

FREQUENTLY ASKED QUESTIONS ABOUT ALCOHOL AND COVID-19

1. Are people who drink alcohol at higher risk of COVID-19 infection?

Alcohol consumption is associated with a range of communicable, noncommunicable and mental health disorders, which can make a person more vulnerable to COVID-19. In particular, as alcohol compromises the body's immune system, there is an increased likelihood of being infected by the virus and of adverse health outcomes. Heavy alcohol use is also a risk factor for pneumonia and other lung infections and the development of acute respiratory distress syndrome (ARDS), which is one of the main complications of COVID-19. There is preliminary evidence suggesting that chronic alcohol consumption is a probable risk factor for the severity of COVID-19, but information is currently not systematically collected from patients.

2. Are there other health and social risks associated with alcohol and COVID-19?

Apart from risks to individuals, the following health, safety and economic concerns should be considered by governments, specifically in relation to alcohol consumption during lockdowns and self-isolation.

- People might divert limited economic resources to procuring alcohol instead of using them for essential items that are needed in the constrained economic circumstances caused by the pandemic.
- People may drink more alcohol to deal with stress or boredom at home; this is likely to cause or intensify mental health issues, thereby increasing the risk of anxiety and depression.
- Regular drinking leads to increased tolerance of alcohol, so some people will need to drink more to have the same effects, thereby increasing their risk of alcohol dependence and other chronic diseases.
- Alcohol is known to interfere with sleep patterns. Drinking at the end of the day can lead to broken sleep that is not restful and is interrupted by frequent waking during the night. This can result in irritability or feelings of anxiety the next day, disrupting the daily routine and work–life balance of people who are already stressed by the known challenges of working from home.
- Alcohol drinking may become normal and routine for online socializing and during periods of working from home following the pandemic.
- Promoting online events during which alcohol consumption is normalized may multiply drinking occasions and increase overall drinking, thus aggravating acute and long-term harms.
- People consuming alcohol in home settings may cause an escalation of family and domestic violence, injuries due to falls and burns, self-inflicted injuries (including suicide attempts), and child abuse.
- A probable increase in alcohol consumption during lockdowns (as already witnessed in some countries) may cause alcohol-related harms such as poisonings and cardiovascular emergencies, thereby imposing an additional burden on health systems that are already stressed by the need to treat COVID-19 patients.
- Health workers may increase their alcohol consumption as a way of dealing with stress and increased workload, thus putting themselves and others in danger. Children and young people may have easy access to alcoholic beverages that are stockpiled at home and may be more exposed to their parents' drinking; this could lead to earlier initiation to alcohol drinking and/or increased consumption, putting them at higher risk of alcohol-related problems.

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3. Are there particular threats to people with alcohol dependence?

It is crucial that people with alcohol dependence receive the support, attention and help they need during the COVID-19 pandemic. Rising levels of stress, isolation, withdrawal symptoms (i.e. tremors, nausea, cravings) and difficulties in accessing services and support groups can increase the risks to people with alcohol dependence, including increased risk of death. Treatment services should be aware of these risks, and helplines and associated support services should be bolstered during the pandemic, offering specific online options for those who are in quarantine or self-isolation. Specific training opportunities should be provided for health professionals, together with forms of intervention and treatment (such as hotlines and online services) that are tailored to lockdown situations. Special attention should be given to older people with alcohol dependence as they are especially vulnerable to COVID-19, as well as to people who live alone or do not have a social support network. Alcohol withdrawal at home is possible but should be monitored by health professionals, and when symptoms worsen, hospitalization or prescription medicines may be needed. Those who have previously had severe withdrawal symptoms should seek professional help if they are drinking and want to quit or no longer have access to alcohol.

