Impact of Alcohol Consumption on the Psychological Well-being of Jamaicans during the Coronavirus Disease-19 (COVID-19) Pandemic

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Abstract

This study seeks to highlight the impact of alcohol consumption on the psychological well-being of Jamaicans since the start of the COVID-19 pandemic. This study aims to answer the following three questions: 1.How has COVID-19 affected the drinking habits of Jamaicans? 2. What are the factors that contribute to the consumption of alcohol during the COVID-19 pandemic? And 3.What are some positive ways to cope with stress during the pandemic? A probability sampling approach enabled data collection from respondents across Jamaica. The researchers used Google Forms to create a standardized survey for data collection. The Statistical Packages for the Social Sciences (SPSS) for Windows Version 25.0 served to analyze the collected data. A p-value of 0.025 determined the level of significance for a sample size of 500. The results revealed that 92.2% (n=460) of respondents had consumed alcohol; 44.7% (n=222) indicated that they have started consuming more alcoholic beverages since the COVID-19 pandemic; 49.4% (n=244) used alcohol as a means of coping throughout the pandemic; 57.3% indicated that they consumed an alcoholic beverage at least 4 times weekly; and 54.4% mentioned that alcohol consumption has affect their health status [1]. The current findings revealed that 69.2% of the sampled respondents expressed some state of psychological issue during COVID-19 (i.e., depression, 34.3%; anxiety, 18.8%; suicidal thoughts, 10.7%; 5.4%, paranoia) and 58.0% indicated that social isolation has decreased their psychological and physical well-being [2,3]. Positive ways to manage alcohol consumption, such as therapy, may aid in overcoming the issue. It is evident from the research that persons have used alcohol as a means of coping during the pandemic, while participants who reported they suffered from emotional issues also increased their alcohol consumption [4].

Keywords: Alcohol consumption; Binge drinking; COVID-19 ; Excessive drinking; Psychological well-being

Introduction

According to Steffen, Schlichtiger, Huber, and Brunner (2021), alcohol consumption has increased by 14% in young adults and 17% in mature adults in Bavaria, Germany, since the start of the Coronavirus

disease 2019 (COVID-19) pandemic due to worry and stress about the virus [5]. Another study of U.S. adults ages 21+ years in May 2020 found that 60% of them indicated consuming more alcoholic beverages (Grossman, Benjamin-Neelon, and Sonnenschein, 2020 furthermore, Panchal[6]. (2020) conducted a multisite study in Australia, Austria, Brazil, France, Germany, Ireland, the Netherlands, New Zealand, Switzerland, the United Kingdom and the United States between May-June 2020 and found a 36% increase in alcohol consumption among adults [7]. Younger adults (18-25 years) were 25% more likely to report substance abuse than older adults, accounting for 13% of the sample. Garcia-Cerde, Valente, Sohi [8]. (2021) found a statistical association between frequency in alcohol consumption and drinking in the presence of children among adults in Latin America and the Caribbean as a possible indication of their declining mental health status [9]. Hodges (2021) argued that Jamaicans between the ages of 15 to 34 ranked high among the population for "overall prevalence of depression", as stated by Dr Christopher Tufton [10].

An increase in psychological distress triggered by the stress of financial difficulties, social isolation and uncertainty about the future during and after crises such as the COVID-19 pandemic can worsen patterns of alcohol use (Rehm 2020)[11]. Over the past four months, excessive alcohol consumption has quadrupled due to the stress and anxiety from COVID-19 that pushed people towards the bottle (Wilson-Harris, 2020)[12]. The first recorded case of COVID-19 emerged in Wuhan, China, on December 19, 2019 (World Health Organization, 2020a)[13]. The first COVID-19 case in Jamaica was on March 10, 2020. As a result of the COVID-19 outbreak, many people have been affected by mental health issues [14,15].

In research from the United Nations (2016), alcohol is the most widely used drug in Jamaica, accounting for 40% of the entire population [16]. Alcohol is one of the major contributing factors in homicides, suicides and mental disorders. Alcohol is an intoxicating ingredient found in wine, beer and liquor, produced by the fermentation of yeast and starches (Centers for Disease Control and Prevention, 2021)[17]. The level of consumption is evident in the annual sales of pure alcohol in litres per person aged 15 years and older (Organization for Economic Co-operation and Development, 2019), and this can be used to evaluate excess alcohol use or binge drinking [18]. Jamaicans consume an average of 11.9 litres of alcohol per year (Alcohol Consumption by Country, 2021). Centers for Disease Control and Prevention (CDC) (2019) forwarded that " Binge drinking is defined as a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 g/dl or above", which may indicate deep-seated psychological issues experienced by an individual[19].

