COVID-19 and Alcohol Use: A Rapid Evidence Summary

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# Evidence Summary

* The overall quality of evidence available is poor and based on the quality of evidence there is no way to make conclusive statements
* However what evidence suggests may match local intelligence and understanding
* The evidence-base is fluid, so this is correct as of 19/05/20 (and it may be out of date by the time you have finished your brew)
* This evidence review is a narrative of evidence highlights not a classic review
* This evidence review highlights potential areas of exploration but offers no recommendations

**Evidence Review Summary**

* Already clinical and commissioning guidance available to support staff
* No evidence on alcohol being a primary risk factor for increased transmission or worse outcomes
* How alcohol impacted health issues and comorbidities associated with excessive/dependent alcohol intake are an issue
* Public health issues beyond health impact include increased risk of domestic violence, poor mental health outcomes, worse impacts for vulnerable/at-risk groups
* Many of established interventions for reducing alcohol intake/moderate alcohol intake still relevant during COVID-19, but delivery may need to change

# Evidence Review

**Clinical Guidelines**

In terms of clinical and service support to people with alcohol dependence there is already guidance available from NHS England[[1]](#endnote-1), Public Health England[[2]](#endnote-2) (PHE), and Scottish Health Action on Alcohol Problems (SHAAP) [[3]](#endnote-3) as well as information for the general public with alcohol dependence from PHE. [[4]](#endnote-4)

**Alcohol and COVID-19 Risk**

At the time of writing this summary, there is no strong evidence to suggest alcohol intake alone increases risk of transmission or links to worse outcomes in COVID-19. Whilst liver impairment and disease is not solely through alcohol misuse it is a strong enough link to include in here. Though liver impairment is not uncommon in patients with COVID-19, as of 1st May 2020, Garrido et al (2020)[[5]](#endnote-5) are unsure of its clinical significance – especially in patients with chronic liver disease as available evidence suggests that liver injury may result from direct pathogenic effect by the virus. They argue that further research is needed focusing on the effect of existing liver-related comorbidities on treatment and outcome of COVID-19.

**Secondary Alcohol and COVID-19 Risk**

Given the links between alcohol intake and known drivers to worse COVID-19 outcomes such as CVD and diabetes, the effects binge and heavy drinking can have on the immune system[[6]](#endnote-6) increasing risk of viral and community-acquired infections in heavy drinkers[[7]](#endnote-7) and even potentially heighten the risks of acute repository distress[[8]](#endnote-8) it is important topic to address. Testino (2020) does present a compelling argument for the infection risks of COVID-19 to the heaviest drinkers in society.

**Background**

Rehm et al (2020) predicts, in an Australian focused editorial that two possible scenarios – potentially a lower level in alcohol consumption mainly due to physical and financial lack of availability. This scenario in the short term could be followed by the second scenario where, in the longer-term, there is an increase in consumption for some populations, particularly men, due to distress experienced as a result of the pandemic,[[9]](#endnote-9)though there is much stronger evidence that there is an increase in lockdown drinking during the COVID crisis[[10]](#endnote-10)[[11]](#endnote-11)[[12]](#endnote-12)

Early in the COVID-19 crisis, there was misinformation about the potential protective factors alcohol consumption may have regarding COVID transmission – which is covered by the World Health Organisation (WHO)[[13]](#endnote-13) and in case from Thailand which showed the dangers of such beliefs[[14]](#endnote-14)

**Alcohol Use and Pandemics/Disasters**

There is a strong correlation between disasters and increased alcohol use – with Galea et al (2020) being a particularly interesting overview[[15]](#endnote-15) with a lot of evidence focusing on the increase in alcohol and substance misuse following 9/11 and the security measures that were put in place[[16]](#endnote-16)[[17]](#endnote-17) though offer little in successful approaches in combating this increase.

Henteleff et al (2010) [[18]](#endnote-18) – although not specifically alcohol focused examines reaching ‘hard-to-reach’ groups during H1N1 crisis in Canada, which could be an interesting further exploration in terms of recovery and response as the concern raised in it correlates with an interesting piece by Karamouzian et al (2020) which has more of a COVID-19 focus.[[19]](#endnote-19)

**Alcohol and Domestic Violence**

The increase in alcohol consumption – especially in lockdown, has led to increased concern and reports of domestic abuse and violence (see also my reviews on COVID-19 impact on: children/young people, mental health, domestic violence).

Linked to domestic violence is a call for increased or full restriction to alcohol during COVID-19:

* Marsden et al (2020)[[20]](#endnote-20) argues that the positive impact a reduction in the sale of alcohol may produce, arguing that in where ‘alcohol sales outlets are closed’:
  + drinking can be expected to decrease significantly (although this effect may be moderated if stockpiling behaviour occurred immediately before the imposition of restrictions)
  + The closure of all alcohol outlets may improve health and reduce intimate partner violence, as well as other violence.
  + However, social isolation may heighten domestic tensions negating or reversing this possible benefit.
* WHO argues that alcohol in lockdown will increase health vulnerabilities, risk-taking behaviours, poor mental health and violence – including domestic/partner violence[[21]](#endnote-21)
* Elsewhere in the evidence-base there are claims that current licensing in the UK (and Australia) may lead to ‘this may lead to an intensification of the social and health harms associated with home drinking’[[22]](#endnote-22)

**Alcohol and Poor Mental Health Outcomes**

Internationally there seems to be a consensus that during COVID-19, the impact of alcohol use on mental health is an issue for government and should be part of national responses – as highlighted in the summary by Peters et al (2020)[[23]](#endnote-23)

Alcohol during a crisis such as COVID-19 is shown to impact the mental health of two main groups within the evidence:

* Health and Social care staff
  + For members of staff involved in the pandemic response there are the links between psychological wellbeing and increased alcohol use – especially in staff who were quarantined, or worked in high-risk locations such as SARS wards, during the outbreak[[24]](#endnote-24)[[25]](#endnote-25)[[26]](#endnote-26) Much of the recommendations focused on reduction of, and developing workforce resilience to the stressors rather than the role of alcohol.
  + Increases in issues such as stress and anxiety [[27]](#endnote-27)
* General public
  + Increase in anxiety and depression linked with increased alcohol consumption in Chinese study[[28]](#endnote-28)
  + Worry about isolation increasing alcohol intake as stress and anxiety grow though the long-term impact of COVID-19 and lockdown on alcohol use is unknown[[29]](#endnote-29)

**Alcohol and Vulnerable Populations (including dependent drinkers)**

Whilst nowhere in the evidence explicitly states it, there is a very real inequality issue, with those most at-risk from increased harm, most likely to be most affected by adverse alcohol impacts from COVID-19, including:

* Could lead to relapse in those with previous alcohol dependence issues or place recovery services under further strain25
* Salisbury-Asfhar et al (2020) looks at how vulnerable populations (of which they are at increased risk to mental health and addiction issues) may be impacted by COVID-19[[30]](#endnote-30)
* Older people are more at risk of social isolation, and with more stringent guidelines may be at increased risk of anxiety, depression, other psychiatric disorders, and substance use, with alcohol being most prominent[[31]](#endnote-31)
* Poverty, poor mental health and insecurity will be greatly exacerbated by COVID‐19 and social distancing measures, and this will affect people with addictive disorders particularly hard
* For people with alcohol use disorder, there are additional concerns that some heavy drinkers will be at risk of serious symptoms of withdrawal if they stop or reduce alcohol consumption (as covered in PHE Guidance) and it may be hard to access medical care. Some organizations are offering personalized guidance on this topic to try and ensure that reductions in alcohol consumption are achieved safely at a time when the usual sources of support and advice relating to detoxification may be less available[[32]](#endnote-32)
* Opioid use dependents and multiple comorbidities have a high risk of COVID‐19 infection which may also include dependent drinkers[[33]](#endnote-33)
* There is a look towards the future in terms of the ‘cost’ of increased alcohol use during COVID-19, with risks including an Increase of alcohol relapse, admissions for decompensated alcohol-associated liver disease (ALD), and an increase in newly diagnosed patients with alcohol use disorder (AUD)/ALD post-COVID-19 pandemic.[[34]](#endnote-34)

**Interventions**

Whilst not covered specifically in this rapid review, the previously well-established negative clinical and social impacts of excessive alcohol – to individuals, families and communities[[35]](#endnote-35)[[36]](#endnote-36)[[37]](#endnote-37) and those interventions and strategies to combat[[38]](#endnote-38)[[39]](#endnote-39) them are not diminished due to COVID-19 (all reference examples of wider evidence-base)

# Must Read Results

* Clay, J. M. and M. O. Parker (2020). "Alcohol use and misuse during the COVID-19 pandemic: a potential public health crisis?" The lancet. Public Health **5**(5): e259.
* Galea, S., et al. (2020). "The Mental Health Consequences of COVID-19 and Physical Distancing: The Need for Prevention and Early Intervention." JAMA Internal Medicine
* Marsden, J., et al. (2020). "Mitigating and learning from the impact of COVID-19 infection on addictive disorders." Addiction.
* Peters, J. (2020). Rapid review on coronavirus/COVID-19: policies, actions and resources related to drug and alcohol addiction across IIMHL and IIDL countries, International Initiative for Mental Health Leadership.
* Public health England (2020) [**COVID-19: information on stopping drinking for people dependent on alcohol**](https://www.gov.uk/government/publications/covid-19-information-on-stopping-drinking-for-people-dependent-on-alcohol/covid-19-information-on-stopping-drinking-for-people-dependent-on-alcohol#advice-for-parents-and-carers-who-are-cutting-down-on-drinking)
* Satre, D. D., et al. (2020). "Addressing Problems With Alcohol and Other Substances Among Older Adults During the COVID-19 Pandemic." American Journal of Geriatric Psychiatry 22: 22.
* Testino, G. (2020). "Are Patients With Alcohol Use Disorders at Increased Risk for Covid-19 Infection?" Alcohol & Alcoholism 13: 13.
* World Health Organisation (2020). [Alcohol does not protect against COVID-19: access should be restricted during lockdown.](http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/news/news/2020/04/alcohol-does-not-protect-against-covid-19-access-should-be-restricted-during-lockdown)

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# Literature Search Results

Brooks, S. K., Dunn, R., Amlôt, R., Rubin, G. J., & Greenberg, N. (2018). A systematic, thematic review of social and occupational factors associated with psychological outcomes in healthcare employees during an infectious disease outbreak. *Journal of occupational and environmental medicine*, *60*(3), 248-257.

OBJECTIVE: To conduct a systematic literature review to identify social and

occupational factors affecting the psychological wellbeing of healthcare workers

involved in the severe acute respiratory syndrome (SARS) crisis.

METHODS: Four literature databases were searched and data extracted from relevant

papers.

RESULTS: Eighteen thousand five papers were found and 22 included in the review.

The psychological impact of SARS on employees appeared to be associated with

occupational role; training/preparedness; high-risk work environments;

quarantine; role-related stressors; perceived risk; social support; social

rejection/isolation; and impact of SARS on personal or professional life.

CONCLUSIONS: To minimize the psychological impact of future outbreaks of

infectious diseases, healthcare workers should be prepared for the potential

psychological impact; employers should encourage a supportive environment in the

workplace and ensure that support is in place for those most at risk, for

example, those with the most patient contact.

World Health Organisation (2020). [Alcohol and COVID-19: what you need to know, WHO.](https://www.drugsandalcohol.ie/31855/1/Alcohol-and-COVID-19-what-you-need-to-know.pdf)

The following factsheet provides important information that you should know about alcohol consumption and COVID-19. It addresses, among other things, the misinformation that is being spread through social media and other communication channels about alcohol and COVID-19.

World Health Organisation (2020). [Alcohol does not protect against COVID-19: access should be restricted during lockdown.](http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/news/news/2020/04/alcohol-does-not-protect-against-covid-19-access-should-be-restricted-during-lockdown)

Patient info:

Alcohol is known to be harmful to health in general, and is well understood to increase the risk of injury and violence, including intimate partner violence, and can cause alcohol poisoning. At times of lockdown during the COVID-19 pandemic, alcohol consumption can exacerbate health vulnerability, risk-taking behaviours, mental health issues and violence. WHO/Europe reminds people that drinking alcohol does not protect them from COVID-19, and encourages governments to enforce measures which limit alcohol consumption.

