



**ALCOHOL CONSUMPTION DURING  
THE COVID-19 PANDEMIC IN THE UK**

SECOND IAS BRIEFING

# Summary

This is the second IAS briefing on alcohol consumption during the COVID-19 pandemic.

This briefing summarises the main survey reports on alcohol consumption, as well as wider evidence on changes in alcohol consumption and harm.

General population survey data indicate there has been a rise in the proportions of both non-drinkers and higher risk drinkers, and that similar proportions of people are drinking more than before and less than before.

There is limited evidence about the experience of heavy drinkers and people in recovery, but from the information available, experiences are mixed.

HM Revenue and Customs data show provisional duty receipts in the financial year to date are only 2.4% lower than the same period in 2019-20. There is limited information available about the impact of the reopening of the on-trade on alcohol consumption.

Recent data on admission episodes for alcohol-related conditions are not available, but generally there is a pattern of reduced healthcare utilisation.

In addiction treatment services, there has been a decrease in the number of clients starting alcohol or other drug treatment this financial year. Professionals in the field have reported barriers such as some clients being unable to access support delivered remotely over digital platforms.

There are concerns from elsewhere that relaxation of regulations on availability designed as temporary measures for the duration of the pandemic become embedded and permanent as a result of industry activities. If this is the case, there is a possibility such activities could undermine longer term progress on alcohol harm.

In the UK alcohol industry corporate social responsibility responses to the pandemic have included linking products to frontline workers and the production of hand sanitiser.

There are many gaps in knowledge, and in particular there is a risk that a reduction in healthcare utilisation means alcohol harm persists or worsens but becomes less visible.

Along with action on other non-communicable diseases under the agenda to 'build back better', tackling alcohol harms must be an essential part of the UK's COVID-19 recovery plan.

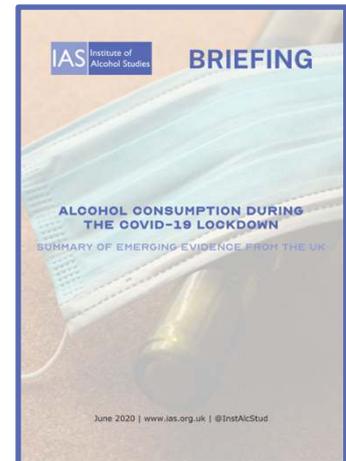
# Introduction

This is the second IAS briefing on alcohol consumption during the COVID-19 pandemic.

In the first IAS briefing, published June 2020, we comprehensively reviewed surveys and polls measuring changes in alcohol consumption during the initial UK COVID-19 lockdown.

The first briefing said surveys consistently found a significant minority of people (usually between a fifth and a third) reported drinking more during lockdown. Where the proportion of people drinking less during lockdown was reported, this was often a similar proportion.

There was also emerging evidence that the most frequent drinkers had increased their consumption the most (1), and that there was an increase in the prevalence of risky drinking (2). Different survey designs and measures meant it was difficult to draw firm conclusions.

