International Horizon Scanning and Learning to Inform Wales' COVID-19 Public Health Response and Recovery

Report 20, 03/12/2020



lechyd Cyhoeddus Cymru Public Health Wales World Health Organization Collaborating Centre on Investment for Health and Well-being



World Health Organization Collaborating Centre on Investment for Health and Well-being

Overview

The International Horizon Scanning and Learning work stream was initiated following and informing the evolving coronavirus (COVID-19) public health response and recovery plans in Wales. It focuses on COVID-19 international evidence, experience, measures, and transition and recovery approaches, to understand and explore solutions for addressing the on-going and emerging health, wellbeing, social and economic impacts (potential harms and benefits).

The learning and intelligence is summarised in weekly reports to inform decisionmaking. These may vary in focus and scope, depending on the evolving COVID-19 situation and public health / policy needs.

This work is aligned with and feeding into the Welsh Government Office for Science and into Public Health Wales Gold Command. It is part of a wider Public Health Wales' systematic approach to intelligence gathering to inform comprehensive, coherent, inclusive and evidence-informed policy action, which supports the Wellbeing of Future Generations (Wales) Act and the Prosperity for All national strategy towards a healthier, more equal, resilient, prosperous and globally responsible Wales.

Disclaimer: The reports provide high-level summary of emerging evidence from country experience and epidemiology; research papers (peer-reviewed/not); and key organisations' guidance / reports, including sources of information to allow further exploration. The reports don't provide detailed or in-depth data/evidence analysis. Due to the novelty of COVID-19 virus/disease, and dynamic change in situation, studies and evidence can be conflicting, inconclusive or depending on country/other context.

In focus this week

Impact of COVID-19 measures on interpersonal violence

COVID-19 and alcohol consumption

Contents

At a glance: summary of international learning on COVID-19	
Impact of COVID-19 measures on interpersonal violence	
COVID-19 and alcohol consumption10	
	L



At a glance: summary of international learning on COVID-19

"We will need to rethink and rebuild our societies in such a way we mitigate the severity and consequences of COVID-19 as well as of other disease" Caroline Costongs, Director, EuroHealthNet

Impact of COVID-19 measures on interpersonal violence

- COVID-19 isolation measures (e.g. lockdown) have created an unprecedented wave of interpersonal violence, including intimate partner violence (IPV), sexual and genderbased violence (SGBV), and violence against children
- COVID-19 measures, and associated socio-economic and psychological impacts, have led to reduced access to services and psychosocial support for victims of violence and abuse, especially displaced and the most vulnerable
- COVID-19 has acted as a catalyst for the rise in child maltreatment, abuse and neglect by increasing known risk factors, such as household poverty, overcrowded housing, social isolation, parental burnout and stress, IPV and substance abuse
- Lesbian, gay, bisexual, trans and gender-diverse (LGBT+) groups are at higher risk of isolation, increased stress and violence, particularly older persons and youth
- Measures to prevent and address violence should be an essential component of the COVID-19 response and recovery, and are implemented in many countries
- Innovative and unconventional outreach services, such as remote counselling, shelters, and psychosocial support, need to be urgently implemented
- Socioeconomic policies can protect women and informal sector workers from falling into poverty through emergency cash transfers, small scale grants or loans
- Prevention of violence against children should be integrated into the sectors responding to COVID-19, including health, education, social protection, law and justice More information is summarised on pp. 4–9

COVID-19 and alcohol consumption

- Isolation measures can contribute to an increase in alcohol consumption, especially for vulnerable groups and high-risk workers, due to factors, including financial insecurity/hardship, social isolation, stress, and disruption to health/social care services
- Alcohol consumption increases vulnerability to COVID-19 and adverse outcomes, due to harmful health, behavioural and socio-economic impacts
- Population-level myths associated with alcohol and COVID-19 may perpetuate harmful behaviours
- Alcohol consumption increases the risk, frequency and severity of all types of interpersonal violence
- Some countries have imposed **alcohol restrictions** to reduce COVID-19 transmission
- Many countries have done little to reduce alcohol consumption during the pandemic, in some cases due to effective lobbying of the alcohol industry
- The impact of alcohol restrictions is unclear and varies across countries, settings and population groups; and is usually as part of a larger package of measures
- Evidence-based effective policy solutions to reduce alcohol consumption and resulting harm include restricting hours of sale and delivery of alcohol, and increasing the price through tax or minimum unit pricing (MUP)

