

# ALCOHOLISM & DRUG ABUSE WEEKLY

News for policy and program decision-makers

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## Alcohol and isolation: Experts comment on drinking behavior during COVID-19

Are people drinking more now that they are locked in a house with their nearest and dearest, facing job loss or having lost a job, bored and stressed? Probably. Is drinking a healthy way of coping? No.

The only real data on drinking and mass stress comes from the work of Deborah S. Hasin, Ph.D., professor of epidemiology at Columbia University, and colleagues on what happened in New York City after 9/11 (the 2001 attack on the World Trade Center). She published three studies, showing that:

- the greater the intensity of exposure to 9/11 (“a more stressful experience,” she explained) plus a past history of drinking problems

### Bottom Line...

*Alcohol relieves stress, temporarily, and people are probably using it now — and using too much of it.*

predicted heavier drinking in the year after the 9/11 attack,

- people with a past history of drinking to cope with stress drank more heavily than others in the year after the attack and
- the intensity of exposure to 9/11 had long-lasting effects, with greater exposure to the attack associated with binge drinking even five to six years later.

“The bottom line here is that many people do respond to acute

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## Pregnant inmates with OUD experience inconsistencies in medical treatment

Research findings based on a 2016–17 survey of select state prison and county jail systems suggest that correctional agencies still fall far short of offering the standard of care for incarcerated pregnant women with opioid use disorder (OUD).

While most of the prison and jail systems provided methadone or buprenorphine to pregnant women with OUD, few would

initiate medication treatment for women who had not already been receiving it in the community. In addition, most of the surveyed systems discontinued medication once the woman gave birth, suggesting that these officials prioritized the welfare of the fetus but not that of the mother.

“It is troubling how, almost universally, discontinuation of medication postpartum occurred,” study lead author Carolyn Sufrin, M.D., Ph.D., assistant professor of gynecology and obstetrics at the Johns Hopkins University School of Medicine, told *ADAW*. “That to me signals that they only care about the person inasmuch as they are carrying a

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### Bottom Line...

*Troubling trends in a survey of prison and jail systems include a lack of initiation of medication for pregnant women with opioid use disorder, as well as treatment discontinuation after delivery.*

**DRINKING** from page 1

stress by drinking heavily,” Hasin told *ADAW* last week. “Since heavy drinking can adversely affect immune functioning and increase the risk for pneumonia, heavy drinking right now during the COVID-19 pandemic is really not a good idea.”

Mark Willenbring, M.D., founder and CEO of Alltyr in St. Paul, Minnesota, and former director of the Division of Treatment and Recovery Research at the National Institute on Alcohol Abuse and Alcoholism, immediately cited Hasin’s research on 9/11 when we asked about drinking and stress. “This is absolutely something to work on — boredom, stress, economic distress, those are key precipitants for recurrence” of alcohol use disorder, he said. Is it normal to drink to respond to stress? “I don’t think drinking is very normal,” he said.

But that doesn’t mean alcohol should be banned. “We’ve had prohibition once and it was a disaster,” Willenbring said. “People need access to alcohol,” and this means people with a severe disorder. He added that 20% of people with alcohol use disorder would go into severe withdrawal if the supply were cut off.

Liquor stores, anecdotally, are doing a booming business. Whether this is because bars are closed

(except for takeout) or because people are hoarding out of fear that liquor stores will close down is unclear. “People are stocking up on toilet paper too,” said George F. Koob, Ph.D., director of NIAAA, in an interview with *ADAW* last week. “There’s a general hoarding going on just out of general fear that something might not be available.”

**Liquor stores**

We checked with the Distilled Spirits Council of the United States (DISCUS) to find out if people are buying more hard liquor (wine and beer are often sold in grocery stores, so we figured liquor stores would be the target for people who want to hoard or drink what they can’t get elsewhere). “We do not have any hard data” on this, said Lisa Hawkins, senior vice president for public affairs at DISCUS. “Walk into any grocery or convenience store and you continue to see aisles that remain bare.” However, she said hoarding behavior is possible, noting that “consumers may be stocking up on food and alcohol products out of concern that their local stores may be shut down for an extended period of time.” She went on to cite the importance of drinking responsibly, noting that the U.S. Dietary Guidelines define moderate drinking as up to one drink a day for women and up to two drinks a day

for men. “As people are hunkered down at home isolating, we continue to urge adults who choose to drink to do so responsibly.” (DISCUS has petitioned the government to allow grocery stores to sell distilled spirits, as part of the response to COVID-19.)