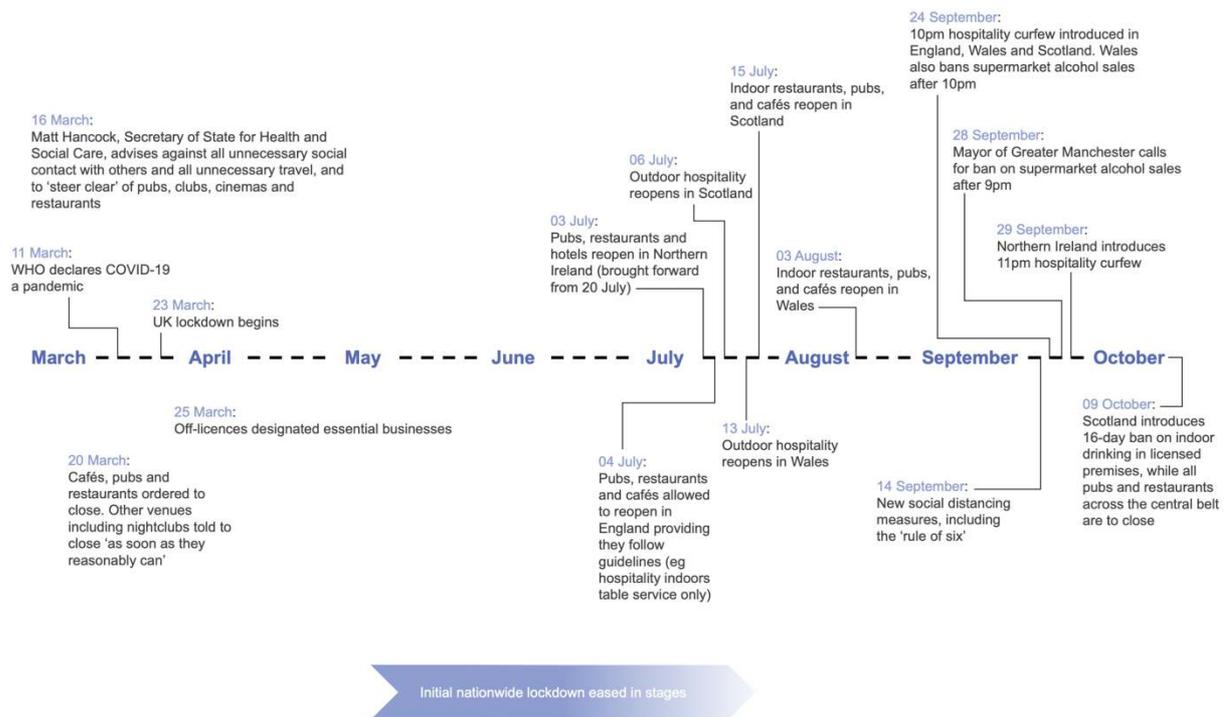


Some of the lockdown measures eased over the summer, including the reopening of the on-trade throughout the UK (see timeline). In September, a 10pm hospitality curfew was introduced (11pm in Northern Ireland) (3,4). In Wales the 10pm curfew also applies to supermarket alcohol sales (5), and the Mayor of Greater Manchester Andy Burnham has proposed a 9pm supermarket alcohol sales curfew to prevent people gathering in shops and elsewhere after pubs and bars have closed (6).

In Scotland, first minister Nicola Sturgeon went further in response to rising COVID-19 cases, announcing the closure of all premises licensed to sell alcohol (except for takeaways, and hotels for residents) across central Scotland, and limiting the sale of alcohol across the rest of Scotland's licensed premises to outdoors only, from Friday 9<sup>th</sup> to Sunday 25<sup>th</sup> October (7,8), with the Scottish Government keeping the situation 'under review' over the period (9).

As of the 8<sup>th</sup> of October, Whitehall officials are considering similar restrictions in other parts of the UK such as the north east of England, given the rise in COVID-19 hospital admissions.

Figure 1 Timeline of alcohol policy relevant changes during COVID-19



As well as summarising the main survey reports on alcohol consumption, in this briefing we also review wider evidence on changes in alcohol consumption and harm.

# Survey findings continue to represent a mixed picture

In the first briefing we detailed nine surveys and polls on alcohol consumption during the COVID-19 lockdown. More recent surveys – such as those conducted for Alcohol Change UK (10) and Help4Addiction (11) – are broadly consistent with the earlier findings.

Public Health England (PHE) recently launched the Wider Impacts of COVID-19 on Health (WICH) monitoring tool (12), which collates data on self-reported consumption (using YouGov survey panel data), alcohol purchasing (Kantar Worldpanel data) and higher risk drinking (UCL's Alcohol Toolkit Study data). The most recent consumption data on PHE's WICH tool indicate:

- **a rise in the proportions of both non-drinkers and higher risk drinkers**
- **similar proportions of people are drinking more than before and less than before**

The UK Household Longitudinal Study, a nationally-representative household panel study, conducted an additional wave of data collection in April 2020. This additional wave early in the COVID-19 lockdown was compared with the previous three survey waves between 2015-19 in a peer-reviewed journal article. During the COVID-19 lockdown there were increases in the proportion of people drinking four or more times a week (40% increased risk), and binge drinking (defined as 6+ drinks in one sitting, weekly or more often, 50% increased risk) (13).

