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COVID-19 public health road map: alcohol consumption

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GUIDANCE

Covid-19 public health road map: Alcohol consumption

AIM OF THIS DOCUMENT

This roadmap aims to support health officials to consider changes to alcohol consumption that may have occurred during the Covid-19 pandemic and to use psychologically-informed behaviour change approaches to optimise health improvement and mitigate increases in alcohol use. This guidance should be used alongside the *Achieving Behaviour Change (ABC) guide*¹ for local government and partners, and the *Improving People's Health behavioural and social science strategy*².

BEHAVIOURAL SCIENCE RECOMMENDATIONS

Following the UK *Chief Medical Officers' (CMO) guidelines*³ to moderate alcohol consumption benefits both physical and psychological health. Moderating alcohol consumption can be influenced by what we know and what we can do (capability); people around us and our physical environment (opportunity); and our beliefs, what we want, how we see ourselves, how we regulate our emotions, and our habit (motivation). To support changes since Covid-19:

Consider the impact of alcohol supply disruption including less on-trade sales (e.g. bars and restaurants), and more off-trade sales (e.g. off-licences) with a view to helping people to follow the CMO guidelines at home.

Consider the reopening of on-trade outlets and the impact on public health, healthcare, and on other services (including policing) and encourage following the CMO guidelines outside the home.

Engage with key policy frameworks to help people follow the CMO guidelines including the World Health Organization *SAFER initiative*⁴. These promote the five key policy drivers, which support moderate alcohol consumption including marketing, price, drink-driving countermeasures, access to brief interventions and treatment, and restricting alcohol availability. Policies should consider alcohol-related health inequalities. For best effect, public health-oriented policy-making should be free from interference by the alcohol industry and bodies funded by the alcohol industry⁵.

Remind people that keeping to CMO guidelines has wide-ranging positive impacts on health and wellbeing, and communicate the risks of alcohol consumption on lung function and immunosuppression⁶, which increases risks around Covid-19.

We recommend following the British Psychological Society's *Behavioural Science and Disease Prevention Psychological guidance*⁷ to shape any policy and/or communications strategy.

TARGET BEHAVIOUR: DRINKING WITHIN THE CHIEF MEDICAL OFFICERS' ALCOHOL GUIDELINES

Helping people to follow the UK [Chief Medical Officers' alcohol guidelines](#)³, which recommend that people do not regularly consume over 14 units of alcohol per week.

WHY IS DRINKING WITHIN THE CHIEF MEDICAL OFFICERS' ALCOHOL GUIDELINES IMPORTANT?

All alcohol use carries risk of [short-term and long-term negative health consequences](#)⁸; risks decrease with lower consumption. The UK Chief Medical Officers recommend adults should not regularly drink over 14 units of alcohol per week. They suggest people should spread out alcohol units across the week, minimise heavy drinking on a single occasion, and have alcohol free days. Those who are pregnant should not drink alcohol.

[Alcohol has effects, both short-term and long-term, on almost every organ of the body.](#) It causes cancers, increases cardiovascular risk, liver problems, and obesity⁹. Alcohol alters thoughts, judgement, decision-making, memory, risk-taking and behaviour and increases the opportunity for interpersonal conflict, injury, and problems with motivation and role functioning. Hangovers, or the range of negative symptoms experienced following a drinking episode, are one of the most commonly reported negative consequences of alcohol consumption that can have considerable physical, psychiatric, and occupational costs¹⁰.

POSSIBLE CHANGES TO ALCOHOL CONSUMPTION SINCE COVID-19

The Institute of Alcohol Studies' review of consumption from March to June 2020 found that between a fifth and a third of people were drinking more alcohol during lockdown. An additional third consumed less alcohol in lockdown, typically those who consumed the least amount of alcohol before the pandemic¹¹. Covid-19 has affected alcohol supply with closures and openings of on-trade alcohol premises, and changes to the availability of alcohol on the off-trade. Many individuals purchased alcohol in larger quantities than usual, expecting issues in alcohol supply from lockdown measures and outlet closures. Off-trade retailers were not required to close, but were designated as 'essential' during the coronavirus pandemic, primarily to prevent a sudden stop in alcohol use in those who may be alcohol dependent. Those who have used alcohol in large quantities over time should not suddenly stop their alcohol use as it may cause severe withdrawal or death¹². Instead, they should be encouraged to engage with services (such as a managed detoxification), or cut down gradually by themselves, by slowly reducing alcohol amounts, and switching to lower alcohol products (e.g. moving from spirits to lower strength beers). Help and support should be sought if needed (e.g. see [Alcohol Concern](#) and [Scottish Health Action on Alcohol Problems](#) guidance in the links to resources section).

Covid-19 has raised additional challenges. The lockdown and restrictions on household movement increases the likelihood of interpersonal conflict, from disharmony and drinking in front of children, to interpersonal violence, child, or elder abuse. Heavy use of alcohol increases the risk of acute respiratory distress syndrome (ARDS), compromises the immune function, and increases the likelihood of injury^{6,7,13}. National Health Service (NHS) and charitable sources of support for hazardous or dependent drinking are under pressure financially and in treatment capacity, thus fewer sources of support may be available¹². Increased awareness of health provides a teachable moment in which we can reinforce the benefits of drinking within the guidelines and use strategies (e.g. effective brief interventions) to support behaviour change¹⁴.

