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Letter to the Editor

The anatomy of panic buying related to the current COVID-19 pandemic



The psychosocial responses of the general population towards recent emerging infectious disease outbreaks over the last 2 decades (such as the severe acute respiratory syndrome (SARS) epidemic, H1N1 pandemic, Middle East Respiratory Syndrome (MERS), Ebola virus epidemics) have been documented across the globe including fears and anxiety, depression, loss, guilt, irritability, sense of isolation and stigmatisation (Leung et al., 2003; Maunder et al., 2003; Sim et al., 2010). As of 8 April 2020, COVID-19 has affected more than 1.5 million people across 209 countries and territories, and more than 88,000 people have died from the disease and over 330,000 have recovered (Worldometer, accessed 8 April 2020). One notable recent phenomenon that was observed in the current COVID-19 pandemic within multiple countries was that of panic buying that was not as often seen in earlier outbreaks (The Straits Times, accessed 8 April 2020). In Singapore, panic buying and emptying of shelves (especially food and daily supplies such as toilet paper) in the supermarkets occurred briefly when the national alert level was raised to Disease Outbreak Response System Condition (Dorscon) Orange from Yellow on 7 February 2020. The Dorscon is a colour coded framework that enables the Whole-Of-Government to respond immediately to any outbreak and which reflects the current disease situation overseas, disease transmissibility, likelihood of arrival locally and the impact it may have on Singapore's community. Hence the present Orange colour signifies that the disease is severe, easily transmissible from person to person, but has not been spread widely and still within reach of containment. A separate bout of panic buying occurred when the World Health Organisation announced COVID-19 as a pandemic on 11 March 2020. Similar behaviours were observed around the globe including Japan, Australia, Italy, Spain, UK, USA over this period.⁴

There are several possible explanations for such widely observed behaviour. First, it could be a manifestation of underlying conflict between desire to maintain regular routines versus uncertainty of duration of the pandemic limiting access to daily necessities, which leads to anxiety and panic buying to assuage the conflict. Second, it is a way of coping with a stressful unmet situation (with constant news of rising numbers of infected individuals and deaths worldwide) whereby one's survival and that of the community are at stake during country lockdowns. The coping response is then an act of preservation of self and the family when food and daily supplies are fully stocked even for a brief period of time. Third, it could be a reaction in response to one's loss of control about the future and social pressures to conform to

similar behaviours. The exponential increase in social media and digital connectivity since earlier outbreaks of SARS/MERS, H1N1 pandemic fuels the propagation and contagion of such psychological responses (Depoux et al., 2020). Ways to ameliorate such panic buying would entail an awareness of our own vulnerability and response to threats, harnessing the potential of internet, smart handphones and digital platforms to convey verifiable facts and counter fake news about COVID-19, reassure adequacy of daily supplies and promote positive psychological and social support during this pandemic. Psychological support to the most vulnerable, to cope with panic and confinement may also be delivered through m-health platforms.

Declaration of Competing Interest

We declare no competing interests. KS, HCC, EV, and GF contributed equally.

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