Burns (2016) states that psychological well-being is an inter-and intra-individual level of positive functioning, including an individual's relatedness to others and self-referent attitudes Makela[20]. It (2014) found a correlation between alcohol consumption and deterioration in mental health status; individuals with psychological distress often use alcohol as a means of relief from their problems [21]. However, due to the action of ethanol on the central nervous system, alcohol exerts an inhibitory effect at high volumes, resulting in reduced discernment and weakened attention and memory (Calina 2021)[22]. Undoubtedly, COVID-19 has plagued the lives of individuals across the island, not just financially but also affecting their psychological well-being [23]. This study examines the impact of alcohol consumption on the psychological well-being of Jamaicans since the start of the COVID-19 pandemic.

Theoretical framework

Victor H. Vroom formulated the Expectancy theory in 1964. This theory focuses on what influences our decisions and behaviour (Parijat and Bagga, 2014). Now referred to as the Alcohol Expectancy Theory, it serves as the framework for analyzing the reasons behind alcohol consumption [24]. It emphasizes the causes for increased alcohol consumption and both the positive and negative effects

(Goldman 1999)[25]. Therefore, the Alcohol Expectancy theory is the framework for this study. The researchers seek to evaluate how the COVID-19 pandemic has affected Jamaicans' drinking habits, the factors contributing to alcohol consumption during the COVID-19 pandemic, and some positive ways to cope with stress [26]. The researchers speculate on the impact of alcohol consumption on the psychological well-being of Jamaicans during the COVID- 19 pandemic [27]. The researchers of this study sought to demonstrate a correlation between the new disease's emergence and its impact on alcohol use (Figure 1).

Literature review

This research aims to examine the impact of alcohol consumption on the psychological well-being of Jamaicans during the COVID-19 pandemic. This study also seeks to identify the availability of alcoholic beverages during the COVID-19 pandemic, focuses on the negative impacts of alcohol use between 2019 and 2020, and explores the impact of alcohol consumption on the psychological well-being of Jamaicans during the COVID-19 pandemic. The expectancy theory lends support to this current research.

In one study, the expectancy theory framework enabled researchers to evaluate persons who experienced PTSD and their use of alcohol to cope. The researchers explored the negative and positive effects of PTSD on the use of alcohol; negative effects causes a person to feel guilty or lose motor coordination, while positive effects include increased social interaction or relieving tension. Soldiers who have PTSD used alcohol to alleviate anxiety and depression by numbing emotional symptoms. For some, the use of alcohol allows them to be more social. However, soldiers who effectively managed their PTSD could control their alcohol use by finding better ways to cope with life crises (Pederson , 2014).

According to the Household Drug Survey conducted by the National Council on Drug Abuse (NCDA) in Jamaica, "alcohol continues to be the most widely used drug in Jamaica, with 40 per cent of the population or four out of every ten people reporting that they currently use the substance". The survey further stated that "seventy-five per cent of the population acknowledged using alcohol at some point in their lifetime" (United Nations, 2021). The excessive use of alcohol quadrupled in the last four months, raising concerns among substance abuse experts that stress and anxiety caused by COVID-19 may be driving more people to the bottle (Wilson-Harris, 2020).

According to the NCDA, there were more than 200 calls to the Council's national substance abuse helpline between June and September 2021 compared to less than 50 for the corresponding period in 2020. It further suggested that "Jamaica is one of the several countries in the Caribbean and Latin American currently participating in a hemispheric survey aimed at determining the impact of the COVID-19 pandemic on drug use" (Wilson-Harris, 2020).

Consequently, Jamaica's Health Ministry launched a COVID-19 Mental Health Response Programme to mitigate the progression of emerging mental health issues resulting from the COVID-19 pandemic. Among "the general population", there are "elevated levels of fear, anxiety and loneliness from children and parents who access the child and adolescent mental health clinics". Many people expressed feeling "overwhelmed and unable to manage the demands of online schooling" (Wilson-Harris, 2020). As stay-at-home orders began in some U.S. states as a mitigation strategy for the COVID-19 transmission, NielsenIQ(2020) reported a 54% increase in national sales of alcohol for the week ending March 21, 2020, compared with one year before; online sales of alcohol increased by 262% from 2019 as reported by Grossman(2020). Three weeks later, the World Health Organization warned that alcohol use during the pandemic might potentially exacerbate health concerns and risk-taking behaviours (WHO, 2020b).