Health Research Board (2020). [Clinical and patient care research and harm reduction resources related to Covid-19.](https://www.drugsandalcohol.ie/31758/)

[Collection of patient information](https://www.drugsandalcohol.ie/31758/)

Scottish Health Action on Alcohol Problems (2020). Coronavirus (COVID-19) and people with alcohol-related problems: recommendations for services, SHAAP.

This guidance has been drawn up by Scottish Health Action on Alcohol Problems (SHAAP), at the request of the Scottish Government. It provides recommendations for Alcohol and Drug Partnerships (ADPs), Commissioners, Alcohol Service Managers, Community Services and Mutual Aid and Support Groups, to enable them to reduce risks and ensure continued support for people with alcohol-related problems in the context of COVID-19. COVID-19 is a rapidly evolving pandemic with national advice and guidance updated regularly. This document is accurate at point of publication. It will be reviewed at least weekly, and more often if necessary, with updates being issued as and when required. This guidance is intended to support and not to contradict or replicate any local contingency plans that are in place.

Health Research Board (2020). [Covid-19 - drug and alcohol surveys.](https://www.drugsandalcohol.ie/31949/)

A number of surveys are monitoring changes in the drugs and alcohol area

Public Health England (2020). COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol, Public Health England.

**What you need to know**

* drug and alcohol services do not need to close at the current time and are [important to keep operating](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0145-COVID-19-prioritisation-within-community-health-services-1-April-2020.pdf) as they protect vulnerable people who are at greater risk from coronavirus (COVID-19) and help reduce the burden on other healthcare services
* services should keep face-to-face contacts between staff and service users to a minimum and minimise the use of biological drug testing and breathalysers, where safe to do so
* follow up-to-date [guidance for infection prevention and control](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control), including hand-washing, surface-cleaning, isolating people and sending staff home
* arrangements for prescribing and dispensing of medicines used in drug and alcohol treatment will need to be changed to take account of service and pharmacy closures, staff unavailability, patients having to maintain social distance or self-isolate, including the most vulnerable being shielded and the need to reduce the spread of COVID-19
* measures to reduce drug and alcohol-related harm, such as needle and syringe programmes (NSP), take-home naloxone, thiamine, advice on gradual reduction of alcohol consumption and e-cigarettes should all be increased where possible
* drug and alcohol treatment staff are included in the [government’s definition of key workers](https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision) whose children can – if they cannot be kept safe at home – continue to attend school
* usual expectations on services for local monitoring and reporting, contract and performance management and contract re-tendering can all be scaled back to enable services to focus on delivery

North Inner City Drugs Task Force, Recovery Academy Ireland. (2020). [How recovery coaches are managing lockdown through the Covid crisis, North Inner City Drug and Alcohol Task Force.](https://www.drugsandalcohol.ie/31919/1/Coaches%20coaching%20through%20Covid%20PDF%20V4.pdf)

Our Recovery Coaches began their placements in late January 2020 and within 6 weeks , like everybody, their worlds were turned upside down. This is the remarkable story of how they have coped with our national lockdown. It is a story of resilience, imagination, generosity and great wisdom which will be an inspiration to anybody who reads it. Paul Duff, our coordinator, has kept the recovery coaching training and experience going and very much alive through the lockdown while simultaneously being re-deployed to work with the Covid 19 Homeless Response Team facing up to the challenge of working with a vulnerable group of people.

Alcohol Action Ireland, Mental Health Ireland. (2020) ["There is little comfort in alcohol: foster healthy coping tools that will last long beyond Covid-19."](https://alcoholireland.ie/little-comfort-alcohol-foster-healthy-coping-tools-will-last-long-beyond-covid-19/)

Alcohol Action Ireland today (27 March) has published a set of advice guidelines to help people understand the risk of turning to alcohol in these difficult times. This advice, developed with Mental Health Ireland, comes at a time when the alcohol off-trade business is reporting exceptional sales as people look to stock-up with excessive amounts of alcohol at home.

Agyapong, V. I. O. (2020). "COVID-19 Pandemic: Health System and Community Response to a Text Message (Text4Hope) Program Supporting Mental Health in Alberta." Disaster Medicine and Public Health Preparedness.

In an effort to support the mental health of Albertans during the COVID-19 pandemic, Alberta Health Services launched a supportive text message (Text4Mood) program on March 23 2020. The program was simultaneously approved for funding by the six regional health foundations and program was launched within one week of conception. Residents of Alberta can subscribe to the program by texting "COVID19HOPE" to a sort code number. Each subscriber receives free three months of daily supportive text messages crafted by a team of clinical psychologists, psychiatrists, mental health therapist and mental health service users. Within one week of the launch of Text4Hope, 32,805 subscribers had signed up to the program, and there have been expressions of interests from other jurisdictions to implement a similar program to support the mental health of those in quarantine, isolation or lockdown. Â© 2020 Society for Disaster Medicine and Public Health, Inc.

Ahmed, M. Z., et al. (2020). "Epidemic of COVID-19 in China and associated Psychological Problems." Asian Journal of Psychiatry **51**: 102092.

The world is experiencing pandemic of the COVID-19 now, a RNA virus that spread out from Wuhan, China. Two countries, China first and later Italy, have gone to full lock down due to rapid spread of this virus. Till to date, no epidemiological data on mental health problems due to outbreak of the COVID-19 and mass isolation were not available. To meet this need, the present study was undertaken to assess the mental health status of Chinese people. An online survey was conducted on a sample of 1074 Chinese people, majority of whom from Hubei province. Lack of adequate opportunities to conduct face to face interview, anxiety, depression, mental well-being and alcohol consumption behavior were assessed via self-reported measures. Results showed higher rate of anxiety, depression, hazardous and harmful alcohol use, and lower mental wellbeing than usual ratio. Results also revealed that young people aged 21-40 years are in more vulnerable position in terms of their mental health conditions and alcohol use. To address mental health crisis during this epidemic, it is high time to implement multi-faceted approach (i.e. forming multidisciplinary mental health team, providing psychiatric treatments and other mental health services, utilizing online counseling platforms, rehabilitation program, ensuring certain care for vulnerable groups, etc.).

Bacon, A. M. and P. J. Corr (2020). "Coronavirus (COVID-19) in the United Kingdom: A personality-based perspective on concerns and intention to self-isolate." British Journal of Health Psychology.

Objectives Public behaviour change is necessary to contain the spread of coronavirus (COVID-19). Based on the reinforcement sensitivity theory (RST) framework, this study presents an examination of individ 1000 ual differences in some relevant psychological factors. Design Cross-sectional psychometric. Methods UK respondents (NÂ =Â 202) completed a personality questionnaire (RST-PQ), measures of illness attitudes, concerns about the impact of coronavirus on health services and socio-economic infrastructures, personal safety, and likelihood of voluntary self-isolation. Results Respondents most concerned were older, had negative illness attitudes, and scored higher on reward reactivity (RR), indicating the motivation to take positive approach action despite prevailing worry/anxiety. Personal safety concerns were highest in those with negative illness attitudes and higher fightâ“flightâ“freeze system (FFFS, reflecting fear/avoidance) scores. Results suggest people are experiencing psychological conflict: between the urge to stay safe (FFFF-related) and the desire to maintain a normal, pleasurable (RR-related) life. Ways of ameliorating conflict may include maladaptive behaviours (panic buying), reflecting reward-related displacement activity. Intended self-isolation related to FFFS, but also low behavioural inhibition system (related to anxiety) scores. Older people reported themselves less likely to self-isolate. Conclusions Interventions need to consider individual differences in psychological factors in behaviour change, and we discuss relevant literature to inform policy makers and communicators. Statement of contribution What is already known on this subject? Reinforcement sensitivity theory (RST) personality systems can influence perception of persuasive health messages. However, there is limited evidence for their direct effects on health concerns and behaviours, and none relating to specific infectious diseases. What does this study add? Reward reactivity (RR) is associated with concern about impact of coronavirus on the NHS and other social infrastructures, indicating the motivation to take positive-approach action despite worry/anxiety. Personal safety concerns are related to fightâ“flightâ“freeze system traits (FFFS, reflecting fear/avoidance). Intended self-isolation related to FFFS, but also low behavioural inhibition system (related to anxiety) scores. Older people reported themselves less likely to self-isolate. Results suggest psychological conflict: between the urge to stay safe (FFFF-related) and the desire to maintain a normal, pleasurable life (RR-related). Ways of ameliorating conflict may include maladaptive behaviours (panic buying), reflecting reward-related displacement activity. Â© 2020 The Authors. British Journal of Health Psychology published by John Wiley & Sons Ltd on behalf of British Psychological Society

Bansal, P., et al. (2020). "Clinician Wellness During the COVID-19 Pandemic: Extraordinary Times and Unusual Challenges for the Allergist/Immunologist." Journal of Allergy and Clinical Immunology: In Practice.

The global spread of coronavirus disease 2019 (COVID-19) has caused sudden and dramatic societal changes. The allergy/immunology community has quickly responded by mobilizing practice adjustments and embracing new paradigms of care to protect patients and staff from severe acute respiratory syndrome coronavirus 2 exposure. Social distancing is key to slowing contagion but adds to complexity of care and increases isolation and anxiety. Uncertainty exists across a new COVID-19 reality, and clinician well-being may be an underappreciated priority. Wellness incorporates mental, physical, and spiritual health to protect against burnout, which impairs both coping and caregiving abilities. Understanding the stressors that COVID-19 is placing on clinicians can assist in recognizing what is needed to return to a point of wellness. Clinicians can leverage easily accessible tools, including the Strength-Focused and Meaning-Oriented Approach to Resilience and Transformation approach, wellness apps, mindfulness, and gratitude. Realizing early warning signs of anxiety, depression, substance abuse, and posttraumatic stress disorder is important to access safe and confidential resources. Implementing wellness strategies can improve flexibility, resilience, and outlook. Historical parallels demonstrate that perseverance is as inevitable as pandemics and that we need not navigate this unprecedented time alone. Â© 2020 American Academy of Allergy, Asthma & Immunology

Boeckmans, J., et al. (2020). "COVID-19 and drug-induced liver injury: a problem of plenty or a petty point?" Archives of Toxicology.

Brooks, S. K., et al. (2020). "The psychological impact of quarantine and how to reduce it: rapid review of the evidence." The Lancet **395**(10227): 912-920.

The December, 2019 coronavirus disease outbreak has seen many countries ask people who have potentially come into contact with the infection to isolate themselves at home or in a dedicated quarantine facility. Decisions on how to apply quarantine should be based on the best available evidence. We did a Review of the psychological impact of quarantine using three electronic databases. Of 3166 papers found, 24 are included in this Review. Most reviewed studies reported negative psychological effects including post-traumatic stress symptoms, confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Some researchers have suggested long-lasting effects. In situations where quarantine is deemed necessary, officials should quarantine individuals for no longer than required, provide clear rationale for quarantine and information about protocols, and ensure sufficient supplies are provided. Appeals to altruism by reminding the public about the benefits of quarantine to wider society can be favourable. Â© 2020 Elsevier Ltd

Burkle, F. M. (2020). "Declining Public Health Protections within Autocratic Regimes: Impact on Global Public Health Security, Infectious Disease Outbreaks, Epidemics, and Pandemics." Prehospital and Disaster Medicine.

