

# Has the pandemic exacerbated alcohol harm?

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**Men have always been at greater risk of harm than women from alcohol use, but the pandemic may have exacerbated the problem. Healthcare professionals can support public health colleagues in calling for government-led initiatives to tackle alcohol availability.**

The COVID-19 pandemic changed the world as we know it in more ways than one. Anxiety, stress, uncertainty, isolation and depression became prominent issues in communities – issues we know are associated with substance use.<sup>1</sup> With long periods of lockdowns and pubs being off-limits, alcohol was remarkably still deemed an essential item for the grocery list by the UK Government among others.<sup>2</sup> Men have always been at highest risk of harm from alcohol, and there is early evidence that the extraordinary circumstances of the pandemic may have further exacerbated an existing hazard in men.<sup>3</sup>

## The trend

According to self-reported alcohol consumption patterns collected and compiled by the UK Office for National Statistics,<sup>4</sup> men drink twice as much as women. Younger men, who tend to drink in a heavy episodic fashion, drink more on average than older men, who tend to drink less but more regularly. Alcohol is a major



health inequalities issue. Drinking at hazardous levels is disproportionately more prevalent among white males than among minority ethnic groups. Also, rich men drink more than poor men, but despite this it is the poorest who suffer the most harm.<sup>5</sup>

In the UK, average alcohol consumption per capita consistently exceeds Chief Medical Officer guidelines for low-risk drinking (no more than 14 units per week).<sup>6,7</sup> Liver disease has been on a long-term upward trend anyway,<sup>8</sup> but figures released from the initial stages of the pandemic have sparked some concern. Deaths among males in the UK for alcohol-specific conditions increased by 18% between 2019 and 2020, a substantial increase compared with the more gradual upward trend of the last decade.<sup>3</sup> In the region of three-quarters of

alcohol-specific deaths are typically for alcohol-related liver disease,<sup>3</sup> death often caused by a break in abstinence,<sup>8</sup> which indicates that there were already vulnerable people who were at a tipping point as the pandemic took hold.

In terms of alcohol's contribution to burden of disease estimates and its overall social impact, it is those not at the dependence end of the spectrum who contribute the most, ie it is the vast majority of drinkers.<sup>9</sup> One concerning outcome of the lockdowns, in which alcohol was likely to play a part, was a reported surge in domestic violence.<sup>10</sup>

## Evidence for reversing the trend

The evidence is clear. The largest impact on community alcohol consumption and related harms will be from government public health

measures that seek to regulate the availability of alcohol products.<sup>7</sup>

Using price as a lever, traditionally via tax and excise, can alter the economic availability (*ie* affordability) of alcohol. Meta-analyses of the international research evaluating price's association with consumption, morbidity and mortality show this to be highly effective.<sup>11,12</sup> A novel pricing strategy that is perhaps more politically enticing than tax hikes, minimum unit pricing, already implemented in Scotland and Wales, only increases the price of the cheapest forms of alcohol from off-licences, *eg* white cider, super strength lager and vodka, often favoured by the heaviest drinkers.<sup>13</sup>

Legal purchase age, licensed outlet trading hours and density are other areas that governments have under their control that can alter the physical availability of alcohol (*ie* accessibility). There is also strong evidence in these areas for their effectiveness in reducing alcohol consumption and related harm, particularly injury, perhaps with outlet density research lagging behind due to more complex methodological study design issues.<sup>14</sup>

The evidence base is relatively weak for large-scale public health messages and education campaigns reducing alcohol consumption – often the 'go to' government strategies.<sup>15</sup> Research has demonstrated though that promotion of alcohol products, an increasingly wide ranging and multi-billion-dollar industry tactic to increase sales, is associated with earlier initiation and higher levels of use among young people who are exposed to alcohol marketing.<sup>16</sup>

Evidence-based individual-level measures exist for secondary prevention. Screening and brief intervention in community and hospital settings have been demonstrated to be an effective early intervention.<sup>17</sup> Abstinence-based treatment pathways are necessary to help those individuals with

dependence, whose survival rates improve greatly once they cease drinking, but the earlier they are picked up by the system the better.<sup>8</sup>

### What can we do?

Clinicians in men's health can advocate alongside their public health colleagues for government-led evidence-based measures that will remove the cheapest alcohol from the shelves and at least slow, if not reverse, the trend towards alcohol being heavily promoted and available at any place and at any time. Despite many barriers to these strategies being implemented from the public, industry and government, these are the areas where we will have the largest impact on alcohol consumption and the widespread associated health, social and economic effects of alcohol on our communities. A combination of individual- and population-level measures will likely yield the best result.

The effect of the pandemic on alcohol use is yet to be fully realised or understood. But did we not know beforehand that men's relationship with alcohol needed to be addressed?

**Declaration of interests:** none declared.

### References

- Schmidt RA, Genois R, Jin J, *et al*. The early impact of COVID-19 on the incidence, prevalence, and severity of alcohol use and other drugs: a systematic review. *Drug Alcohol Depend* 2021;228:109065.
- Reynolds J, Wilkinson C. Accessibility of 'essential' alcohol in the time of COVID-19: casting light on the blind spots of licensing? *Drug Alcohol Rev* 2020;39:305–8.
- Office for National Statistics. Alcohol-specific deaths in the UK: registered in 2021 ([www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsinthegreatbritain/registered2021](http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsinthegreatbritain/registered2021); accessed 29 April 2022).
- Office for National Statistics. Adult drinking habits in Great Britain: 2017

([www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2017](http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2017); accessed 29 April 2022).

- Williams R, Alexander G, Armstrong I, *et al*. Disease burden and costs from excess alcohol consumption, obesity, and viral hepatitis: fourth report of the Lancet Standing Commission on Liver Disease in the UK. *Lancet* 2018;391:1097–107.
- Department of Health (DoH). *UK Chief Medical Officers' low-risk drinking guidelines*. London: DoH, 2016.
- World Health Organization (WHO). *Global status report on alcohol and health 2018*. Geneva: WHO, 2018.
- Sheron N. Alcohol and liver disease in Europe – simple measures have the potential to prevent tens of thousands of premature deaths. *J Hepatol* 2016;64:957–67.
- GBD 2016 Alcohol Collaborators. Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 2018;392:1015–35.
- Bradbury-Jones C, Isham L. The pandemic paradox: the consequences of COVID-19 on domestic violence. *J Clin Nurs* 2020;29:2047–9.
- Wagenaar AC, Salois MJ, Komro KA. Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction* 2009;104:179–90.
- Wagenaar AC, Tobler AL, Komro KA. Effects of alcohol tax and price policies on morbidity and mortality: a systematic review. *Am J Public Health* 2010;100:2270–8.
- O'Donnell A, Anderson P, Jane-Llopis E, *et al*. Immediate impact of minimum unit pricing on alcohol purchases in Scotland: controlled interrupted time series analysis for 2015–18. *BMJ* 2019;366:l5274.
- Gilmore W, Chikritzhs T, Stockwell T, *et al*. Alcohol: taking a population perspective. *Nat Rev Gastroenterol Hepatol* 2016;13:426–34.
- Giesbrecht N. Reducing alcohol-related damage in populations: rethinking the roles of education and persuasion interventions. *Addiction* 2007;102:1345–9.
- Jernigan D, Noel J, Landon J, *et al*. Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction* 2017;112(Suppl 1):7–20.
- Kaner EF, Beyer FR, Muirhead C, *et al*. Effectiveness of brief alcohol interventions in primary care populations. *Cochrane Database Syst Rev* 2018;2:CD004148.