Materials and Methods

This quantitative research used a descriptive cross-sectional research design to answer the research questions, "What is the impact of alcohol consumption on the psychological well-being of Jamaicans during the COVID-19 pandemic?" The researchers used quantitative research to objectively collect and analyze numerical data to describe, predict, and control the variables of interest (McLeod, 2019). Probability sampling was the method used to select the population for the research.

Data for this research was collected during the period May 31 to June 21, 2021. The research entails the collection of data from 500 participants, both male and female, from all three counties in Jamaica: Cornwall, Middlesex and Surrey, consisting of a total of 14 parishes. Participants were informed about the aim and purpose of the study. A web-based survey questionnaire was created using Google Forms and consisted of sixteen closed-ended questions. The survey tool for the research was distributed to individuals 18 years and older social media and going out into communities and towns. The researchers analyzed the collected data using Statistical Packages for the Social Sciences (SPSS) Version 25 for Windows. Data analysis occurred using frequencies and percentages, bivariate analysis (chi-square), and logistic regression (Lewis-Beck, 1980; Mamingi, 2005; Polit, 1996; Rea and Parker, 2014). Logistic regression determined the factors influencing Jamaicans' alcohol consumption during the COVID-19 pandemic. A p-value of 0.025 served to determine statistical significance

Results

It presents the demographic characteristics of the sample respondents and includes gender, age cohort, and area of residence. There were 245 (49%) male and 255 (51%) female respondents. The respondents' ages were as follows: 145 (29%) from 18 to 25 years, 159 (31.8%) from 26 to 32 years, 111 (22.2%) from 33 to 40 years, and 85 (17%) from 41 years and over. The respondents' areas of residence were Manchester 50 (10%), St. Catherine 51 (10.2%), St. Mary 38 (7.6%), St. Ann 28 (5.6%), St. James 73 (14.6%), Clarendon 52 (10.4%), Portland 26 (5.2%), St. Elizabeth 35 (7%), Westmoreland 17 (3.4%), St. Thomas 15 (3%), Hanover 17 (3.4%), Trelawny 25 (5%), and Kingston and St. Andrew 73 (14.6%) (Table 1).

It presents data on issues faced during the COVID-19 pandemic. The findings showed that 40.6% of respondents indicated that their issues did not influence their alcohol consumption. In comparison, 28.2% attributed it to financial instability, 15.7% indicated isolation from friends and family and 15.5% from worries about being infected by the virus. Table 2 also shows that 58% of respondents indicated that socialization was impaired due to emotional issues while the remaining 42% stated that their socialization was not affected; 34.3% accounts for respondents who faced depression during the pandemic, 30.8% indicated not applicable. Also, 18.8% indicated anxiety issues, 5.4% accounted for paranoia, and 10.7% were troubled with suicidal thought (Table 2).

It shows that most respondents indicated having an alcoholic beverage (92.2%). Furthermore, 68.1% of respondents indicated that they began consuming alcohol between 18 and 25 years of age, while 16.8% began at 26 to 32. The findings revealed that 44.7% of the respondents' drinking habits had been affected by the pandemic, corresponding with 42.4% who stated that alcohol consumption has increased. On the other hand, 39.2% indicated that their alcohol consumption levels remained the same (Table 3).

It presents data on the health status of respondents: 44.2% of respondents indicate that they strongly agree that alcohol can affect health whilst only 1.4% stated that alcohol does not affect health. The findings also indicate that 49.7% of respondents do not have to exert extra strength to complete a task, whilst 35% stated that they used extra strength.

H0: There is no relationship between alcohol consumption and emotional distress/problems experienced

during the COVID-19 pandemic.

H1: There is a relationship between alcohol consumption and emotional distress/problems experienced during the COVID-19 pandemic.

It presents a cross-tabulation between alcohol consumption and emotional distress/ problems experienced during the COVID-19 pandemic. Based on the findings, there is a relationship between alcohol consumption and emotional distress/problems experienced during the COVID-19 pandemic because the critical value is less than the calculated value ($\chi 2$ critical=5.024<$\chi 2$ calculated=7.010, P=0.025). Hence, we reject H0 and accept H1 .

H0: There is no relationship between psychological well-being and alcohol consumption.

H1: There is a relationship between psychological well-being and alcohol consumption.