Public health emergencies of international concern, in the form of infectious disease outbreaks, epidemics, and pandemics, represent an increasing risk to the world's population. Management requires coordinated responses, across many disciplines and nations, and the capacity to muster proper national and global public health education, infrastructure, and prevention measures. Unfortunately, increasing numbers of nations are ruled by autocratic regimes which have characteristically failed to adopt investments in public health infrastructure, education, and prevention measures to keep pace with population growth and density. Autocratic leaders have a direct impact on health security, a direct negative impact on health, and create adverse political and economic conditions that only complicate the crisis further. This is most evident in autocratic regimes where health protections have been seriously and purposely curtailed. All autocratic regimes define public health along economic and political imperatives that are similar across borders and cultures. Autocratic regimes are seriously handicapped by sociopathic narcissistic leaders who are incapable of understanding the health consequences of infectious diseases or the impact on their population. A cross section of autocratic nations currently experiencing the impact of COVID-19 (coronavirus disease 2019) are reviewed to demonstrate the manner where self-serving regimes fail to manage health crises and place the rest of the world at increasing risk. It is time to re-address the pre-SARS (severe acute respiratory syndrome) global agendas calling for stronger strategic capacity, legal authority, support, and institutional status under World Health Organization (WHO) leadership granted by an International Health Regulations Treaty. Treaties remain the most successful means the world has in preventing, preparing for, and controlling epidemics in an increasingly globalized world."Honesty is worth a lot more than hope..." The Economist, February 17, 2020. Â© 2020 The Author(s). Published by Cambridge University Press on behalf of World Association for Disaster and Emergency Medicine.

Cai, J., et al. (2020). "Nonalcoholic Fatty Liver Disease Pandemic Fuels the Upsurge in Cardiovascular Diseases." Circulation Research: 679-704.

Cardiovascular diseases (CVDs) remain a leading cause of death worldwide. Among the major risk factors for CVD, obesity and diabetes mellitus have received considerable attention in terms of public policy and awareness. However, the emerging prevalence of nonalcoholic fatty liver disease (NAFLD), as the most common liver and metabolic disease and a cause of CVD, has been largely overlooked. Currently, the number of individuals with NAFLD is greater than the total number of individuals with diabetes mellitus and obesity. Epidemiological studies have established a strong correlation between NAFLD and an increased risk of CVD and CVD-associated events. Although debate continues over the causal relationship between NAFLD and CVD, many mechanistic and longitudinal studies have indicated that NAFLD is one of the major driving forces for CVD and should be recognized as an independent risk factor for CVD apart from other metabolic disorders. In this review, we summarize the clinical evidence that supports NAFLD as a risk factor for CVD epidemics and discuss major mechanistic insights regarding the acceleration of CVD in the setting of NAFLD. Finally, we address the potential treatments for NAFLD and their potential impact on CVD. Â© 2020 Lippincott Williams and Wilkins. All rights reserved.

Cai, Q., et al. (2020). "COVID-19: Abnormal liver function tests." Journal of Hepatology.

Background & Aims: Recent data on the coronavirus disease 2019 (COVID-19) outbreak caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has begun to shine light on the impact of the disease on the liver. But no studies to date have systematically described liver test abnormalities in patients with COVID-19. We evaluated the clinical characteristics of COVID-19 in patients with abnormal liver test results. Methods: Clinical records and laboratory results were obtained from 417 patients with laboratory-confirmed COVID-19 who were admitted to the only referral hospital in Shenzhen, China from January 11 to February 21, 2020 and followed up to March 7, 2020. Information on clinical features of patients with abnormal liver tests were collected for analysis. Results: Of 417 patients with COVID-19, 318 (76.3%) had abnormal liver test results and 90 (21.5%) had liver injury during hospitalization. The presence of abnormal liver tests became more pronounced during hospitalization within 2 weeks, with 49 (23.4%), 31 (14.8%), 24 (11.5%) and 51 (24.4%) patients having alanine aminotransferase, aspartate aminotransferase, total bilirubin and gamma-glutamyl transferase levels elevated to more than 3Ã— the upper limit of normal, respectively. Patients with abnormal liver tests of hepatocellular type or mixed type at admission had higher odds of progressing to severe disease (odds ratios [ORs] 2.73; 95% CI 1.19â“6.3, and 4.44, 95% CI 1.93â“10.23, respectively). The use of lopinavir/ritonavir was also found to lead to increased odds of liver injury (OR from 4.44 to 5.03, both p <0.01). Conclusion: Patients with abnormal liver tests were at higher risk of progressing to severe disease. The detrimental effects on liver injury mainly related to certain medications used during hospitalization, which should be monitored and evaluated frequently. Lay summary: Data on liver tests in patients with COVID-19 are scarce. We observed a high prevalence of liver test abnormalities and liver injury in 417 patients 1000 with COVID-19 admitted to our referral center, and the prevalence increased substantially during hospitalization. The presence of abnormal liver tests and liver injury were associated with the progression to severe pneumonia. The detrimental effects on liver injury were related to certain medications used during hospitalization, which warrants frequent monitoring and evaluation for these patients. Â© 2020 European Association for the Study of the Liver

Caio Augusto de, L., et al. (2020). "Letter to the Editor: COVID-19: Isolations, Quarantines and Domestic Violence in Rural Areas."

It was argued that the coronavirus pandemic is likely to lead to an increase in the occurrence of domestic violence incidents against women, while victims are forced to quarantine at home with potentially abusive family members. In this context, it was found that women living in rural areas are at increased risk. In defining their vulnerability was observed least school years, black race and young age (young women) of raped and abused women. The spouse was also identified as the main aggressor, who practiced physical violence, with recurrence, within the victim's own residence, associated with the abusive use of alcoholic beverages. It has alerted the world to this problem and called attention to the need to promote strategies to protect women. It is known that women and men experience pandemics in different ways and those circumstances, in addition to strengthening situations of women's vulnerability, tend to aggravate family tensions, especially in families with a history of recurrent domestic violence.

Carrico, A. W., et al. (2020). "Double Jeopardy: Methamphetamine Use and HIV as Risk Factors for COVID-19." AIDS and Behavior.

Casale, S. and G. L. Flett (2020). "Interpersonally-based fears during the covid-19 pandemic: Reflections on the fear of missing out and the fear of not mattering constructs." Clinical Neuropsychiatry **17**(2): 88-93.

Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) is currently spreading in all the areas of the world. This ongoing pandemic has clear impacts in terms of the relevance of psychological needs. Psychological needs such as self-esteem, self-actualization, and relatedness only become relevant once basic physiological needs and safety and survivor needs have been satisfied. Because psychological constr 1000 ucts are not objectively existing constituents of reality but rather efforts to represent it, they tend to become more or less relevant and salient as a function of prevailing conditions. Starting from this premise, the current paper focuses on the relevance that fears with an interpersonal basis (i.e. the fear of missing out and the fear of not mattering) have during a period in which physical distancing or âœsocial distancingâ has been implicated as a crucial important public health intervention that can help stop transmission of the coronavirus. We underscore how the current health crisis impacts the self and identity of people who are confronted with the discrepancy between their usual psychological needs and current realities. Â© Clinical Neuropsychiatry.

Chang, J., et al. (2020). "[Mental health status and its influencing factors among college students during the epidemic of COVID-19]." Nan Fang Yi Ke Da Xue Xue Bao = Journal of Southern Medical University **40**(2): 171-176.

OBJECTIVE: To investigate the mental health status of college students during the epidemic of COVID-19 and identify the factors influencing the mental health of the students.

METHODS: Using a general questionnaire, a self-designed new coronavirus pneumonia knowledge and cognitive behavior questionnaire, the Generalized Anxiety Disorder 7 (GAD-7) and Patient Health Questionnaire 9 (PHQ-9), we conducted an internet-based questionnaire survey of 3881 college students in Guangdong Province. A multinomial-logistic regression model was used to analyze the collected data.

RESULTS: The survey showed that 69.47% of the college students had a high level of awareness of COVID-19; the overall incidence of anxiety was 26.60%, and the incidences of mild, moderate and severe anxiety were 23.19%, 2.71%, and 0.70%, respectively. Depressive emotions were detected in 21.16% of the students, and the incidences of mild, moderate, and moderate-to-severe depression were 16.98%, 3.17%, and 1.01%, respectively. The results of multivariate analysis showed that an older age was associated with a higher level of awareness of COVID-19 and greater changes in future health behaviors were associated with less anxiety and depression among the students. The students currently in rural areas, of non-medical majors, and reporting half of their information concerning the epidemic being negative were more likely to have anxiety; female gender, residence in suburbs, a drinking history, and excessive negative information concerning the epidemic were all associated with the likeliness of depression.

CONCLUSIONS: The college students have different levels of anxiety and depression during the epidemic. Depression and anxiety are closely related, but the factors contributing to different levels of such emotions can be different, and colleges and related departments are urged to provide precision mental health education for college students.

Chevance, A., et al. (2020). "Ensuring mental health care during the SARS-CoV-2 epidemic in France: A narrative review." Encephale.

Objective: The lack of ressources and coordination to face the epidemic of coronavirus raises concerns for the heal 1000 th of patients with mental disorders in a country where we keep in memory the dramatic experience of famine in psychiatric hospitals during the Second World War. This article aims at proposing guidance to ensure mental health care during the SARS-CoV epidemy in France. Methods: Authors performed a narrative review identifying relevant results in the scientific and medical literature and local initiatives in France. Results: We identified four types of major vulnerabilities in patients suffering from mental disorders during this pandemic: (1) medical comorbidities that are more frequently found in patients suffering from mental disorders (cardiovascular and pulmonary pathologies, diabetes, obesity, etc.) which represent risk factors for severe infections with Covid-19; (2) age (the elderly constituting the population most vulnerable to coronavirus); (3) cognitive and behavioral troubles which can hamper compliance with confinement and hygiene measures and finally and (4) psychosocial vulnerability due to stigmatization and/or socio-economic difficulties. Furthermore, the mental health healthcare system is more vulnerable than other healthcare systems. Current government plans are poorly adapted to psychiatric establishments in a context of major shortage of organizational, material and human resources. In addition, a certain number of structural aspects make the psychiatric institution particularly vulnerable: many beds are closed, wards have a high density of patients, mental health community facilities are closed, medical teams are understaffed and poorly trained to face infectious diseases. We could also face major issues in referring patients with acute mental disorders to intensive care units. To maintain continuity of psychiatric care in this pandemic situation, several directions can be considered, in particular with the creation of Covid+ units. These units are under the dual supervision of a psychiatrist and of an internist/infectious disease specialist; all new entrants should be placed in quarantine for 14 days; the nurse staff should benefit from specific training, from daily medical check-ups and from close psychological support. Family visits would be prohibited and replaced by videoconference. At the end of hospitalization, in particular for the population of patients in compulsory ambulatory care situations, specific case-management should be organized with the possibility of home visits, in order to support them when they get back home and to help them to cope with the experience of confinement, which is at risk to induce recurrences of mental disorders. The total or partial closure of mental health community facilities is particularly disturbing for patients but a regular follow-up is possible with telemedicine and should include the monitoring of the suicide risk and psychoeducation strategies; developing support platforms could also be very helpful in this context. Private psychiatrists have also a crucial role of information with their patients on confinement and barrier measures, but also on measures to prevent the psychological risks inherent to confinement: maintenance of sleep regularity, physical exercise, social interactions, stress management and coping strategies, prevention of addictions, etc. They should also be trained to prevent, detect and treat early warning symptoms of post-traumatic stress disorder, because their prevalence was high in the regions of China most affected by the pandemic. Discussion: French mental healthcare is now in a great and urgent need for reorganization and must also prepare in the coming days and weeks to face an epidemic of emotional disorders due to the containment of the general population. Â© 2020

Clay, J. M. and M. O. Parker (2020). "Alcohol use and misuse during the COVID-19 pandemic: a potential public health crisis?" The lancet. Public Health **5**(5): e259.

In an attempt to control the 2019 coronavirus disease (COVID-19) pandemic, governments across the world have implemented distancing measures during the search for medical countermeasures, resulting in millions of people being isolated for long periods. Alcohol misuse is one of the leading causes of preventable mortality, contributing annually to about 3 million deaths worldwide.

 In some individuals, long term, excessive alcohol misuse might escalate into an alcohol use disorder. The potential public health effects of long-term isolation on alcohol use and misuse are unknown.

Stress is a prominent risk factor for the onset and maintenance of alcohol misuse. For example, chronic alcohol use results in neuroadaptations in stress and reward pathways, which lead to dysfunctional hypothalamic pituitary adrenocortical and sympathetic adrenomedullary axes, characterised by dysregulation of the cortisol response and deficits in emotional regulation.

 In turn, these neuroadaptations lead to increased cravings for alcohol in response to stress. The effects of long-term social isolation on stress levels, including increased neuroendocrine responses and stress reactivity, have been described in non-human animals.

