

ALCOHOL AND COVID-19

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Pan American
Health
Organization



World Health
Organization

REGIONAL OFFICE FOR THE
Americas

PAHO

What did we know about
alcohol before COVID-19?

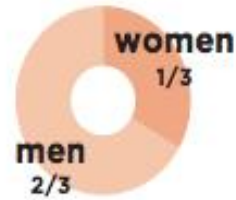
ALCOHOL IS THE CAUSE OF MANY DISEASES AND CONDITIONS

- ALCOHOL IS A PSYCHOACTIVE DRUG:
- Intoxicating effects, changing brain function and performance
- Toxic to cells and tissues
- Is a carcinogenic substance
- Is immunosuppressant
- Has teratogenic effects
- Rewarding effects and leads to tolerance
- Liver disease
- Brain damage
- Cancer
- Infections (HIV, TB, STDs)
- Hypertension/stroke/ CVD
- Fetal alcohol spectrum disorders
- Injuries and violence (suicides, homicides, traffic fatalities)
- Dependence

Alcohol and health

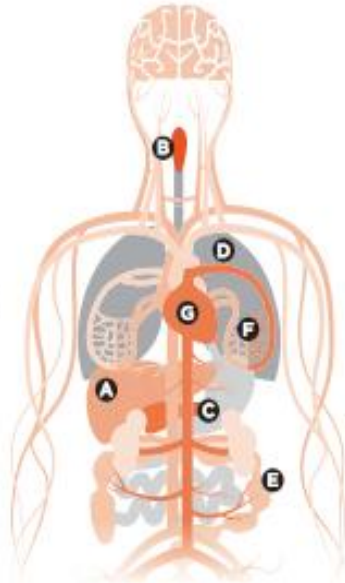


3.3 million **deaths**
6 deaths every minute
from harmful use of alcohol
every year



Harmful use of alcohol causes

- 100%** of fetal alcohol syndrome
- 100%** of alcohol use disorders
- 22%** of suicides
- 22%** of interpersonal violence
- 15%** of traffic injuries



- A** **50%** of liver cirrhosis
- B** **30%** of mouth and throat cancers
- C** **25%** of pancreatitis
- D** **12%** of tuberculosis
- E** **10%** of colorectal cancer
- F** **8%** of breast cancer
- G** **8%** of heart disease

Alcohol is responsible for 6,7% of the burden of disease in the Americas, measured by DALYs

Alcohol is a risk factor to over 200 diseases and conditions.

Between 20 and 39 years of age, 13,5% of all deaths are attributed to alcohol.

The evidence and the message has become clear

Articles

Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016

GBD 2016 Alcohol Collaborators*

Summary

Background Alcohol use is a leading risk factor for death and disability, but its overall association with health remains complex given the possible protective effects of moderate alcohol consumption on some conditions. With our comprehensive approach to health accounting within the Global Burden of Diseases, Injuries, and Risk Factors Study 2016, we generated improved estimates of alcohol use and alcohol-attributable deaths and disability-adjusted life-years (DALYs) for 195 locations from 1990 to 2016, for both sexes and for 5-year age groups between the ages of 15 years and 95 years and older.

Methods Using 694 data sources of individual and population-level alcohol consumption, along with 592 prospective and retrospective studies on the risk of alcohol use, we produced estimates of the prevalence of current drinking, abstinence, the distribution of alcohol consumption among current drinkers in standard drinks daily (defined as 10 g of pure ethyl alcohol), and alcohol-attributable deaths and DALYs. We made several methodological improvements compared with previous estimates: first, we adjusted alcohol sales estimates to take into account tourist and unrecorded consumption; second, we did a new meta-analysis of relative risks for 23 health outcomes associated with alcohol use; and third, we developed a new method to quantify the level of alcohol consumption that minimises the overall risk to individual health.

Findings Globally, alcohol use was the seventh leading risk factor for both deaths and DALYs in 2016, accounting for 2.2% (95% uncertainty interval [UI] 1.5–3.0) of age-standardised female deaths and 6.8% (5.8–8.0) of age-standardised male deaths. Among the population aged 15–49 years, alcohol use was the leading risk factor globally in 2016, with 3.8% (95% UI 3.2–4.3) of female deaths and 12.2% (10.8–13.6) of male deaths attributable to alcohol



Lancet 2018; 392: 1015–35

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This online publication has been corrected. The corrected version first appeared at theLancet.com on September 27, 2018, and further corrections were made on June 20, 2019.

See [Comment](#) page 987

*Collaborators listed at the end of the Article

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Comment

No level of alcohol consumption improves health

By use of methodological enhancements of previous iterations,¹ the systematic analysis from the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2016 for 195 countries and territories, 1990–2016,² is the most comprehensive estimate of the global burden of alcohol use to date. The GBD 2016 Alcohol Collaborators clearly demonstrate the substantial, and larger than previously estimated, contribution of alcohol to death, disability, and ill health, globally. In 2016, alcohol use was the seventh leading risk factor for both deaths and disability-adjusted life-years (DALYs), accounting for 2.2% (95% uncertainty interval [UI] 1.5–3.0) of female deaths and 6.8% (5.8–8.0) of male deaths. The burden is particularly borne among those aged 15–49 years, for whom alcohol ranks as the leading

workplace.¹⁰ Evidence demonstrating the range and magnitude of the harm of alcohol to those other than the drinker is increasingly emerging.^{11,12} This additional array of harms is a necessary consideration at both national and local levels, when aiming to understand the full range of alcohol-related harm and ensuring adequate provision of public health policy with a wider impact than on health alone.

The conclusions of the study are clear and unambiguous: alcohol is a colossal global health issue and small reductions in health-related harms at low levels of alcohol intake are outweighed by the increased risk of other health-related harms, including cancer. There is strong support here for the guideline published by the Chief Medical Officer of the UK who found that there is



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See [Articles](#) page 1015

Substance Abuse Treatment, Prevention, and Policy



Review

Open Access

The economic impact of alcohol consumption: a systematic review

Montarat Thavorncharoensap*^{1,2}, Yot Teerawattananon¹,
Jomkwan Yothasamut¹, Chanida Lertpitakpong¹ and Usa Chaikledkaew^{1,2}

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Email: Montarat Thavorncharoensap* - pymbr@mahidol.ac.th; Yot Teerawattananon - yot.t@hitap.net;
Jomkwan Yothasamut - jomkwan.y@hitap.net; Chanida Lertpitakpong - chanida@ihpp.thaigov.net; Usa Chaikledkaew - usa.c@hitap.net

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We're talking about a substance that uses 7.3% of GDP in Brazil; 5.44% in New Zealand; 1.45% in India; Thailand 2%, South Africa 1.6%

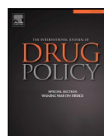
International Journal of Drug Policy 69 (2019) 34–42



Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo



Research Paper

Health impact and economic burden of alcohol consumption in India

Gaurav Jyani^a, Shankar Prinja^{a,*}, Atul Ambekar^b, Pankaj Bahuguna^a, Rajesh Kumar^a

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^b National Drug Dependence Treatment Centre and Department of Psychiatry, All India Institute of Medical Sciences, New Delhi, India



Thavorncharoensap et al. *BMC Public Health* 2010, **10**:323
<http://www.biomedcentral.com/1471-2458/10/323>



RESEARCH ARTICLE

Open Access

The economic costs of alcohol consumption in Thailand, 2006

Montarat Thavorncharoensap*^{1,2}, Yot Teerawattananon¹, Jomkwan Yothasamut¹, Chanida Lertpitakpong¹,
Khannika Thitiboonsuwan^{1,2}, Prapag Neramitpitakul^{1,3} and Usa Chaikledkaew^{1,2}

Abstract

The cost of harmful alcohol use in South Africa

R G Matzopoulos,^{1,2} BBusSci, MPhil (Epidemiology), PhD; S Truen,³ BEcon (Hons), MEcon; B Bowman,⁴ BA (Hons), PhD; J Corrigan,¹ MB ChB, MMed (Public Health), FCPHM (SA)

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³ DNA Economic Consultancy, Hatfield, Pretoria, South Africa

⁴ School of Human and Community Development, Faculty of Humanities, University of the Witwatersrand, Johannesburg, South Africa

Corresponding author: R G Matzopoulos (richard.matzopoulos@mrc.ac.za)

Revisão da Literatura

Custos dos problemas causados pelo abuso do álcool

The cost of problems caused by alcohol abuse

ANDREA DONATTI GALLASSI¹, PEDRO GOMES DE ALVARENGA², ARTHUR GUERRA DE ANDRADE³, BERNARD FRANÇOIS COUTTOLENG⁴

¹ Mestre pelo Departamento de Medicina Preventiva da Faculdade de Medicina da Universidade de São Paulo (FMUSP) e doutoranda pelo Departamento de Psiquiatria da FMUSP.

² Médico preceptor do Departamento & Instituto de Psiquiatria do Hospital das Clínicas da FMUSP.

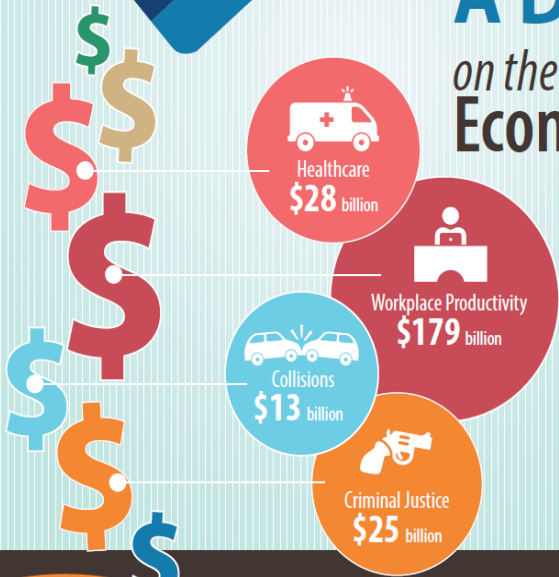
³ Professor-associado do Departamento de Psiquiatria da Faculdade de Medicina da Universidade de São Paulo (FMUSP); professor titular da Faculdade de Medicina do ABC (FMABC).

⁴ Professor doutor do Departamento de Administração Hospitalar da Faculdade de Saúde Pública da Universidade de São Paulo (USP).