More information is summarised on pp. 10 – 13



Impact of COVID-19 measures on interpersonal violence

COVID-19 impact on family, sexual and gender-based violence (SGBV)¹²³⁴⁵

- COVID-19 measures, related psychological and socio-economic stressors, in addition to negative coping mechanisms, have created an unprecedented wave of family violence
- COVID-19 lockdown have led to an increase in intimate partner violence (IPV) globally
- Lockdown and the fear of spreading COVID-19 has made it more difficult for women to seek support or leave their abuser
- Perpetrators of abuse may use COVID-19 restrictions to exercise power and control over their partners, reducing access to services and psychosocial support
- Lockdown restrictions may lead to an increase in the risk factors associated with parental burnout and stress, leading to an increase in child abuse and neglect
- Lesbian, gay, bisexual, trans and gender-diverse (LGBT+) groups are at higher risk of isolation, increased stress and exposure to disrespectful family members, exacerbating the risk of violence, with particular impact on older persons and youth
- Vulnerable women, such as displaced, refugees or migrants, need access to affordable, quality, equitable health services, including sexual and reproductive health, and GBV services
- Service providers can increase support through innovative and unconventional outreach services, such as remote counselling and psychosocial support
- Socioeconomic policies can protect women and workers in the informal sector from falling into poverty through emergency cash transfers, small scale grants or loans

COVID-19 impact on violence against children⁶⁷⁸⁹¹⁰¹¹¹²

- COVID-19 and related restrictions have been a catalyst for the rise in child maltreatment, exacerbating some of the known contributing factors, such as household poverty and overcrowding, social isolation, IPV and substance abuse (Figure 1)
- Victims of SGBV have reported that COVID-19 restrictions have caused:
 - \checkmark Their children witnessing more abuse (53%)
 - ✓ An increase in abusive behaviour towards their children (38%)
 - ✓ Worsening mental health in their children and behavioural issues
 - ✓ Increased risk of exposure to violence during school closures
 - ✓ Increased frustration in children with special needs due to disruption of daily routines
- Disruption in services, related to violence against children, have been reported in 104 out of 157 countries globally, with the highest proportion in South and Central Asia, and Eastern Europe
- Measures to prevent and mitigate the impact of COVID-19 on violence against children should be an essential component of the response and recovery, integrated across all relevant sectors, including health, education, social protection, law and justice (Figure 2)

https://www.rand.org/randeurope/research/projects/covid-19-impact-on-intimate-partner-violence-victims.html https://link.springer.com/article/10.1007/s10896-020-00172-2

https://www.sciencedirect.com/science/article/pii/S0145213420303549?via%3Dihub

https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S0145213417302363 https://www.unescwa.org/sites/www.unescwa.org/files/events/files/20-00131_gpid_pb_eng_apr5.pdf https://read.oecd-ilibrary.org/view/?ref=132_132643-m91j2scsyh&title=Combatting-COVID-19-s-effect-on-children

https://www.womensaid.org.uk/a-perfect-storm-the-impact-of-the-covid-19-pandemic-on-domestic-abuse-survivors-and-the-services-supporting-them/

https://pediatrics.aappublications.org/content/146/4/e2020016824 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7146667/
 https://www.sciencedirect.com/science/article/pii/S2352464220301097

https://www.unicef.org/press-releases/covid-19-causes-disruptions-child-protection-services-more-100-countries-unicef https://alliancecpha.org/en/system/tdf/library/attachments/the_alliance_covid_19_tn_version_2_05.27.20_final_2.pdf?file=1&type=node&id=37184





