

CHANGES IN ALCOHOL BEHAVIOR DURING THE COVID-19 PANDEMIC AND BEYOND

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Abstract. *It is clear that during and after the Covid-19 pandemic, alcohol consumption schemes and their consequences will change. While the results of changes in alcohol behavior during lockdown are not consistent, there have been reports of the development and recurrence of alcoholism during newly emerging alcoholism/self-isolation. Several psychological, social, biological, economic and political factors have been studied to influence changes in alcohol consumption.*

Keywords: *impact on the Covid-19 pandemic, alcohol, alcoholism, self-isolation, psychological, social, biological, economic factors.*

Introduction. Since early 2020, the world's population has been experiencing a rapid spread of severe acute respiratory disease-Type 2 coronavirus (SARS-CoV-2), which has resulted in more than 200,000 deaths in Europe during the first 6 months of 2020 [1]. In response to the spread of the disease, many measures have been taken, ranging from isolation at different levels (local, national) to border closures [2]. These measures have had a significant impact on private and social life and continue to affect the health and well-being of the population worldwide [3].

Alcohol consumption is identified as an important risk factor for the deterioration of physical and mental health [4, 5], common in times of stress such as the covid-19 pandemic [6]. However, changes in alcohol consumption can affect the course and prognosis of COVID-19 disease [7]. It is believed that actions taken in response to the COVID-19 pandemic affect the behavior of people and the level of alcohol consumption [8, 9].

Many children may have difficulty adjusting to school after quarantine has ended, and have difficulty building relationships with their teachers and peers. Therefore, the restrictions placed on them can have a long-term negative impact on their overall psychological well-being [10].

According to experts, the mental health of children and adolescents in an isolated world is the "time bomb" [11]. This pandemic has long-term negative consequences for children and adolescents compared to adults [12]. Stressful events in early life are known to be associated with neurodevelopmental disorders; social, emotional, and cognitive problems; medical and mental disorders in adulthood; disability; and even previous deaths [13]. Child depression - one of the most serious consequences of COVID-19-is associated with 66 diseases and a lifetime risk of early death [14].

Many people have been accepted by "fear psychosis" [15], similar to global mass hysteria, which manifests itself in different ways:

- Suicide. Social isolation and feelings of loneliness are associated with the risk of suicide [16]. In Japan, for example, it is estimated that more people (2,153) died from suicide in October 2020 than in covid-19 (2087) [17]. Compared to 2019 rates, the number of Japanese women who committed suicide in October 2020 increased by 82.6 percent. Japan is one of the few countries that publishes statistics that allow you to understand how the pandemic and the measures associated with it affect people's mental health. At the same time, Japan did not even have quarantine, and the spread of COVID-19 itself is not as common as in other countries. According to experts in other states, the suicide rate may be the same or even higher [18]. In Russia, for example, according to the ATC in Nizhny Novgorod, if 2-3 suicides per week were recorded before the period of self - isolation, then 7-8 such cases were recorded [19].

- Self-isolation. Many people almost isolated themselves after quarantine and live in constant fear. According to a VTsIOM poll conducted in the fall of 2020, a quarter of Russians had restricted contact/stayed at home/left for remote locations [20]. Under the influence of the pandemic, Russians kissed less than in 2019 (27% and 40%), pressed each other's hands (35% and 50%), hugged (42% and 55%) and even smiled less when meeting relatives and friends (34% and 41%). and with colleagues (27% and 46%) [21].

- Stigma and discrimination. Stigma and reports of discrimination [23] are associated with fear psychosis. The disease caused social stigma towards groups of infected people and their families [22].

-Fear of COVID-19 testing. Many people are not tested for fear of the consequences of a positive result (forced isolation/quarantine, and ostracism by others) [24].

In addition, the endless news of the media made the situation more complicated [25]. Fear and panic from misinformation related to Covid-19 can have long-term effects on people's mental health.