Recebido: 26/09/2007 – Aceito: 20/02/2008

The CO\$T of Excessive Alcohol Use

A Drain on the American Economy



\$249
billion loss

www.cdc.gov/alcohol



United States

THE REAL CO\$T OF EXCESSIVE ALCOHOL USE



WHAT EXCESSIVE DRINKING COSTS US

\$249
BILLION
IN 2010



\$807
PER PERSON



\$2.05
PER DRINK

COST BREAKDOWN



72%
Lost Workplace
Productivity



11%
Healthcare
Expenses



10%
Criminal
Justice Costs



5%
Motor Vehicle
Crash Costs

FOR MORE INFORMATION
WWW.CDC.GOV/ALCOHOL



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

The cost of alcohol to society

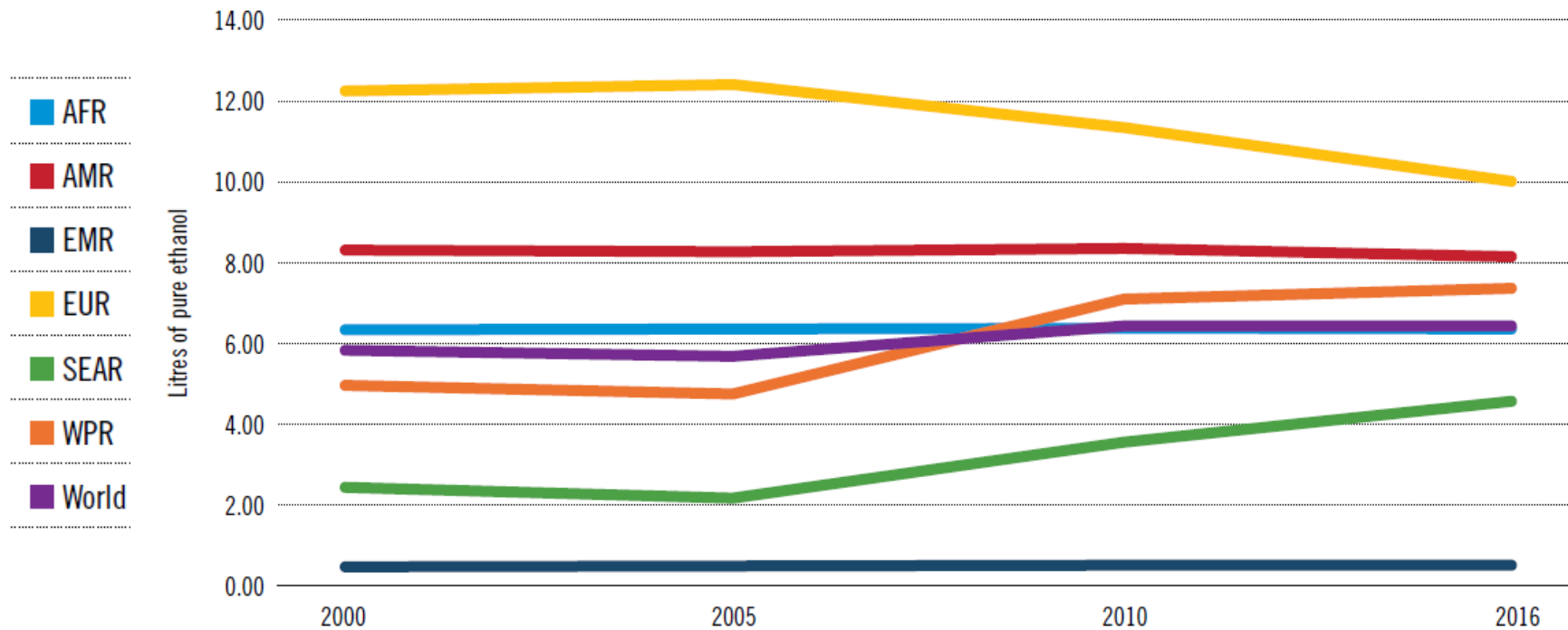
£11 billion
alcohol-related crime

£7 billion
lost productivity through
unemployment and sickness

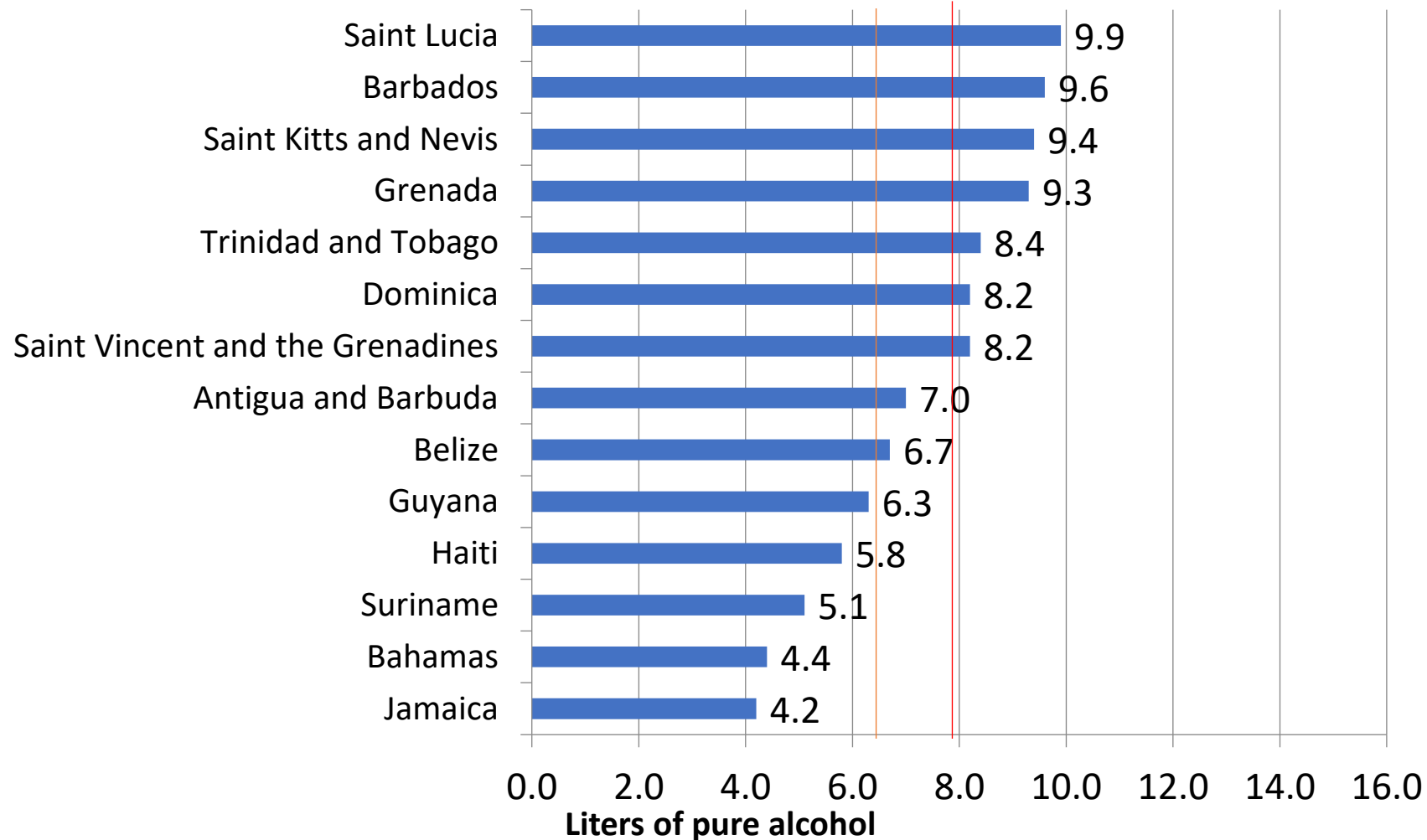
£3.5 billion cost to NHS

**£21
Billion**

Trends in total alcohol per capita consumption (APC) (15+ anos) in liters of pure alcohol in WHO regions, 2000–2016