Figure 1. COVID-19 child protection risks and harms¹³

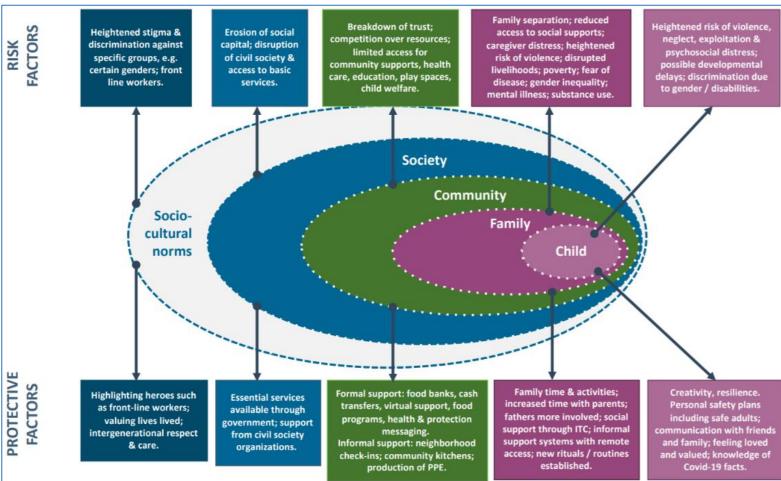
Child protection risks	Potential harm to children	
Child Protection Risk: Sexual and Gen Resources: CPMS 9; Children: household responsibilities based on gender-norms such as caring roles on girls and income generation on boys; adolescents increase exposure to inappropriate online content. Caregivers: loss of work and/or income; work requirements result in reduced time for supervising children; family abusers have increased access to children; illness or death of caregivers; domestic violence. Community: pressure on or lack of access to child protection/SGBV support actors; limited sharing of information		
amongst sectors such as health, education, justice, and child protection. Society: limited ability to effectively receive or deal with complaints; reduced legal services; inadequate child protection / SGBV services; limited sexual and reproductive health services for adolescents and youth for prevention, counselling and treatment. Child Protection Risk: Mental health Resources: <u>CPN</u>	 Increased obstacles to reporting SGBV incidents and seeking medical treatment, legal advice or other support. and psychosocial distress 	
 Children: no routine; fear of illness, separation or death of family member or friend; pre-existing mental health conditions; isolation; loss of routines. Caregivers: fear of illness, separation or death of family members or friends; pre-existing mental health conditions and /or addictions; increase in drug and substance use; inability to access support; isolation; distress due to inability to meet family's basic needs. Community: MHPSS services' inability to provide direct services including treatment and support; children/caregivers unable to access usual supports and treatment for pre-existing mental health conditions; lack of access to community support structures such as faith. 	 Children potentially experience: Distress due to fear and uncertainty, loss of routine, and separation from family members. Pervasive toxic stress; PTSD. Depression, self-harm. Developmental regression and/or disruption. Complicated grief. Engagement in drug and substance use. Exacerbation of mental health issues. 	

¹³<u>https://alliancecpha.org/en/system/tdf/library/attachments/the_alliance_covid_19_tn_version_2_05.27.20_final_2.pdf?file=1&type=node&id=37184</u>



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Figure 2. Socio-ecological impact of COVID-19: protective and risk factors¹⁴



Impact on lesbian, gay, bisexual, trans and gender-diverse (LGBT+)¹⁵

- LGBT+ people are at higher risk of isolation, increased stress, exposure to disrespectful family members and violence, with particular impact on older persons and youths (*Table 1*)
- LGBT+ people can be particularly affected by COVID-19 measures and related socioeconomic impact, due to being disproportionately represented as having lower income, experiencing homelessness and poverty, and having reduced access to healthcare