The decline in access to health care services during the pandemic saw other non-COVID-19 related diseases fall to the side of the road. Operations were delayed due to reassignment of medical facilities to treat patients with new infections or quarantine closure. In addition, patients who feared hysteria in the media, including those with life-threatening illnesses, avoided hospital visits and operations, thus endangering their health and life [26-29].

According to a survey of doctors during the period of COVID-19 restrictions in 6 countries in may-June 2020, 78% of participants recorded a decrease in the number of patients visiting the clinic [30]. Exhttp estimates: // vestnik.mednet. ru / content / view/1281/30/ 9pertov, from mid-March, hundreds of thousands of planned operations in Russia were delayed. There is no official data, but it is clear that this number will be at least six-digit [31]. For example, in England, weekly hospitalization for coronary syndromes decreased by 40% only from mid-February to late March 2020 [32]. About 1 million mammograms were passed in the UK [33]. It is estimated that the pandemic will also affect other primary prevention programs. Delay in diagnosis and treatment can lead to the development of the disease and affect the survival of patients. For example, in the United Kingdom, the number of deaths due to delayed diagnosis is expected to increase by 7,9-9,6 percent for breast cancer, 15.3–16.6 percent for colorectal cancer, 4,8– 5,3 percent for lung cancer, and 5.8–6.0 percent for esophageal cancer [34-37].

Children's disease appeals have been reported to be delayed due to parents ' concerns about COVID-19 infection in medical facilities or public transport, lack of care for other children (especially for single parents), inability to use medical care due to the closure or change in the

rules for visiting medical facilities (e.g. parents should visit medical facilities). leaving their children alone in the hospital) [38]. In a number of countries, pediatric unit visits and hospitalizations decreased by 73-88 percent during the isolation period compared to the same period in previous years [39].

The closure of medical facilities, combined with parents' fear of visiting, has led to widespread or delayed regular vaccinations of children, threatening a decrease in herd immunity and the resumption of future preventable infectious diseases. In the spring of 2020, more than half (53%) of the 129 countries with data on vaccine discontinuation or complete discontinuation reported [40]. Thus, a survey of Pediatricians in the United States showed that the number of vaccinations in April 2020. for measles, mumps and rubella, an increase of 50% compared to two months ago, and 42% for diphtheria and pertussis [41].

The reasons are not known for certain. In addition to the coronavirus death itself, untimely care can contribute significantly to the increase in mortality. For example, in the UK, during the first wave of the disease from late March to early May 2020, 16,000 people died due to this and 25,000 died from coronavirus [42].

The purpose of the study: to analyze the characteristics of changes in alcohol consumption during the new COVID-19 coronavirus pandemic.

Materials and methods. The search for published data was carried out in the electronic database Medline (PubMed), Google Scholar and Elibrary from March 1 to April 22, 2022. to search for articles in English, "COVID-19", "SARS-CoV-2", "pandemic", "isolation", "alcohol use", "alcohol", "alcohol consumption", "alcohol consumption disorder". The following keywords were used to search for articles in Russian: «COVID-19», «SARS-CoV-2», «pandemic», «isolation», «alcohol use», «alcohol», «alcohol consumption», «alcohol use disorder».

The assessment of the acceptability of the original English sources was carried out in several stages: headings, annotations and full-text articles were considered. In addition, an additional search for links from documents was carried out.

Publications of personal observations, animal studies, as well as duplicate articles that presented the initial results of the study or were already published, were excluded.

Research results and discussion. Existing studies on the primary effects of the covid-19 pandemic on alcohol consumption among the general population of the covid-19 pandemic provide conflicting conclusions supporting conflicting theories as to which factors may influence alcohol consumption during this period. The authors of some studies found that the population's alcohol consumption rate increased, especially for those with alcohol abuse [10, 11].