Interestingly, most states have decided that liquor stores are necessary businesses, like grocery stores. In New York, they are actually listed in the same category. Except for Pennsylvania, which did shut them down this month (see “Alcohol store closure in Pennsylvania: Withdrawals in future?” *ADAW*, March 23), they are considered important enough to stay open. We asked the New York State Liquor Authority (SLA) via email whether liquor stores would continue to be essential businesses in the state. “The State Liquor Authority does not make determinations as to whether a business is deemed essential, this is determined by the Empire State Development Corporation,” the SLA responded. They have posted guidance on their website (<https://esd.ny.gov/guidance-executive-order-2026>).

“Universal alcohol availability is a socially useful control valve in this time of uncertainty, and given the apparent number of people who are alcohol-dependent (both functional and nonfunctional), I

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# WILEY

would not want to see what would happen if this supply line were suddenly shut,” said Paul M. Roman, Ph.D., professor emeritus of sociology at the University of Georgia. “The alcohol-dependent need to assure their source of supply.”

Access to bars is limited, except for takeout (takeout drinks from bars used to be illegal, but now they are allowed), noted Roman, who is also associate editor of *Substance Use and Misuse*. “In my research, I have not used alcohol dependency measures for a long time, but at one time a strong predictor item was ‘fear of loss of supply’ of alcohol.

### Prohibition and hoarding

Then there is hoarding in the face of uncertainty. This affects nearly all of the alcohol-dependent, but also an unknown proportion of nondependent drinkers, said Roman. When Franklin Delano Roosevelt (“certainly no alcoholic”) was undersecretary of the Navy, he bought a massive supply of liquor and wine to ride out Prohibition, said Roman (evidently not realizing that it would be available anyway). “I think that a parallel mentality is at work about what will happen with production and distribution chains,” he said. “People are rattled when they see for the first time empty shelves or coolers in the grocery store and then generalize to other necessities even though the shelves with those are not empty.” Conceivably, however, if the pandemic increased, even alcohol availability could end, he noted.

“Looking at dependent drinkers, my late mentor Harrison Trice referred to active alcoholics who were still functional as ‘field generals’ who had to plan carefully and use strategies and tactics to sustain their drinking,” said Roman. Not being able to go to work and not being able to find open bars could be a strategic problem, leading to either drinking liquor-store purchases in the open, in a car or at some clandestine location, Roman told us. This creates further

**“How online AA might work is unknown. There is not to my knowledge any research focused on these issues.”**

Paul M. Roman, Ph.D.

strategic challenges, as the furtive drinker runs the risk of an auto accident and/or a DUI.

### Safer than getting behind the wheel

This is the silver lining about isolation: Drinking at home is the safest move, in terms of avoiding driving. For those “field generals” who want to cover up the quantity consumed by drinking at home, new tactics and strategies are required. “One of my favorite anecdotes was the man who purportedly never drank at home, and was an avid, albeit not too industrious, gardener, fortunately living in the South,” said Roman. “In his garage were a number of long hoses rolled up and in racks on the wall, all filled with vodka.”

There are also risks with drinking excessively at home, for the person who is trying to hide it, including confrontation with those nearest and dearest people, said Roman. “There are risks of escalating conflict that one does not even want to imagine,” he said. He’s talking about alcohol-related domestic violence.

However, on the bright side, nondependent drinkers are not likely to start drinking more just because they are in a home situation, said Roman. If they are telecommuting or parenting children, it’s particularly unlikely that a non-drinker would start.

However, those nondependent drinkers who increase their consumption in response to stress, or start drinking during the day, would be moved into the dependent drinking category, said Roman. He doesn’t see this happening on a large scale.

But the real black boxes are the environments of risk for those who are in treatment or in recovery. “I have not seen any information about addiction treatment programs closing down either outpatient or inpatient programs,” he said. (But their patients are leaving in droves, and new patients aren’t coming; see story, p. 6). Roman is worried about the people who need 12-Step meetings to support their recovery. “How online AA might work is unknown,” he said. “There is not to my knowledge any research focused on these issues.”

### Alcohol as reinforcer

While it’s too soon for there to be data on the effects of coronavirus/COVID-19, it makes sense that the situation would lead to increased drinking, suggested John F. Kelly, Ph.D., professor of psychiatry at Harvard Medical School and director of the MGH Recovery Research Institute. “In theory, from both stress and coping and behavioral economic theory perspectives, as well as stimulus control perspectives, having more stress, more unstructured time, (for some), and more ready accessibility right at home to a strong reinforcer like alcohol that has immediate, potent, and predictable effects is a recipe for increased consumption,” he told *ADAW*.