 However, the ongoing lockdowns across many countries are unique and little is known of the effects on the general population of chronic isolation (with respect to health and wellbeing) in these circumstances

A risk factor for the onset and maintenance of alcohol misuse and alcohol use disorder is trait impulsivity (ie, the tendency to take risks or act without adequate forethought or reflection). Impulsivity can moderate stress-induced consumption of alcohol  and is also associated with relapse in addicted individuals.

 Thus, this period of isolation might lead to a spike in alcohol misuse, relapse, and potentially, development of alcohol use disorder in at-risk individuals, therefore placing further strain on addiction and drug and alcohol services, and the health service in general, during and after the pandemic.

Most governments, including the UK Government, have responded to the COVID-19 pandemic by advising the public to remain indoors, avoid unnecessary social contact, to protect themselves and health-care systems, and to save lives. We suggest that, as well as this important public health advice, governments should give public health warnings about excessive alcohol consumption during isolation to protect vulnerable individuals

Conversano, C., et al. (2020). "Psychological distress among healthcare professionals involved in the COVID-19 emergency: Vulnerability and resilience factors." Clinical Neuropsychiatry **17**(2): 94-96.

The aim of this paper is to outline some considerations about the psychological distress in healthcare professional during the Covid-19 pandemic. We summarize available literature both on â˜protectiveâ™ and â˜predisposingâ™ factors potentially involved in the occurrence of psychological distress, including PTSD, in frontline healthcare operators. Valid social support, self-efficacy, internal locus of control (LOC) and sense of coherence (SOC) have been considered as resilience factors, in previous studies. Likewise, several observations pointed on the relevance of individual and environmental vulnerabilities. No real evidence is available about strategies to face the emotional burden for healthcare operators due to present COVID-19 scenario. However, we strongly believe that the containment of isolation anxiety with an appropriate emotional support should be 1000 the first instrument to minimise the psychological effect of pandemic on the more exposed healthcare professionals. Â© Clinical Neuropsychiatry and 2020 Giovanni Fioriti Editore s.r.l.

Da, B. L., et al. (2020). "COVID-19 Hangover: A Rising Tide of Alcohol Use Disorder and Alcohol-Associated Liver Disease." Hepatology **05**: 05.

The coronavirus disease 2019 (COVID-19) pandemic has had a tremendous global impact since it began in November of 2019. However, there are concerns that the COVID-19 pandemic will not affect all equally and some populations will be particularly vulnerable. Relevant to liver disease, patients with alcohol use disorder (AUD) and alcohol-associated liver disease (ALD) may be amongst the populations that are the most severely impacted. The reasons for this include being at a higher risk of severe COVID-19 infection due to a depressed immune system and high-risk underlying comorbidities, the injurious effect of COVID-19 on the liver, the inability to attend regular visits with providers, diversion of hospital resources, and social isolation leading to psychological decompensation and increased drinking or relapse. As a result, we fear that there will be a dramatic rising tide of alcohol relapse, admissions for decompensated ALD, and an increase in newly diagnosed patients with AUD/ALD post-COVID-19 pandemic. Providers and their institutions should implement pre-emptive strategies such as telehealth and aggressive patient outreach programs now to curb this anticipated problem. Liver transplantation (LT) centers should adapt to the pandemic by considering leniency to some LT candidates with ALD who cannot access appropriate alcohol treatment due to the current situation. In conclusion, the COVID-19 pandemic will likely be especially detrimental to patients with AUD/ALD and actions need to be taken now to limit the scope of this anticipated problem.

DePierro, J., et al. (2020). "Lessons learned from 9/11: Mental health perspectives on the COVID-19 pandemic." Psychiatry Research **288 (no pagination)**.

The COVID-19 pandemic will likely lead to high rates of PTSD, depression, and substance misuse among survivors, victims' families, medical workers, and other essential personnel. The mental health response to the 9/11/01 terrorist attacks, culminating in a federally-funded health program, provides a template for how providers may serve affected individuals. Drawing on the 9/11 experience, we highlight effective prevention measures, likely short and long-term treatment needs, vulnerable subgroups, and important points of divergence between 9/11 and the COVID-19 pandemic. Mental health monitoring, early identification of at-risk individuals, and treatment irrespective of financial barriers are essential for minimizing chronic distress. Copyright © 2020 Elsevier B.V.

Di Gennaro, F., et al. (2020). "Coronavirus diseases (COVID-19) current status and future perspectives: A narrative review." International Journal of Environmental Research and Public Health **17**(8).

At the end of 2019 a novel virus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), causing severe acute respiratory syndrome expanded globally from Wuhan, China. In March 2020 the World Health Organization declared the SARS-Cov-2 virus a global pandemic. We performed a narrative review to describe existing literature with regard to Corona Virus Disease 2019 (COVID-19) epidemiology, pathophysiology, diagnosis, management and future perspective. MEDLINE, EMBASE and Scopus databases were searched for relevant articles. Although only when the pandemic ends it will be possible to assess the full health, social and economic impact of this global disaster, this review represents a picture of the current state of the art. In particular, we focus on public health impact, pathophysiology and clinical manifestations, diagnosis, case management, emergency response and preparedness. Â© 2020 by the authors. Licensee MDPI, Basel, Switzerland.

Eichenberger, R., et al. (2020). "Certified Coronavirus Immunity as a Resource and Strategy to Cope with Pandemic Costs." Kyklos.

A pandemic is not only a biological event and a public health disaster, but it also generates impacts that are worth understanding from economic, societal, historical, and cultural perspectives. In this contribution, we argue that as the disease spreads, we are able to harness a valuable key resource: people who have immunity to coronavirus. This vital resource must be effectively employed, it must be certified, it must be searched for, it must be found, and it may even be actively produced. We discuss why this needs to be done and how this can be achieved. Our arguments not only apply to the current pandemic but also to any future rapidly spreading, infectious disease epidemics. In addition, we argue for high awareness of a major secondary, nonbiological crisis arising from the side effects of societal and economic pandemic reactionsÂ to actual or imagined health risks. There is a risk that the impacts of the secondary crisis could outweigh that of the biological event. Â© 2020 The Authors. Kyklos published by John Wiley & Sons Ltd

El-Hage, W., et al. (2020). "Health professionals facing the coronavirus disease 2019 (COVID-19) pandemic: What are the mental health risks?" Encephale.

Objectives: The coronavirus disease 2019 (COVID-19) pandemic has caused major sanitary crisis worldwide. Half of the worldh as been placed in quarantine. In France, this large-scale health crisis urgently triggered the restructuring and reorganization of health service delivery to support emergency services, medical intensive care units and continuing care units. Health professionals mobilized all their resources to provide emergency aid in a general climate of uncertainty. Concerns about the mental health, psychological adjustment, and recovery of health care workers treating and caring for patients with COVID-19 are now arising. The goal of the present article is to provide up-to-date information on potential mental health risks associated with exposure of health professionals to the COVID-19 pandemic. Methods: Authors performed a narrative review identifying relevant results in the scientific and medical literature considering previous epidemics of 2003 (SARS-CoV-1) and 2009 (H1N1) with the more recent data about the COVID-19 pandemic. We highlighted most relevant data concerning the disease characteristics, the organizational factors an 1000 d personal factors that may contribute to developing psychological distress and other mental health symptoms. Results: The disease characteristics of the current COVID-19 pandemic provoked a generalized climate of wariness and uncertainty, particularly among health professionals, due to a range of causes such as the rapid spread of COVID-19, the severity of symptoms it can cause in a segment of infected individuals, the lack of knowledge of the disease, and deaths among health professionals. Stress may also be caused by organizational factors, such as depletion of personal protection equipment, concerns about not being able to provide competent care if deployed to new area, concerns about rapidly changing information, lack of access to up-to-date information and communication, lack of specific drugs, the shortage of ventilators and intensive care unit beds necessary to care for the surge of critically ill patients, and significant change in their daily social and family life. Further risk factors have been identified, including feelings of being inadequately supported, concerns about health of self, fear of taking home infection to family members or others, and not having rapid access to testing through occupational health if needed, being isolated, feelings of uncertainty and social stigmatization, overwhelming workload, or insecure attachment. Additionally, we discussed positive social and organizational factors that contribute to enhance resilience in the face of the pandemic. There is a consensus in all the relevant literature that health care professionals are at an increased risk of high levels of stress, anxiety, depression, burnout, addiction and post-traumatic stress disorder, which could have long-term psychological implications. Conclusions: In the long run, this tragic health crisis should significantly enhance our understanding of the mental health risk factors among the health care professionals facing the COVID-19 pandemic. Reporting information such as this is essential to plan future prevention strategies. Protecting health care professionals is indeed an important component of public health measures to address large-scale health crisis. Thus, interventions to promote mental well-being in health care professionals exposed to COVID-19 need to be immediately implemented, and to strengthen prevention and response strategies by training health care professionals on mental help and crisis management. Â© 2020 L'EncÃ©phale, Paris

Enos, G. (2020). "Dangerous myths compel authorities to reemphasize alcohol's risks." Alcoholism & Drug Abuse Weekly **32**(17): 1-8.

At a time when social media buzz takes full advantage of people's suddenly surplus idleness, dangerous myth often can overtake sound science. Despite compelling research evidence that alcohol consumption, particularly at high doses, compromises immune function (see "Effects on lung, immune function offer warning for drinking in crisis," ADAW, April 20; https://onlinelibrary.wiley.com/doi/full/10.1002/adaw.32693), health authorities still are finding it necessary to counteract messaging that could move some individuals toward greater alcohol use during the novel coronavirus crisis.

Enos, G. (2020). "Effects on lung, immune function offer warning for drinking in crisis." Alcoholism & Drug Abuse Weekly **32**(16): 1-8.

While it remains much too early to determine precisely how alcohol use might affect risk for or progression of COVID-19, any efforts to connect the dots from past alcohol research would suggest it wise for nondrinkers and low-risk drinkers to maintain that status during this public health crisis. It's already known that disaster can result in increased alcohol consumption based on the work of Deborah Hasin, Ph.D., after 9/11 (see "Alcohol and isolation: Experts comment on drinking behavior during COVID-19," ADAW March 30; https://onlinelibrary.wiley.com/doi/10.1002/adaw.32670).

Fiorino, G., et al. (2020). "Inflammatory bowel disease care in the COVID-19 pandemic era: the Humanitas, Milan experience." Journal of Crohn's & colitis.

The outbreak of the COVID-19 caused by Coronavirus SARS-CoV2, is rapidly spreading worldwide. This is the first pandemic caused by a Coronavirus in history. More than 150,000 confirmed cases worldwide are reported by the SARS-CoV2, with more than 5,000 COVID-19-related deaths on March 14th, 2020. Fever, chills, cough, shortness of breath, generalized myalgia, malaise, drowsy, diarrhoea, confusion, dyspnoea, and bilateral interstitial pneumonia are the common symptoms. No therapies are available, and the only way to contain the virus spread is to regularly and thoroughly clean oneself hands with an alcohol-based hand rub or wash them with soap and water, to maintain at least 1 metre (3 feet) distance from anyone who is coughing or sneezing, to avoid touching eyes, nose and mouth, and to stay home if one feels unwell. No data are available on the risk of COVID-19 and outcomes in inflammatory bowel disease (IBD) patients. Outbreak restrictions can impact on the IBD care. We aim to give a viewpoint on how operationally manage IBD patients ensuring quality of care in the current pandemic era. Â© The Author(s) 2020. Published by Oxford University Press on behalf of European Crohnâ™s and Colitis Organisation. All rights reserved. For permissions, please email: journals.permissions@oup.com.

Galea, S., et al. (2020). "The Mental Health Consequences of COVID-19 and Physical Distancing: The Need for Prevention and Early Intervention." JAMA Internal Medicine.

