

Alcohol Policy and Coronavirus: An Open Research Agenda

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THE PANDEMIC OF COVID-19 hit Dublin, Ireland, just before the opening of the Global Alcohol Policy Conference (GAPC) on March 9, 2020, causing more than 100 cancellations of registered participants. This is the most important gathering of researchers and advocates for alcohol policy in the world, and despite the excellent presentations and discussions, we all missed the participation of key partners and opportunities for wider networking.

As the situation changed rapidly across the world and several countries began to impose restrictions on travel and physical distancing, it became clear that there are many implications for research on alcohol consumption, harms, and policies—in high- and low-income countries—related to rapid changes in the supply, demand, marketing, drinking contexts, associated risks, and other environmental factors known to influence alcohol-related outcomes.

With reduced working hours, layoffs, and the reduction of physical contact as a result of the suspension of large gatherings, sports events, cultural events, and service at bars and restaurants, one would predict that the expected outcome will be less alcohol consumption and, as a result, less alcohol-related mortality and morbidity. For the first time in history, it may be feasible to envision, even if temporarily, a “world free from alcohol-related harms,” as envisioned by the World Health Organization (WHO)–led initiative SAFER, launched in September 2018. (SAFER includes the following: “Strengthen restrictions on alcohol availability; Advance and enforce drink driving countermeasures; Facilitate access

to screening, brief interventions, and treatment; Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion; and Raise prices on alcohol through excise taxes and pricing policies”; WHO [2018])

However, negative impacts can also increase in certain areas. Iran has reported at least 194 deaths from illicit and adulterated alcohol poisoning (*Middle East Monitor*, 2020) as a result of misinformation spread about the benefits of drinking to prevent the infection—this in a country where alcohol is illegal (Bote, 2020). In cities across the United States (Giangreco, 2020), off-premise sales of alcohol, particularly the cheapest and brands with high alcohol concentrations, soared. In Ontario and other provinces in Canada, as well as several states in the United States, monopoly alcohol stores started home delivery, which had been banned before, but is now part of the COVID-19 response (The Beer Store, 2020).

Alcohol companies are helping with the fight against COVID-19 with corporate social responsibility (CSR) activities while still promoting their brands, and it is unknown what other marketing promotions will be implemented to compensate for the loss in sales. CSR is a known strategy of the industry to market their brands, stimulate consumption, and get public support for their businesses and products. There are likely to be calls for deregulation, such as freezing alcohol duties.

There is a need to monitor these actions closely and to analyze and evaluate them in terms of their contribution to reducing harmful use of alcohol. That was the commitment made by the Global Producers to WHO.

Alcohol sales can go up by means of drive-throughs, home delivery, internet sales, and lowering of prices to stimulate purchases. How will household expenditures change? Will more be spent on alcohol or less? Will unrecorded alcohol increase or decrease? Where and under which conditions?

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Misinformation is widespread, with some claiming that alcohol ingestion can protect against the virus. As it is now known, alcohol weakens the immune system in a dose-dependent manner (National Institute on Alcohol Abuse and Alcoholism, 2015), thus facilitating infections from coronaviruses. COVID-19 is particularly affecting those with underlying noncommunicable diseases, many of them causally linked to alcohol as well. Reducing risks should continue to be on the global health agenda while we address the pandemic swiftly.

As experience with natural disasters and other crises has shown, alcohol may be used by the affected population, including health workers, to cope with stress and other mental problems (de Goeij et al., 2015). Some heavier drinkers may stockpile alcohol and increase consumption at home. Consumption at home has been associated with domestic violence, violence against children, child neglect, and misguided parental modeling. Allowing home delivery may increase those harms. Children and adolescents could be exposed to the notion that alcohol can be used to cope with stressful life situations, as well as to celebrate “isolation.” Children can become even more exposed to alcohol marketing by their increased use of the internet, social media, and TV viewing, all known to contain considerable amounts of alcohol advertising. It is unknown how marketing in traditional channels will change.

Alcohol treatment is already limited and may become unavailable, including supports such as self-help groups. In many locations, there will be no virtual options. Depending on the region, it is hard to find accurate information and resources on the internet if people decide to seek help. Home withdrawal management will need to be supervised by a health professional, but the current shortage may become another barrier to people who decide to take self-quarantine as a good opportunity for quitting. Quitting strategies at home may be easier when the social cues decrease, but will that be supported by the media and the person’s social network? Screening and brief interventions online could be boosted in such situations, but resources are required to scale them up and make the public aware of these options and their effectiveness.

Telework has become the new normal for millions. However, it is unknown if drinking during working hours will become another new norm. Many women who plan to become pregnant or are now pregnant may not know about the risks of alcohol consumption to the unborn child. Working from home may facilitate drinking that otherwise would not happen.

Alcohol-related public disturbance is likely to go down, as well as interpersonal violence, which is often associated with drinking in public places. Alcohol-attributable homicides could go down, and alcohol-attributable suicides could go up. Young people could drink more or could reduce their drinking. Where restrictions to social life have

been imposed, driving will decrease, but will drink driving decrease proportionally as well? Will the police continue to do sobriety checkpoints or random breath testing given the nature of this epidemic? If no enforcement will be done, will the relative role of alcohol in crashes increase? Will driving be so reduced that it will not matter? Will those who drink at home remember to not drink and drive in the absence of controls or prevention campaigns?

How will the industry balance losses to keep afloat? One would expect new and creative ways to deliver alcohol to consumers, when alcohol festivals, sports events, and other activities sponsored by the industry will be halted. It is imperative to measure and evaluate the situation we are in because so much can be learned to inform alcohol policy and advocacy. We need to monitor the promotion of alcohol in social media, misinformation about the health benefits of alcohol, and the new marketing strategies being used in high- and low- to middle-income countries.

We must evaluate the impact of COVID-19 containment measures on the availability of alcohol (physical, economic, social), as well as alcohol consumption, harms, and policies. For that, research funds need to be made available as soon as possible. For a whole of society approach, as envisioned by the agenda of sustainable development and reinforced by the WHO-led SAFER initiative (WHO, 2018), policy coherence is needed so we do not reverse any gains already achieved. We left GAPC with a lot of hope and enthusiasm, but only a few days later we began to live a different life and perspective. The alcohol research community is suffering, as are many other research professionals, from studies that need to be interrupted. This is also an opportunity to unite and collaborate internationally to document changes, better understand lifestyle-related behaviors, and advocate for funding in both high- and low-income countries so we can be part of the solution and the future that we want to see: a world free from alcohol-related harms. There is no time to waste.

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