Country examples¹⁶¹⁷

- European Union (EU) member states reported up to a 60% increase in emergency calls by women subjected to IPV in April 2020, compared to April 2019
- A sharp increase in IPV, particularly in Belgium, Bulgaria, France, Ireland, Spain, the Russian Federation and the UK, was reported by the World Health Organization (WHO) in May 2020, related to COVID-19 response measures, e.g. lockdown
- 91% of surveyed women in the UK experiencing domestic abuse, have reported that COVID-19 restrictions have affected them negatively in at least one way (*Figure 3*)

¹⁴https://alliancecpha.org/en/system/tdf/library/attachments/the_alliance_covid_19_tn_version_2_05.27.20_final_2.pdf?file=1&type=node&id=37184 ¹⁵ https://www.bnchr.org/Documents/Issues/SexualOrientation/ImpactCOVID19LGBTpersons.pdf ¹⁶ https://www.bmi.com/content/369/bmi.m1872#.~.text=A%2060%25%20inceses%20in%20emregency.Health%20Organization%20Europe%20member%20states ¹⁷ https://www.womensaid.org.uk/a-perfect-storm-the-impact-of-the-covid-19-pandemic-on-domestic-abuse-survivors-and-the-services-supporting-them/



Table 1. Country examples of increased LGBT+ persecution and good practice solutions¹⁸

Countries Examples		
Iran	Increased	50% of respondents have experienced increased violence
Uganda	persecution	A shelter for LGBT people was raided by neighbours and security forces, and 23
		people at the shelter were arrested. A search was conducted in the shelter to find
		evidence of "homosexuality"
Ukraine, Georgia, Iraq, Statements by religious and		Statements by religious and political leaders, blaming the COVID-19 pandemic on
Turkey, Ghana, Liberia,		the very existence of LGBT persons, their families, social groups and institutions
Zimbabwe, USA		
Peru, Spain Good		Published guidance on the different economic programs available to LGBT persons,
	practice	including shelter, health and emotional support
Argentina		Information circulated to trigger prevention processes, to ensure continuity of shelter
		for trans-persons, and their inclusion in emergency income programs
France]	National systems were deployed, when domestic violence increased, leading to the
		launch of a new homophobia reporting app, specially designed for LGBT audiences
		at risk where victims can report acts of violence and be directed to relevant services

Figure 3. COVID-19 impact on experiencing violence and abuse among women in the UK¹⁹

Statement	% all answering (69)	% those living with abuser (31)
Covid-19 impacted experiences of abuse in one or more ways	91.3% (63)	93.5% (29)
Since Covid-19:		
The violence/abuse has got worse	50.7% (35)	61.3% (19)
I have felt more afraid during lockdown	52.2% (36)	54.8% (17)
 I have felt that I have no-one to turn to for help during lockdown 	58.0% (40)	67.7% (21)
 Friends and family cannot help me leave due to lockdown restrictions 	31.9% (22)	32.3% (10)
I am afraid of living in a refuge during a pandemic	21.7% (15)	35.5% (11)
 I feel I can't leave/get away from my partner/ex-partner because of the pandemic 	30.4% (21)	48.4% (15)
I haven't been able to access domestic abuse support	15.9% (11)	25.8% (8)
 Other impact (please specify) 	18.8% (13)	9.7% (3)
The pandemic has not had a particular impact on my experiences of abuse/violence	8.7% (6)	6.5% (2)
Not answered question	(5)	(10)

¹⁸<u>https://www.ohchr.org/Documents/Issues/SexualOrientation/ImpactCOVID19LGBTpersons.pdf</u>
¹⁹<u>https://www.womensaid.org.uk/a-perfect-storm-the-impact-of-the-covid-19-pandemic-on-domestic-abuse-survivors-and-the-services-supporting-then/</u>



