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Alcohol use during the COVID-19 pandemic

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The COVID-19 pandemic has changed the way we live across the globe. Individuals, families and communities are dealing with a wide host of health, financial, and emotional consequences from the pandemic. Naturally, individuals turn to coping mechanisms, some of which are healthy (such as exercise and social support) and some of which are not (such as excessive alcohol use). Alcohol causes anxiolytic effects such that it produces acute anxiety reduction. In the short run, the effects of alcohol in reducing anxiety causes individuals to find alcohol reinforcing and increases the likelihood that they will turn to alcohol consumption again during high anxiety situations. Initially, the COVID-19 pandemic was thought to be a short-term occurrence and many felt as though they could rely on alcohol use in the short term to manage pandemic-related anxiety. However, it has since become quite clear that COVID-19 is a long-term issue requiring ongoing management until therapeutics and vaccines become widely used and proven effective. As such, reliance on alcohol use as a coping strategy is not likely to succeed in the long run of coping with the pandemic. In fact, the health risks of heavy drinking outweigh any benefits of immediate anxiety relief. Naturally, in a high anxiety period in our lifetime, alcohol use has increased dramatically in the US and worldwide.

Three questions related to alcohol use and the COVID-19 pandemic are addressed here. First, is there a safe level of alcohol consumption? Second, if individuals are relying on heavy drinking to cope with the COVID-19 pandemic, what options do they have to cope if alcohol use is reduced? Third, what about individuals with an alcohol use disorder, how can they remain healthy and prevent relapse?

First, regarding safe levels of alcohol use, there are guidelines that individuals and healthcare providers should consider. In the US, a common definition of heavy drinking consists of 14 or more drinks per week for men and 7 or more drinks per week for women. In addition, men are advised to not exceed 4 drinks per drinking episode and women should not exceed 3 drinks per drinking episode. These guidelines, while simple, can offer valuable guidance to individuals and providers trying to reach a level of alcohol use that is below risky levels. Further, the World Health Organization recommends at least 2 days per week of no alcohol consumption at all, also described as sober days. These guidelines are important to consider and may offer valuable guidance as individuals cope with tremendous stress yet wish to minimize the adverse effects of excessive alcohol use on their health and psychological functioning. It is recommended that providers disseminate these science-based guidelines in order to promote below risk drinking levels in the patients they treat.

Second, individuals who are relying on heavy alcohol use to cope with COVID-19 pandemic stress should consider alternative coping strategies. A host of healthy coping strategies include mindfulness meditation, regular exercise, regular social contact and support, reducing media consumption, attending to sleep hygiene, and eating a healthy and balanced diet. Self-care is an antidote to stress as a whole and when individuals report excessive drinking to cope with stress, pandemic stress or otherwise, considering healthy habits and self-care is paramount to improving well-being. In brief, when alcohol use as a coping strategy is taken away, or reduced, other coping strategies must be put in its place to promote well-being. Many individuals feel they cannot cope without alcohol, yet systematic practice of

self-care and healthy coping strategies allows them to challenge that assumption and ultimately, regain a self of control over their drinking.

Third, individuals with a history of, or current, alcohol use disorder are at high risk for relapse and/or chronic use. For those individuals, access to care is crucial. Remote access to care including medical care and mutual help groups can provide individuals with a safety net for recovery and the necessary social support. Access to pharmacotherapy is also important as individuals may try to detoxify at home. It is notable that access to care brings up tremendous health disparities, including the access to care and to technology itself. Some of the individuals most at need may have the least access. Public health initiatives are critical across the world to provide safety nets for individuals with mental health and substance use disorders. More and more remote clinical services are available and there is evidence for their efficacy. In addition, the use of technology including apps can be transformative in allowing individuals to continuously evaluate their alcohol use and to consider alternative behaviors. In sum, combining remote services, apps, mutual help groups, and pharmacotherapy has the potential to give individuals with AUD their greatest chance of success during this challenging time.

In conclusion, our lives have been turned upside down by the COVID-19 pandemic. Many of our hopes and dreams for the 2020 year and beyond have been unfulfilled. Individuals miss their families, their friend, trips, vacations, professional opportunities. There is a great deal of grief and loss over these dreams and goals. Coping with grief and loss through excessive drinking is not uncommon. Further, coping with chronic stress through excessive alcohol use has been widely documented. However, in order to support individuals in moving away from excessive alcohol use, alternative coping strategies and self-care must be systematically incorporated into all areas of healthcare. Beyond alcohol misuse, the COVID-19 pandemic is bringing up a major mental health crisis globally. Mental health providers are in high demand and have unique opportunities to practice their own self-care and to model that for the patients they treat. Instead of waiting for things to return to normal, living our best lives in these difficult circumstances is the challenge we collectively face.