UCL's Alcohol Toolkit study has conducted monthly surveys representative of England since 2014. The latest available data (up to August 2020) show an **increased prevalence of higher risk drinking since the COVID-19 pandemic began** (14). This is in line with the findings of an earlier pre-print using more limited *Toolkit Study* data which found 38% of adults were risky drinkers in April 2020 compared with 25% between Apr 2019 – Feb 2020 (2). However, the pandemic also resulted in the survey changing from face-to-face delivery to being conducted by telephone, so it is probable that these findings represent the combined impact of the new methodology in conjunction with a change in alcohol consumption. Some of the wider limitations of recent survey data were discussed in detail in the first briefing.

The *Global Drug Survey Special Edition* on COVID-19 surveyed 55,000 individuals over seven weeks in May and June 2020, 2,000 of whom were in the UK. Almost half (48%) of UK participants reported they had increased their quantity of alcohol consumption either 'a little' or 'a lot' and 54% reported they had increased their drinking frequency. Much smaller proportions had decreased their drinking quantity and frequency. Similar proportions had increased (32%) and decreased (34%) their frequency of binge drinking (15). However, the *Global Drug Survey* is a non-probability sample, meaning it is not designed to be nationally representative (for example young adults and people who use other substances are over-represented in this survey).

At the time of the first briefing, there was limited evidence about the experience of heavy drinkers and people in recovery. The Alcohol Health Alliance UK (AHA) conducted a small survey of people's experiences in August 2020. In total, 103 people who were either in recovery or were trying to reduce or manage their drinking participated, plus a further 22

parents or carers of children with Foetal Alcohol Spectrum Disorders (FASD). The small sample size means it is not possible to generalise from the quantitative survey results, but many individuals reported difficulties that highlight the need for more attention on this area (see box).

**Quotes describing survey participants' experiences of the COVID-19 pandemic  
(from Alcohol Health Alliance's August 2020 survey)**

*'Quickly during lockdown I got in the habit of drinking every day. I've given myself a good talking to and now try to limit to weekends. I've noticed how it affects my mood negatively so am keen to cut back'*

**– Participant trying to reduce/manage their drinking**

While many participants in recovery reported more engagement with online support networks, these untested models are not easy for everybody to access or engage with:

*'We need to get live meetings back. A lot of people in recovery need to be amongst like-minded people. Zoom meetings are not as supportive'*

**– Participant in recovery**

Parents and carers of children with FASD reported difficulties in accessing support for their child:

*'All services have withdrawn support which included resources; we desperately need OT [occupational therapy] / sensory equipment made available to us'*

**– Participant who is a parent/carer of a child with FASD**

More results are forthcoming, with two reports from Public Health Scotland on alcohol consumption comparing the pandemic period with previous years and exploring access to treatment services both due at the end of 2020.

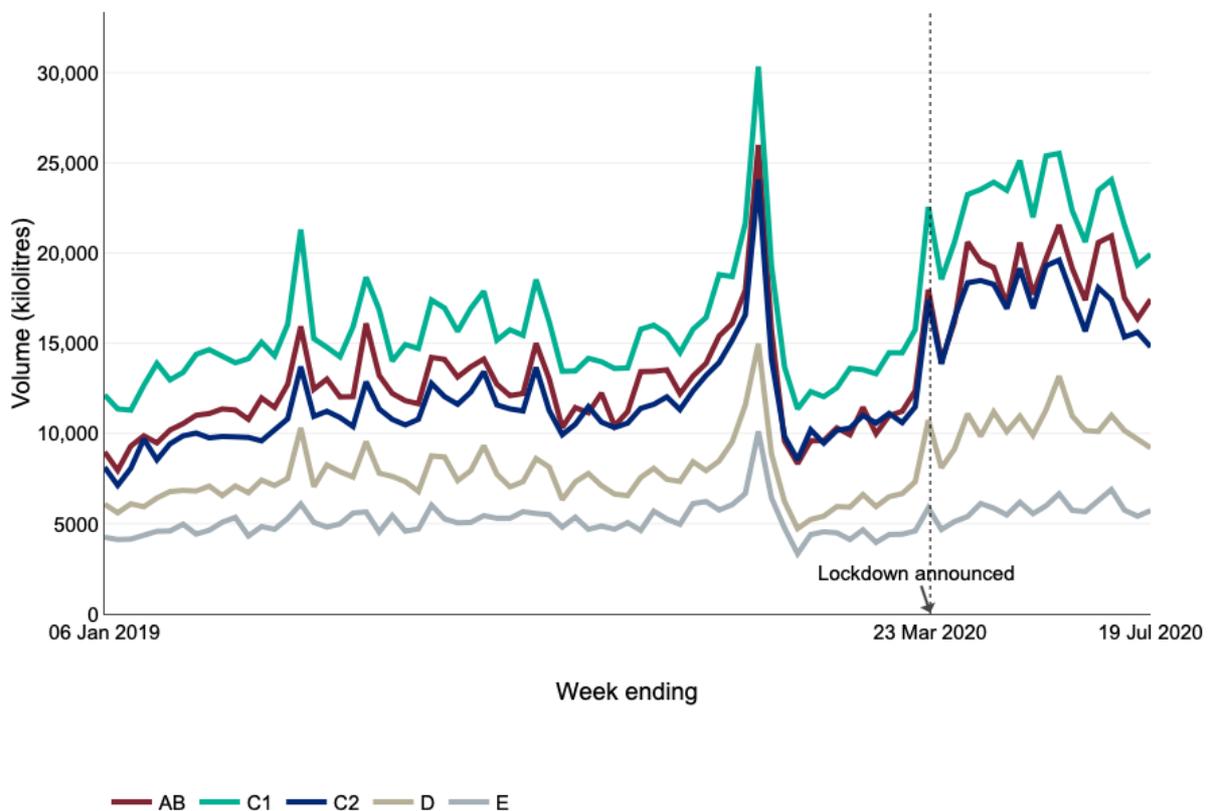
# Sales data suggest overall change may be modest, but health and healthcare impacts are as yet unclear