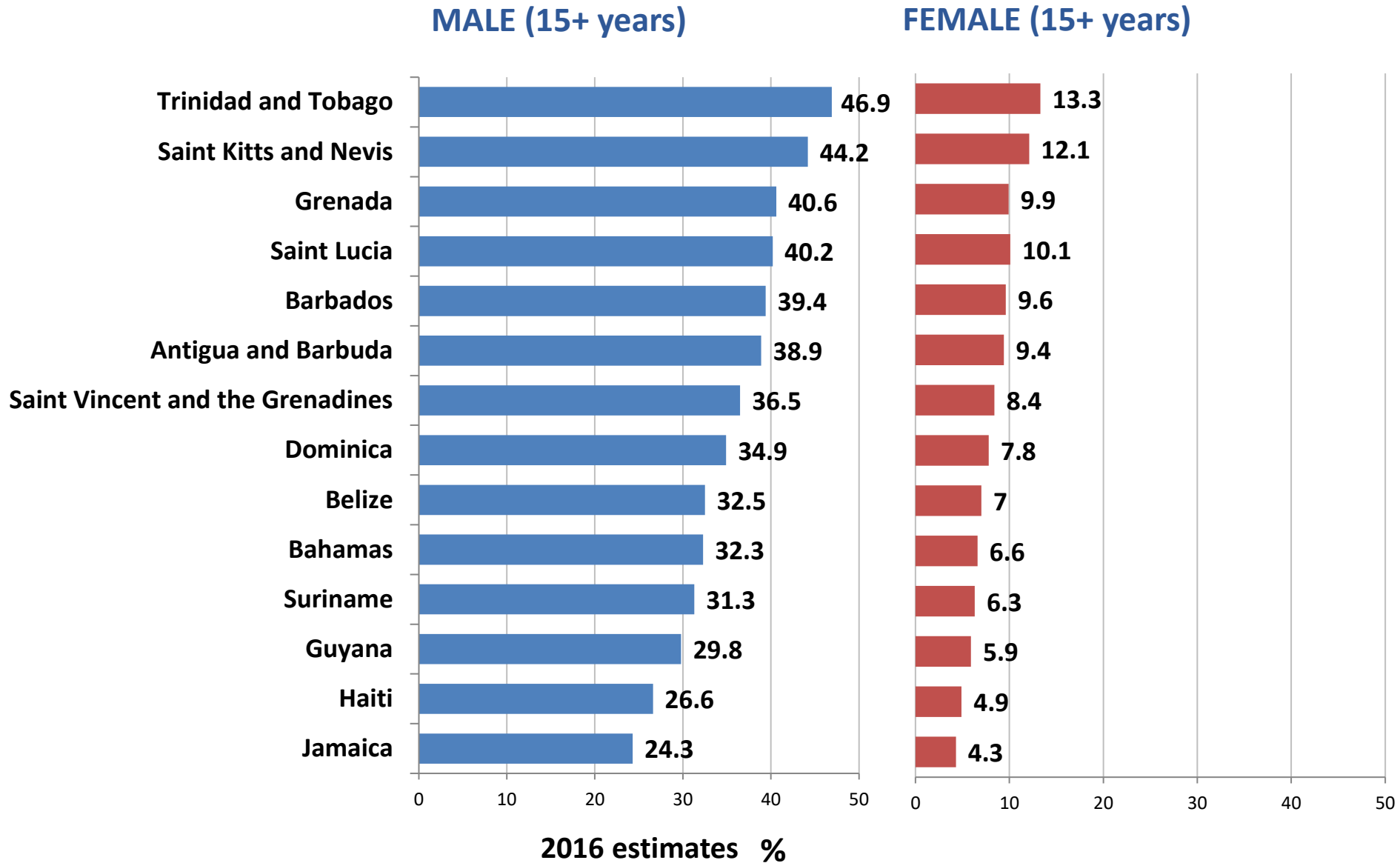


Total per capita consumption in the general population in Caribbean countries (aged 15+)



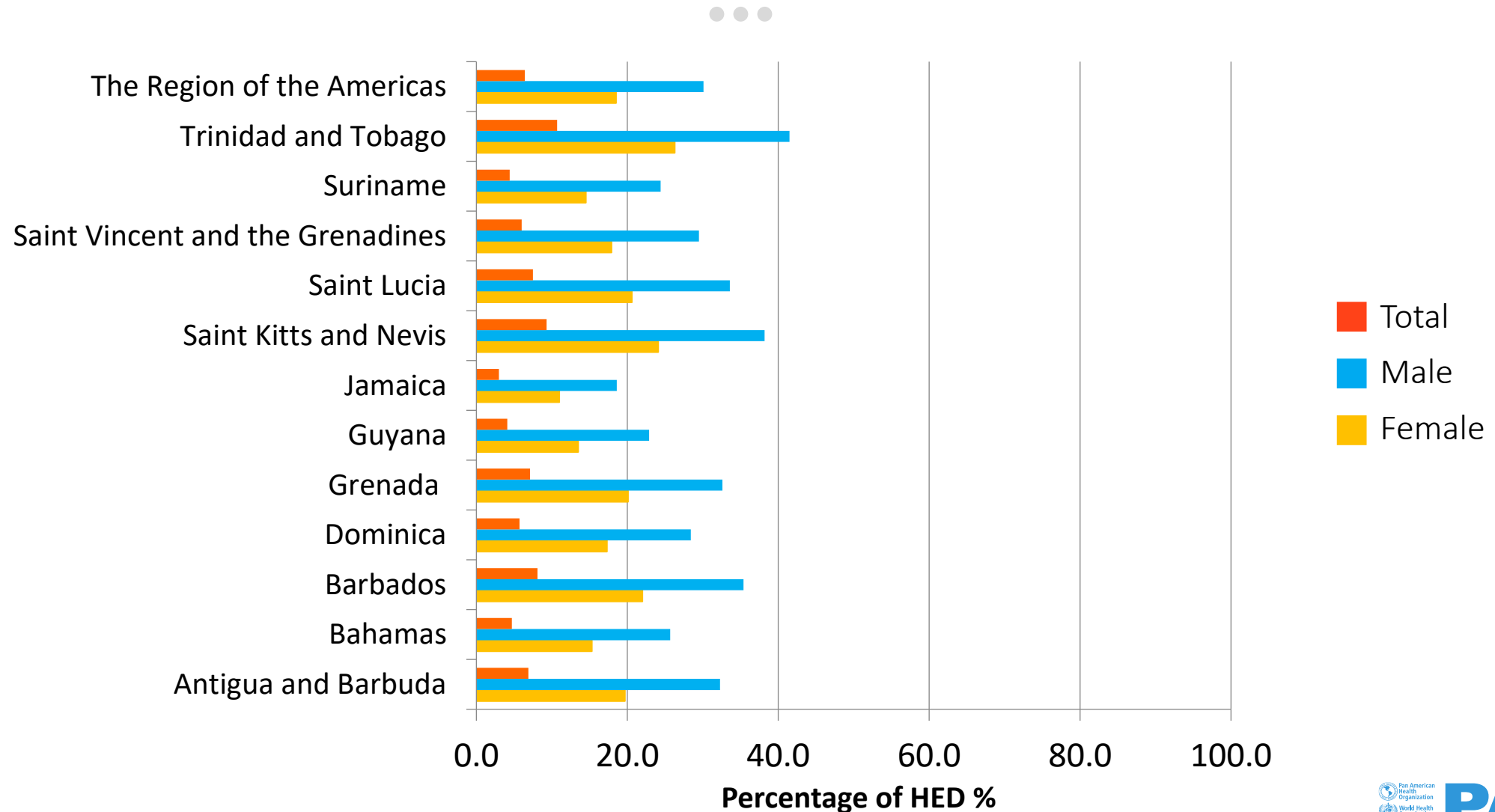
Source: WHO Global Status Report on Alcohol and Health, 2018

PREVALENCE OF HEAVY EPISODIC DRINKING IN THE GENERAL POPULATION IN CARIBBEAN COUNTRIES (by gender, aged 15+)

