

# Alcohol consumption and alcohol-related problems during the COVID-19 pandemic: a narrative review

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## Abstract

**Objective:** To summarise publications reporting on alcohol consumption and alcohol-related problems during the Coronavirus disease 2019 (COVID-19) pandemic in a narrative review.

**Methods:** ProQuest, Web of Science and Google Scholar were searched for articles published in 2020. This search used two terms: 'alcohol' and 'COVID'. Reference lists of articles were reviewed to identify additional articles.

**Results:** There is growing concern around an increase in alcohol intake and alcohol-related harms. These concerns are related to the impact of excessive alcohol consumption in a person with COVID-19 and/or with alcohol use disorder, as well as with a potential increase in the prevalence of harmful drinking, alcohol use disorder, withdrawal symptoms, intimate partner violence, harm to children, suicide, mental health problems and non-communicable diseases. The need for assessing alcohol use and providing adequate advice during the pandemic have been highlighted.

**Conclusion:** The time for action is now, and all necessary measures to prevent an increase in alcohol-related problems should be adopted. At the same time, healthcare services should also prepare for such potential increase, while adapting to the exceptional circumstances presented by the pandemic, such as physical distancing.

**Keywords:** COVID-19, pandemic, alcohol, alcohol use, alcohol-related problems

In this narrative review, the author presents an overview of the issue of alcohol consumption and alcohol-related problems during the Coronavirus disease 2019 (COVID-19) pandemic. The author searched ProQuest and Web of Science for peer-reviewed articles using two terms: 'alcohol' and 'COVID' (updated 15 June 2020). The scarcity of information retrieved from this search led to an additional search using Google Scholar for articles published in 2020 using the same two terms, which added information to the presented narrative review, although at times not sourced from peer-reviewed publications. Additional publications were identified from the reference lists of selected articles. Although the task of identifying relevant literature went beyond the usual efforts used in narrative reviews, this review is not systematic, a characteristic emphasised in the title.

In the literature, there is a growing concern that the quarantine and social isolation associated with the pandemic has led to or will lead to an increase in alcohol

consumption and alcohol abuse.<sup>1–7</sup> It has been suggested that the stress and isolation experienced with the current pandemic could serve as a significant trigger for alcohol use,<sup>8–12</sup> which in turn, could lead to an increase in the prevalence of alcohol use disorder (AUD) and alcohol-related harms.<sup>8,13</sup> In this respect, some authors have pointed out that the Beijing's 2003 SARS outbreak was associated with a later increase in alcohol abuse/dependence symptoms among hospital employees exposed to the outbreak.<sup>14,15</sup>

People with an established AUD might require particular considerations. People with AUD have a greater vulnerability to lung infections<sup>16</sup>; besides, an atypical presentation of

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COVID-19 might be mistaken with alcohol consumption or withdrawal, leading to a diagnostic delay.<sup>17</sup> Some authors have expressed their concerns regarding potential relapses to alcohol,<sup>18</sup> and others have highlighted that people with AUD who reduce their alcohol intake during the pandemic could be at risk of developing severe withdrawal symptoms.<sup>19</sup> Plus, it could potentially prove hard for people with AUD to access healthcare services during the pandemic.<sup>20</sup>

Several authors have expressed their concerns regarding various other potential alcohol-related problems. These included a possible rise in domestic violence during the pandemic,<sup>21–25</sup> a potential increased risk of harm befalling on children<sup>26</sup> and the link between increased alcohol consumption and suicide,<sup>27,28</sup> as well as with other mental health issues.<sup>29–31</sup> Also, the risks of staying at home during quarantine, including a rise in alcohol use, could also lead to an increase of non-communicable diseases to which excessive alcohol consumption is a risk factor.<sup>32</sup> A unique example of alcohol-related harms during the pandemic can be found in Iran, where the encounter of a long-time held ban on alcohol with misinformation about the benefits of consuming alcohol against the virus has led to over 700 deaths caused by methanol poisoning.<sup>33,34</sup>

It may not be necessary here to emphasise the need for clinicians to assess and address hazardous alcohol use during the pandemic. However, it might be useful to mention some additional material that could be of help. In this regard, various health organisations and authors have developed recommendations for clinicians, the general population and heavy drinkers on how to cope with physical distancing and social isolation, which included advice on avoiding the use of alcohol as a coping strategy.<sup>35–39</sup>

It is imperative to acknowledge the potential impact of alcohol-related problems both during and after the pandemic, so that the necessary strategies and resources can be promptly deployed. These could include precautionary measures, like providing adequate and culturally responsive information on how to cope with the stress associated with the pandemic and social isolation without resorting to alcohol as a coping mechanism. It might also be necessary for healthcare institutions to prepare for an increase in the demand for their services due to alcohol-related problems, with the accompanying need to adapt to measures such as physical distancing and innovate the ways in which these services support the population.