Country insight: France²⁰²¹²²

- Number of calls received by service for victims of domestic violence increased by 400% between the week of 9 March (before COVID-19 restrictions) and the week of 20 April 2020 (during restrictions) from 2,145 to 8,213
- An increase of 32% to 36% in domestic abuse complaints occurred following the implementation of self-isolation and quarantine measures
- France has taken **measures to mitigate violence against women** by:
 - ✓ Not requiring women fleeing violent situations to carry a signed travel exemption form
 - ✓ Establishing temporary support centres in shopping centres and pharmacies
 - ✓ Offering shelter in hotel accommodations, facilitated by France National Federation of Solidarity for Women (FNSF) linking with private partners
 - ✓ Extending time limit for medical abortions by two weeks to include unwanted pregnancies of up to nine weeks
 - ✓ Establishing a code word 'Mask-19' for women to seek help discreetly. This is also used in Germany, Italy, Norway and Greece
- Recommendations by an inter-ministerial government unit working to protect women against violence and combat human trafficking (MIPROF):
 - ✓ Make the national helpline accessible to people in vulnerable or precarious situations
 - Encourage the development of support services in shopping centres and extend it to other places
 - ✓ Create a specific helpline for LGBT+ people who are victims of domestic violence
 - ✓ Maintain the reporting of domestic violence in pharmacies

United Nations (UN) mitigation measures²³

- UN Women is working with its partners to ensure that measures to address violence are included in the COVID-19 response and recovery at country, regional and global levels
- Recommendations to end violence against women and girls (VAWG):
 - 1. Recognise women's rights organisations (WROs) as first responders and essential service providers, and give them the support they need
 - 2. Recognise the role of women's economic empowerment in global recovery and prevention of VAWG
 - 3. Include the third sector in national COVID-19 response plans and support women's movements
 - 4. Ensure sex-disaggregated data is collected to understand the impact of COVID-19 on VAWG and inform the response
- Many countries have taken significant action to mitigate VAWG (Table 2)

https://www.vie-publique.fr/en-bref/275691-violences-conjugales-le-confinement-revelateur
 https://www.france24.com/en/france/20201102-france-fears-fresh-wave-of-domestic-violence-amid-second-covid-19-lockdown

²² https://www.euro.who.int/en/health-topics/disease-prevention/violence-and-injuries/news/news/2020/6/the-rise-and-rise-of-interpersonal-violence-an-unintended-impactof-the-covid-19-response-on-families

²³ <u>https://www.unwomen.org/en/news/stories/2020/10/news-untf-report-shows-covid-19-impact-on-violence-against-women</u>





Table 2: Country examples of mitigating violence against women and girls (VAWG)²⁴

Theme	Country	Example
Ensuring Canada In Quebec		In Quebec and Ontario, domestic violence shelters remained open during the lockdown.
the safety of women		A Canadian aid package was announced to include \$50 million to support shelters
	Italy	Perpetrators must leave the family home, rather than the victim
	France The Caribbean	Alternative accommodation is provided for domestic violence survivors, such as hotels
	China	The hashtag <i>#AntiDomesticViolenceDuringEpidemic</i> with links to online resources has been disseminated, helping to break the silence and prevent violence, as a risk during lockdown
	South Africa	Support allocated to accelerate community-level service delivery for survivors of GBV, with a focus on women in the informal economy and women affected by HIV/AIDS
Innovative solutions	Antigua, BarbudaMany online and mobile technology service providers are taking steps to de survivors during this period of limited mobility and increased demand	
	Madrid, Spain	An instant messaging service offers an online chat room that provides immediate psychological support to survivors of violence
	Cumbria, UK	Police has designated postal workers and delivery drivers in looking out for signs of abuse. A popular app called <i>'Bright Sky'</i> provides support and information to survivors, but can be disguised for people worried about their partners checking their phones
Virtual justice	Kazakhstan	Lockdown has caused cancellation of planned court sessions and cases of violence are being adjourned
	Argentina	Steps to address delays in the judicial processes and protection orders extended for survivors to 60 days
	Colombia	A decree to guarantee continued access to services virtually, including legal and psychosocial advice, and police and justice services, such as hearings
	Other	Court proceedings by teleconference

²⁴ <u>https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girlsen.pdf?la=en&vs=5006</u>