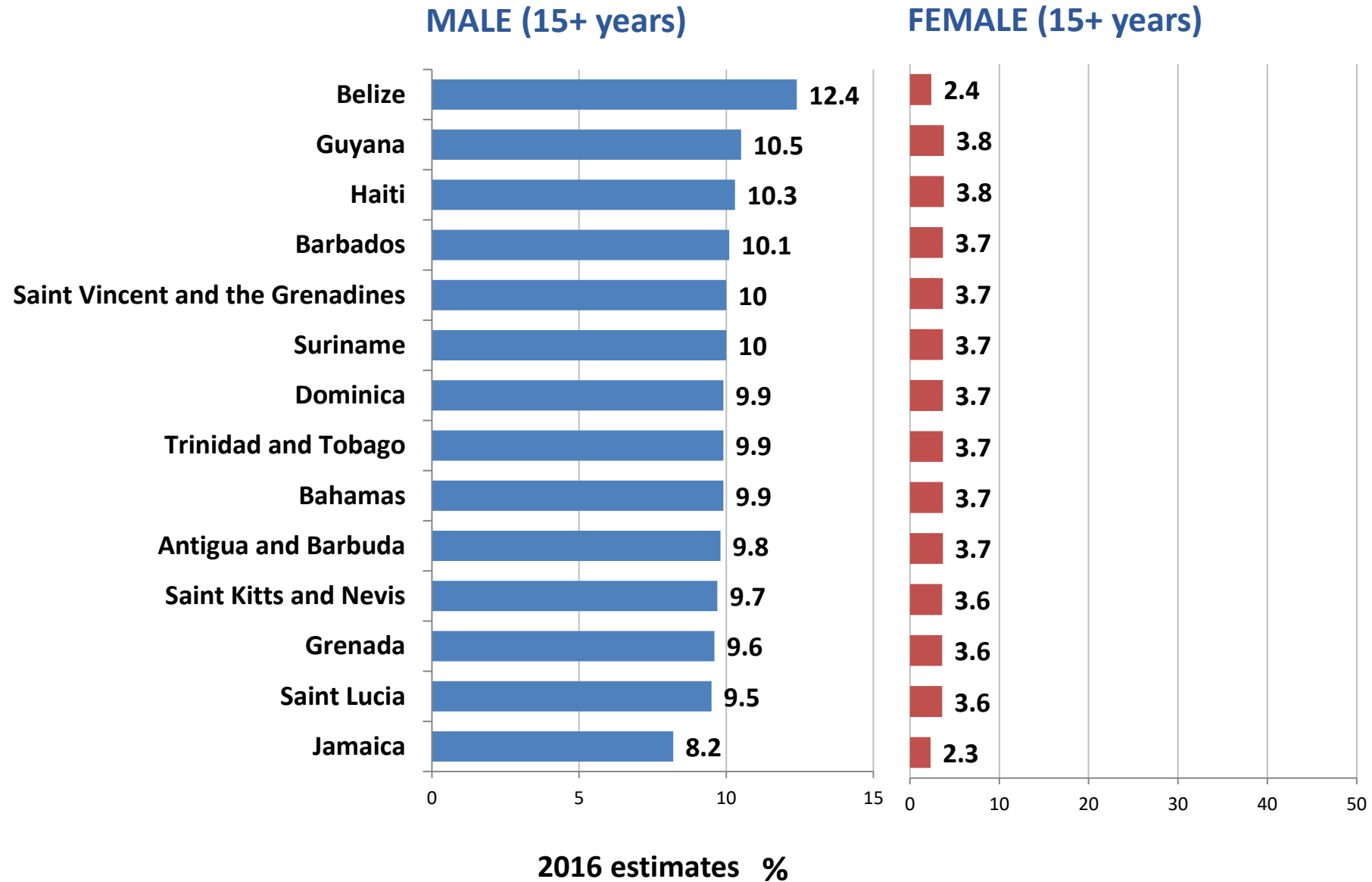


Source: WHO Global Status Report on Alcohol and Health, 2018

Caribbean countries: Prevalence of heavy episodic drinking (%) in adolescents (15-19 years old, 2016)

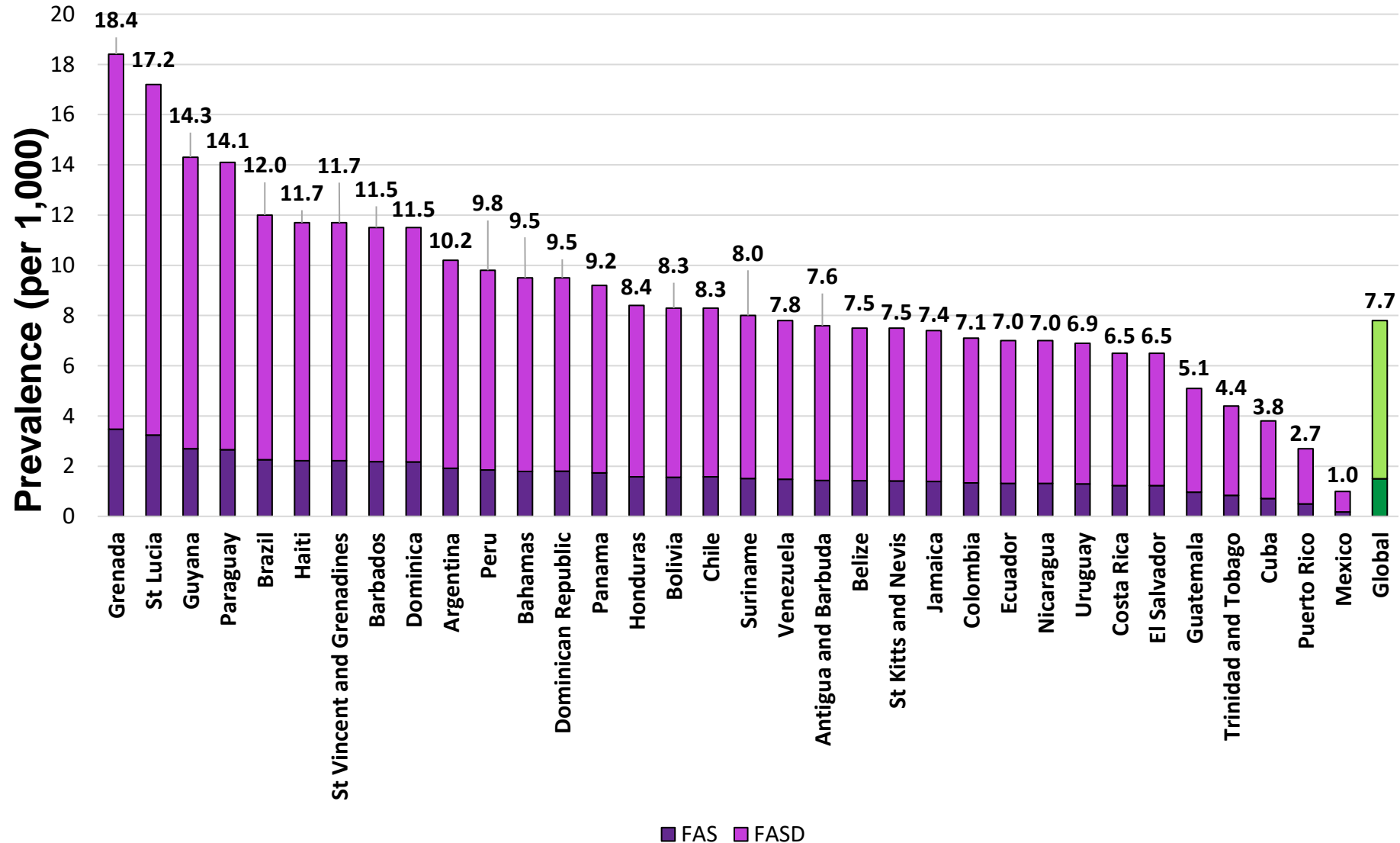


PREVALENCE OF ALCOHOL USE DISORDERS IN THE GENERAL POPULATION (by gender, aged 15+) IN CARIBBEAN COUNTRIES



Source: WHO Global Status Report on Alcohol and Health, 2018

Estimated prevalence of FAS and FASD in the population in Latin America Latina and Caribbean in 2012



What changed with the COVID-19 Response?

