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A Reply to Monteiro et al.'s (2020) 'Alcohol Policy and Coronavirus: An Open Research Agenda'

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Correspondence

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Dear Editor:

In their recent editorial in the *Journal of Studies on Alcohol and Drugs,* Monteiro and colleagues (2020) write that we might see increases in alcohol-related morbidity and mortality because of the economic decline related to the COVID-19 pandemic. They also note that there could be increases in alcohol-attributable suicides. We wish to point out that there might be policy-relevant linkages among these phenomena. Several studies reviewed by Cherpitel et al. (2004) suggest that suicide is frequently associated with acute alcohol consumption. Acute alcohol use might be one of the mechanisms underlying the complex connections between unemployment and suicide (Kawohl & Nordt, 2020; Nordt et al., 2015). Importantly, our research shows that alcohol ingestion itself (and especially acute alcohol intoxication) might be a key risk factor for suicide during and shortly after economic contractions (Kaplan et al., 2015; Kerr et al., 2017).

We used the National Violent Death Reporting System (NVDRS) Restricted Access Database for two projects that addressed acute alcohol use immediately before suicide and the impacts of economic contraction on alcohol-related suicides. The first paper estimated the effect of the 2007–2009 financial crisis (the Great Recession) on rates of suicide involving acute alcohol intoxication. We found (Kaplan et al., 2015) that the fraction of all suicide decedents with blood alcohol levels consistent with intoxication (i.e., postmortem blood alcohol concentration ≥ .08 g/dl) increased by 7% after the onset of the recession (from 22.2% in 2005–2007 to 23.9% in 2008–2011). Compared with the prior (pre-recession) years, male suicide decedents showed a 10% increased risk of alcohol intoxication within the first 2 years of the recession. There was evidence of a delayed effect among female suicide decedents, who had a 1.14-fold (95% CI [1.02, 1.27]) increased risk of intoxication in 2010–2011 compared with 2005–2007. In sum, this project found that alcohol was involved in a larger share of suicides during the Great Recession for males and following the Great Recession for females compared with prior years.

Our team (Kerr et al., 2017) also examined associations between county-level rates of home foreclosures, unemployment, and poverty with suicide rates and alcohol involvement in suicides for 16 NVDRS states from 2005 to 2011. Particularly relevant to the economic contraction related to COVID-19, we found that suicide rates were most closely associated with rising poverty. There were large positive coefficients in all gender and age groups. These findings suggest that more than individual-level economic factors are at play in influencing suicide risk; place-level economic shocks also matter.

Today, the unemployment rate may well exceed that of the Great Depression in the 1930s (Aaronson et al., 2020; Purtle, 2020), especially among socially disadvantaged groups (Purtle, 2020), with substantial implications for heightened financial insecurity. Simultaneously, off-premise alcohol sales appear to have increased considerably during COVID-19–related physical distancing (Pellechia, 2020), potentially leading to a rise in solitary intoxication. Additional suicide risk factors include reduced access to community and religious support owing to social distancing, barriers to mental health treatment accentuated by loss of health insurance, comorbid illnesses (perhaps worsened by avoiding medical care due to fear of acquiring COVID-19), and increased firearm sales (Reger et al., 2020). These developments might contribute to the elevated suicide risk discussed by Monteiro and colleagues (Monteiro et al., 2020). However, the current situation might provide opportunities for suicide prevention. Consideration should be given to enacting effective alcohol control policies (Grossman et al., 2020), including increasing alcohol taxes, limiting times for alcohol sales, reducing the density of alcohol outlets, and increasing access to treatment for people with substance use disorders.

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