COVID-19 and alcohol consumption

Summary of findings²⁵²⁶²⁷²⁸²⁹³⁰³¹³²³³³⁴

- Isolation measures (e.g. lockdown, guarantine) contribute to an increase in alcohol consumption, especially for vulnerable groups and high-risk workers (e.g. in health care)
- Financial insecurity and hardship, social isolation and uncertainty about the future, together with redistribution of the health workforce and disruption to clinical services, contribute to increased alcohol intake and relapse under lockdown conditions
- Alcohol compromises the body's immune system and increases the risk of adverse health outcomes, including from COVID-19
- Alcohol consumption is associated with a range of non-communicable and communicable diseases, including mental illness, increasing vulnerability to COVID-19
- In addition to the health harms, people who misuse alcohol are at greater risk of COVID-19 because they are more likely to experience homelessness or incarceration
- Alcohol consumption increases risky behaviours, such as smoking, and decreases health protective behaviours such as sleep, healthy eating and physical activity
- Alcohol increases the risk, frequency and severity of all types of interpersonal violence such as IPV, SGBV, abuse of elderly, and violence against children and youth
- Parental alcohol consumption at home, following the closure of pubs, bars and hotels, can contribute to increasing violence against children
- Restricting hours of sale, the delivery of alcohol and increasing the price through tax or minimum unit pricing (MUP) are evidence-based, effective policy solutions to reduce alcohol consumption and resulting harm
- Population-level myths associated with alcohol and COVID-19 may perpetuate harmful behaviours (Table 3)
 - ✓ Approximately 190 people died of "bootleg" alcohol consumption in Iran, possibly related to the belief that drinking alcohol could prevent the COVID-19 infection³⁵

Myth	Fact	
Consuming alcohol destroys the COVID-19 virus	Consuming alcohol will not destroy the virus, and its consumption is likely to increase the health risks if a person becomes infected with the virus. Alcohol (at a concentration of at least 60% by volume) works as a disinfectant on your skin, but it has no such effect within your system when ingested	
Drinking strong alcohol kills the virus in the inhaled air	Consumption of alcohol will not kill the virus in the inhaled air; it will not disinfect your mouth and throat; and it will not give you any kind of protection against COVID-19	
Alcohol stimulates immunity and resistance to the virus	Alcohol has a deleterious effect on your immune system and will not stimulate immunity and virus resistance	

Table 3. Myths and facts about alcohol and COVID-19 (WHO)

²⁵ https://www.euro.who.int/__data/assets/pdf_file/0010/437608/Alcohol-and-COVID-19-what-you-need-to-know.pdf

- https://movendi.ngo/news/2020/06/15/who-europe-alcohol-fuels-rising-interpersonal-violence-during-covid-19/
- ²⁹ https://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/news/news/2020/06/the-rise-and-rise of-interpersonal-violence-an-unintended-impact-of-thecovid-19-response-on-families
- https://onlinelibrary.wilev.com/doi/full/10.1111/dar.13076
- ³¹ https://www.ft.com/content/cf153651-09f3-4cf5-a012-e4f823b648be 468-1253(20)30251-X/fulltext https://www.thelancet.com/journals/langas/article/PI

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²⁶ https://www.bmj.com/content/369/bmj.m1987 27 https://movendi.ngo/news/2020/06/30/new-who-europe-report-confirms-alcohol-price-matters-greatly/