Physical distancing and no
social gathering of more
than 10 people

Closure of bars, restaurants,
nightclubs, casinos

Closure of schools,
universities, non essential
workplaces

Sports and cultural events
interrupted

Traffic strongly reduced

Public drinking drastically
reduced

Health systems focused on
attending cases and getting
prepared

Increase in
alcohol
consumption

- Stress, fear, anxiety, boredom
- Social isolation
- Free time

Reduction in
alcohol
consumption

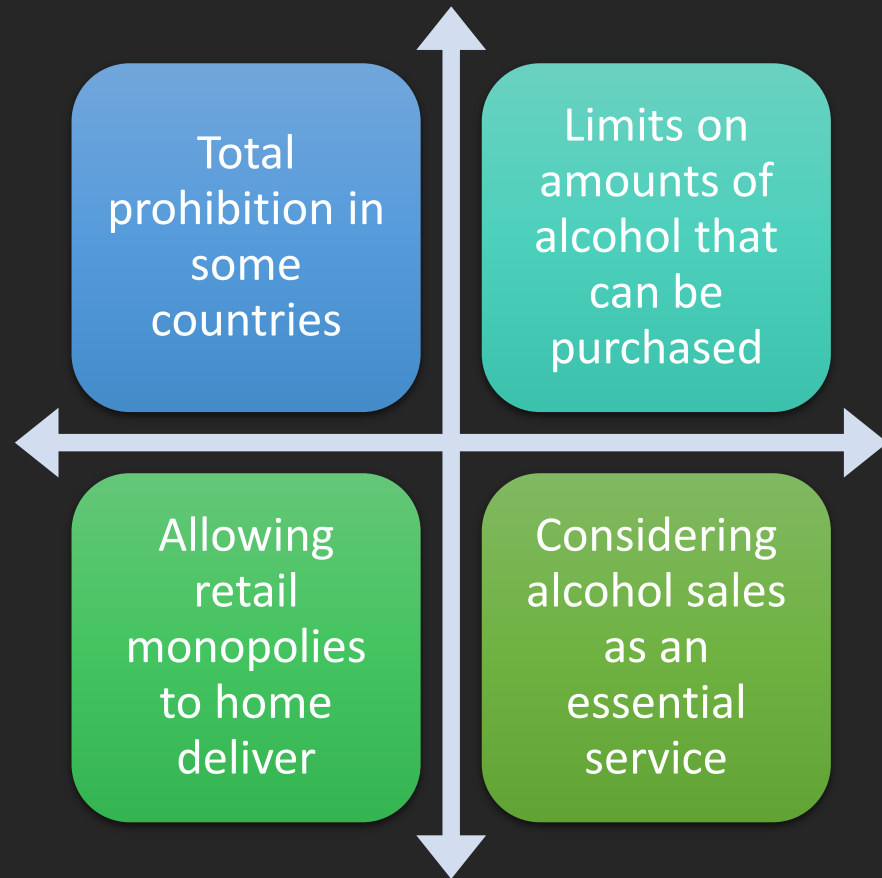
- Reduction in availability
- Reduction in affordability
- Reduction in public drinking

COMMENTARY

Alcohol use in times of the COVID 19: Implications for monitoring and policy

JÜRGEN REHM^{1,2,3,4,5,6} , CAROLIN KILIAN¹ , CARINA FERREIRA-BORGES⁷,
DAVID JERNIGAN⁸, MARISTELA MONTEIRO⁹, CHARLES D. H. PARRY^{10,11} ,
ZILA M. SANCHEZ¹²  & JAKOB MANTHEY^{1,13}

Alcohol Policy changes varied widely



DAILY SABAH

Thailand bans alcohol while Russia sees a sharp spike in alcohol sales



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Coronavirus: How the pandemic is relaxing US drinking laws

By Marianna Brady
BBC News, Washington

© 15 May 2020

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Drug and Alcohol REVIEW



Drug and Alcohol Review (2020)
DOI: 10.1111/dar.13092

COMMENTARY

COVID-19 and alcohol in Australia: Industry changes and public health impacts

In practice, alcohol consumption moved from the **public to the private**. What can happen?

Reduction of public violence (road injuries, in public venues and locations)

Increase in domestic use (quantity and frequency)

Increase in domestic violence and child abuse infantil*

Increased exposure of kids and adolescents (norm changing)

Impact on mental health, including suicide

Worsening of various NCDs linked to severe COVID-19

Spread of Misinformation

- Consuming alcohol DOES NOT destroy the virus
- Drinking strong alcohol DOES NOT kill the virus
- Alcohol DOES NOT stimulates immunity or resistance to the virus
- Alcohol DOES NOT improve health

<https://www.paho.org/en/documents/fact-sheet-alcohol-and-covid-19-what-you-need-know>

O álcool e a COVID-19: o que você precisa saber

Você não deve, em hipótese alguma, beber nenhum tipo de bebida alcoólica como forma de prevenir ou tratar a infecção pelo novo coronavírus.

O consumo de álcool não protege contra a COVID-19.

O álcool é uma substância tóxica que tem um efeito adverso em quase todos os órgãos do corpo, e o risco de danos à sua saúde aumenta com cada unidade de álcool consumida. O uso do álcool, incluindo o uso ocasional, debilita o sistema imunológico e, assim, reduz a capacidade de enfrentar doenças infecciosas, como a COVID-19. O uso excessivo de álcool é um fator de risco para a síndrome do desintoxicação respiratório agudo (SIRA), uma das complicações mais graves da COVID-19.

O álcool também afeta os pensamentos, o comportamento, a tomada de decisões e o comportamento, e está associado a danos à saúde, incluindo a violência doméstica e a violência juvenil, os quais podem contribuir para a violência contra crianças. O consumo de álcool pode interferir com a medicação e a adesão à quarentena, o que pode impedir a prevenção da infecção e a recuperação da saúde.