It presents a cross-tabulation between psychological well-being and alcohol consumption of Jamaicans. Based on the findings, there is a relationship between psychological well-being and Jamaicans' alcohol consumption because the critical value is less than the calculated value (χ 2 critical=11.143<χ 2 calculated=11.575, P=0.025). Hence, we reject H0 and accept H1.

Discussion

Alcohol consumption has dramatically impacted the psychological well-being of Jamaican citizens since the onset of the COVID-19 pandemic in December 2019. Many countries around the world have imposed lockdown measures to reduce virus spread. Social isolation is known to have a significant psychological impact (Clair, Gordon, Kroon, and Reilly, 2021; Dagnino, Anguita, Escobar, and Cifuentes, 2020; Pietrabissa and Simpson, 2020), potentially triggering alcohol misuse in adults. People who reported drinking alcohol as a means of coping with stress consumed more alcohol when experiencing stress. Thus, this research offers some insight into the adverse psychological effects of alcohol use on Jamaicans' health.

The expectancy theory is based on an individual's influences and the behaviour resulting from those influences. This theory has been used to analyze alcohol consumption and its effects on individuals whether positive or negative. The expectancy theory is used in this research to shed light on alcohol consumption and the relationship with the psychological well-being of the Jamaican people. The current study found that 92.2% of respondents have consumed an alcoholic beverage/alcohol at some point in their lives, while 49.4% indicated that they used alcohol as a means of coping during the pandemic.

In this research, a cross-sectional study was done in Jamaica to examine the effects of alcohol consumption on both older and younger adults since the pandemic. This study reveals that, of the sample of 500 individuals, 51% (255) of the respondents were females, and 49% (245) were males. It can be observed that most individuals are of the female gender, which is reported as the most to consume alcohol since last year. Respondents aged between 26 and 32 years amounted to 31.8% (159), 29% (145) of the sample population were between 18 and 25 years, 22.2% (111) were between 33 and 40 years of age, and 17% (85) were persons 41 years and older. Most of the respondents were from the parish of St James, with 14.6% (73) of the total sample respondents, while a minor portion was from the parish of St. Andrew—6% (3).

About what drives individuals to consume alcohol during the pandemic, more than 405 reported that none of the listed options matched their reasons for consuming alcohol. Financial instability was the reason given by 28.2% (140) of the sample, 15.7% (78) cited isolation from family and friends and 15.5% (77) were worried about being infected by the virus. Financial challenges may have caused more individuals to drink alcohol than other associated factors among Jamaicans since the pandemic. The current study shows that 58% (289) agreed that their physical and emotional well-being had been affected by decreased socialization, while 42% (209) stated that they were not being affected. Based on these findings, it can be stated that socialization was impeded due to emotional issues.

Further findings revealed that depression had affected 34.3% (166) of respondents in Jamaica since the pandemic, while 30.85% (149) indicated that none of the options as applicable to them; 18.8% (91) indicated that they had anxiety issues, and 10% (52) were troubled with suicidal thoughts. Therefore, depression is the most likely psychological issue faced since the pandemic. Research on the prevalence of depression during COVID-19 was 3.44% in 2017. Our pooled prevalence of 25% appears to be seven times higher, thus suggesting an essential impact of the COVID-19 outbreak on people's mental health (Notivol 2021).

From the survey of 500 Jamaicans, the researchers found that 92.2% (460) reported they had an alcoholic beverage, and 7.8% (39) have never consumed an alcoholic beverage. This finding shows that most respondents consumed alcohol, and only a few may avoid this type of beverage. Another finding revealed that more than 68% (340) of participants started drinking alcohol from the ages 18-25 years, 16.8% (84) started in their mid-twenties from 26-32 years, 3.4% (17) started between the ages 33-40 years and 11.6% (58) of the respondents indicated 'not applicable.' This finding shows the age group at which most Jamaicans started consuming alcoholic beverages, bringing the researchers to the conclusion that most individuals started as younger adults. Research from China and the Philippines explains why young people may have been more impacted during the COVID-19 pandemic. The research highlighted that they were more likely to be students and that student status was a risk factor for anxiety, depression, and stress (Wang 2020).

It presents the respondent's health status. Most of the respondents (34.7% or 173) indicated that they were in good health, while the least number of persons (1.8% or 9) were experiencing poor health; 60.4% (302) of respondents stated that they could have a peaceful night sleep after drinking; on the other hand, 39.6% (198) stated that they have problems sleeping due to drinking. When asked, "Do you have to exert extra strength to complete tasks since the pandemic?" 49.7% (247) indicated that they do not need to utilize extra strength to complete tasks since the pandemic; however, 35% (147) stated that they must exert extra effort to complete daily tasks. At a rate of 44.2% (221), most respondents strongly agreed that alcohol consumption could affect one's health, while 1.4% (7) strongly disagree that one's health can be affected by drinking alcohol (Table 4).