The sparse literature on the mental health consequences of epidemics relates more to the sequelae of the disease itself (eg, mothers of children with congenital Zika syndrome) than to social distancing. However, large-scale disasters, whether traumatic (eg, the World Trade Center attacks or mass shootings), natural (eg, hurricanes), or environmental (eg, Deepwater Horizon oil spill), are almost always accompanied by increases in depression, posttraumatic stress disorder (PTSD), substance use disorder, a broad range of other mental and behavioral disorders, domestic violence, and child abuse.[1](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2764404#ivp200009r1) For example, 5% of the population affected by Hurricane Ike in 2008 met the criteria for major depressive disorder in the month after the hurricane; 1 out of 10 adults in New York City showed signs of the disorder in the month following the 9/11 attacks.[2](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2764404#ivp200009r2),[3](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2764404#ivp200009r3) And almost 25% of New Yorkers reported increased alcohol use after the attacks.[4](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2764404#ivp200009r4) Communities affected by the Deepwater Horizon oil spill showed signs of clinically significant depression and anxiety.[5](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2764404#ivp200009r5) The SARS epidemic was also associated with increases in PTSD, stress, and psychological distress in patients and clinicians.[6](https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2764404#ivp200009r6) For such events, the impact on mental health can occur in the immediate aftermath and then persist over long time periods.

Garrido, I., et al. (2020). ""Review article: COVID-19 and liver disease - what we know on 1st May 2020"." Alimentary Pharmacology & Therapeutics **13**: 13.

BACKGROUND: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the causative pathogen of coronavirus disease 2019 (COVID-19), became a global threat to human health. Liver impairment has been frequently reported as a common manifestation, although its clinical significance is still unclear, particularly in patients with underlying chronic liver disease (CLD).

AIMS: To summarize the changes in liver function tests during SARS-CoV-2 infection and the impact of COVID-19 in patients with underlying CLD.

METHODS: A literature review using online database Pubmed was done using the search terms "SARS-CoV-2", "COVID-19", "liver", "cirrhosis" and "liver transplantation".

RESULTS: COVID-19 is frequently associated with different degrees of abnormal liver function tests, most notably transaminases, which are usually transitory and of mild degree. Available evidence suggests that liver injury may result from direct pathogenic effect by the virus, systemic inflammation or toxicity from commonly used drugs in this subset of patients. SARS-CoV-2 infection in children is associated with minimal or no increase in liver enzymes, thus the presence of abnormal liver function tests should trigger evaluation for underlying liver diseases. Although it seems that patients with CLD are not at greater risk for acquiring the infection, those with cirrhosis, hepatocellular carcinoma, non-alcoholic fatty liver disease, autoimmune liver diseases or liver transplant may have a greater risk for severe COVID-19.

CONCLUSIONS: Abnormal liver function tests during the course of COVID-19 are common, though clinically significant liver injury is rare. Further research is needed focusing on the effect of existing liver-related comorbidities on treatment and outcome of COVID-19.

Harper, C. A., et al. (2020). "Functional Fear Predicts Public Health Compliance in the COVID-19 Pandemic." International Journal of Mental Health and Addiction.

In the current context of the global pandemic of coronavirus disease-2019 (COVID-19), health professionals are working with social scientists to inform government policy on how to slow the spread of the virus. An increasing amount of social scientific research has looked at the role of public message framing, for instance, but few studies have thus far examined the role of individual differences in emotional and personality-based variables in predicting virus-mitigating behaviors. In this study, we recruited a large international community sample (N = 324) to complete measures of self-perceived risk of contracting COVID-19, fear of the virus, moral foundations, political orientation, and behavior change in response to the pandemic. Consistently, the only predictor of positive behavior change (e.g., social distancing, improved hand hygiene) was fear of COVID-19, with no effect of politically relevant variables. We discuss these data in relation to the potentially functional nature of fear in global health crises. Â© 2020, The Author(s).

Henteleff, A. C., et al. (2010). "Overcoming inequities - Reaching hard to reach populations during H1N1." Canadian Journal of Infectious Diseases and Medical Microbiology **21 (4)**: 222-223.

Background: Mass Immunization clinics have been proven to be an efficient method for immunizing large numbers of people in a compressed time period. During the planning phases of pandemic preparation it was identified that certain populations would likely be disproportionally impacted by the pandemic due to both existing inequalities in health and the more limited capacities of under-resourced communities. These populations have poor immunization rates in general and are therefore less likely to access immunization in mass clinic settings. Purpose(s): Plan and implement a strategy to immunize hard-to-reach populations. Methodology: A working group of public health staff experienced in service provision to hard-to-reach populations developed an "equities strategy" to overcome systemic barriers to immunization and bring "mass immunization" to hard to reach populations. The equities strategy, woven into the entire pandemic plan, was built on community capacity and engaged multiple programs, staffing, community partners and venues. Asking the question 'What inequities exist?', frontline, program and community staff were able to identify 14 distinct groupings of hard-to-reach populations acknowledging that there is overlap between some groups and individuals. Examples include street involved, those with drug or alcohol dependence, the home bound, those with language barriers etc. Result(s): With careful assessment and planning, a multifaceted approach was used to improve access to pandemic vaccine for hard to reach populations. This strategy included improving access at mass clinics, community outreach clinics in venues both familiar and unfamiliar with immunization services, enhanced home bound immunization services, enhanced interpreter and translation services, use of grass roots communication methods within hard-to-reach populations, and providing immunization along with other service provision. Conclusion(s): Commitment to an equities strategy created an environment that allowed for creative use of staffing, community and existing services to overcome systematic barriers to immunization in hard-to-reach populations. Lessons learned from this approach will serve to provide a better foundation on which to improve immunization services in general to hard- to-reach populations in the future.

Javelot, H., et al. (2020). "Informations on psychotropics and their adaptations for patients suffering from mental disorders in France during the SARS-CoV-2 epidemic." Encephale.

The 2019â“20 coronavirus pandemic (SARS-CoV-2; severe acute respiratory syndrome coronavirus 2) has dramatic consequences on populations in terms of morbidity and mortality and in social terms, the general confinement of almost half of the world's population being a situation unprecedented in history, which is difficult today to measure the impact at the individual and collective levels. More specifically, it affects people with various risk factors, which are more frequent in patients suffering from psychiatric disorders. Psychiatrists need to know: (i) how to identify, the risks associated with the prescription of psychotropic drugs and which can prove to be counterproductive in their association with COVID-19 (coronavirus disease 2019), (ii) how to assess in terms of benefit/risk ratio, the implication of any hasty and brutal modification on psychotropic drugs that can induce confusion for a differential diagnosis with the evolution of COVID-19. We carried out a review of the literature aimed at assessing the specific benefit/risk ratio of psychotropic treatments in patients suffering from COVID-19. Clinically, symptoms suggestive of COVID-19 (fever, cough, dyspnea, digestive signs) can be caused by various psychotropic drugs and require vigilance to avoid false negatives and false positives. In infected patients, psychotropic drugs should be used with caution, especially in the elderly, considering the pulmonary risk. Lithium and Clozapine, which are the reference drugs in bipolar disorder and resistant schizophrenia, warrant specific attention. For these two treatments the possibility of a reduction in the dosage â“ in case of minimal infectious signs and in a situation, which does not allow rapid control â“ should ideally be considered taking into account the clinical response (even biological; plasma concentrations) observed in the face of previous dose reductions. Tobacco is well identified for its effects as an inducer of CYP1A2 enzyme. In a COVID+ patient, the consequences of an abrupt cessation of smokin 1000 g, particularly related with the appearance of respiratory symptoms (cough, dyspnea), must therefore be anticipated for patients receiving psychotropics metabolized by CYP1A2. Plasma concentrations of these drugs are expected to decrease and can be related to an increase risk of relapse. The symptomatic treatments used in COVID-19 have frequent interactions with the most used psychotropics. If there is no curative treatment for infection to SARS-CoV-2, the interactions of the various molecules currently tested with several classes of psychotropic drugs (antidepressants, antipsychotics) are important to consider because of the risk of changes in cardiac conduction. Specific knowledge on COVID-19 remains poor today, but we must recommend rigor in this context in the use of psychotropic drugs, to avoid adding, in patients suffering from psychiatric disorders, potentially vulnerable in the epidemic context, an iatrogenic risk or loss of efficiency. Â© 2020 L'EncÃ©phale, Paris

Junior, J. G., et al. (2020). "The Mental Health of Those Whose Rights Have Been Taken Away: an Essay on the Mental Health of Indigenous Peoples in the Face of the 2019 Coronavirus (2019-Ncov) Outbreak." Psychiatry Research: 113094.

Background: : In Latin America there are about 45 million indigenous people in 826 communities that represent 8.3% of the population. An estimated 798,365 Aboriginal and Torres Strait Islander were in Australia, 5,2 million indigenous people living in America and 2,13 million in Canada. Racial/ethnic disparities in mental health service use have increased especially in the context of the new coronavirus pandemic. Thus, we aimed to describe the mental health situation of the indigenous population in the context of the COVID-19 pandemic.

Method: : The studies were identified in well-known international journals found in three electronic databases: PubMed, Scopus, and MEDLINE. The data were cross-checked with information from the main international newspapers.

Results: : According to the literature, due to the COVID-19 pandemic there is a lack of specialized mental health services and professionals, a restricted access to quality information and a lack of access to inputs, causing negative feelings and it can exacerbate pre-existing mental problems (eg: depression, suicidal ideation, smoking and binge drink). The cultural differences are a risk factor to worsen the mental health of this already vulnerable population.

Conclusion: : providing psychological first aid is an essential care component for indigenous populations that have been victims COVID-19 pandemic.

Kar, S. K., et al. (2020). "COVID-19 pandemic and addiction: Current problems and future concerns." Asian Journal of Psychiatry **51**.

Letter highlighting concerns of substance misusers and inability to access services

Karamouzian, M., et al. (2020). Public health messaging and harm reduction in the time of COVID-19.

Coronavirus disease 2019 (COVID-19) was declared a pandemic on March 11, and the disease is now expected to spread to most countries, if not all.1 The public health messaging mainly concerns personal hygiene, physical distancing, respiratory etiquette, stocking up on food supplies and essential medicines, contact tracing, and staying indoors as much as possible. We are concerned that the current public health messaging might be leaving out an important at-risk population: people who use drugs, including beverage and non-beverage alcohol, and in particular, individuals who are marginalised and street entrenched.

Kavoor, A. R. (2020). "COVID-19 in People with Mental Illness: Challenges and Vulnerabilities." Asian Journal of Psychiatry **51**.

Knopf, A. (2020). "Alcohol and isolation: Experts comment on drinking behavior during COVID-19." Alcoholism & Drug Abuse Weekly **32**(13): 1-4.

Are people drinking more now that they are locked in a house with their nearest and dearest, facing job loss or having lost a job, bored and stressed? Probably. Is drinking a healthy way of coping? No.

Kratzel, A., et al. (2020). "Inactivation of Severe Acute Respiratory Syndrome Coronavirus 2 by WHO-Recommended Hand Rub Formulations and Alcohols." Emerging infectious diseases **26**(7).

Infection control instructions call for use of alcohol-based hand rub solutions to inactivate severe acute respiratory syndrome coronavirus 2. We determined the virucidal activity of World Health Organization-recommended hand rub formulations, at full strength and multiple dilutions, and of the active ingredients. All disinfectants demonstrated efficient virus inactivation.

Lee, S. A. (2020). "Coronavirus anxiety scale: A brief mental health screener for COVID-19 related anxiety." Death Studies.

Mental health concerns of people impacted by the coronavirus pandemic have not been adequately addressed. The objective of this study was to develop and evaluate the properties of the Coronavirus Anxiety Scale (CAS), which is a brief mental health screener to identify probable cases of dysfunctional anxiety associated with the COVID-19 crisis. This 5-item scale, which was based on 775 adults with anxiety over the coronavirus, demonstrated solid reliability and validity. Elevated CAS scores were found to be associated with coronavirus diagnosis, impairment, alcohol/drug coping, negative religious coping, extreme hopelessness, suicidal ideation, as well as attitudes toward President Trump and Chinese products. The CAS discriminates well between persons with and without dysfunctional anxiety using an optimized cut score of â‰¥ 9 (90% sensitivity and 85% specificity). These results support the CAS as an efficient and valid tool for clinical research and practice. Â© 2020, Â© 2020 Taylor & Francis Group, LLC.