As bars and restaurants reopen, there may be fresh challenges to help people who drink alcohol remain within the guidelines. As alcohol can impair decision-making, it may affect the ability to count alcohol units consumed during a drinking event, and the motivation and ability to follow other Covid-19 recommendations (such as hand washing, wearing face coverings, or maintaining physical distance). This may put the drinker and those around them (including staff) at risk of Covid-19 transmission.

WIDE SCALE PUBLIC HEALTH INTERVENTION

Health officials have the opportunity to support national behaviour change through a number of policy levers. Table 1 highlights existing approaches and suggestions for future development. Using this document, alongside the [ABC guide](#)¹ and support from experts in behaviour change, such as health psychologists, can help to optimise reach and impact of public health efforts.

Table 1: Policy categories from the Behaviour Change Wheel^{1,16,17} that could support drinking alcohol within the CMO guidelines during the Covid-19 pandemic and beyond.

Policy categories	Definition	Examples and suggestions
Communication/ marketing	Using print, electronic, telephonic or broadcast media.	Clear messages on how drinking outside the guidelines impacts on health and healthcare services. Highlight that drinking alcohol, compared to using it to clean hands, <u>does not protect from Covid-19 or prevent infection</u> ¹⁸ and that it compromises immune function. Communicate alcohol as a contributor to stress not a stress reliever (it may increase symptoms of panic, anxiety, depression or other mental disorders). Engage with young people about alcohol risk. Restrict marketing opportunities (particularly to young people) and the promotion of 'alcohol for all occasions'.
Guidelines	Creating documents that recommend or mandate practice. This includes all changes to service provision.	Provide and disseminate guidance – <u>UK Chief Medical Officers recommend that adults do not regularly drink over 14 units a week</u> , individuals should limit their drinks on a single occasion, and not drink when pregnant ^{3,15} .
Fiscal measures	Using the tax system to increase or reduce the financial cost.	Monitor the sales and pricing of alcohol. Alcohol sales have risen during the pandemic, with impact on vulnerable populations ²⁰ . Minimum unit pricing is a key driver to improving health and supporting drinking to the guidelines e.g. <u>Evidence from Scotland</u> ¹⁹ – for emerging evidence from Wales (contact Andrew Misell at Alcohol Concern).
Regulation	Establishing rules or principles of behavioural practice.	Ensure SAFER initiatives are incorporated into policy ^{4,5} .
Legislation	Making or changing laws.	Continue to restrict the availability of alcohol. Legislate the provision of server training for staff who work in off-trade and on-trade establishments to ensure that alcohol is sold to only those over 18 years old, and those who are not intoxicated at the time of sale.

<p>Environmental/ social Planning</p>	<p>Designing and/or controlling the physical or social environment.</p>	<p>The physical and social environment should enable people to set boundaries around their alcohol consumption, substitute low/no alcohol products, drink water, have alcohol free days, and plan alcohol consumption carefully²¹. Create and encourage the use of alcohol free venues to socialise.</p> <p>Policy makers should engage with communities to create positive norms and shape behaviour such as encouraging drinks tracking e.g. <u>drink free days</u>, measuring drinks at home, and socialisation without alcohol (e.g. having a cup of tea or no/low alcoholic drinks on video calls).</p>
<p>Service Provision</p>	<p>Delivering a service.</p>	<p>Alcohol support services are available from GPs and health care settings, with many face-to-face services now online. Normalise help seeking from a range of sources for alcohol problems from minor issues to long-term problems and at a range of intensities^{12,13,14,22}. Service design/redesign should consult those who are drinking over the recommended levels of alcohol and their families, and consider alcohol-related health inequalities²³. Brief interventions, particularly online, are practical options that can support alcohol consumption within CMO guidelines. Promoted brief interventions must have evidence to support their effectiveness in delivering meaningful reductions in alcohol consumption¹⁴.</p>

UNDERSTANDING INFLUENCES ON BEHAVIOUR USING A COM-B DIAGNOSIS

To help in understanding behaviour and behaviour change, the COM-B model suggests there must be considerations made for the target population in relation to their:

Capability to enact the Behaviour, that relies on both psychological (e.g. knowledge and skill) and physical (e.g. ability and strength) capability factors;

Opportunity to enable the Behaviour, that considers both social (e.g. norms, support) and physical (e.g. resources, environment) opportunity facilitators; and

Motivation to perform the Behaviour, that involves both reflective (e.g. attitudes, confidence, intentions, identity) and automatic (e.g. emotion, habit) motivational processes.

The likely influences to consider when developing policies, campaigns or messaging to support drinking alcohol within the CMO guidelines based on a COM-B behavioural diagnosis are presented in Table 2.

Table 2: COM-B behavioural diagnosis of the likely influences on drinking alcohol within the Chief Medical Officers' (CMO) guidelines.