Thus, a study of alcohol consumption during a pandemic among 1,540 people between the ages of 30 and 80 in the United States found that Americans consumed approximately 14% more alcohol in 2020 than in 2019 during the COVID-19 pandemic. Also, an increase in anxiety disorders more common among women indicates a 17% increase in alcohol consumption in women, as well as a 19% increase in consumption in people between the ages of 30 and 60. According to this study, this year, the consumption of large amounts of alcohol among women - four or more servings in two hours – increased by 41 percent, resulting in the consumption of additional alcohol daily for a month [12]. In Canada, the nanos Research report was released, which reported that 20% of Canadians forced to stay home in self-isolation mode during the pandemic consumed 21% more alcohol, with the first three reasons published by respondents

including the absence of daily life, boredom and stress [13]. Data showing an increase in alcohol consumption in Europe will appear in the second half of 2020. In Italy, it will appear in early 2021.

A cross-examination of 691 adults in the United Kingdom found that 17% reported heavy alcohol consumption during self-isolation. A higher proportion of alcohol consumption was observed among young subjects (ages 18-34).

A significant correlation was found between increased alcohol consumption and unsatisfactory mental health, depressive symptoms, and worsening psychological well-being [14]. Another poll conducted by the Vek charity found that one-fifth of subjects drank frequently during the same period during the lockdown, and 15% drank more alcohol at the same time, indicating the emergence of a group of individuals at risk of potentially dangerous alcohol consumption [15]. A study of changes in Alcohol, Tobacco, and light drug use during self-isolation in Belgium, and a survey of 3,632 people showed an increase in alcohol consumption ($d = 0,21$) compared to the period before the COVID-19 pandemic. The increase in alcohol consumption is associated with younger adults, more children at home, non-medical specialty of respondents, and technical unemployment associated with COVID-19.

Boredom, isolation, disruption of daily routine, loneliness, and changes in normal lifestyles were the main reasons for the consumption of more diverse psychoactive substances [16]. A study in Greece involving 705 adults and studying alcohol use habits before and after the COVID-19 pandemic found that consumption by type of drink was generally similar, but more people drank alone (8.0% versus 29.0%) or with partners during the pandemic (20.2% vs. 40.7%) compared to friends (68.2% vs. 18.5%). All participants in the study drank at home in self-isolation mode, 20.7% reported an increase in alcohol consumption, mainly due to social isolation (29.7%), changes in daily habits (27.5%) or overcoming anxiety and/or depression (13.6%) [17]. A research project carried out in Poland in eastern Europe showed a 146% increase in alcohol consumption, with a trend towards alcohol consumption found among previous alcohol addicts [18].

Various surveys conducted during different periods of the pandemic in Australia showed that over 25% of adults increased alcohol consumption during the pandemic mainly due to high levels of stress, anxiety and depression symptoms, but the proportion of pathological alcohol consumption as measured by AUDIT (alcohol consumption disorder detection scale) decreased. compared to the first peak of the pandemic, especially young people (18-25 years old) [19].

A potential mechanism here is increased stress during the COVID-19 pandemic [19-23]. In many countries, including the Russian Federation, residents were advised to stay at home and avoid unnecessary things social contacts. A study in Munich, Germany, found that most of those who adhered to these strict rules and restrictions suffer from violations of daily habits, isolation, social distancing, financial burden, and fear of the future [24]. C. Wang's study with co-authors. more than half of the respondents reported depression, anxiety, and acute stress [25]. These factors can lead to an increase in alcohol consumption as a form of self-medication. A 2001-2002 survey by the National Institute for the study of Alcohol Abuse and alcoholism reported a similar understanding of self-treatment in people trying to cope with stressful situations [26].