Lima, C. A. d., et al. (2020). "Letter to the Editor: COVID-19: Isolations, Quarantines and Domestic Violence in Rural Areas."

It was argued that the coronavirus pandemic is likely to lead to an increase in the occurrence of domestic violence incidents against women, while victims are forced to quarantine at home with potentially abusive family members. In this context, it was found that women living in rural areas are at increased risk. In defining their vulnerability was observed least school years, black race and young age (young women) of raped and abused women. The spouse was also identified as the main aggressor, who practiced physical violence, with recurrence, within the victim's own residence, associated with the abusive use of alcoholic beverages. It has alerted the world to this problem and called attention to the need to promote strategies to protect women. It is known that women and men experience pandemics in different ways and those circumstances, in addition to strengthening situations of women's vulnerability, tend to aggravate family tensions, especially in families with a history of recurrent domestic violence.

Marsden, J., et al. (2020). "Mitigating and learning from the impact of COVID-19 infection on addictive disorders." Addiction.

*The COVID‐19 pandemic and the measures required to address it are cutting a swathe through people's lives and the global economy. People with addictive disorders are particularly badly affected as a result of poverty, physical and mental health vulnerabilities and disruption of access to services. The pandemic may well increase the extent and severity of some addictive disorders. Current research is suffering from the termination of face‐to‐face data collection and other restrictions. There is an urgent need to coordinate efforts nationally and internationally to mitigate these problems and to find innovative ways of continuing to provide clinical and public health services to help people with addictive disorders.*

**Conclusions**

COVID‐19 infection and the measures used to address it will probably exacerbate the multiple risk factors for the initiation of addictive behaviours and the maintenance, worsening and relapse of addictive disorders. We are all prone to experience anxiety due to the disruptions COVID‐19 has had on our daily lives; uncertainty about the future, loneliness, depression or even suicidality induced by social distancing; and stress and grief from the illness or death of loved ones. These emotions are likely to place us at increased risk of a range of unhealthy behaviours and coping strategies, including substance use and gambling.

Some drug and alcohol services will innovate—providing novel ways of delivering harm reduction, flexible access to essential medications and internet and telephone‐delivered individual and group‐based psychosocial interventions. In many countries and regions, however, access to treatment services and treatment will be limited more than ever, particularly for those who are most vulnerable. This will also probably be reflected in relation to access to medical treatment for COVID‐19 infection.

There will be differences among countries in the experience of problems associated with COVID‐19, and it is crucial that we learn from each other. We must take the opportunity to share information about the problems, the solutions being tried and the outcomes of these efforts. This requires coordination by supranational agencies, with scientific, clinical and public health organizations all playing a role

Mungmungpuntipantip, R. and V. Wiwanitkit (2020). "Sharing Alcoholic Drinks and a COVID-19 Outbreak." Alcohol & Alcoholism **13**: 13.

COVID-19, the new respiratory infection, has spread from China to more than 100 countries ([Hsia, 2020](javascript:;)). Alcohol-containing hand sanitizer is part of the strategy to prevent person-to-person transmission. In Thailand, we have witnessed the incorrect belief that drinking alcohol can prevent COVID-19. We made the following observation from a group of COVID patients in Thailand (six females and five males, aged 25–28 years old). These patients had joined the same farewell party and drank alcoholic beverage by using the same glass. The cluster of outbreak among these patients occurred within 1 week after the farewell party. The disease investigation showed that there were four other persons joining that party but who did not drink. Those four persons did not develop illness. The incident illustrates that drinking alcoholic beverage does not help prevent COVID-19: the alcoholic concentration in alcoholic beverage is not high enough to kill the virus. In fact, in animal models, alcoholic consumption can cause immune impairment and increased susceptibility to respiratory virus ([Meyerholz *et al.*, 2008](javascript:;)).

It is well-established that the virus is shed in oral pharyngeal secretion and sputum, so it is not surprising that infection spread among individuals who shared a drinking glass.

Narasimha, V. L., et al. (2020). "Complicated Alcohol Withdrawal-An Unintended Consequence of COVID-19 Lockdown." Alcohol & Alcoholism **13**: 13.

AIM: To assess the impact of COVID-19-related lockdown in India on alcohol-dependent persons.

METHOD: We examined the change in the incidence of severe alcohol withdrawal syndrome presenting to hospitals in the city of Bangalore.

RESULTS: A changepoint analysis of the time series data (between 01.01.20 to 11.04.20) showed an increase in the average number of cases from 4 to 8 per day (likelihood ratio test: chi2 = 72, df = 2, P < 0.001).

CONCLUSION: An unintended consequence of the lockdown was serious illness in some patients with alcohol use disorders.

Nuryani, S. N. A. and Jour (2020). "Nurse’s Roles in Protecting Cancer Patients During COVID-19 Pandemic."

Nurses during COVID-19 pandemic outbreak will be front line health care worker providing care for all patient including cancer patients. Cancer patients were vulnerable group that need to be prevented from getting COVID-19. This study will describe the roles of nurses to protect cancer patients during this outbreak. The role of nurses preventing transmission in outpatient including conducting medical distancing to reduce number of patient visit health care. This can be done through screening by phone. Chemotherapy unit, nurses can prevent transmission through physical distancing, providing education and surface cleaning more often than usual in between patient. Oncology ward, nurses need to educate patient family regarding no hospital policy visit. This will reduce number of exposure people to people. The use of PPE wisely due to shortage of resources in may hospital facilities by reducing number of team member entering patient’s room, selectively usage of PPE required for certain nursing procedures, and nurses can perform number of procedures at once whenever nurses enter patients’ room. During this crisis, nurses also need to maintain their mental health by managing their stress and anxiety by balancing between work and rest during shifts, eat sufficient food and healthy, and avoid alcohol and tobacco. Stay connected with friends and family through digital media. Hence, nurses can stay healthy so they care for patients during this pandemic.

OrrÃ¹, G., et al. (2020). "Psychological intervention measures during the COVID-19 pandemic." Clinical Neuropsychiatry **17**(2): 76-79.

The health emergency we are experiencing due to the spread of the covid-19 disease has strongly influenced the psychological and physical health of the general population, including the health care professionals. the aim of this brief article is a preliminary analysis of the psychological interventions following the infectious disease outbreak in order to 1) implement guidelines for the existing emerging psychological crisis for people directly and indirectly affected by COVID-19, and 2) establish adequate procedures and prompt responses. Â© 2020, Giovanni Fioriti Editore. All rights reserved.

Peters, J. (2020). Rapid review on coronavirus/COVID-19: policies, actions and resources related to drug and alcohol addiction across IIMHL and IIDL countries, International Initiative for Mental Health Leadership.

This briefing provides a broad overview of alcohol and other drug addiction policies, action, services and resources across IIMHL and IIDL countries. Under each country the issues that have been raised by their respective Governments or in the media are particularly highlighted. Top takeaways • In general most international agencies and countries focus on mental health issues and alcohol problems as part of their COVID-19 responses (e.g. to the concerns provoked by the nature of the pandemic). There has been less focus on drug use in the COVID-19 world. Although it could be argued that many mental health solutions could also assist people who use drugs too. • Some countries see people who use drugs and alcohol as a clear risk group for COVID-19 (e.g. Irelandiii). Others do not. • Most countries have a huge amount of public information and harm reduction material for users and many research articles regarding drug use in the COVID-19 environmentiv • Most countries want drug use treated as a health issue rather than a justice issue. “The war on drugs has not worked” is often quoted. • Drug use differs across countries. For example Australia and New Zealand have a big methamphetamine problem, while the US has an opioid crisis. • As result of the pandemic, many countries are worried that the use of opioids such as fentanyl will rise if other drugs become harder to get. • During this challenging time, innovations have been made in some countries. Examples include : o E-support has thrived - all countries have various degrees of online harm reduction and counselling services now as a result of COVID-19. o Scotland has an up-to-date excel spreadsheet of every drug and alcohol service available in the country, with daily changes made as things change in the COVID-19 environment. o The COVID-19 pandemic has strengthened collaboration among Government and non-governmental organisations (NGO) services in some countries; e.g. Scotland. o The Provincial Health Services Authority in Canada has expanded the role of the Provincial Overdose Mobile Response Team to looking after frontline staff in distress.

Rehm, J., et al. (2020). "Alcohol use in times of the COVID 19: Implications for monitoring and policy." Drug and Alcohol Review.

Based on a literature search undertaken to determine the impacts of past public health crises, and a systematic review of the effects of past economic crises on alcohol consumption, two main scenariosâ”with opposite predictions regarding the impact of the current COVID-19 pandemic on the level and patterns of alcohol consumptionâ”are introduced. The first scenario predicts an increase in consumption for some populations, particularly men, due to distress experienced as a result of the pandemic. A second scenario predicts the opposite outcome, a lowered level of consumption, based on the decreased physical and financial availability of alcohol. With the current restrictions on alcohol availability, it is postulated that, for the immediate future, the predominant scenario will likely be the second, while the distress experienced in the first may become more relevant in the medium- and longer-term future. Monitoring consumption levels both during and after the COVID-19 pandemic will be necessary to better understand the effects of COVID-19 on different groups, as well as to distinguish them from those arising from existing alcohol control policies. Â© 2020 Australasian Professional Society on Alcohol and other Drugs

Reynolds, J. and C. Wilkinson (2020). "Accessibility of 'essential' alcohol in the time of COVID-19: Casting light on the blind spots of licensing?" Drug & Alcohol Review **24**: 24.

Among the Australian and UK governments' responses to the COVID-19 pandemic has been the designation of outlets selling alcohol for off-premise consumption as 'essential' services, allowing them to remain open while pubs, hotels and restaurants have been forced to close. In a context of restrictions on movement outside the home in both countries, and where alcohol providers are trying to find new ways to reach their customers, this may lead to an intensification of the social and health harms associated with home drinking. By examining the current situation in both Australia and the UK, we argue that heightened risks from home drinking amid COVID-19 bring into sharp focus long-standing weaknesses within licensing systems in both countries: the regulation of off-premise outlets to minimise harms from drinking at home. We call for critical conversations on how licensing systems should be revised to take more responsibility for protecting people from the health and social harms associated with home drinking, both under COVID-19 and in the future.

Salisbury-Afshar, E. M., et al. (2020). "Vulnerable Populations: Weathering the Pandemic Storm." American Journal of Preventive Medicine.

opinion piece which looks at different vulnerable groups – homeless, imprisoned, and opioid addictions and how COVID-19 impacts them differently

Rehm, J., et al. (2020). "Alcohol use in times of the COVID 19: Implications for monitoring and policy." Drug and Alcohol Review.

The COVID-19 pandemic poses great challenges for older adults and their families, support systems, caregivers, and medical and mental health care providers. Increased mortality among older adults following infection with SARS-CoV-2, the novel coronavirus, is now well established. Older people already are vulnerable to the detrimental effects of isolation and face disproportionate adverse consequences from social distancing and shelter-in-place guidelines, which may trigger or worsen anxiety, depression, substance use, and other psychiatric disorders. As long as social distancing guidelines remain in place, older adults in recovery from substance use disorders may find themselves cut off from support if they are unable to effectively use online treatment and self-help resources. Here we outline several key areas of clinical concern for mental health providers who work with older patients as well as issues for consideration in future COVID-19 research.

**UNHEALTHY ALCOHOL USE**

Alcohol is the substance most commonly used across the age span, and can lead to severe medical, functional, and psychiatric problems for older adults, as well as sleep disruption, falls, and other injuries and accidents. Unhealthy alcohol consumption is associated with a number of chronic medical conditions common in older adults.[1](https://www.sciencedirect.com/science/article/pii/S1064748120302967?via%3Dihub" \l "bib0001) Of particular concern, suicide risk is elevated among older adults with both depression and alcohol use disorders[2](https://www.sciencedirect.com/science/article/pii/S1064748120302967?via%3Dihub" \l "bib0002). In 2015–2017, 10.6% of adults over 65 reported unhealthy drinking (5+ drinks in a day for men/4+ drinks in a day for women) in the prior 30 days, an increase over previous years.[3](https://www.sciencedirect.com/science/article/pii/S1064748120302967?via%3Dihub" \l "bib0003) Current National Institute of Health guidelines recommend that adults age 65 and over consume no more than 7 drinks per week and no more than 3 drinks in 1 day. However, for older adults with common medical conditions or psychiatric disorders there may be no level of safe alcohol use.