Mit os parais sobre o álcool e a COVID-19

Mito	O consumo de álcool destrói o vírus ou causa a COVID-19.
Fato	O consumo de álcool não destrói o vírus e provavelmente aumenta os riscos para a saúde se a pessoa beber o álcool. O álcool é uma substância tóxica que pode causar danos ao corpo, incluindo danos ao fígado, ao pâncreas e ao coração, mas não tem efeito direto no organismo quando ingerido.
Mito	Beber muito álcool fortalece o sistema imunológico.
Fato	O consumo de álcool não fortalece o sistema imunológico e, na verdade, pode debilitá-lo. O álcool é uma substância tóxica que pode causar danos ao corpo, incluindo danos ao fígado, ao pâncreas e ao coração, mas não tem efeito direto no organismo quando ingerido.
Mito	O álcool enfraquece o sistema imunológico e aumenta a suscetibilidade à COVID-19.
Fato	O álcool não enfraquece o sistema imunológico e não aumenta a suscetibilidade à COVID-19.

Alcohol is what to do, and what not to do, during the COVID-19 pandemic

- Avoid binge drinking. Binge drinking is a pattern of drinking that brings blood alcohol concentration (BAC) to 0.08 or higher. Binge drinking is a leading cause of alcohol-related deaths and liver disease.
- Do not use alcohol as a coping mechanism. Alcohol can be used to cope with stress, but it can also lead to addiction and other health problems.
- Stay informed about local health guidelines. Check with your local health department for the latest information on alcohol consumption and COVID-19.
- Do not drink alcohol if you are taking medication. Alcohol can interact with many medications, including antidepressants, sedatives, and painkillers.
- Do not drink alcohol if you have liver disease. Alcohol can worsen liver disease and lead to liver failure.
- Do not drink alcohol if you are pregnant or breastfeeding. Alcohol can harm the fetus or the baby.
- Do not drink alcohol if you are driving or operating machinery. Alcohol impairs judgment and reaction time, increasing the risk of accidents.
- Do not drink alcohol if you are under the age of 21. Drinking alcohol is illegal and can lead to legal consequences.
- Do not drink alcohol if you are a minor. Drinking alcohol is illegal and can lead to legal consequences.

Peça atenção para que possa se manter alerta, agir rapidamente e pensar com clareza antes de tomar decisões, para você e para as outras pessoas da sua família e da comunidade.

As the pandemic effects linger...

- Expenditures on alcohol can worsen financial situation of individuals and families
- Home consumption normalized, during the day, during work hours, in front of kids, before sleep
- Domestic violence and related mental health traumas
- Increase regular use, tolerance, risk of dependence increases, increase in rates of NCDs, FASD
- E-commerce and online marketing to pose new regulatory challenges
- Price reductions and tax reductions
- Total consumption globally is expected to be reduced and will lead to increased efforts to recover from losses

How about Alcohol Use Disorders?

- Access to treatment and recovery during the pandemic has been disrupted but needs to be maintained and expanded
- Alcohol dependence is the **MOST COMMON OF ALL ADDICTIONS!**
 - People in recovery need connections, support, social isolation is a big trigger of relapse
 - People can manage their own recovery, learn to manage anxiety and their feelings in a helpful and healthy manner but need support for that
 - People can learn to recognize and understand their beliefs and how they impact on their feelings and ability to control drinking
- Scale up training of health care professionals using online tools

INFORM AND RAISE AWARENESS OF THE PUBLIC

- Avoid alcohol or minimize your intake
- Do not drink illicit alcohol or of unknown origin
- Avoid stockpiling
- Do not use alcohol as a way of dealing with emotions and stress;
- Reach out for help if you can't control your drinking
- Never mix alcohol with medications
- Avoid alcohol as social cue for smoking
- Ensure children do not have access to alcohol
- Be a role model for children and adolescents
- Supports other family members with AUD
- Discuss with children about alcohol and COVID-19
- Have plans to protect family members from domestic violence

Alcohol and COVID-19: what you need to know



Under no circumstances should you drink any type of alcoholic product as a means of preventing or treating COVID-19 infection. Consumption of alcohol WILL NOT protect you from COVID-19.

Avoid alcohol altogether

so that you can no longer undermine your own immune system and health and do not **put** at risk the health of others.



Do not use alcohol as a way of dealing with your emotions and stress

as isolation and drinking may also increase the risk of suicide. Please call a health hotline if you have suicidal thoughts.



Reach out for help

if you think your drinking or the drinking of someone close to you is out of control.



Never mix alcohol with medications

even herbal or over-the-counter remedies, as this could make them less effective, or it might increase their potency to a level where they become toxic and dangerous.



Avoid alcohol as a social cue for smoking

and vice versa, as smoking is associated with more complicated and dangerous progression of COVID-19.



Make sure that children and young people do not have access to alcohol

and **do not drink in their presence** – be a role model. Monitor the screen time of your children, as <19 and children are flooded with alcohol advertising and information that may stimulate early initiation and increase consumption.



Discuss with children and young people the problems associated with drinking and COVID-19

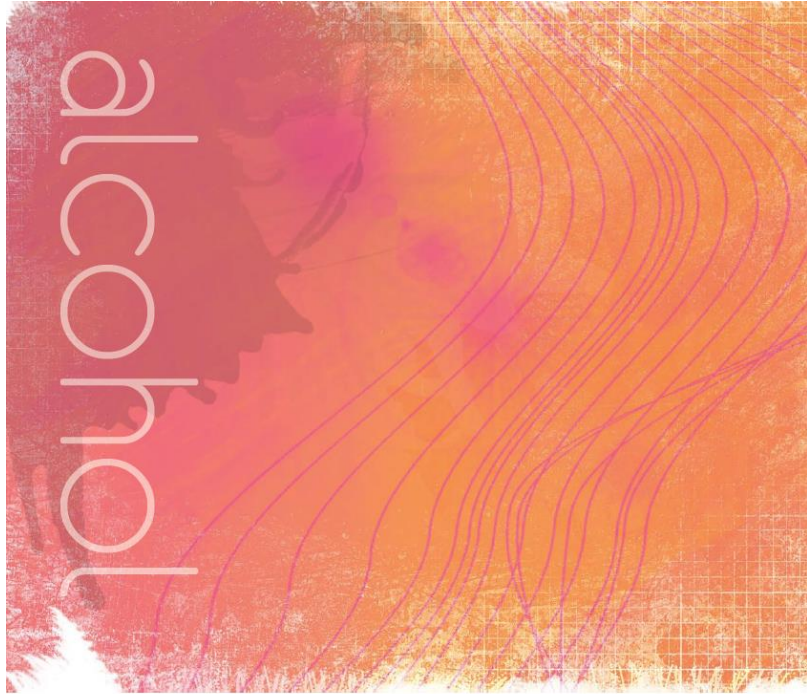
such as violations of quarantine and physical distancing, which can make the pandemic worse.



