

Q&A: How the COVID-19 pandemic affected alcohol consumption

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To stay connected during the COVID-19 pandemic, some groups of coworkers, friends, and families set up regular Zoom happy hours. And as bars and restaurants temporarily shuttered, consumers began ordering

wine and spirits online, sometimes in bulk.

Isolation, disruptions to routine, and anxieties about the future can pose challenges for people who have struggled with [excessive alcohol use](#) in the past and can even trigger a new problem. What's more, substance-use disorders can suppress the immune system, making people who consume excessive amounts of [alcohol](#) more vulnerable to COVID-19.

To dig deeper into how the pandemic has affected people's relationship with alcohol, Penn Today reached out to Edwin Kim, medical director of Penn Medicine's Charles O'Brien Center for Addiction Treatment to share what he's been seeing during the past few months.

Do we have any evidence that the pandemic has sparked or exacerbated alcohol misuse?

I think the data still needs to be collected. I don't think we have a clear idea from treatment centers or emergency rooms regarding overdoses or detox admissions, though I haven't heard of any surges in cases. This is just a small sampling, however, as treatment centers don't always reflect what's going on broadly.

In terms of what the Charles O'Brien Center, an outpatient treatment center, is seeing, we have been witnessing a lot of our folks demonstrating resilience. What I've observed generally is that, when things first started developing back in March, some people began using more alcohol just to socialize. But then they quickly reverted back to more typical alcohol use.

And for my patients who have been in various phases of recovery, I would say that the majority have not suffered a relapse. That's been fantastic. They're engaged in treatment, and most individuals are

continuing in therapy and taking their medicine-assisted treatment to support their recovery.

What about the risks for people developing a new problem with alcohol during this time?

I've remained vigilant through this whole period for new problems cropping up. I have seen on walks the trash piling up and the recycling, seeing the cans of hard seltzer and wine boxes. But I don't necessarily think there's a correlation between that and people reporting increased alcohol use. I equate that with all the bars and restaurants being closed, and so people who do consume alcohol very responsibly, and are not interested in abstinence, were simply drinking at home, just like how there was a lot more cooking and baking at home because the public didn't have another option. That said, there may be a group out there who find themselves drinking more than they initially anticipated.

What is most concerning about the pandemic from the perspective of substance use disorders?

Any kind of addiction specialist is going to be worried about [social isolation](#), depression and anxiety playing a role in either consuming more alcohol or relapsing if someone is in recovery. Increased alcohol consumption doesn't always become problematic, but it can certainly raise your risk of going that way.

For someone in recovery, any mood change, any traumatic exposure if someone is not strong in their recovery and doesn't recognize these factors that can trigger a relapse, it could lead to some dire outcomes.

The loss of routine can be a problem for people. As with any other time in someone's life or in their recovery, periods of change can be

problematic. And in that first month of staying at home, absolutely, people didn't know what direction to look in; they didn't know how to adjust their day. But sure enough, people are naturally going to lean toward what works for them, and after a few weeks most people have found a new kind of rhythm.

I'm not saying it's been easy. There are definitely patients who have complained of the increased frustrations this situation has brought. But if you put someone in a stressful situation, they're going to start looking at things they can control. That's what I've seen in people who are strong in their recovery.

How have the Charles O'Brien Center and other treatment and counseling facilities been adapting to the changes the pandemic has brought?

On the University side, the Department of Psychiatry in general quickly moved to adopt telemedicine. We've been able to stay connected with people so that, in spite of this element of social isolation, I think for the most part our patients have felt supported.

Even before the pandemic we were aggressively looking into telemedicine as a way to augment our services at the Center. I think our furthest client drives about 2.5 hours to receive care, so we've been trying to get this technology up and running. Once the pandemic hit, I'd say within a week or two, we had the option and the go-ahead to really utilize that as a mainstay of treatment.

One other thing that contributes to many of our patients' success is ongoing 12-step meetings or Alcoholics Anonymous meetings. And almost as rapidly as Penn adopted telemedicine, these grassroots groups got up on Zoom, and word quickly spread that these meetings were

taking place. That's been a huge positive factor.

If you think you might have a problem with alcohol use, when should you seek help and what are some options?

If you have found yourself increasingly drinking and can't seem to decrease the amount, or seem to be suffering negative consequences of drinking, I think the next best step is looking at your insurance, if you have any, and seeing what kind of benefits you have to see a psychiatrist or addiction specialist. SAMSHA (Substance Abuse and Mental Health Services) has a good treatment locator on their website. And for people in the Philadelphia area, the Charles O'Brien Center is operational and open for consultation, and we're accepting new patients.

It's important to keep in mind that we've been through a lot in 2020, and I think, as a whole, we've done a really good job of trying to look at the risks of what is happening and how we need to prepare for those.

Now I think we need to start focusing on how well we've done and how resilient we are. That's the approach we take; we use a strengths-based approach to treatment, where we're not looking only at what went wrong but at how we can use our resilience factors and positive strengths to heal. We can all rely on those strengths now to handle the new normal.

Provided by University of Pennsylvania

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