Dear Editors,

As states across the country brace for more COVID-19 related deaths, few are thinking about alcohol control policies. In fact, most states that have declared stay at home orders have included restaurants and liquor stores as essential businesses, although at least one state has moved to close all liquor stores to the public while permitting online sales for delivery. In addition, several states have provided temporary privileges for off-premise alcohol deliveries, mixed drinks to go, and curbside pickup.

Alcohol policy is not a first order issue in this pandemic. Reducing the spread of the virus-especially among the most vulnerable, guaranteeing that the supply of healthcare workers is sufficient and that they have complete PPEs, securing access for seriously ill patients to medical treatment-including ventilators-all rank above alcohol policy. Nonetheless, as alcohol sales surge to record levels as they did with other major disasters (AP News March 31, 2020), including 9-11 and Hurricane Katrina, evidence suggests we can anticipate a spike in alcohol consumption, as well as alcohol-related problems including violence and death. For example, one large study of NYC residents 6 months before and 6 months after 9-11 found that the incidence of new drinking problems among those previously without drinking problems before September 11 was 2.2% (Vlhaov et al. 2006).

While post Hurricane Katrina and 9-11 assessments give us some insight into the role alcohol plays in people’s response to trauma, neither event resembles the scope of the threat or the weeks of isolation imposed by the novel coronavirus. Although alcohol imposed threats are not limited to a particular class, research from both Katrina and 9-11 suggests that there is greater risk among those who experience the greatest trauma, including those who are most economically vulnerable.

The patchwork of rules that has emerged between states in response to the pandemic often mirrors what is happening within states. {*add state specific information about state of emergency status, essential business –including those that sell alcohol*}. Beyond concerns related to patrons and social distancing, there is concern for workers who risk exposure during their commute and on the job. Literature related to disproportionate novel coronavirus exposures and COVID-19 mortality among racial and ethnic minorities from poorer neighborhoods, some of whom work in “essential” retail establishments is emerging from major American cities.

The threat of greater alcohol consumption, morbidity and mortality as a response to the pandemic will add to countless novel coronavirus related harms, but the alcohol-related threat did not arrive with the virus. Rather, alcohol consumption rates have increased among women and across racial and ethnic groups over the past two decades. Not surprisingly, alcohol related emergency department visits increased by 62% and alcohol related deaths have grown by more than 50% over the last twenty years (White et al. 2020). If the alcohol related memes and videos that have exploded across social media are any indication of the response to the epidemic and to isolation, we can expect a pronounced secondary wave of alcohol related harms associated with COVID-19.

There are effective policies that have been scientifically proven to reduce alcohol related harms. In the near term, states should be considering options to reduce access to alcohol, but not eliminate it as those with alcohol dependence need access to alcohol to avoid severe withdrawal symptoms that could further burden emergency rooms. Rather, focus on policies that: (1) curtail alcohol advertising and (2) limit alcohol availability.

1) Governors and legislators could move to restrict alcohol advertising and marketing through all media including digital media. Growing evidence indicates a causal link between exposure to alcohol advertisements during adolescence, alcohol initiation, and binge drinking (Sargent & Babor, 2020).

2) Limit the hours of liquor stores. Scientific evidence demonstrates significant reductions in alcohol related harms associated with two hour reductions (Sanchez-Ramirez & Voaklander, 2018). {*give an example here*}

Importantly, we need to be certain that temporary permissions for delivery, curbside pickup and ready-to-drink cocktails to go end when businesses reopen. The permissions were granted to reduce novel coronavirus exposures. Alcohol purchasing has hit unprecedented levels during the pandemic. If we are to reduce growing rates of alcohol related mortality begun two decades ago, we must uphold tested and established regulations that reduce availability.

This pandemic will have unforeseen implications for our public health and health care systems. Other implications, like the consequences of greater novel corona virus related alcohol use can be anticipated and mitigated. Implementation of strategies to reduce alcohol availability is needed to prevent harmful consumption patterns initiated during the pandemic and to reduce future alcohol related mortality. Should we fail to act now, it will be little comfort to look back to say “we should have known” when in fact, we did.

Sean J. Haley PhD, MPH

Assistant Professor,

Department of Health Policy and Management

CUNY Graduate School of Public Health and Health Policy

Chair, Alcohol, Tobacco and Other Drug Section, American Public Health Association