Because alcohol-related immune system impairment increases susceptibility to pneumonia and other infectious disease, minimizing alcohol consumption may be critical for older adults during the pandemic. Providers working with older patients, either in-person or using remote technologies, should ask about current quantity and frequency of alcohol use and about any recent increases in drinking that may be connected to social isolation or financial stressors, anxiety, depression, or suicidal ideation. Pharmacologic treatments for alcohol use disorders (e.g., naltrexone) and brief behavioral interventions such as motivational interviewing for patients with lower-severity alcohol problems[4](https://www.sciencedirect.com/science/article/pii/S1064748120302967?via%3Dihub" \l "bib0004) can be effectively integrated into care, even with increased use of telemedicine.

Schimmenti, A., et al. (2020). "The four horsemen of fear: An integrated model of understanding fear experiences during the COVID-19 pandemic." Clinical Neuropsychiatry **17**(2): 41-45.

In this article, we argue that fear experiences during the COVID-19 pandemic are organized on the psychological level around four interrelated dialectical domains, namely (1) fear of the body/fear for the body, (2) fear of significant others/fear for significant others, (3) fear of not knowing/fear of knowing, and (4) fear of taking action/fear of inaction. These domains represent the bodily, interpersonal, cognitive, and behavioural features of fear, respectively. We propose ways of addressing these fears and minimising their impact by improving appraisal of the body, fostering attachment security, improving emotion regulation, adopting acceptance and promoting responsibility. Â© Clinical Neuropsychiatry.

Shanthanna, H., et al. (2020). "Caring for patients with pain during the COVID-19 pandemic: consensus recommendations from an international expert panel." Anaesthesia.

Chronic pain causes significant suffering, limitation of daily activities and reduced quality of life. Infection from COVID-19 is responsible for an ongoing pandemic that causes severe acute respiratory syndrome, leading to systemic complications and death. Led by the World Health Organization, healthcare systems across the world are engaged in limiting the spread of infection. As a result, all elective surgical procedures, outpatient procedures and patient visits, including pain management services, have been postponed or cancelled. This has affected the care of chronic pain patients. Most are elderly with multiple comorbidities, which puts them at risk of COVID-19 infection. Important considerations that need to be recognised during this pandemic for chronic pain patients include: ensuring continuity of care and pain medications, especially opioids; use of telemedicine; maintaining biopsychosocial management; use of anti-inflammatory drugs; use of steroids; and prioritising necessary procedural visits. There are no guidelines to inform physicians and healthcare providers engaged in caring for patients with pain during this period of crisis. We assembled an expert panel of pain physicians, psychologists and researchers from North America and Europe to formulate recommendations to guide practice. As the COVID-19 situation continues to evolve rapidly, these recommendations are based on the best available evidence and expert opinion at this present time and may need adapting to local workplace policies. Â© 2020 Association of Anaesthetists

Sun, Y., et al. (2020). "Editorial: Challenges to Opioid Use Disorders During COVID-19." American Journal on Addictions **29**(3): 174-175.

COVID‐19 brings an opportunity to learn as well as a responsibility to prevent and treat. As clinical scientists, we must learn from early experience and communicate to the global community as well as adapt local healthcare to emergencies such as the COVID‐19 pandemic. This adaptation to COVID‐19 must include paying attention to pre‐existing medical and mental disorders and understanding the interrelationship of these comorbid disorders in drug‐dependent populations.

As of April 1, the COVID‐19 pandemic has swept over 200 countries with 823 626 confirmed cases and more than 40 598 deaths.[**1**](https://onlinelibrary.wiley.com/doi/full/10.1111/ajad.13031#ajad13031-bib-0001) During the ongoing outbreak of COVID‐19, persons with opioid use disorders (OUDs), who commonly have pre‐existing mental and physical health problems, are suffering from increased vulnerability to poor health and mental distress.[**2**](https://onlinelibrary.wiley.com/doi/full/10.1111/ajad.13031#ajad13031-bib-0002)

Opioid dependence is a very common drug use disorder affecting 40.5 million people with a worldwide prevalence of 510 cases per 100 000 people.[**3**](https://onlinelibrary.wiley.com/doi/full/10.1111/ajad.13031#ajad13031-bib-0003) People with opioid dependence experience significant healthcare disparities, including excess mortality attributed to drug overdoses, suicides, traumatic deaths, and infectious diseases.[**4**](https://onlinelibrary.wiley.com/doi/full/10.1111/ajad.13031#ajad13031-bib-0004) The medical care for their high physical comorbidity from infectious and chronic diseases is a great public health issue, particularly during this epidemic with its scarcity of medical care.

The individuals with OUD and multiple comorbidities have a high risk of COVID‐19 infection. Moreover, the pandemic control measures including quarantine or isolation, and the scarcity of healthcare resources and staff have greatly strained our most effective treatment for OUD, opioid agonist treatment (OAT) using methadone or buprenorphine.[**2**](https://onlinelibrary.wiley.com/doi/full/10.1111/ajad.13031#ajad13031-bib-0002), [**5**](https://onlinelibrary.wiley.com/doi/full/10.1111/ajad.13031#ajad13031-bib-0005) Delivery of OAT can be problematic in many countries.[**6**](https://onlinelibrary.wiley.com/doi/full/10.1111/ajad.13031#ajad13031-bib-0006) For OAT patients, these circumstances will lead to drop out and discontinued medication; the subsequent opioid withdrawal can result in relapse to illicit opiate use.[**7**](https://onlinelibrary.wiley.com/doi/full/10.1111/ajad.13031#ajad13031-bib-0007), [**8**](https://onlinelibrary.wiley.com/doi/full/10.1111/ajad.13031#ajad13031-bib-0008) Disruption in access to OAT can be compounded by specific psychological consequences of anxiety and posttraumatic stress disorder due to the sudden outbreak of COVID‐19. These consequences also can include unstable emotion states and relapse to symptoms from previously remitted comorbid psychiatric disorders. These remissions will make patients especially vulnerable to resuming illicit opioid use both to stave off withdrawal and to self‐medicate these comorbid disorders.[**9**](https://onlinelibrary.wiley.com/doi/full/10.1111/ajad.13031#ajad13031-bib-0009) Another risk is that overdose rates substantially increase after premature treatment cessation.[**10**](https://onlinelibrary.wiley.com/doi/full/10.1111/ajad.13031#ajad13031-bib-0010) Patients facing premature OAT discontinuation with insufficient methadone or buprenorphine will turn to street drugs to avoid withdrawal, and thereby relapse to OUD. These issues highlight the importance of continuity of treatment for OAT and require the healthcare system and policy makers to ensure sufficient treatment for patients with OAT.

In China, there are currently 889 000 people with OUD,[**11**](https://onlinelibrary.wiley.com/doi/full/10.1111/ajad.13031#ajad13031-bib-0011) of whom 162 000 receive methadone maintenance treatment (MMT) through 1389 MMT clinics.[**12**](https://onlinelibrary.wiley.com/doi/full/10.1111/ajad.13031#ajad13031-bib-0012) During the COVID‐19 outbreak, the authorities have made efforts to maintain patients in OAT and MMT. For instance, in Hubei Province, the COVID‐19 epicenter in China, the provincial drug control office established a joint inspection, management and control mechanism for strengthening the screening for all kinds of abused drugs while carrying out the epidemic inspections for COVID‐19 infection. Medical staff from MMTs including MMT clinical doctors, social workers, volunteers, and community workers have jointly worked with 1011 drug rehabilitation communities in conducting door‐to‐door visits and surveys to reach those persons with known OUDs. These visits encourage the OUD persons to take self‐protective measures and keep away from illicit drugs, and screen these patients for suspected COVID‐19 symptoms. For those MMT patients who are located far from their MMT clinics, the authorities have opened green channels and required public security departments to ensure that methadone is delivered from the clinics to these MMT patients. During the epidemic, Huber province has provided 398 drug users with door‐to‐door delivery of their MMT. Moreover, MMT clinics or outpatient services have detailed plans to prevent nosocomial infections by conducting regular disinfection, maintaining sufficient supplies of personal protective equipment (PPE) for staff, screening for COVID‐19 infection for newcomers to MMT and ensuring that MMT program members wear protective masks. At the beginning of the epidemic, MMT clinics healthcare staff also provided PPE to patients who went to the clinic for taking methadone.

People with OUDs require specific consideration in emergency planning and management. The most important issue is to ensure service continuity and accessibility of OAT during the pandemic. While a number of previous disasters provided lessons about barriers and recommendations for maintaining OAT, public health emergencies such as this pandemic of infectious disease have not produced suitable preparedness and actions. Therefore, we suggest that during the ongoing COVID‐19 in worldwide, authorities should make efforts to ensure accessibility and availability of OAT through four critical actions. First, during such a public health emergency, specific staff could be assigned to deliver methadone or other medicines to those patients with difficulties in getting to MMT. Second, the OUD patients confirmed or suspected to have COVID‐19 infection and admitted to the hospital for treatment need a comprehensive treatment plan to address these patients’ mental and physical comorbidities including drug interactions between methadone and their other medications such as anti‐viral agents. Third, sufficient mental health care should be available via telephone, internet or even properly protected face‐to‐face contact for OUD patients who may develop unstable emotional states and other comorbid mental disorders during this sudden outbreak of COVID‐19, especially when implementing ongoing intensive control measures like isolation and travel bans. Fourth, OAT clinics take effective infection control measures such as ensuring enough PPEs for staff, doing epidemiological and clinical screening of patients for COVID‐19 infection and modifying patient flow to maintain safe distances between patients waiting for services. Fifth, more research is needed to identify the challenges to OUD and OAT under circumstance of pandemic or epidemic infectious diseases, and to strengthen emergency preparedness and responses that will guarantee treatments such as MMT are continuously available and thereby prevent individual and public harm.

Testino, G. (2020). "Are Patients With Alcohol Use Disorders at Increased Risk for Covid-19 Infection?" Alcohol & Alcoholism **13**: 13.

alcohol consumption, significantly increases the risk of contracting bacterial and viral lung infections (including Covid-19).

This conclusion is supported by the well-known fact that there is a correlation between alcohol consumption (also social-moderate) and the amount of ACE2 present in the body and in particular in the respiratory site. [Okuno *et al*. (1986](javascript:;)) evaluated serum ACE activity in 47 ALD hospitalized patients. Compared to the controls, the ACE activity at the inlet was found to be significantly high (42.5 ± 16.6 U/ml vs. 32.4 ± 9.6 U/ml; *P* < 0.005). An increase in ACE levels above the normal value of 42 U/ml (mean ± SD) was found in ~36%. This increase is also present after 4 weeks of alcohol abstention.

It is appropriate to inform the population that the consumption of alcoholic beverages (especially risky/harmful consumption) correlates with a greater probability of viral lung infection.

Therefore, in a historical period characterized by a Covid-19 pandemic, doctors and all health professionals must motivate citizens not to consume alcohol or limit consumption to no more than one alcoholic unit/day (low risk consumption) ([Scafato *et al*., 2020](javascript:;)). This is especially true in the elderly population with polypathology (diabetes mellitus, heart disease, liver disease, etc.) and polytherapy.

While waiting to develop appropriate antiviral therapies and vaccines, the scientific community must stimulate scientific research on the relationship between alcohol intake (one of the most consumed drinks in the world) and Covid-19 infection.

Walter-McCabe, H. A. (2020). "Coronavirus Pandemic Calls for an Immediate Social Work Response." Social Work in Public Health **35**(3): 69-72.

Letter calling for awareness around substance misuse

Wu, P., et al. (2008). "Alcohol abuse/dependence symptoms among hospital employees exposed to a SARS outbreak." Alcohol & Alcoholism **43**(6): 706-712.

AIMS: The aim of this study was to examine alcohol abuse/dependence symptoms among hospital employees exposed to a severe acute respiratory syndrome (SARS) outbreak, and the relationship between types of exposure to the SARS outbreak and subsequent alcohol abuse/dependence symptoms.