Alcohol industry activities during the pandemic

- Corporate social responsibility activities converting breweries/distilleries to produce hand sanitizer for health care workers, often branded
- Donations to various organizations
- Discounts in supermarkets and for bulk sales
- Creating “Open for Takeout”, to help people locate outlets open in their area
- Launching initiatives aimed at helping young people
- Home deliveries made more efficient
- Online parties, happy hours, sponsored drinking events

WHO Recommendations on Alcohol Policy Areas



Global strategy to
reduce the harmful
use of alcohol

1- Leadership, awareness and commitment

2- Health Service Response

3- Community Action

4- Drink driving countermeasures

5- Availability of Alcohol

6- Alcohol Marketing Regulation

7- Pricing and Taxation Policies

8- Reduction of the negative consequences of drinking

9- Reduction of public health impact of illicit and unregulated alcohol

10- Monitoring and Surveillance

SAFER

A WORLD FREE FROM ALCOHOL RELATED HARMS

SAFER is a World Health Organization (WHO)-led initiative to reduce death, disease and injuries caused by the harmful use of alcohol using high-impact, evidence-based, cost-effective interventions.

The SAFER action package

- S** Strengthen restrictions on alcohol availability
- A** Advance and enforce drink driving counter measures
- F** Facilitate access to screening, brief interventions and treatment
- E** Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion
- R** Raise prices on alcohol through excise taxes and pricing policies

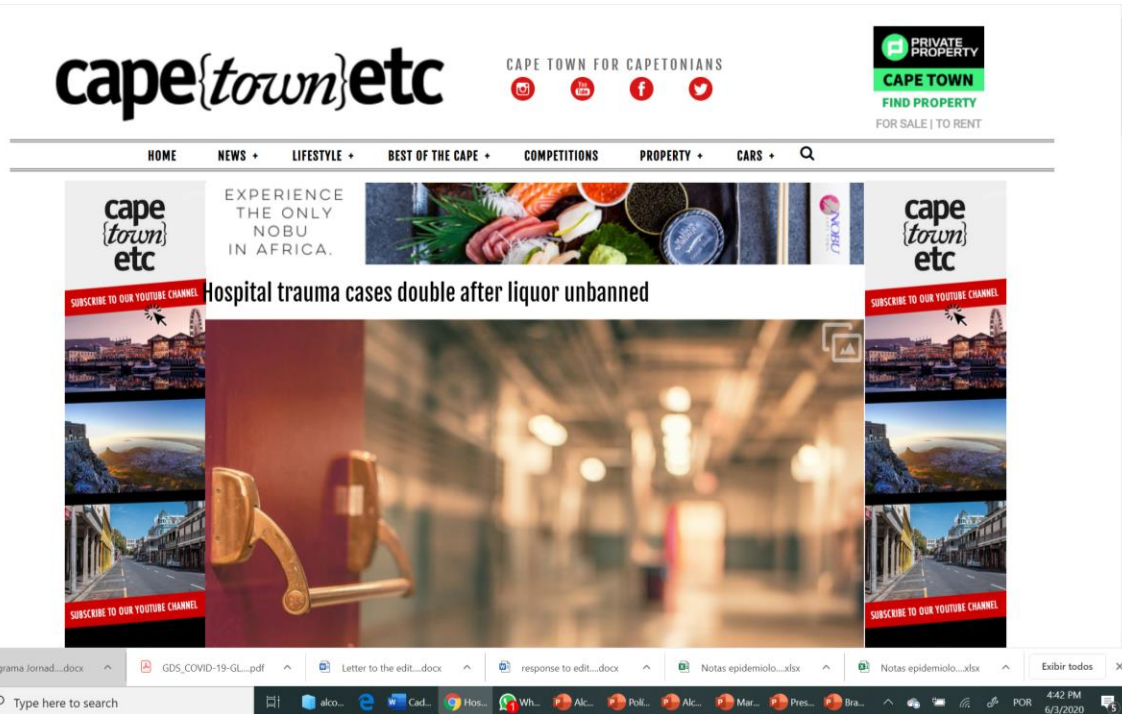
SAFER initiative

The SAFER initiative includes three interlinked components to support country implementation:

1. WHO action package of effective alcohol policy and programme interventions;
2. WHO/UN-led programme focusing on country action; and
3. Multi-stakeholder communications and advocacy campaign.



Reopening effects in South Africa



- ALCOHOL CONTROL POLICIES SHOULD NOT BE WEAKENED AND CAN BE STRENGTHENED
- PROTECT POLICIES FROM ALCOHOL INDUSTRY INTERFERENCE
- MONITOR WHAT IS GOING ON AND PROMOTE INFORMATIVE RESEARCH

NCD Alliance- Mapping Alcohol industry Responses to COVID-19


Jamaica: RED STRIPE donates malted beverages (non alcoholic) to nutrition programs

South Africa - Alcohol multinational partners on gender based violence project

India - Keeping alcohol brand visibility up through zoom

Singapore - Beer #supportourstreets campaign


Philippines - Big Alcohol pivots to sanitizer manufacturing



HELP MAP
**UNHEALTHY COMMODITY
INDUSTRY
RESPONSES**
during the
COVID-19 pandemic

 NCDAlliance  SPECTRUM
Sharing public health evidence
to reduce inequalities & harm

ncdalliance.org



PAHO SURVEY ON ALCOHOL AND COVID-19

https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_2rb4xCC4dg4w29L

WHAT HAS CHANGED IN THE DRINKING HABITS OF THE POPULATION?

 **PAHO**

SURVEY

ALCOHOL USE AND COVID-19



OPEN UNTIL 30 JUNE





N Survey Respondents from Caribbean Countries (by 14 June)

• Antigua and Barbuda	6	• Haiti	15
• Bahamas	9	• Jamaica	10
• Barbados	8	• Saint Lucia	10
• Belize	7	• St Kitts and Nevis	2
• Dominica	8	• St Vincent and Grenadines	1
• Grenada	28	• Suriname	15
• Guyana	31	• Trinidad & Tobago	88

A photograph of two young boys in a doorway, laughing joyfully. The boy in the foreground is wearing a grey hoodie and has his mouth wide open in a laugh. The boy behind him is wearing a yellow jacket and is also laughing. The background shows a window with blinds and a wall with some papers.

Questions? Thank you!

www.paho.org

PAHOWHO   
OPSPAHO 

#HealthForAll
#MentalHealth
#GetVax
#pahowho
#BeatNCDs
#UniversalHealth



Pan American
Health
Organization



World Health
Organization

REGIONAL OFFICE FOR THE Americas

PAHO