One of the prime motivations for excessive drinking is “negative emotional states,” said Koob. And isolation definitely leads to a negative emotional state for many. “We’re primates, and primates need to interact with each other,” said Koob. “It’s our natural reward system — a smile, an

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eyebrow going up, being near another person — these are powerful reinforcers.” Without them, there is stress, and that can trigger depressive episodes in people who are vulnerable. “Alcohol is used as a medication,” said Koob. “Everybody looks to alcohol as something that will relieve negative feelings, and for a short moment — with the rise of the blood alcohol curve — there is some relief.” But this doesn’t last. Tolerance develops quickly, and when the alcohol wears off, the person is even more depressed, said Koob. “My bottom line is caution,” he said.

Is drinking a good coping mechanism? No, according to everyone we spoke to. “You don’t want to fall back on alcohol for this,” said Koob. “Take a walk, get into an exercise program, do some things you always wanted to do but never got to.”

But the fact is that for someone who stowed away alcohol for a rainy day, this is the rainy day. And there are about 100 million people now isolated in their homes. If they all have the tendency to think that alcohol is a good solution, this is going to be a problem. “I’m not going to deny the fact that alcohol blots out negative feelings,” he said. “You’re isolated; you miss your son, your daughter, your grandchildren.”

**Don’t smoke anything**

Finally, alcohol is not totally safe, even at moderate levels. It’s not safe for people trying to fight off an infection, for example. However, it’s only at excessive levels that alcohol compromises the immune system, said Koob.

A note on marijuana: Right now, marijuana has an appeal, for the same reasons as alcohol: stress. “My colleagues in Seattle, where

recreational marijuana is legal, say the marijuana stores are overrun with customers,” Hasin said. “Heavy smoking of anything right now — nicotine or marijuana — could affect lung functioning, increasing the risk of severe COVID-19 among those who become infected.”

Koob’s lab at the National Institute on Drug Abuse is shut down, although the animals are still being cared for. Everyone is working from home. He calls his post-doc researchers to see how they’re doing — this kind of reaching out is essential. “We will survive; we will come back,” said Koob. “I think these are the darkest hours, this week and next week.”

Willenbring added that the current situation has an “apocalyptic feel,” which encourages drinking. “The fact is that going to work structures the day, so this is like going into retirement,” he said. When people retire, drinking frequently goes up, he said. “Five o’clock starts at noon,” he said. “That’s another reason I see drinking going up. And people who are isolated are at greatest risk.” •

**Stimulus package includes 42 CFR Part 2 provisions**

The language in the stimulus package, as of March 26, revises 42 CFR Part 2 (confidentiality of substance use disorder patient records requiring patient consent before release), eliminating the consent provisions – allowing patients to give consent only once: “it shall be permissible for a patient’s prior written consent to be given once for all such future uses or disclosures for purposes of treatment, payment, and health care operations, until such time as the patient revokes such consent in writing.” While not full alignment with the Health Insurance Portability and Accountability Act (HIPAA), it is bad news for confidentiality. Many programs probably require consent before admitting patients to treatment. The vague “health care operations” is included as a party that can get information redisclosed. If the House and the President signs off, the new law goes into effect immediately. H. Westley Clark, M.D., J.D., Dean’s Executive Professor at Santa Clara University and former director of the Center for Substance Abuse Treatment at the Substance Abuse and Mental Health Services Administration said the pending NPRM on 42 CFR Part 2 from SAMHSA should be suspended, that 42 CFR Part 2 should be formally moved from SAMHSA to the Office of Civil Rights (OCR) of the Department of Health and Human Services since OCR has the function to collect data, monitor breaches, and impose penalties.” In addition, stakeholders should “ask what the new 42 CFR part 2 look like with the proposed changes which include the consent provisions, the breach notification provisions, the penalty provisions and all the other bells and whistles.” The bill was passed unanimously by the Senate March 25, and was scheduled to go to the House of Representatives for a vote March 27, after which President Trump was expected to sign it.

For the three studies in which Hasin was senior author, see:

- Beseler CL, Aharonovich E, Hasin DS. The enduring influence of drinking motives on alcohol consumption after fateful trauma. *Alcohol Clin Exp Res* 2011 May; 35(5):1004–1010. doi: 10.1111/j.1530-0277.2010.01431.x. Epub 2011 Feb 11.
- Welch AE, Caramanica K, Maslow CB, et al. Frequent binge drinking five to six years after exposure to 9/11: Findings from the World Trade Center Health Registry. *Drug Alcohol Depend* 2014 Jul 1; 140:1–7. doi: 10.1016/j.drugalcdep.2014.04.013. Epub 2014 Apr 28.
- Hasin DS, Keyes KM, Hatzenbuehler ML, et al. Alcohol consumption and posttraumatic stress after exposure to terrorism: Effects of proximity, loss, and psychiatric history. *Am J Public Health* 2007 Dec; 97(12):2268–2275. Epub 2007 Oct 30.