METHODS: A survey was conducted among 549 randomly selected hospital employees in Beijing, China, concerning the psychological impact of the 2003 SARS outbreak. Subjects were assessed on sociodemographic factors and types of exposure to the outbreak, and on symptoms of post-traumatic stress (PTS), alcohol abuse/dependence and depression.

RESULTS: Current alcohol abuse/dependence symptom counts 3 years after the outbreak were positively associated with having been quarantined, or worked in high-risk locations such as SARS wards, during the outbreak. However, having had family members or friends contract, SARS was not related to alcohol abuse/dependence symptom count. Symptoms of PTS and of depression, and having used drinking as a coping method, were also significantly associated with increased alcohol abuse/dependence symptoms. The relationship between outbreak exposure and alcohol abuse/dependence symptom count remained significant even when sociodemographic and other factors were controlled for. When the intrusion, avoidance and hyperarousal PTS symptom clusters were entered into the model, hyperarousal was found to be significantly associated with alcohol abuse/dependence symptoms.

CONCLUSIONS: Exposure to an outbreak of a severe infectious disease can, like other disaster exposures, lead not only to PTSD but also to other psychiatric conditions, such as alcohol abuse/dependence. The findings will help policy makers and health professionals to better prepare for potential outbreaks of diseases such as SARS or avian flu.

Xiao, Y. and M. E. Torok (2020). "Taking the right measures to control COVID-19." The Lancet Infectious Diseases **20**(5): 523-524.

Public health England (2020) [**COVID-19: information on stopping drinking for people dependent on alcohol**](https://www.gov.uk/government/publications/covid-19-information-on-stopping-drinking-for-people-dependent-on-alcohol/covid-19-information-on-stopping-drinking-for-people-dependent-on-alcohol#advice-for-parents-and-carers-who-are-cutting-down-on-drinking)

NHS England (2020) [Clinical guide for the management of people with alcohol dependence during the coronavirus pandemic](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0157-Specialty-guide_-Alcohol-Dependence-and-coronavirus_8-April.pdf)

Wolfenden, L., Goldman, S., Stacey, F. G., Grady, A., Kingsland, M., Williams, C. M., ... & Farrell, M. M. (2018). Strategies to improve the implementation of workplace‐based policies or practices targeting tobacco, alcohol, diet, physical activity and obesity. *Cochrane Database of Systematic Reviews*, (11).

**Background**

Given the substantial period of time adults spend in their workplaces each day, these provide an opportune setting for interventions addressing modifiable behavioural risk factors for chronic disease. Previous reviews of trials of workplace‐based interventions suggest they can be effective in modifying a range of risk factors including diet, physical activity, obesity, risky alcohol use and tobacco use. However, such interventions are often poorly implemented in workplaces, limiting their impact on employee health. Identifying strategies that are effective in improving the implementation of workplace‐based interventions has the potential to improve their effects on health outcomes.

**Objectives**

To assess the effects of strategies for improving the implementation of workplace‐based policies or practices targeting diet, physical activity, obesity, tobacco use and alcohol use.

Secondary objectives were to assess the impact of such strategies on employee health behaviours, including dietary intake, physical activity, weight status, and alcohol and tobacco use; evaluate their cost‐effectiveness; and identify any unintended adverse effects of implementation strategies on workplaces or workplace staff.

**Search methods**

We searched the following electronic databases on 31 August 2017: CENTRAL; MEDLINE; MEDLINE In Process; the Campbell Library; PsycINFO; Education Resource Information Center (ERIC); Cumulative Index to Nursing and Allied Health Literature (CINAHL); and Scopus. We also handsearched all publications between August 2012 and September 2017 in two speciality journals: *Implementation Science* and *Journal of Translational Behavioral Medicine*. We conducted searches up to September 2017 in Dissertations and Theses, the WHO International Clinical Trials Registry Platform, and the US National Institutes of Health Registry. We screened the reference lists of included trials and contacted authors to identify other potentially relevant trials. We also consulted experts in the field to identify other relevant research.

**Selection criteria**

Implementation strategies were defined as strategies specifically employed to improve the implementation of health interventions into routine practice within specific settings. We included any trial with a parallel control group (randomised or non‐randomised) and conducted at any scale that compared strategies to support implementation of workplace policies or practices targeting diet, physical activity, obesity, risky alcohol use or tobacco use versus no intervention (i.e. wait‐list, usual practice or minimal support control) or another implementation strategy. Implementation strategies could include those identified by the Effective Practice and Organisation of Care (EPOC) taxonomy such as quality improvement initiatives and education and training, as well as other strategies. Implementation interventions could target policies or practices directly instituted in the workplace environment, as well as workplace‐instituted efforts encouraging the use of external health promotion services (e.g. gym membership subsidies).

**Data collection and analysis**

Review authors working in pairs independently performed citation screening, data extraction and 'Risk of bias' assessment, resolving disagreements via consensus or a third reviewer. We narratively synthesised findings for all included trials by first describing trial characteristics, participants, interventions and outcomes. We then described the effect size of the outcome measure for policy or practice implementation. We performed meta‐analysis of implementation outcomes for trials of comparable design and outcome.

**Main results**

We included six trials, four of which took place in the USA. Four trials employed randomised controlled trial (RCT) designs. Trials were conducted in workplaces from the manufacturing, industrial and services‐based sectors. The sample sizes of workplaces ranged from 12 to 114. Workplace policies and practices targeted included: healthy catering policies; point‐of‐purchase nutrition labelling; environmental supports for healthy eating and physical activity; tobacco control policies; weight management programmes; and adherence to guidelines for staff health promotion. All implementation interventions utilised multiple implementation strategies, the most common of which were educational meetings, tailored interventions and local consensus processes. Four trials compared an implementation strategy intervention with a no intervention control, one trial compared different implementation interventions, and one three‐arm trial compared two implementation strategies with each other and a control. Four trials reported a single implementation outcome, whilst the other two reported multiple outcomes. Investigators assessed outcomes using surveys, audits and environmental observations. We judged most trials to be at high risk of performance and detection bias and at unclear risk of reporting and attrition bias.

Of the five trials comparing implementation strategies with a no intervention control, pooled analysis was possible for three RCTs reporting continuous score‐based measures of implementation outcomes. The meta‐analysis found no difference in standardised effects (standardised mean difference (SMD) −0.01, 95% CI −0.32 to 0.30; 164 participants; 3 studies; low certainty evidence), suggesting no benefit of implementation support in improving policy or practice implementation, relative to control. Findings for other continuous or dichotomous implementation outcomes reported across these five trials were mixed. For the two non‐randomised trials examining comparative effectiveness, both reported improvements in implementation, favouring the more intensive implementation group (very low certainty evidence). Three trials examined the impact of implementation strategies on employee health behaviours, reporting mixed effects for diet and weight status (very low certainty evidence) and no effect for physical activity (very low certainty evidence) or tobacco use (low certainty evidence). One trial reported an increase in absolute workplace costs for health promotion in the implementation group (low certainty evidence). None of the included trials assessed adverse consequences. Limitations of the review included the small number of trials identified and the lack of consistent terminology applied in the implementation science field, which may have resulted in us overlooking potentially relevant trials in the search.

**Authors' conclusions**

Available evidence regarding the effectiveness of implementation strategies for improving implementation of health‐promoting policies and practices in the workplace setting is sparse and inconsistent. Low certainty evidence suggests that such strategies may make little or no difference on measures of implementation fidelity or different employee health behaviour outcomes. It is also unclear if such strategies are cost‐effective or have potential unintended adverse consequences. The limited number of trials identified suggests implementation research in the workplace setting is in its infancy, warranting further research to guide evidence translation in this setting.

# Search Summary and Strategy

**1175 results**

**Basic screening - c280**

**In depth screening c50.**

**Databases searched: Medline, Embase, Cinahl, Psychinfo, grey lit, sideways searching**

Sample Search Strategy

1 exp coronavirus/ (13719)

2 exp Coronavirus Infections/ (12380)

3 (coronavirus\* or coronovirus\* or coronavirinae\* or Coronavirus\* or Coronovirus\* or Wuhan\* or Hubei\* or Huanan or "2019-nCoV" or 2019nCoV or nCoV2019 or "nCoV-2019" or "COVID-19" or COVID19 or "CORVID-19" or CORVID19 or "WN-CoV" or WNCoV or "HCoV-19" or HCoV19 or CoV or "2019 novel\*" or Ncov or "n-cov" or "SARS-CoV-2" or "SARSCoV-2" or "SARSCoV2" or "SARS-CoV2" or SARSCov19 or "SARS-Cov19" or "SARSCov-19" or "SARS-Cov-19" or Ncovor or Ncorona\* or Ncorono\* or NcovWuhan\* or NcovHubei\* or NcovChina\* or NcovChinese\*).ti,ab. (29230)

4 (SARSCoV2 or SARS-CoV2 or SARSCov19 or SARS-Cov19 or SARSCov-19 or SARS-Cov-19 or Ncovor\* or Ncorona\*or Ncorono\* or NcovWuhan\* or NcovHubei\* or NcovChina\* or NcovChinese\* or SARS2 or SARS-2 or SARScoronavirus2 or SARS-coronavirus-2 or SARScoronavirus 2 or SARScoronovirus2 or SARS-coronovirus-2 or SARScoronovirus 2 or (SARS adj2 coronavirus2)).ab,ti. (174)

5 (((((respirat\* adj2 (symptom\* or disease\* or illness\* or condition\*)) or (seafood or food or outdoor\*)) adj2 Market\*) or pneumon\*) adj10 (Wuhan\* or Hubei\* or China\* or Chinese\* or Huanan\*)).ab,ti. (1233)

6 Middle East Respiratory Syndrome Coronavirus/ (1030)

7 ("middle east respiratory syndrome\*" or "middle eastern respiratory syndrome\*" or MERSCoV or "MERS-CoV" or MERS).ti,ab. (4736)

8 ("severe acute respiratory syndrome" or SARS).ti,ab. (12630)

9 ("SARS-CoV-1" or "SARSCoV-1" or "SARSCoV1" or "SARS-CoV1" or SARSCoV or SARS-CoV or SARS1 or "SARS-1" or SARScoronavirus1 or "SARS-coronavirus-1" or "SARScoronavirus 1" or "SARS coronavirus1" or SARScoronovirus1 or "SARS-coronovirus-1" or "SARScoronovirus 1" or "SARS coronovirus1").ti,ab. (5253)

10 ((outbreak\* or wildlife\* or pandemic\* or epidemic\*) adj1 (Wuhan\* or Hubei or China\* or Chinese\* or Huanan\*)).ti,ab. (104)

11 (coronavirus\* or coronovirus\* or coronavirinae\* or CoV or HCoV\*).ti,ab. (18683)

12 ((corona\* or corono\*) adj1 (virus\* or viral\* or virinae\*)).ab,ti. (581)

13 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 (43030)

14 ((lock adj2 down) or lockdown or lock-down).ab,ti. (283)

15 (social adj2 distanc\*).ab,ti. (1659)

16 Pandemics/ (7440)

17 pandemic.ab,ti. (26818)

18 shielding.ab,ti. (11951)

19 13 and 18 (18)

20 14 or 15 or 16 or 17 or 18 (42934)

21 13 or 20 (79210)

22 exp alcohol-related disorders/ or alcohol-induced disorders/ or alcoholic intoxication/ or alcoholism/ or binge drinking/ or exp alcohol drinking/ (161670)

23 (drinker$1 or (drink$ adj2 use$1) or ((alcohol$ or drink$) adj5 (abstinen$ or abstain$ or abus$ or addict$ or attenuat$ or binge$ or crav$ or dependen$ or detox$ or disease$ or disorder$ or excessiv$ or harm$ or hazard$ or heavy or high risk or intoxicat$ or misus$ or overdos$ or (over adj dos$) or problem$ or rehab$ or reliance or reliant or relaps$ or withdraw$))).ab,ti. (122463)

24 alcoholi$.ti,ab. (83708)

25 22 or 23 or 24 (237559)

26 21 and 25 (225)

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