



EDITORIALS

Covid-19 and alcohol—a dangerous cocktail

Tackling alcohol harms must be an integral part of the nation's recovery

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As the UK and most other countries went into lockdown, the need to save lives from covid-19 rightly took priority over longer term health concerns. Many people reacted to the closure of pubs and restaurants by stocking up to drink at home in isolation, and alcohol, along with household items and storecupboard food, disappeared from supermarket shelves. In the week to 21 March, alcohol sales were up 67%. In comparison, overall supermarket sales increased by only 43%.¹ Now, as signs emerge of some control over new cases of covid-19, it is increasingly clear that if we don't prepare for emerging from the pandemic, we will see the toll of increased alcohol harm for a generation.

By chance, and just before the pandemic hit the UK, Alcohol Health Alliance started a commission on alcohol harm, aimed at highlighting the damage to individuals, families, and communities. The response was remarkable, with over 140 organisations and individuals providing evidence, writing about their experiences, and describing changes in the system that might have avoided their downward spiral. As we took oral evidence (latterly by video link as the virus tightened its grip), it became clear to commissioners that covid-19 has the potential to be an exemplar of our ambivalent relationship with alcohol and its consequences.

Two groups in particular need our attention. The first is those already struggling with alcohol dependence. Many support organisations moved services online with impressive speed. This has proved more appealing to some, but the new format leaves others, often without the technology or the privacy to use it, falling through the gap. The second group is those on the brink of dependence during lockdown and beyond. For them, dependence will be triggered by bereavement, job insecurity, or troubled relationships. Before covid-19, only one in five harmful and dependent drinkers got the help they need; the proportion will be even lower now. We cannot claim to be a nation recovering from covid-19 if we do not adequately support the most vulnerable among us.

Domestic violence

Alcohol is strongly associated with domestic violence, and an early feature in lockdown was a rise in calls to domestic violence

charities. It is difficult to gather causal data on alcohol and domestic abuse, and the relationship between alcohol and domestic violence is complex. However, research finds that 25-50% of perpetrators of domestic abuse have been drinking at the time of the assault, and in some studies this is as high as 73%.² Strathclyde Police data from 2004-12 found that the accused party was under the influence of alcohol in about 60% of police callouts for domestic incidents.³ The Home Office review in 2016 showed that alcohol was involved in almost half of domestic homicides.⁴

As in so many aspects of the coronavirus epidemic, it will be only in hindsight that we can measure the effect of social isolation, job losses, and financial meltdown on the alcohol balance sheet. Even at the best of times, alcohol costs the NHS in excess of £3.5bn (€4bn; \$4.2bn) and the wider economy at least £21bn each year.⁵

Our commission report will come out later in the year, documenting some of the personal tragedies of those directly affected by alcohol harm, the children and partners around them, and the effect on communities. We will be calling for evidence based, population level action on key drivers of harm, such as price, availability, and marketing, and for the implementation of innovative and cost effective sobriety schemes to reduce alcohol fuelled crime. But we fear that these calls will struggle to be heard amid the avalanche of issues to be tackled once the pandemic is waning.

The health and economic harms from alcohol have previously mirrored changes in society, and in bad times they get worse. A healthy population drives a healthy economy, and so recovery must focus both on the economy and on the public's health. Presentations of alcoholic liver disease, already increasing before the covid-19 crisis,⁶ will rise further. A similar surge will occur in the need for alcohol treatment services, which are traditionally an easy target for cuts when finances are tight. We know that investing £1 in alcohol treatment services will save £3, as well as directly helping affected individuals, often the most vulnerable in society.⁷ This time, let's be ready. Tackling alcohol harms is an integral part of the nation's recovery.

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