## Sales data

HM Revenue and Customs' (HMRC) UK duty receipts up until the end of April 2020 reported in the first briefing showed a sharp drop in alcohol sales for beer and cider in the month of April (16). The newest release for the 2020-21 financial year to date (April to July), shows **provisional duty receipts are 2.4% lower than 2019-20** (17). By drink type, there are increases in provisional year-to-date duty receipts for wine and spirits, of 8.3% and 8.6% respectively. In contrast, beer and cider receipts have decreased by 22.9% and 19.8% respectively (17). It is not possible to draw conclusions regarding month-by-month trends over the COVID-19 pandemic from these data, as HMRC say any fluctuations reflect the combination of the economic effects of coronavirus alongside associated impacts to payment timings. The next release of these data is due at the end of November 2020.

Another source is alcohol purchasing data for Great Britain from Kantar Worldpanel data which are available up to 19<sup>th</sup> July 2020 in PHE's WICH tool. These purchasing data come from individuals scanning receipts and products brought back into the home, and do not cover products purchased for consumption from the eating out of the home sector (though the on-trade was closed for most of the period for which data are currently available). The Worldpanel data show a sharp increase in sales when lockdown was announced – coinciding with wider panic buying in supermarkets and stockpiling (18,19) – but also that alcohol volume sales remained at a higher level than the previous year's throughout the pandemic (12). A breakdown by occupational social grade (figure 2) shows an increase alcohol purchasing in all groups except for those belonging to the lowest occupational social grade (people on long term state benefits, casual and lowest grade workers, unemployed with state benefits (including pension)), but that the increase in alcohol purchasing was largest among the more advantaged occupational groups (12), for whom on-trade purchasing would have previously been a more significant component of their consumption.

Figure 2 Trend in alcohol volume sales in Great Britain by occupational social class



*Social Class: AB: higher and intermediate managerial, administrative and professional workers, C1: supervisory, clerical and junior managerial, administrative and professional workers, C2: skilled manual workers, D: semi-skilled and unskilled manual workers, E: people on long term state benefits, casual and lowest grade workers, unemployed with state benefits (including pension) only.*

*Source: PHE analysis of Kantar Worldpanel Data*

## Impact of the reopening of the on-trade

Pubs, restaurants and cafes reopened in England on 4<sup>th</sup> July 2020 (see timeline for dates elsewhere in the UK). There is limited information so far on how the reopening has affected alcohol consumption, how the on-trade has recovered, or the more recent impact of the new 10pm hospitality curfew.

The first reports of pubs closing due to coronavirus cases among either staff or customers emerged shortly after pubs reopened (20). Cases linked to enclosed public spaces such as pubs are to be expected, but it is too early to tell whether measures in place to minimise risks of transmission in enclosed public spaces are sufficient in places such as pubs and restaurants, and it is also not known how well adherence to social distancing guidelines is maintained when people are intoxicated. However the recent targeted closure of hospitality in Bolton, Greater Manchester (21) could indicate issues around either adherence and/or the real-world effectiveness of the measures.