In light of this potential increase in alcohol-related problems, further research on how to cope with a possible rise in healthcare demands in times of physical distancing is of the utmost importance. Although not mentioned in the revised literature, particular attention should be paid to certain sub-populations, such as pregnant women, ethnic minorities, people experiencing homelessness or with a polysubstance use disorder, and those with co-existing disorders. The time for action is now, and all governments, healthcare institutions, clini-

cians, and academics should aim at preventing a crisis, exploring, suggesting and implementing effective prevention and intervention measures.

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## References

1. Buheji M, Jahrami H and Sabah Dhahi A. Minimising stress exposure during pandemics similar to COVID-19. *Int J Psychol Behav Sci* 2020; 10: 9–16.
2. Čosić K, Popović S, Šarlija M, et al. Impact of human disasters and COVID-19 pandemic on mental health: potential of digital psychiatry. *Psychiat Danub* 2020; 32: 25–31.
3. Sun Y, Li Y, Bao Y, et al. Brief report: increased addictive internet and substance use behavior during the COVID-19 pandemic in China. *Amer J Addict* 2020; 29: 268–270.
4. Colbert S, Wilkinson C, Thornton L, et al. COVID-19 and alcohol in Australia: industry changes and public health impacts. *Drug Alcohol Rev*. Epub ahead of print 1 June 2020. DOI: 10.1111/dar.13092
5. Kmiec J. President's message: the impact of the COVID-19 public health emergency on the practice of addiction medicine. *J Addict Dis* 2020; 38: 235–236.
6. Andrade C. COVID-19 and lockdown: delayed effects on health. *Indian J Psychiat* 2020; 62: 247–249.
7. Rehm J, Kilian C, Ferreira-Borges C, et al. Alcohol use in times of the COVID 19: implications for monitoring and policy. *Drug Alcohol Rev* 2020; 39: 301–304.
8. Carrico AW, Horvath KJ, Grov C, et al. Double jeopardy: Methamphetamine use and HIV as risk factors for COVID-19. *AIDS Behav*. Epub ahead of print 7 April 2020. DOI: 10.1007/s10461-020-02854-w
9. Clay JM and Parker MO. Alcohol use and misuse during the COVID-19 pandemic: a potential public health crisis? *Lancet Publ Health* 2020; 2667: 30088.
10. Shigemura J, Ursano RJ, Morganstein JC, et al. Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: mental health consequences and target populations. *Psychiat Clin Neurosci* 2020; 74: 281.
11. Wang Y, Di Y, Ye J, et al. Study on the public psychological states and its related factors during the outbreak of coronavirus disease 2019 (COVID-19) in some regions of China. *Psychol Health Med*. Epub ahead of print 30 March 2020. DOI: 10.1080/13548506.2020.1746817
12. Zhang Y, Wang J, Zhao J, et al. Association between quarantined living circumstances and perceived stress in Wuhan City during the COVID-19 outbreak: a rapid, exploratory cross-sectional study. Epub ahead of print 31 March 2020. DOI: 10.2139/ssrn.3556642
13. Ahmed MZ, Ahmed O, Aibao Z, et al. Epidemic of COVID-19 in China and associated psychological problems. *Asian J Psychiat* 2020; 51: 102092.
14. García-Álvarez L, de la Fuente-Tomás L, Sáiz PA, et al. ¿Se observarán cambios en el consumo de alcohol y tabaco durante el confinamiento por COVID-19? *Adicciones* 2020; 32: 85–89.
15. Wu P, Liu X, Fang Y, et al. Alcohol abuse/dependence symptoms among hospital employees exposed to a SARS outbreak. *Alcohol Alcoholism* 2008; 43: 706–712.
16. Testino G and Pellicano R. Alcohol consumption in the COVID-19 era. *Minerva Gastroenterol Dietol* 2020; 66: 90–92.
17. Chevance A, Gourion D, Hoertel N, et al. Ensuring mental health care during the SARS-CoV-2 epidemic in France: a narrative review. *L'Encéphale* 2020; 46: 193–201.

