

The COVID-19 hangover: why we need to take harm caused by alcohol seriously as an indirect effect of the pandemic

In the UK, harm caused by alcohol has worsened since 2020. A recent report from the Institute of Alcohol Studies projecting future rates of major alcohol-related diseases highlights what this means for health and healthcare. The authors argue that this additional burden is not inevitable if effective policies are introduced.

In the UK, changes in levels of alcohol consumption have been one of the indirect effects of the pandemic. Surveys and polls found that between a fifth and a third of adults were drinking more following the onset of the pandemic. At the same time, a similar proportion of people were also drinking less. Many of these surveys were conducted in the first wave of the pandemic, and during the first lockdown, so some short-term behaviour changes would not be too surprising in this context (Boniface et al, 2022).

Across 2020 and 2021, on a population level, this translated into fairly small changes in overall alcohol consumption measured by the amount of alcohol taxed for sale in the UK (Angus, 2021). However, this overall figure hides a clear and sustained increase in the proportion of people drinking at increasing and higher risk levels (as measured by the Alcohol Use Disorders Identification Test) (Office for Health Improvement and Disparities, 2022).

Alcohol harm has also worsened

There was a 20% increase in alcohol-specific deaths in England and Wales in 2020, making these figures the worst on record (Office for National Statistics, 2021). The majority of these deaths were from liver disease, which may have initially been explained by changes in access to healthcare and other services. However, as with the changes in consumption, this pattern has persisted through 2021 and 2022 (Office for Health Improvement and Disparities, 2022). The increase has been concentrated among people living in more deprived areas (Office for Health Improvement and Disparities, 2022), further widening inequalities in harm from alcohol.

At the Institute of Alcohol Studies, the changes in alcohol consumption and harm have been monitored since the beginning of the pandemic (Institute of Alcohol Studies, 2020a,b). There was great uncertainty about what would happen to rates of alcohol consumption as the pandemic progressed and restrictions were lifted, with little previous evidence to rely on. This led to a collaboration with HealthLumen to model the longer-term patterns in alcohol use and harm, in the COVID Hangover project (Boniface et al, 2022), funded by the National Institute for Health and Care Research's Policy Research Programme.

What did this study do and find?

Using HealthLumen's (2022) microsimulation model, along with a range of survey and healthcare data, the authors predicted the impact of changes in alcohol consumption on future alcohol-related harm. Three different scenarios for future alcohol consumption were created to account for the uncertainty about future drinking patterns. The team then modelled what would happen to rates of nine of the main diseases linked to alcohol consumption (high blood pressure, stroke, liver disease, and six forms of cancer) up to 2035.

This microsimulation model projected that even if the changes seen to alcohol consumption are short-lived, there are knock-on effects on alcohol harm over the longer term. Depending

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How to cite this article:

Boniface S, Card-Gowers J, Webber L. The COVID-19 hangover: why we need to take harm caused by alcohol seriously as an indirect effect of the pandemic. *Br J Hosp Med*. 2022. <https://doi.org/10.12968/hmed.2022.0384>

on when and whether alcohol consumption returns to pre-pandemic patterns, the model projects that there will be between 2860 and 147 892 additional cases of the nine alcohol-related diseases studied in England by 2035 (Boniface et al, 2022). Hypertension and stroke make up the majority of these cases. The additional cost to the NHS of treating these nine diseases is estimated to be between £363 million and £1.2 billion between 2020 and 2035, the majority of which is accounted for by stroke and the six alcohol-related cancers studied. These cases are projected to lead to between 2431 and 9914 extra premature deaths (before the age of 75 years), which would occur disproportionately among those less well-off in society.

The team has only modelled nine of more than 200 diseases related to alcohol. Although they would have liked to, they were not able to capture anything about harm to others – for example, the effect on children and families, drink-driving, or domestic violence, and also did not look at quality of life or mental health. While these results indicate a worsening problem, by no means do they show its full extent. A separate study using the Sheffield Alcohol Policy Model, released at the same time as the authors' report, had a more comprehensive approach and reported similar findings (Angus et al, 2022).

What can be done?

Even if the changes seen in alcohol consumption are relatively short-lived, the model projects thousands of lives will be lost prematurely. The number is far higher if trends do not revert to pre-COVID drinking patterns, because most of the health harm from alcohol is from chronic conditions, which take years to develop. It is possible to prevent the effects that have been modelled.

The country is now past the acute emergency response phase of the pandemic, but the NHS and other public services have not recovered, and cannot afford to deal with rising alcohol harm as an indirect effect of the pandemic. Tackling indirect effects of the pandemic – such as alcohol harm and the inequalities it entrenches – also contributes to ongoing government priorities around 'building back better' and 'levelling up'.

The authors' report recommends five evidence-based policy areas:

1. Increase funding and resources for alcohol treatment and support, over and above what was promised in 2021's Drug Strategy (Home Office et al, 2021)
2. Capitalise on the opportunities presented by the new alcohol duty system that is being introduced in 2023
3. Introduce minimum unit pricing for alcohol in England, aligning policy with that in Scotland and Wales
4. Add protecting and improving public health as the fifth objective of the alcohol licensing system in England, as it is in Scotland
5. Improve the regulatory approach to alcohol marketing to reduce exposure and influence among the vulnerable (Boniface et al, 2022).

Public support for many of these policies is good. The report discusses the relevance of these policies in the current context, considering not only how hospitality has been hit by the pandemic, but also in terms of the cost-of-living crisis. This crisis arose after this research was designed, so the impact this may have on alcohol consumption and harm in the future has not been projected, although inequalities may widen even further.

These projections are not inevitable, and the Institute of Alcohol Studies will continue to use these results to advocate for better alcohol control policies in the UK.

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Conflicts of interest

S Boniface works at the Institute of Alcohol Studies which receives funding from the Alliance House Foundation.

Key points

- In the UK, changes in alcohol consumption have been one of the indirect effects of the pandemic.
- There has been a rise in the prevalence of increasing and higher-risk drinking, and a sharp rise in alcohol-specific deaths since spring 2020.
- HealthLumen's microsimulation model was used to project future rates of nine major alcohol-related diseases to 2035.
- Depending on future trends in alcohol consumption, the model projects there will be up to 147 892 additional cases of the nine alcohol-related diseases studied in England by 2035, with up to 9914 extra premature deaths, and additional costs to the NHS of up to £1.2 billion.
- These additional health problems and NHS costs are not inevitable if effective policies are put in place to prevent harm from alcohol.

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