## Healthcare indicators

An earlier report from one hospital in north west England said there was a spike in emergency admissions over the early May Bank Holiday weekend (22). More recent and more representative data on admission episodes for alcohol-related conditions are not available. Owing to the demand for statistics and data to measure the impact of the COVID-

19 pandemic, PHE have suspended updates to the *Local Alcohol Profiles for England* until December 2020 (23). NHS England data show that overall emergency department presentations and monthly hospital activity are below usual levels (24,25), so any change to alcohol-related presentations or admissions needs to be interpreted within that current context.

## Alcohol treatment

During the initial lockdown, both Scottish Health Action on Alcohol Problems (SHAAP) and the Department of Health and Social Care together with PHE released guidance for commissioners and providers of services for people who use drugs or alcohol (26,27). These stated that services should remain open but adapt to minimise face-to-face contact. There is limited data on how the pandemic is affecting uptake of and referrals for alcohol treatment. According to the National Drug Treatment Monitoring System, there has been a decrease in the number of clients starting alcohol or other drug treatment: between April and June 2020, 29,206 adults started treatment, a decrease of 2,596 compared to the same period last year (28).

Changes in referrals for and uptake of alcohol treatment are concerning but are typical of a wider pattern across healthcare (24,25,29). For alcohol, it is important to consider this in the context of future demand in an already stretched system (30), particularly given that one study found high risk drinkers were over twice as likely to make a serious attempt to reduce drinking during lockdown compared with before (2). The Royal College of Psychiatrists has estimated from PHE's data that 8.4 million people are now drinking at higher risk levels. The College warned that addiction services are not equipped to cope with a post-pandemic surge in demand for alcohol treatment, following years of cuts (31,32).

The AHA conducted a survey in August 2020 that included 79 participants who work in alcohol policy or research, in the substance use field, or in another field where alcohol impacts their work. While in some cases professionals thought clients were engaging well with treatment under the new restrictions, there were concerns about new barriers to accessing support (see box).

### Quotes describing concerns among professionals (from Alcohol Health Alliance's August 2020 survey)

*'Working in an alcohol care team in an acute hospital it has been difficult to support people when community services are not seeing clients face to face despite pandemic moving into next phase'*

– Participant working in the substance use field

*'I work in drug and alcohol services and I was appalled to find out that no referrals to residential rehab were being considered by local councils even though the rehabs were open. Some people NEED residential treatment, but the government's line is that community treatment is just as good. It really saddens me that they have this approach'*

– Participant in recovery

*'Many service users do not have access to the internet or/and a suitable device to access ongoing support. This discriminates and puts the most vulnerable Service Users at a very distinct disadvantage. I realise that the pandemic has come around quickly... [however]... all need to be included if this is how services intend to work in the future. We will be failing many in our communities if this is not dealt with quickly'*

– Participant working in the substance use field

# Industry responses to the pandemic

The UK is in recession (33) and businesses have been adversely affected by the pandemic and lockdown restrictions. The hospitality sector has been particularly hard-hit (34,35) following months of closures. Some bars and pubs are campaigning to have the new 10pm curfew cancelled (36), and there are early indications from pub, bar and restaurant chains that the 10pm curfew has led to a fall in sales (37).

Governments have temporarily liberalised certain regulations to accommodate the challenging trading environment. In the UK there is a temporary reduction in VAT (from 20% to 5% between 15<sup>th</sup> July 2020 and 12<sup>th</sup> Jan 2021) for the hospitality, hotel and holiday accommodation sectors, which covers supplies of food and non-alcoholic beverages (alcohol is excluded) (38).

Concerns have been raised elsewhere that temporary relaxations of regulations for the pandemic may become permanent. In France, the government is under pressure to reverse a longstanding ban on alcohol sponsorship of sports events to provide financial assistance to sporting associations that have struggled due to COVID-19 restrictions (39). In Western Australia, restrictions were placed on alcohol sold for takeaway, and these were removed and replaced with a voluntary limit one week later as a result of industry lobbying (40). In the United States of America, there are concerns that temporary relaxations of regulations on availability permitting 'carry out cocktails' in over 30 US states will become permanent (41), leading the US organisation Alcohol Justice to call for deregulation not to become the 'new normal' as a result of the pandemic (42).

