A Disease of Isolation: Alcohol Use Disorder and the COVID-19 Pandemic

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Abstract: Alcohol Use Disorder (AUD) is a chronic brain disorder that results in adverse social, mental, and physical effects. Many people with AUD rely on 12-step abstinence programs to provide them the structure and support they rely on to stay sober. With the onset of the COVID-19 pandemic, patients with AUD have undergone long stretches without connection to friends and loved ones or the rigidity of a school/work schedule. This article examines the negative impacts of the pandemic on Americans with AUD, what measures are currently being taken to assist them, and what more research needs to be done.

On December 31st, 2019, the first cases of COVID-19 were reported in Wuhan, China. By January 21st, 2020, it was confirmed to have reached the United States. By mid-March of 2020, the World Health Organization declared that this novel coronavirus had started a pandemic. Hence began the onslaught of conflicting information, conspiracy theories, and political rhetoric. With so much panic, fear, and uncertainty, citizens across the globe looked to their leaders for guidance. Within the United States, citizens began to distance themselves from each other, wear masks, and stay home for long periods of time. The pandemic isolated everyone and has had an overall negative impact on mental health. For those struggling with alcohol use disorder, this could be dangerous.

Alcohol use disorder, or AUD, is defined by the National Institute on Alcohol Abuse and Alcoholism as, “a chronic relapsing brain disorder characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.” AUD affects an estimated 14.1 million adults over 18 years of age in the United States, and an estimated 414,000 adolescents aged 12-17 years. Those who are personally struggling with the disorder are not doing so in silence; AUD can negatively impact the friends, loved ones, employers, and peers of the individual with the disorder. AUD is considered a biopsychosocial disorder because it is notorious for causing severe health problems, creating or worsening mental unhealth, and significantly impacting the sufferer’s social and occupational duties. AUD is considered incurable, but there are many treatment strategies to control the compulsion to consume alcohol and to improve the patient’s overall biopsychosocial status.

Many people who struggle with AUD rely on abstinence programs as their primary source of treatment. Since their inception, 12-Step programs like Alcoholics Anonymous have helped millions of people get sober and maintain sobriety. In this context, sobriety means total abstinence rather than the state of not being intoxicated. Alcoholics Anonymous, or AA, was founded on a set of 12 Steps and 12 Traditions which, if thoroughly and honestly worked through and honored, have been shown to help alcoholics maintain long periods of continuous sobriety. The most popular way to engage with AA is to attend meetings and to meet regularly with a sponsor—an individual who has successfully completed the 12 Steps and achieved sobriety. The sponsor acts as a mentor, guiding the new member through the 12 Steps. The new member is also highly encouraged to reach out to other alcoholics when they are experiencing the compulsion to drink. This aspect of the program, the fellowship, is vital to progress.

Regular attendance at AA meetings provides alcoholics with the structure, routine, and camaraderie that they so desperately need to perpetuate their sobriety. However, because of new regulations, social distancing, and the added discomfort of uncertainty, achieving and maintaining sobriety has become ever more difficult. Face-to-face meetings have shifted to Zoom, and sponsors and sponsees must now work together over the phone. These new changes have presented unprecedented roadblocks to both long-term members of AA and those who are brand new to the program.

Those who do not have reliable internet access are unable to attend regular meetings, and members who are not technologically inclined report difficulty accessing their Zoom meetings. For someone with AUD, the prospect of attending a first meeting is daunting enough; by adding the potential for additional, technological barriers posed by the Zoom interface, the difficulty in attending these meetings may simply be too great to overcome for some people. Additionally, many meetings have been the targets of “Zoom-bombing,” which is when an outsider enters the meeting for the purpose of harassing attendees. Meetings, which were once a safe space for recovering alcoholics, have become inaccessible, intimidating, and for some, downright violating.

As Johann Hari so eloquently put it in his 2015 TED talk, “…the opposite of addiction is not sobriety; the opposite of addiction is connection.” The “stay-at-home” order poses a huge risk for alcoholics. Without connection to those who have the same goal (i.e., maintaining sobriety), alcoholics are more likely to experience relapse. While those experiencing AUD are technically always at risk, there are certain triggers or circumstances that can greatly increase that risk, and the combination of stress, boredom, and isolation creates a perfect storm. Additionally, those who are otherwise social drinkers may find themselves drinking more at home to deal with stress and boredom, which can easily lead to disordered drinking and thus new cases of AUD. Indeed, the concern for the safety and well-being of people already struggling with AUD, and otherwise “wouldn’t-be” alcoholics, is more pronounced than ever.

There are several proposed strategies for mitigating some of these risks. For virtual meetings, it is suggested that hosts do not post meeting IDs online, that they password-protect meetings, and use the waiting room function to screen users before allowing them to enter the meeting. Meeting attendees are encouraged to keep their cameras on so that they feel more engaged and to make a schedule of the online meetings they would like to attend each week. Many AA groups participate in a Telephone Answering Service (TAS), a service that connects those in acute distress related to alcohol to an active member of AA. While the TAS existed before the pandemic, it can now serve as a lifeline for those who do not know where to find help or who do not want to join a Zoom meeting. For those who are managing their AUD with the help of social workers and healthcare professionals, it may be difficult or even impossible to receive their treatment. A telehealth app called the Ria Treatment Program gives patients remote access to medical care; it includes physician visits and associated prescriptions, support from a

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recovery coach, video monitoring of medication adherence, and a Breathalyzer that connects to the app via Bluetooth. These suggestions and resources are helping to ease the tension, but they are far from a catch-all solution. While mitigation strategies are becoming more prevalent and effective, the fact remains that those who struggle with AUD have been more devastated by the COVID-19 pandemic than the average citizen. With more time on their hands and less connection to others, alcoholics are at a much higher risk of relapsing. Furthermore, those without AUD who have turned to alcohol to pass the time during the pandemic are at risk of developing AUD. Because of the morbidity and mortality associated with AUD, this is an urgent matter. More research is needed to find ways to prevent the isolation of alcoholics, or at the very least, to provide ways of keeping them connected in times of isolation.

References