



RESEARCH SUMMARY

Date Compiled: September 2020

Key takeaways from included research:

- Coping motives were associated with *increased* alcohol consumption early in the COVID-19 pandemic and highlight the need for longitudinal research to establish longer term outcomes of drinking to cope during the pandemic.
- Overall, 40.9% of 5,470 respondents who completed surveys during June reported an adverse mental or behavioral health condition, including those who reported having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%).
- Heavy drinking has been identified as an important risk factor for intentional injuries, and with the erosion of alcohol control policies on alcohol availability, heavy drinking is likely to increase during the COVID-19 pandemic.
- Although men consistently had higher alcoholic liver disease (ALD) death rates, gaps between men and women for ALD death rates have narrowed in the past two decades, especially among people ages 25—34 years. The rate ratio of men to women dropped from roughly 3:1 in 1999 to 2:1 in 2018.
- Commentary: "...to protect frontline health-care services and public health more generally, it is essential that modest, evidence-based restrictions on alcohol prices, availability and marketing are introduced. In particular, we recommend increases in excise taxation coupled with minimum unit pricing to both reduce impacts on health-care services and provide much-needed revenues for governments at this critical time."

DRINKING TO COPE DURING COVID-19 PANDEMIC: THE ROLE OF EXTERNAL AND INTERNAL FACTORS IN COPING MOTIVE PATHWAYS TO ALCOHOL USE, SOLITARY DRINKING, AND ALCOHOL PROBLEMS
September 2020

Abstract

Background: The COVID-19 pandemic has resulted in massive disruptions to society, to the economy, and to daily life. Some people may turn to alcohol to cope with stress during the pandemic, which may put them at risk for heavy drinking and alcohol-related harms. Research is needed to identify factors that are relevant for coping-motivated drinking during these extraordinary circumstances to inform interventions. This study provides an empirical examination of coping motive pathways to alcohol problems during the early stages of the COVID-19 pandemic.

Methods: Participants ($N = 320$; 54.7% male; mean age of 32 years) were Canadian adult drinkers who completed an online survey assessing work- and home-related factors, psychological factors, and alcohol-related outcomes over the past 30 days, covering a time period beginning within 1 month of the initiation of the COVID-19 emergency response.

Results: The results of a theory-informed path model showed that having at least 1 child under the age of 18, greater depression, and lower social connectedness each predicted unique variance in past 30-day coping motives, which in turn predicted increased past 30-day alcohol use (controlling for pre-COVID-19 alcohol use reported retrospectively). Income loss was associated with increased alcohol use, and living alone was associated with increased solitary drinking (controlling for pre-COVID-19 levels), but these associations were not mediated by coping motives. Increased alcohol use, increased solitary drinking, and greater coping motives for drinking were all independently associated with past 30-day alcohol problems, and indirect paths to alcohol problems from having children at home, depression, social connectedness, income loss, and living alone were all supported.

Conclusions: Findings provide insight into coping-motivated drinking early in the COVID-19 pandemic and highlight the need for longitudinal research to establish longer term outcomes of drinking to cope during the pandemic.

Source: Wardell, J.D., Kempe, T., Rapinda, K.K., et al. (2020). Drinking to cope during COVID-19 pandemic: The role of external and internal factors in coping motive pathways to alcohol use, solitary drinking, and alcohol problems. *Alcoholism: Clinical and Experimental Research*. DOI: 10.31234/osf.io/8vfp9.

MENTAL HEALTH, SUBSTANCE USE, AND SUICIDAL IDEATION DURING THE COVID-19 PANDEMIC — UNITED STATES, JUNE 24–30, 2020
August 2020

Summary

Communities have faced mental health challenges related to COVID-19–associated morbidity, mortality, and mitigation activities. During June 24–30, 2020, U.S. adults reported considerably elevated adverse mental health conditions associated with COVID-19. Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation. The public health response to the COVID-19 pandemic should increase intervention and prevention efforts to address associated mental health conditions. Community-level efforts, including health communication strategies, should prioritize young adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers.

Source: Czeisler, M.É., Lane, R.I., Petrosky, E., et al. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic — United States, June 24–30, 2020. *MMWR Morbidity and Mortality Weekly Report* 2020;69:1049–1057. DOI: 10.15585/mmwr.mm6932a1.