4. How does alcohol affect the most vulnerable groups, such as homeless people, during the COVID-19 pandemic?

Overall, it is important to remember that COVID-19 has a disproportionate effect on the most vulnerable people, including homeless individuals and people in prison. [1] Homeless people cannot self-isolate at home for obvious reasons, yet they are disproportionately affected by alcohol and drug problems. For homeless individuals with alcohol dependence, alcohol is the most basic need, ahead of food, clothing and shelter, so that they do not experience withdrawal. Moreover, homeless people often have poorer mental and physical health, nutritional deficiencies, and limited access to educational information about COVID-19 and how to protect themselves. They also have fewer social connections, and these may decrease even more during the pandemic, leading to isolation and despair and increased use of alcohol or drugs to cope with their situation. As alcohol is one of the only substances that produce potentially lethal withdrawals, it can be very difficult for homeless people with alcohol use disorders to even think about drinking less or getting sober. It is essential, therefore, to have community and health services that are sufficient to continue providing access to life-saving medications and to essential care, including emergency shelters or other types of housing support.

5. For individuals, what measures are needed to reduce alcohol consumption during the COVID-19 pandemic?

People who drink should minimize their alcohol consumption during the COVID-19 pandemic, especially those whose general health condition is compromised. It is also important that family members are supportive of one another during this stressful time and act to limit alcohol intake. Alcohol use is never recommended as a way to deal with stress, anxiety and depression, and drinking should not be promoted to deal with these feelings. For individuals, it is advisable to abstain from alcohol altogether during the COVID-19 pandemic, or to reduce alcohol consumption as much as possible, to avoid undermining one's own immune system and general health as well as endangering the health safety of others. If individuals want assistance in reducing their drinking, screening and brief interventions are an effective way to achieve that, by means of online tools or with the help of a primary care professional. The messages below can be communicated to all individuals:

- An alcohol-free lifestyle is the healthiest choice.
- If you do not drink, do not start for any reason, health-related or other.
- If you do drink, reduce your drinking and avoid intoxication.
- If you are dependent on alcohol, cut back if you can; if you cannot safely abstain on your own, seek help.

[1] Preventing COVID-19 outbreak in prisons: a challenging but essential task for authorities [press release]. 23 March 2020. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/news/news/2020/3/preventing-covid-19-outbreak-in-prisons-a-challenging-but-essential-task-for-authorities>).

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6. Are additional government measures needed to reduce alcohol consumption during the COVID-19 pandemic?

Alcohol products should not be declared or considered “essential items”, and the provision of alcohol should not be designated an “essential service” that should be offered online or offline during the pandemic. Alcohol is not an ordinary commodity – it is a psychoactive substance. With millions of people living with high levels of stress and anxiety, self-isolating and working from home, everyone should be aware that being under lockdown with such a harmful substance poses certain risks. For governments, this means both that additional measures are needed and that existing regulations should be tightened. The World Health Organization (WHO) has a comprehensive portfolio of recommended measures to reduce alcohol consumption and alcohol-related harms.[2] The best ways to reduce the total amount of alcohol consumed in society are:

- (1) to increase alcohol excise taxes to pay for the costs of alcohol to society;
- (2) to restrict access to retail alcohol beverages – for example, by banning alcohol sales on the internet and home deliveries;
- (3) to introduce comprehensive bans on alcohol advertising, promotion and sponsorship.

These types of intervention are considered by WHO the three “best buys” in reducing the alcohol-attributable burden as they are cost-effective and easy to implement.

For this reason, it is advisable that, during the pandemic, alcohol sales are restricted – for instance, by reducing the amount a person can buy at a time, limiting hours of sales, and banning home deliveries and alcohol sales over the internet, where no proper age verification is possible.

Increased monitoring of illicit alcohol production and sales is necessary to prevent incidences of poisoning, and enhanced enforcement measures and tougher penalties may also be needed, depending on the context. In addition, governments may consider specific prevention campaigns on the risks of alcohol consumption during the COVID-19 pandemic, which could be targeted (by age, sex, profession, etc.) at different population groups.

Finally, competent authorities should develop specific codes and apply adequate control mechanisms to request, where appropriate, the removal of false information, particularly on social media, as disinformation or “fake news” on alcohol and COVID-19 is dangerous and has already led to deaths.