In the UK, mid-March, in response to a Scottish Government announcement on new legislation, the Wine and Spirits Trade Association called for a country-wide moratorium on any new legislation that would have a financial impact on businesses and jobs 'until we are well clear of the current crisis' (43). Such calls for temporary measures to pave the way for a favourable regulatory environment risk undermining longer term progress on alcohol harm.

Alcohol industry corporate social responsibility activities have responded to the pandemic in multiple ways. For example, the AB InBev-owned Camden Town brewery rebranded one of their most popular beers as 'Camden Heroes', in reference to frontline and healthcare workers. The company committed to donate all proceeds from the beer's sale to 'charities supporting healthcare heroes' (44). The brewer BrewDog has produced hand sanitiser which has been donated to the NHS (45), and the Scotch Whisky Association has set up an online portal to link Scotch Whisky producers with organisations in need of hand sanitiser (46).

Further examples from crowdsourced contributions are detailed in a new NCD Alliance and SPECTRUM report on how alcohol and other unhealthy commodity industries have responded to COVID-19 (47). In these instances it has been noted that the industry has employed usual tactics in pursuit of these goals (40,47), meaning there may be scope for public health advocates to identify and challenge these activities.

# Monitoring developments and priority areas for research

Survey reports of an increased prevalence of higher risk drinking and heavier drinkers being those who increased their consumption the most could lead to an increase in alcohol harm. However, as with many things concerning the pandemic, there are many unknowns. It is unclear to what extent changes in alcohol consumption will be temporary or persist into the longer term. The impact of hospitality re-opening and the 10pm curfew remains to be seen and is difficult to predict, not least because further changes and more local and/or national shutdowns cannot be ruled out.

The HMRC sales data suggesting there is little overall change in duty receipts should not provide false reassurance. **An absence of – or minimal – population level changes in alcohol consumption risks obscuring significant changes among particular groups and individuals.**

During the pandemic, both domestic violence and mental health have been identified as priority areas. Associations with alcohol consumption remain unexplored in this context, as does how COVID-19 might exacerbate existing inequalities in alcohol harm. There are a lack of longitudinal studies and a lack of evidence around how changes in alcohol consumption in response to COVID-19 overlap with other health behaviours, although ongoing research should address this gap (48).

It is important to continue to monitor individual-level survey data, from both general population surveys as well as specifically with harmful and dependent drinkers and people in recovery. This is needed to understand how all groups are impacted, especially given the context of marked decreases in healthcare access and utilisation, which presents a **risk that alcohol harm persists or worsens but becomes much less visible.**

We face new challenges as we move into autumn. Colder weather and fewer opportunities for outdoor activities is likely to lead to people spending more time at home, which may impact on alcohol consumption. The Coronavirus Job Retention Scheme (furlough scheme) is due to come to an end on the 31<sup>st</sup> October (49) and will be replaced with a Jobs Support Scheme to support part-time work (50), and it is probable there will be an increase in redundancies and unemployment. Historically overall alcohol consumption has fallen in recessions (51), but it is possible that alcohol consumption becomes increasingly polarised, as suggested in an Alcohol Change UK briefing on alcohol consumption in an economic downturn (52). There is also uncertainty regarding the abolition of PHE and the future of health improvement (53). It is not known where the responsibility for prevention and health promotion will lie, and how addiction treatment services may be affected by this government restructure.

In the short term, the World Health Organization recommends temporary restrictions are placed on alcohol sales to limit availability and prevent sales to people who are underage (54). The British Psychological Society has also published a roadmap to mitigate an increase in alcohol consumption using psychologically-informed behaviour change approaches (55). In the longer term, alcohol harm is one component of the non-communicable disease burden that is being positioned as integral to the UK's COVID-19 recovery plan, through the agenda to 'build back better' and through work being done by organisations such as the NCD Alliance. Professor Sir Ian Gilmore, AHA chair, wrote in the British Medical Journal of the

need to prioritise tackling alcohol harms as integral to the UK's COVID-19 recovery plan (56). In the case of alcohol, evidence-based relatively low cost policy options include **minimum unit pricing and marketing restrictions**, alongside **investment in alcohol treatment** which presents savings in the long-run (57), plus those that can generate revenue, such as **duty reform** (58).

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