It shows the analysis of the cross-tabulation between alcohol consumption and emotional distress/ problems experienced during the COVID-19 pandemic. Respondents stated that they had consumed alcoholic beverages due to emotional distress since the pandemic numbered 336, which is more than the 160 that stated they did not. There is a relationship between alcohol consumption and emotional distress/problems experienced during the COVID-19 pandemic. The interpretation of the findings was $\chi 2$ critical=5.024 < $\chi 2$ calculated=7.010, =0.025. Hence, we accept the alternate hypothesis (Table 5).

It presents the analysis of the cross-tabulation between psychological well-being and alcohol consumption. The findings interpretation was $\chi 2$ critical=11.143> $\chi 2$ calculated= 11.575, P=0.025. Therefore, we rejected the null hypothesis and accepted the alternate hypothesis that there is a relationship between alcohol consumption and psychological well-being in (Table 6).

To overcome drinking problems, individuals must develop positive coping mechanisms to survive stressful events. According to Good Therapy (2016), "Coping mechanisms are the strategies people often use in the face of stress or trauma to help manage painful or difficult emotions. Coping mechanisms can help people adjust to stressful events while helping them maintain their emotional well-being". Coping mechanisms include: therapy or counselling expressing feelings can be liberating and being able to receive positive advice instead of being consumed by negative thoughts; meditation—it allows the individual to focus on what happened, to observe internal feelings and to achieve acceptance; exercise due to the endorphins released during physical activity, exercise is a great way to relieve anxiety, stress, and feelings of depression.

Coping mechanisms help to rid the body of chemicals and toxins from drug abuse. In addition, eating healthy to maintain good physical health, using distraction therapy, engaging in activities such as watching television, playing music or reading will replace negative moods with positive moods. Furthermore, journaling about one's thoughts and feelings can be a way to release tension instead

of internalizing such emotions (10 Coping Skills for Substance Abuse, n.d.). Everyone experiences stressful events or internal conflict; however, finding a positive method to cope with such issues will preserve health.

Conclusion

The COVID-19 pandemic and its lockdown measures have affected individuals' drinking habits. Alcohol consumption has increased since the start of the COVID-19 pandemic. 42.4% of the respondents indicated that their increase in alcohol consumption was due to financial instability. The research also indicates that persons have used alcohol to cope during the pandemic and have been affected psychologically. An alarming finding from the research is that 34.3% of all respondents reported suffering from depression since the pandemic. These results highlight a relationship between alcohol consumption and psychological well-being.

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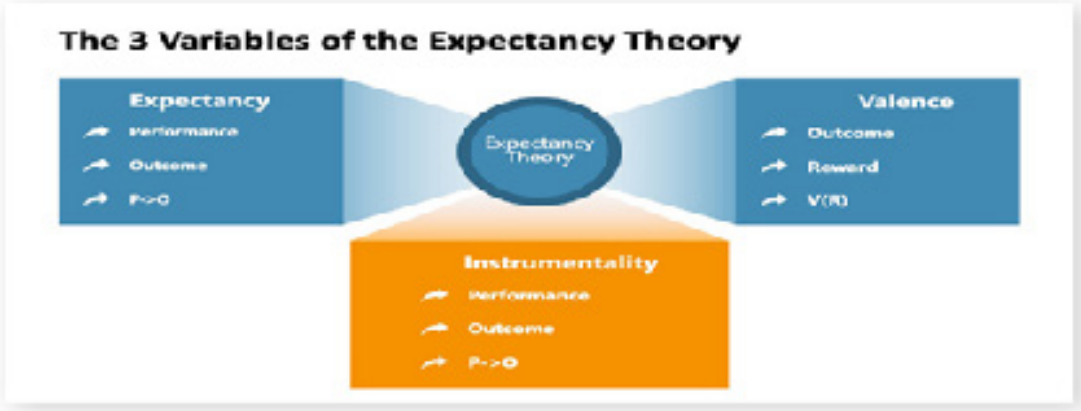

Figure 1: Expectancy theory (3 stage components powerpoint template by slidemodel.com).

Table 1: Demographic characteristics of the sample respondents, N=500.

