

Alcohol Dependence in the Time of COVID-19: A Possible Silver Lining

Sir,

Alcohol-dependent persons are likely to be affected in numerous ways during the ongoing COVID-19 pandemic. A rise is expected in stress and anxiety in the general population, owing partly to the fears and concerns about the pandemic, and partly to the psychological strain imposed by the lockdown. In view of the relapse-precipitating propensity of stress and anxiety, people with a history of alcohol dependence may be driven into undue alcohol consumption. As services available for alcohol-related problems have been disrupted in certain places, these may be challenging times for the affected. People without a history of alcohol dependence may also start consuming alcohol in excess, as a maladaptive coping strategy in this time of crisis.

Limited access to alcohol during the pandemic would also have significant implications for the epidemiology of alcohol use. In many parts of the world, restrictions have been imposed by governments on alcohol sales. Some governments explicitly banned alcohol for the period of the pandemic.^[1] The World Health Organization has also recommended limiting the use of alcohol in view of the many adverse consequences of alcohol that can increase the risk of COVID-19 transmission.^[2]

On the one hand, in response to the denied access, a dramatic increase in the production of illicit alcohol has been reported.^[3] Stockpiling of alcohol prior to curfews may have also taken place. However, on the other hand, such restrictions may turn out beneficial in that many persons with alcohol use disorders would be forced into sobriety, and those who develop disabling symptoms of alcohol withdrawal would be brought to the attention of health-care services. In fact, the incidence of alcohol withdrawal presenting to emergency treatment units has reportedly escalated in the background of the COVID-19 lockdown.^[4] Even in its severe forms such as delirium tremens, the mortality of alcohol withdrawal is now <5% if medical treatment is sought. Hence, the large majority of patients who present with alcohol withdrawal will survive this pandemic, and be enrolled in long-term rehabilitation programs, aimed at achieving abstinence or harm reduction.

Another silver lining in the current scenario is the possibly beneficial changes in social dynamics that can reduce alcohol consumption. Social cues and pressures serve as major precipitating and perpetuating factors for alcohol use.^[5] Due to the lockdown, many social cues such as the sight of pubs and restaurants have been concealed from the attention of alcohol users. Social pressures to drink in peer groups and social events have also been withheld in view of the social distancing

policy. Therefore, this setting presents a valuable opportunity for the alcohol-dependent persons to recover from their addiction. These notions may hold true for other substance use disorders as well as other addictive behaviors such as gambling.

However, the nature of alcohol dependence is such that, even after extinction of the conditioned cue reactivity owing to the elimination of pertinent stimuli, it may re-emerge once alcohol becomes available later on. Therefore, whether the potentially beneficial impact of the pandemic on alcohol use disorders would be retained in the long run is controvertible. Very little research has emerged so far with regard to the effects of the current pandemic on addictive behavior, possibly because research in general has been stalled. As there is rational ground to believe that the continuing pandemic exerts a myriad of socially mediated effects on alcohol dependence, with likely variations across countries, researchers and mental health professionals should direct their attention to the positive and negative aspects of the situation, and explore how such positive factors can be exploited in the management of alcohol-dependent patients. Primary care physicians and emergency physicians should be alert to the features of alcohol dependence and be attuned to the earliest symptoms and signs of alcohol withdrawal, particularly of delirium tremens, in patients presenting for various physical complaints during this period. Patients in whom such problems are detected should be referred actively to mental health services, where deemed relevant. Psychological therapies such as coping and social skills training, cognitive-behavioral relationship therapy, and cue exposure therapy should be used, while factoring in the unique challenges and opportunities that the current scenario presents. It is important to prepare them, using appropriate psychological methods, for the inevitable prospect of greater alcohol availability when the crisis subsides, lest they relapse.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online	
Quick Response Code: 	Website: www.indjisp.org
	DOI: 10.4103/ijsp.ijsp_120_20

How to cite this article: Baminiwatta AK, Peris MU. Alcohol dependence in the time of COVID-19: A possible silver lining. *Indian J Soc Psychiatry* 2021;37:119-20.

Received: 20-05-2020, **Revised:** 25-05-2020, **Accepted:** 11-06-2020, **Web Publication:** 31-03-2021

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