7. How is alcohol being marketed during the COVID-19 pandemic?

There is some preliminary evidence that online alcohol advertising in some countries has dramatically increased following the introduction of strict home isolation and quarantine policies. There is also evidence that alcohol is being heavily promoted through special offers and deals at points of sale and online, while some countries have changed their legislation to allow online alcohol sales and delivery services. Governments should consider imposing restrictions on this form of advertising specifically to protect citizens, especially children and young people, as evidence clearly demonstrates that exposure to alcohol advertising affects their drinking behaviour.

8. How are alcohol-related deaths and injuries evolving during the COVID-19 pandemic?

It is not possible to say how many alcohol-related injuries or deaths have occurred during the pandemic, but WHO is aware of a number of reported alcohol poisonings related to COVID-19, which are the result of false claims that consuming alcohol kills the new coronavirus. There is no basis for these claims and consuming high-strength alcohol (ethanol) can cause serious harm including death. Some of the reported poisonings were caused by methanol that was added to the products. Methanol is a highly toxic type of alcohol and even small amounts can cause blindness, kidney failure and death when

[2] European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020. Copenhagen: WHO Regional Office for Europe; 2012 (<https://apps.who.int/iris/handle/10665/107307>).

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ingested. Such poisonings can occur only with industrially produced methanol that was added to the product. Better control of the entire methanol supply chain is therefore needed to make sure that this toxic substance does not end up in alcoholic products that can potentially be consumed by humans. In addition, there have been media reports that incidents of family and domestic violence have increased during the pandemic. There is strong evidence that alcohol use is a significant contributory factor to this trend, and community health authorities and police need to be alert to the threats to women and children while the pandemic lasts.

9. In a transition phase, what alcohol control policies should governments implement?

The consumption of alcohol is responsible for more than 3 million deaths worldwide each year, about 1 million of them occurring in the WHO European Region alone. Rules and regulations put in place to protect public health and reduce harm caused by alcohol, drug use and/or addictive behaviours should be upheld and even strengthened during the COVID-19 outbreak. Any relaxation of regulations or their enforcement should be avoided. If regulatory measures or their enforcement are temporarily relaxed, they need to be reinstalled as quickly as possible.

Governments should learn from the experiences of the pandemic and further increase national commitment, investment and coordinated action to increase regulatory and enforcement capacity in order to assure the health and safety of individuals, families and communities across the Region; such action should include reducing the totally avoidable use of health-care and emergency services directly related to alcohol consumption. The specific lessons learned from the pandemic should include a careful re-examination of the role that alcohol plays in social interactions and of ways of denormalizing alcohol use as part of people's lives and lifestyles. For instance, during the transition phase it will be important to ban alcohol consumption in public places such as parks and recreation facilities, as it is likely that people would otherwise gather in these places to socialize and consume alcohol. Such gatherings would increase the risk of additional waves of infections, which would prolong the pandemic.

10. What is the WHO-led initiative SAFER and how is it helpful during the COVID-19 pandemic?

SAFER is the latest WHO-led roadmap to support governments in taking practical steps to reduce deaths, diseases and injuries caused by alcohol consumption using evidence-based and cost-effective interventions. [3] The initiative provides five high-impact strategic actions that are prioritized for implementation to promote health and development and to reduce the burden of disease caused by alcohol:

- (1) **S**trengthen restrictions on alcohol availability
- (2) **A**dvance and enforce drink-driving countermeasures
- (3) **F**acilitate access to screening, brief interventions and treatment
- (4) **E**nforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion
- (5) **R**aise prices on alcohol through excise taxes and pricing policies.

Multiple partners, from governments to civil society organizations, have lent their support to the new SAFER initiative. This initiative can assist governments in reducing the alcohol-attributable burden not only during the COVID-19 outbreak, but also in the subsequent transition and post-pandemic phases.

[3] WHO launches SAFER, a new alcohol control initiative [press release].
28 September 2018. Geneva: World Health Organization
(https://www.who.int/substance_abuse/safer/en).