18. Hansel TC, Saltzman LY and Bordnick PS. Behavioral health and response for COVID-19. *Disaster Med Public Health Prep*. Epub ahead of print 29 May 2020. DOI: 10.1017/dmp.2020.180
19. Rani S, Sahoo S, Parveen S, et al. Alcohol-related self-harm due to COVID-19 pandemic: might be an emerging crisis in the near future: a case report. *Indian J Psychiat* 2020; 62: 333–335.
20. Marsden J, Darke S, Hall W, et al. Mitigating and learning from the impact of COVID-19 infection on addictive disorders. *Addiction*. Epub ahead of print 6 April 2020. DOI: 10.1111/add.15080
21. de Lima CA, Alves PMR, de Oliveira CJB, et al. Letter to the editor: COVID-19: isolations, quarantines and domestic violence in rural areas. *Sci Med J* 2020; 2: 44–45.
22. Fatke B, Hölzle P, Frank A, et al. COVID-19 crisis: early observations on a pandemic's psychiatric problems. *Deut Med Wochenschr* 2020; 145: 675–681.
23. Sacco MA, Caputo F, Ricci P, et al. The impact of the Covid-19 pandemic on domestic violence: the dark side of home isolation during quarantine. *Med-Leg J* 2020; 88: 71–73.
24. Thornton J. Covid-19: A&E visits in England fall by 25% in week after lockdown. *BMJ* 2020; 369: m1401.
25. van Gelder N, Peterman A, Potts A, et al. COVID-19: reducing the risk of infection might increase the risk of intimate partner violence. *EClinicalMedicine* 2020; 4: 15.
26. Green P. Risks to children and young people during covid-19 pandemic. *BMJ* 2020; 369: m1669.
27. Conejero I, Berrouiguet S, Ducasse D, et al. Suicidal behavior in light of COVID-19 outbreak: clinical challenges and treatment perspectives. *L'Encephale* 2020; 46: S66–S72.
28. Gunnell D, Appleby L, Arensman E, et al. Suicide risk and prevention during the COVID-19 pandemic. *Lancet Psychiatry* 2020; 7: 468–471.
29. Choi EPH, Hui BPH and Wan EYF. Depression and anxiety in Hong Kong during COVID-19. *Int J Environ Res Public Health* 2020; 17: 3740.
30. Holmes EA, O'Connor RC, Perry VH, et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry* 2020; 7: 547–560.
31. Sherman AL. Coronavirus anxiety scale: a brief mental health screener for COVID-19 related anxiety. *Death Stud* 2020; 44: 393–401.
32. Gurney C. Out of harm's way? UK collaborative centre for housing evidence. <https://housingevidence.ac.uk/publications/out-of-harms-way/> (accessed 16 April 2020).
33. Shalbafan M and Khademoreza N. What we can learn from COVID-19 outbreak in Iran about the importance of alcohol use education. *Am J Drug Alcohol Abuse* 2020; 46: 385–386.
34. Shokoohi M, Nasiri N, Sharifi H, et al. A syndemic of COVID-19 and methanol poisoning in Iran: time for Iran to consider alcohol use as a public health challenge? *Alcohol* 2020; 87: 25–27.
35. Graham MM, Higginson L, Brindley PG, et al. Feel better, work better – the COVID-19 perspective. *Can J Cardiol* 2020; 36: 789–791.
36. Hiremath P, Kowshik CS, Manjunath M, et al. COVID 19: impact of lock-down on mental health and tips to overcome. *Asian J Psychiatr* 2020; 51: 102088.
37. Scottish Health Action on Alcohol Problems. Coronavirus (COVID-19) pandemic: advice for heavy drinkers on cutting back or stopping drinking alcohol. <https://www.shaap.org.uk/downloads/240-covid-advice-for-heavydrinkers/download.html> (accessed 16 April 2020).
38. World Health Organization. Mental health and psychosocial considerations during the COVID-19 outbreak. <https://apps.who.int/iris/handle/10665/331490> (accessed 18 March 2020).
39. Zimmerman M, Ali S, Jones N, et al. Practical tips for clinicians helping patients with COVID-related anxiety/distress. <https://www.cebm.net/covid-19/practical-tips-for-clinicians-helping-patients-with-covid-related-anxiety-distress/> (accessed 14 April 2020).