CORONAVIRUS DISEASE 2019 CRISIS AND INTENTIONAL INJURIES: NOW IS NOT THE TIME TO ERODE ALCOHOL CONTROL POLICIES

August 2020

Abstract

In Canada, and elsewhere, the coronavirus disease 2019 (COVID-19) crisis has resulted in a social, economic, and alcohol policy environment that is likely to contribute to a rise in intentional injuries, whether interpersonal or self-directed violence. Heavy drinking has been identified as an important risk factor for intentional injuries, and with the erosion of alcohol control policies on alcohol availability, heavy drinking is likely to increase. During a time of social isolation, economic loss, psychological distress, and reduced access to health services and support networks, all of which are catalytic factors for both intentional injuries and heavy alcohol use, what is needed is individualized and population-based preventive interventions aimed at reducing alcohol consumption, rather than decisions to increase certain forms of alcohol availability.

Source: Lange, S., Probst, C., & Rehm, J. (2020). Coronavirus disease 2019 crisis and intentional injuries: Now is not the time to erode alcohol control policies. *Canadian Journal of Public Health*; 111, 466-468. DOI: 10.17269/s41997-020-00391-6.

TRENDS IN PREMATURE DEATHS FROM ALCOHOLIC LIVER DISEASE IN THE U.S., 1999–2018

August 2020

Abstract

Introduction: So-called deaths of despair—those involving drug overdoses, alcohol-related liver disease, and suicide—have been rising in the U.S. among middle-aged white, non-Hispanic adults without a college degree. Premature deaths (ages 25–69) from alcoholic liver disease were examined specifically in this study from 1999 to 2018, by sex, race/Hispanic origin, and age group.

Methods: Data were drawn from the 1999–2018 Multiple Cause of Death database and bridged-race estimates of the U.S. resident population, including 281,243 alcoholic liver disease deaths or an average of 8 deaths per 100,000 population. Analyses examined alcoholic liver disease death rates for sex differences among 3 age groups (25–49, 50–59, and 60–69 years), by race and Hispanic origin, from 1999 to 2018; age-adjusted and age-specific annual percentage changes (accounted for cohorts); years of potential life lost; and age of death for sociodemographic backgrounds, alcoholic liver disease clinical courses, and comortalities.

Results: White non-Hispanics increasingly experienced greater alcoholic liver disease mortality than black non-Hispanics and Hispanics, confirming the racial and ethnic crossover observed in previous studies. Although men consistently had higher rates of mortality, male-to-female ratios decreased in the past 2 decades and were the lowest among ages 25–49 years and especially among ages 25–34 years. Although women generally had longer life expectancies, women died of alcoholic liver disease on average about 2–3 years earlier than men.

Conclusions: Prevention and intervention efforts are imperative to address the narrowing sex gap and widening racial disparities in alcoholic liver disease premature deaths.

Source: Yoon, Y., Chen, C.M., Slater, M.E., et al. (2020). Trends in premature deaths from alcoholic liver disease in the U.S., 1999–2018, *American Journal of Preventive Medicine*. DOI: 10.1016/j.amepre.2020.04.024.

THE BURDEN OF ALCOHOL ON HEALTH CARE DURING COVID-19

August 2020

Abstract

Alcohol's impact on global health is substantial and of a similar order of magnitude to that from COVID-19. Alcohol now also poses specific concerns, such as increased risk of severe lung infections, domestic violence, child abuse, depression and suicide. Its use is unlikely to aid physical distancing or other preventative behavioural measures. Globally, alcohol contributes to 20% of injury and 11.5% of non-injury emergency room presentations. We provide some broad comparisons between alcohol-attributable and COVID-19-related hospitalisations and deaths in North America using most recent data. For example, for Canada in 2017 it was recently estimated there were 105 065 alcohol-attributable hospitalisations which represent a substantially higher rate over time than the 10 521 COVID-19 hospitalisations reported during the first 5 months of the pandemic. Despite the current importance of protecting health-care services, most governments have deemed alcohol sales to be as essential as food, fuel and pharmaceuticals. In many countries, alcohol is now more readily available and affordable than ever before, a situation global alcohol producers benefit from and have helped engineer. We argue that to protect frontline health-care services and public health more generally, it is essential that modest, evidence-based restrictions on alcohol prices, availability and marketing are introduced. In particular, we recommend increases in excise taxation coupled with minimum unit pricing to both reduce impacts on health-care services and provide much-needed revenues for governments at this critical time.

Source: Stockwell, T., Andreasson, S., Cherpitel, C., et al. (2020). The burden of alcohol on health care during COVID-19. *Drug and Alcohol Review*. DOI: 10.1111/dar.13143.