Capability psychological/physical	Opportunity social/physical	Motivation reflective/automatic
Knowledge of an alcohol unit and the number of alcoholic units stated in the CMO alcohol guidelines (Psychological)	Social support to limit alcohol consumption to the CMO alcohol guidelines including drink free days (Social)	Belief that keeping within the CMO alcohol guidelines will be beneficial to quality of life, health, and wellbeing (Reflective)
Having the cognitive (e.g. headspace) and interpersonal skills (e.g. ability to say no) to consume alcohol within the CMO alcohol guidelines (Psychological)	Encouragement from friends and family to drink within the CMO alcohol guidelines (Social)	Having the confidence to limit alcohol consumption to within the CMO alcohol guidelines (Reflective)
Remembering how much alcohol has been consumed and what the recommended limits are during a drinking occasion (Psychological)	Overcoming the influence of others who may not drink within the CMO alcohol guidelines (Social)	Holding strong intentions to drink alcohol within the CMO alcohol guidelines (Reflective)
Knowledge of support and information sources to help drinking within the CMO alcohol guidelines (Psychological)	Influence of societal and cultural norms around drinking within the CMO guidelines (Social)	Holding the goal of drinking within the CMO alcohol guidelines (Reflective)
Ability to plan the amount of alcohol consumed to keep within the CMO alcohol guidelines (e.g. setting boundaries around how and when alcohol is consumed) (Psychological)	Having the appropriate resources to keep within the CMO alcohol guidelines such as the tools to measure and count the unit content of alcoholic drinks (Physical)	Holding the identity of someone who drinks within the CMO alcohol guidelines (Reflective)
Having the skill to understand and track units of alcohol consumed to enable drinking within the CMO alcohol guidelines (Physical)	Availability of alcohol (e.g. in the home, including stockpiling alcohol, and in on- and off-trade premises) (Physical)	Overcoming urges to drink alcohol in excess of the CMO alcohol guidelines when hungry, angry, lonely, tired, bored, stressed, or sad (Automatic)
Physical health restrictions that may restrict access to online and offline support to help keep to the CMO alcohol guidelines (Physical)	Financial resources to purchase alcohol including more (lockdown limited spending opportunities) and less money (job losses) (Physical)	Overcoming drinking habits to stay within the CMO alcohol guidelines (Automatic)

DIFFERENT AUDIENCES TO CONSIDER

WHO NEEDS THIS INFORMATION

World Health Organization, International partners and public health teams, Public Health England, Public Health Scotland, Public Health Wales, Public Health Agency Northern Ireland, Local Authorities, commissioners, Clinical Commissioning Groups, primary care, police, schools, mental health services, substance use services, community and voluntary services, health professionals, NHS organisations including hospitals, social care organisations, and private sector.

WHO WILL BE INFLUENCED MOST SINCE COVID-19

There is a need for researchers and policy makers to address how these barriers and facilitators differ based on occupation, role and employment status, gender/sex, socio-economic group, ethnic group, experience of physical and/or learning disabilities, age group, differing levels of risk for Covid-19 and those in Covid-19 recovery. Other groups include those with existing alcohol problems, people with underlying physical and/or mental health problems, those who are lonely and isolated, and children and young people observing alcohol use in the home.

USING A BEHAVIOURAL SCIENCE APPROACH

This document provides considerations for the initial stages of intervention development using the Behaviour Change Wheel^{16,17} approach described in the [ABC guide](#)¹ to support behaviour change. For further support on the full development and evaluation of interventions and the translation of this into practice using the whole system approach, you can contact the [BPS Division of Health Psychology](#) (with the subject title Covid-19). We would also encourage you to contact your local university or one with expertise in behaviour change, and/or [find a psychologist](#) via the Society's website.

LINKS TO RESOURCES

- Guidance on the Chief Medical Officers' guidelines and supporting evidence
 - [Communicating the UK Chief Medical Officers' alcohol guidelines](#)
 - [UK Chief Medical Officers' low risk drinking guidelines](#)
 - [Health risks from alcohol: New guidelines](#)
- NHS and Four Nations Healthcare Sources
 - [Alcohol units](#)
 - [Alcohol support](#)
 - [NHS Inform – Where to get help](#)
 - [Health in Wales – Alcohol](#)
 - [NI Direct – Getting help with drug or alcohol problems](#)
- Review of UK current evidence on alcohol consumption patterns during Covid-19
 - [Alcohol consumption during the Covid-19 lockdown in the UK](#)
- World Health Organization
 - [Alcohol and Covid-19: What you need to know](#)
- Alcohol Change
 - [Coronavirus: Information and advice hub](#)
 - [About alcohol treatment](#)
- Society for the Study of Addiction
 - [Covid-19 – Hot topic](#)
 - [Covid-19: News and opinion](#)
- Eurocare
 - [Alcohol consumption in times of Covid-19](#)
- Scottish Health Action on Alcohol Problems
 - [Coronavirus \(Covid-19\) and people with alcohol-related problems](#)
- Drug and Alcohol Findings (linking research and practice)
 - [Responding to drug and alcohol use in Britain](#)

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On behalf of the [BPS Covid-19 Behavioural Science and Disease Prevention Taskforce](#).

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