³⁵ https://nursing.vanderbilt.edu/projects/pdf/coronavirus_alcohol_effects.pdf





Alcohol restrictions and their impact across countries

- Some countries have implemented **alcohol and/or night restrictions** as a response to COVID-19, usually as **part of a larger package of measures** (*Table 4*)
- Most countries have taken such measures to reduce COVID-19 transmission through reducing social interaction and previously identified hot-spot outbreaks
- There is **limited evidence linking alcohol consumption to the spread** of COVID-19
- The **impact of alcohol restrictions is unclear and varies** across countries, settings and population groups (e.g. age, social, etc.)
- The great majority of national/regional governments have done little to restrict alcohol consumption during the pandemic, due to different reasons, including³⁶:
 - ✓ Alcohol is a popular, widely used recreational substance and it is believed that restricting its availability would not be received well, especially when many other measures are already imposed
 - ✓ Keeping the revenue from alcohol, even though the economic cost of alcohol misuse usually outweighs revenues from sales
 - ✓ Intense and effective lobbying by the alcohol industry to loosen restrictions, such as on home delivery and reducing taxes (e.g. suspended alcohol duty)
- Lockdown measures have led to reduction in road traffic accidents resulting in nonserious or no injuries but not those resulting in serious or fatal injuries³⁷

Country insight: COVID-19 and alcohol consumption in the UK³⁸³⁹

- In the week ending 21 March, alcohol sales in the UK increased by 67%, while overall supermarket sales increased by only 43%
- 25% to 50% of perpetrators of SGBV in the UK have been drinking at the time of the assault, and in some studies this is as high as 73%
- A population survey of 1555 active drinkers in the UK identified that during the first national lockdown: 21% increased alcohol consumption; 35% reduced their alcohol intake; 6% stopped drinking entirely; 7% felt that alcohol had made the tension in their household worse; 38% were taking active steps to manage their drinking
- Emerging evidence, linking COVID-19 and related lockdown restrictions to an increase in high-risk drinking patterns in British adults shows⁴⁰:
 - ✓ In middle-age, high-risk drinking increased significantly (from 19.4% to 24.6%) in May 2020, compared to the average over 2016 2018
 - ✓ The prevalence of drinking ≥4 times a week doubled from 12.5% to 26% from before to during the pandemic; and being unable to stop drinking became more frequent
- In Wales, 27% of adults are drinking more often since the initial lockdown restrictions began on 23 March; while 36% of adults have reduced how often they drink or stopped drinking altogether

³⁶https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7461236/ ³⁷https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7475733/

³⁸https://alcoholchange.org.uk/blog/2020/covid19-drinking-during-lockdown-headline-findings ³⁹https://s3.eu-west-2.amazonaws.com/files.alcoholchange.org.uk/images/Drinking-in-lockdown-in-Wales-press-release-fine

³⁹https://s3.eu-west-2.amazonaws.com/files.alcoholchange.org.uk/images/Drinking-in-lockdown-in-Wales-press-release-final.pdf ⁴⁰https://www.ajpmonline.org/article/S0749-3797(20)30421-9/fulltext ; NB: Results not moderated for by sex, marital status, educational attainment, the presence of a chronic illness, or the year the baseline survey was completed





Table 4. Country examples of alcohol related restrictions during the COVID-19 outbreak

Country	Measures	Rationale	Impact
Belgium ⁴¹⁴²	October: all alcohol sales prohibited between 20:00 - 05:00	Reduce the spread of COVID-19	 One out of five people (20%) drank more during lockdown One out of four (255) drank a little less People with a higher level of education increased consumption in comparison to people with a lower educational level Trends in people older than 55 showed little change, despite fears over increased consumption due to social isolation
The Netherlands 434445464748	 October: all alcohol sales prohibited after 20:00 (incl. delivery, and restaurants); consumption or possession of alcohol b/n 20:00 and 07:00 is prohibited in public spaces indoors and outdoors Measures to be reconsidered in mid-December 	 Reduce encounters between people from different households Part of a larger package, considered effective in reducing cases, according to the government 	 Overall, 13% of people have been drinking more during the pandemic; however Students have been drinking less
Spain ⁴⁹⁵⁰⁵¹⁵² 535455	 August: a package of measures, including prohibiting: Street binge drinking 'botellón' where young people gather outdoors to consume alcohol purchased from shops, as a cheaper alternative to bars/clubs Sale of alcohol in shops between 22:00 – 08:00 and limiting capacity in bars and restaurants in specific regions identified as hot-spot outbreaks in migrant groups 	 Nightlife deemed the origin of COVID-19 outbreaks with the highest number of associated cases These outbreaks account for a large part of community transmission and cases in several autonomous communities 	 Sales of spirits fell by 83% March to June, mostly due to closures in the hospitality sector Supermarket sales of beer and wine increased by 17% and 14% respectively March - November An addiction clinic in Madrid reported, that quarantine measures led to increased relapses in patients with alcohol misuse A not-for-profit organisation, supporting recovering alcoholics in the city of Ávila reported an increase in new consultations when measures eased in June





