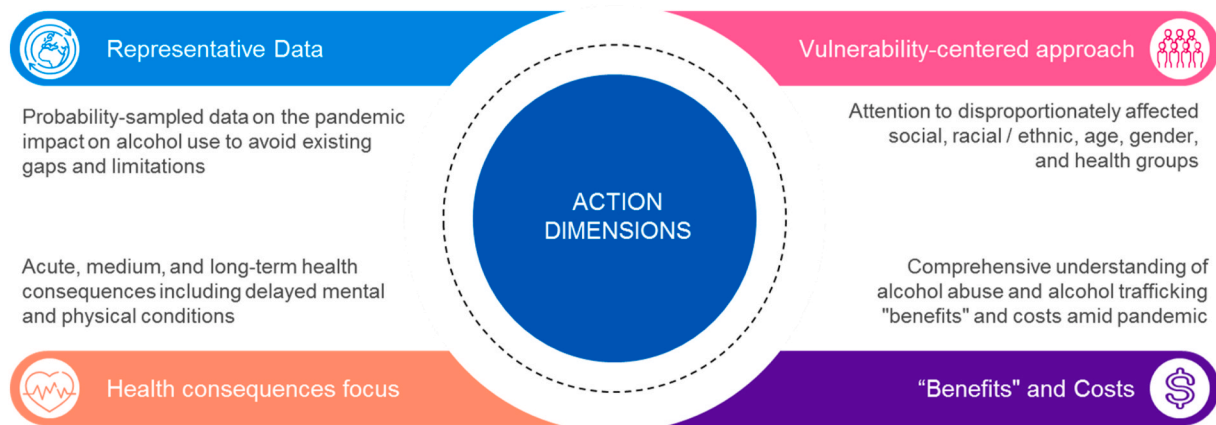


Fig. 1. Pandemic and Alcohol Action dimensions to implement into research, healthcare, and policy programs.

Being responsible for three million deaths a year worldwide, potential of alcohol to dramatically impact the pandemic health outcomes has grown unprecedentedly during last year. With high potential to worsen the existing crisis, medium and long-term public health consequences of increased alcohol consumption, including the burden of domestic violence and child maltreatment, mental illness, alcohol-related deaths, and high risk of fetal alcohol spectrum disorders are reaching the rates of undercounted public health disaster. Urgent response required. Research, healthcare, and policy action program (Fig. 1) should be based on:

- Representative probability-sampled research data on the COVID-19 impact on alcohol and other drug use to avoid existing limitations, including sampling limits and possible social desirability biases;
- Vulnerability-centered approach considering disproportionately affected social, racial/ethnic, age, gender, and health groups;
- Three-fold focus on acute, medium, and long-term health consequences of pandemic-related alcohol use including delayed mental and physical conditions;
- Comprehensive understanding of alcohol and other substance abuse, alcohol trafficking, industry interests in alcohol policy, and their apparent "benefits" and costs amidst pandemic. Responsible alcohol marketing, regulatory measures for the online sale, impeding the illicit trade and initiatives on alcohol abuse prevention are essential during pandemic as access to alcohol has changed with growing digital trade and home deliveries.

Strategies that focus on these might be beneficial as the COVID crisis continues and should be included in the pandemic response plan.

Author's note

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Declaration of competing interest

I declare no competing interests.

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