The Trier Social stress Test (Trier Social Stress Test), conducted among 39 people who consume alcohol, found an increase in alcohol consumption and dependent behavior in those who are under stress compared to those who are not severely stressed [27]. M. A. Sayette's review proposed a "stress suppression theory" that talks about increased alcohol consumption during economic crises, especially among people suffering from anxiety and stress [28]. A similar case

was observed in 2003 during the Severe Acute Respiratory Syndrome (SARS) pandemic. A study in China highlights the link between psychological disorders caused by the pandemic and increased alcohol consumption among individuals in two different socioeconomic settings (Hong Kong residents were exposed to SARS and hospital staff in Beijing were quarantined or worked in high-risk hospitals) [29]. In this case, high alcohol consumption is considered not a sufficient strategy to overcome psychological disorders and is caused by the interaction of factors such as social isolation, feelings of insecurity and financial difficulties [9, 27, 30].

Other studies have shown that alcohol consumption in the population may have decreased in the early months of the COVID-19 pandemic [22, 31]. According to these findings, the decrease in alcohol consumption opportunities in general, in particular outside the home (e.g. bars, pubs), could in fact lead to a decrease in consumption rates among the population [23]. In addition, alcohol availability decreased due to the closure of retail outlets and places where it could be consumed, and limited access to a typical travel environment (e.g. aircraft, hotels, cruise ships) for alcohol consumption. The decline in alcohol availability due to increased unemployment, financial difficulties, and lack of a sense of security can affect the decline in alcohol consumption [30]. Evidence in support of this mechanism may come from studies investigating the effects of Public Policy [31] and economic crises [32] on alcohol consumption, a consequence of the COVID-19 pandemic.

During quarantine in Australia, wastewater was found to have lower alcohol levels compared to similar periods in previous years, indicating a decrease in alcohol consumption among the general population, possibly due to skipping social events and changes in the overall alcohol consumption pattern [33].

Another interesting example would be the decrease in alcohol consumption by college students after the campus was closed, the main explanation for which is the return of young people to their homes to live with their families, less social activities and more drinking opportunities [34]. Comparing similar time periods in 2019 and 2020, the same decline in alcohol consumption found large-scale international online survey results covering countries in Europe, North and South America, Africa, Asia, decreased social events, closing clubs and bars, and low peer pressure. cited as possible explanations [10].

According to research conducted in the Russian Federation, in the first months of the pandemic, multidirectional trends in alcohol consumption were noted among the population. Before the pandemic, consumption among those who consumed large amounts of alcohol increased more frequently and initially decreased more frequently among the low-drinking population [35].

The effects of alcohol on covid-19 drinking alcohol consumed for a long time affects the body as a stress factor and makes homeostasis difficult to maintain [36-38]. The immediate short-term benefits of alcohol consumption can mask its long-term negative effects [39].

Most often, alcoholics constantly justify consumption, claiming a decrease in mental tension, achieving a state of physical and mental relaxation, and an improvement in social behavior under the influence of alcohol [40]. However, the effect of high-dose ethanol on the central nervous system leads to inhibitory effects such as decreased Gnostic functions, impaired attention and memory [41]. Thus, alcohol becomes a risk factor for behavior change and decision making. The risk is even higher for people with psychological or psychiatric pathology, as they are often contraindicated in the simultaneous administration of psychotropic drugs and alcohol.

Conclusion. According to the results of this review, it is clear that during the covid-19 pandemic, alcohol consumption schemes and their consequences will change. While the results of changes in alcohol behavior during lockdown are inconsistent, there have been reports of newly emerging alcoholism/development and relapse of alcoholism during self-isolation. Changes in alcohol consumption are influenced by several psychological, social, biological, economic and political factors.

As a result of the COVID-19 pandemic, medical care for alcoholics has been affected worldwide, so the focus should be on educating healthcare workers in ways to help alcohol-dependent patients. One of the methods of treating alcohol addiction during a pandemic is the use of modern technologies. One such example is telemedicine counseling for people with MSUA during the pandemic and training medical workers to work online in remote areas. Telemedicine, group and personal online counseling can be a way to cope with the increased demand for health services during and after the pandemic.

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