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Poland ⁵⁶⁵⁷⁵⁸	November: new emergency measures to avoid a national lockdown stipulate that bars, clubs and restaurants are closed	 Reduce social mobility Forecast of up to 600,000 new cases by end of Jan, if new measures not implemented 	 People, who are most vulnerable to developing alcohol abuse, reported drinking more from the start of the pandemic, and were at higher risk of developing poorer mental health outcomes
South Africa ⁵⁹⁶⁰	A complete alcohol ban during the first wave of the pandemic and a second in July, during the winter season	Sale of alcohol banned during Level 5 lockdown period, as it was reported to be contributing to a higher numbers of hospital admissions across the country	Reduced pressure on emergency care units and reduced mortality was reported in a paper: - 66% reduction in trauma admissions - 69.4% reduction in domestic violence cases The outcomes cannot be attributed solely to the ban on alcohol sales, but that the data does suggest some association
Australia ⁶¹⁶²	 March: closure of non- essential services including all licensed liquor outlets April: \$6 million allocated to telehealth support services for people experiencing drug and alcohol problems 	 Reduce the spread of COVID-19 Reduce sales and consumption of alcohol, impact drinking patterns and illicit drug use 	 People 36–50 years old reported more frequent drinking at home Women more likely to increase their alcohol intake when confronted with conflicting work and family duties Increased stress linked with relatively higher alcohol consumption
USA ⁶³⁶⁴⁶⁵	Temporary measures introduced prior to Thanksgiving, 26 th November, including on-site consumption of alcohol ban after 17:00 on the 25 th November, though dining allowed to continue	 Death rate in Pennsylvania quadrupled in a week New daily cases were seven times higher than two months before 	 National alcohol sales increased by 54% for the week ending 21 March compared to the 2019, while online sales increased by 262% A study, exploring changes in alcohol use and associated consequences, compared 2019 baseline data with data collected from 1540 adults between May - June 2020: Overall the frequency of alcohol consumption has increased by 14% Adults 30-59 years old increased by 19% Women's consumption increased by 17%, with a 41% increase in heavy drinking Women showed a 39% increase in risky behaviours, indicating increase in alcohol- related problems for nearly 1 in 10 women

https://www.gov.pl/web/koronawirus/aktualne-zasady-i-ograniczenia
 https://www.gov.pl/web/koronawirus/nowe-kroki-w-walce-z-koronawirusem--ostatni-etap-przed-narodowa-kwarantanna
 https://www.gov.pl/web/koronawirus/nowe-kroki-w-walce-z-koronawirusem--ostatni-etap-przed-narodowa-kwarantanna
 https://www.gov.gov/pmc/articles/PMC7369979/
 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC733289/pdf/PHCFM-12-2528.pdf
 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7433289/pdf/PHCFM-12-2528.pdf
 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7433289/pdf/PHCFM-12-2528.pdf
 https://www.nibi.gov.gov.au/reports/alcohol-ibaacco-other-drugs-australia/contents/impact-of-covid-19-on-alcohol-and-other-drug-use
 https://www.nibi.sen.com/us/en/insights/article/2020/rebalancing-the-covid-19-effect-on-alcohol-sales/
 https://www.citizensvoice.com/news/coronavirus/wolf-levine-ban-drinking-at-bars-restaurants-on-thanksgiving-eve/article_a1fadcc1-ce3a-52ec-a6f9-6a889b4fbf62.html

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