Details	% (n)
Gender	
Male	49.0 (245)
Female	51.0 (255)
Age Cohort	
18-25	29.0 (145)
26-32	31.8 (159)
33-40	22.2 (111)
41 and over	17.0 (85)
Area of Residence (parish)	
Manchester	10.0 (50)
St. Catherine	10.2 (51)
St. Mary	7.6 (38)
St. Ann	5.6 (28)
St. James	14.6 (73)
Clarendon	10.4 (52)
Portland	5.2 (26)
St. Elizabeth	7.0 (35)
Westmoreland	3.4 (17)
St. Thomas	3.0 (15)
Hanover	3.4 (17)
Trelawny	5.0 (25)
Kingston and St. Andrew	14.6 (73)

Table 2: Issues faced during the COVID-19 pandemic by the sample respondents, N=500.

Details	% (n)
What drives you to consume alcohol during the pandemic?	
Isolation from friends and family	15.7 (78)
Financial instability	28.2 (140)
Worry about being infected by the virus	15.5 (77)
None of the above	40.6 (202)
Physical or emotional well-being affected by decreased socialization	
Yes	58.0 (289)
No	42.0 (209)
Issues faced during the pandemic	
Depression	34.3 (166)
Anxiety	18.8 (91)
Suicidal thoughts	10.7 (52)
Paranoia	5.4 (26)
Not applicable	30.8 (149)

Table 3: Drinking pattern of the sample respondents, N=500.

Details	%(n)
Have you ever consumed alcohol/an alcoholic beverage?	
Yes	92.2(460)
No	7.8 (39)
At what age did you start consuming alcohol?	
18-25	68.1(340)
26-32	16.8 (84)
33-40	3.4 (17)
Not applicable	11.6 (58)
How has the Covid-19 pandemic affected your drinking habits?	
I started to drink more than usual.	44.7(222)
Has not impacted my drinking habits.	34.4(171)
Has not impacted my drinking.	20.9(104)
Changes in alcohol consumption levels during the pandemic	
Increased	42.4(212)
Decreased	18.4 (92)
Stayed the same	39.2(196)
Use of alcohol to cope during the pandemic	
Yes	49.4(244)
No	50.6(250)
How has alcohol consumption affected your ability to cope with daily tasks?	
I cannot complete simple daily tasks.	10.1 (50)
I have not been affected in any way.	58.6(290)
Completing daily tasks is challenging.	31.3(155)
How often do you consume an alcoholic beverage?	
Once per week	25.6(127)
2-4 times per week	31.7(157)
Once per month	32.7(162)
Never	10.1 (50)

Table 4: Health status of the sampled respondents, N=500.

Detail	% (n)
Does your drinking habit affect your ability to sleep peacefully at night?	
Yes	39.6(198)
No	60.4(302)
Describe your health in general.	
Excellent	11.8 (59)
Very good	33.5(167)
Good	34.7(173)

Fair	18.2 (91)
Poor	1.8 (9)
Do you believe that alcohol consumption can affect your health?	
Agree	38.0(190)
Disagree	16.4 (82)
Strongly agree	44.2(221)
Strongly disagree	1.4 (7)
Do you have to exert extra strength to complete tasks since the pandemic?	
No	49.7(247)
Yes	35.0(147)
Yes, sometimes	11.1 (55)
Option 5	.4 (2)
Yes, most of the time	3.8 (19)

Table 5: Cross-tabulation between alcohol consumption and emotional distress/problems experienced during the COVID-19 pandemic.

Detail	**During the last year, have you had any form of emotional distress/problem?**		**Total**
Have you ever consumed alcohol/an alcoholic beverage?	**Yes**	**No**	
Yes	317(94.3%)	140(87.5%)	457(92.1%)
No	19 (5.7%)	20 (12.5%)	39 (7.9%)
Total	336 (100%)	160 (100%)	496 (100%)

Table 6: Cross-tabulation between psychological well-being and alcohol consumption

Detail	**If yes, please indicate the issue you faced.**					**Total**
Have you ever consumed alcohol/ alcoholic beverages?	**Depression**	**Anxiety**	**Suicidal thoughts**	**Paranoia**	**Not**	
applicable	154(92.8%)	87(95.6%)	52(100%)	23(88.5%)	129(87.2%)	445(92.1%)
No	12 (7.2%)	4 (4.4%)	0 (0%)	3 (11.5%)	19 (12.8%)	38 (7.9%)
Total	166 (100%)	91 (100%)	52(100%)	26 (100%)	148 (100%)	483 (100%)