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COVID-19 and forced alcohol abstinence in India: The dilemmas around ethics and rights

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ABSTRACT

In response to the COVID-19 pandemic, as with other countries across the world, the Central and State Governments of India initiated several measures to slow down the spread of the virus and to 'flatten the curve'. One such measure was a 'total lockdown' for several weeks across the country. A complex and unexpected outcome of the lockdown which has medical, ethical, economic, and social dimensions is related to alcohol consumption. The lockdown and consequent acute non-availability of alcohol resulted in people with alcohol dependence going into withdrawals, black marketing of alcohol, and in extreme cases suicide resulting from the alleged frustration of not having access to alcohol. The health dilemmas around this situation are biological (e.g. pushing people into risky situations-potentially fatal alcohol withdrawal, consumption of illicit or other non-consumable alcohol) and psychosocial (e.g. isolation increasing the risk of relapses, loss of control over the decision to abstain which can be detrimental to recovery, restriction of access to services for alcohol problems). The legal and rights-related dilemmas are centred around whether States have the right to impinge on individual autonomy on the grounds of public health, the capacity of the health systems to provide appropriate services to cope with those who will struggle with the unavailability of alcohol, the constitutionality of the Central government's impinging on jurisdiction of states under the guise of a health emergency caused by the pandemic, and the ability of the State to make unbiased decisions about this issue when it is highly dependent on the revenue from the sale of alcohol and associated industries. The way forward could be a pragmatic and utilitarian approach involving continued access to alcohol, while observing all physical distancing norms necessary during the pandemic, for those who want to continue drinking; and implementing innovative measures such as tele-counselling for those who wish not to return back to drinking.

1. Introduction

On the last day of 2019 a cluster of cases with pneumonia of unknown cause detected in Wuhan, China were first reported to the World Health Organisation's (WHO) Country Office in China. This new coronavirus disease was named as COVID-19 on 11th February 2020, but by then it was spreading rapidly across the globe. By mid-January, the virus was being detected in other Asian countries like Thailand, South Korea, and Japan, and by late January the virus was first detected in Europe and America. On 11th March 2020 the WHO Director-General Tedros Adhanom Ghebreyesus declared the global COVID-19 outbreak a pandemic (World Health Organisation, 2020).

2. COVID-19 in India

The first Coronavirus case in India was confirmed on 30th January 2020, in a student who had returned home to Kerala, South India for a vacation from Wuhan University in China (Rawat, 2020). As the number of Corona virus positive patients gradually started increasing across the country, the Central Government initiated measures to slow down the spread of the virus and to 'flatten the curve'. On 3rd March 2020, India suspended all visas for citizens of Italy, Iran, South Korea and Japan (the most severely affected nations at that time) with immediate effect, and advisories were issued against non-essential travel to China, Iran, Italy and South Korea (The Hindu Net Desk, 2020). Medical screening was instituted for travellers arriving from 14 countries and by 6th March 2020 this was extended to include all international passengers (ET Bureau, 2020; The Hindu Net Desk, 2020). From

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13th March 2020, India suspended visas for all travellers, including visa-free travel and those travellers allowed to enter were subject to quarantine orders (ET Bureau, 2020). Finally, after a 14-h long 'test curfew' on 22nd March, the Central Government announced a total lockdown, from 24th March to 14th April, which has been subsequently extended by 21 days to 3rd May 2020. This was the largest lockdown announced since the beginning of the outbreak of COVID-19, and in a country of 1.3 billion residents, this probably made it the biggest ever in the recorded history of humankind. At the time of writing this article there were 39,834 active cases of COVID-19 and 1981 deaths due to the virus in India (Ministry of Health and Family Welfare, 2020). Simultaneously, three states, Goa, Arunachal Pradesh, and Manipur, had been declared COVID-19 free states as all the confirmed active cases in those states had recovered and had been discharged from quarantine (Ministry of Health and Family Welfare, 2020).

It would be premature to measure the gains or costs of the nationwide lockdown right now. What are immediately and unavoidably apparent though are the collateral unintended consequences of the lockdown which have strong ethical and rights-related underpinnings. The most horrifying impact of the lockdown has been a rise in domestic and intimate partner violence, consistent with trends in other countries across the world (Bradbury-Jones & Isham, 2020; Gupta & Stah, 2020; Roy, 2020). With workplaces shut and families spending almost all of their waking hours together, sometimes in very close quarters, women in abusive situations have no respite. There have been several reports of people from Northeast India increasingly facing racist attacks in the rest of the country as the facial features of people from north eastern India can look similar to the Han Chinese (Karmakar, 2020). Finally, one of the most enduring and disturbing images of the lockdown in India is the long lines of migrant workers attempting to walk hundreds of miles to get back to their distant villages as work in the cities dried up (Pal & Siddiqui, 2020). One such complex and unexpected outcome of the lockdown which has medical, ethical, economic, and social dimensions is related to alcohol consumption.

3. Lockdown as an opportunistic intervention for alcohol use problems?

To set a broader global context, it is worth examining what has happened across the world as countries announced lockdowns in one form or the other. As restaurants and pubs started downing shutters across the USA to comply with physical distancing recommendations, Americans started stocking up on alcoholic beverages along with non-perishables, cleaning products and medical supplies (CPG, FMCG, & Retail, 2020). In the week ending 14th March 2020 the sales of beer, wine and spirits increased by 14%, 28% and 26%, respectively, compared to the same period in 2019. Furthermore, amidst the restrictions placed by the physical-distancing recommendations a lot of sales were online in nature, and over one week in the middle of March such sales increased massively by 243% (Rayome, 2020). A similar pattern emerged in the UK as well, where alcohol sales in supermarkets and corner shops jumped by 22% in March. The total sales of wine, beer and spirits in the four weeks leading up to 22nd March went up by £199 million compared with the same period in 2019, and this growth outstripped that of food purchases, even though customers were stockpiling food items (5Pillars, 2020). Research by Alcohol Change UK conducted between 8th to 14th April 2020, found that one in five people (8.6 million adults) were drinking alcohol more frequently in the lockdown (Quinn, 2020; Thomas & Drummond, 2020).

Some countries have announced a complete ban on the sale of alcohol during the lockdown period. In rare cases these bans are countrywide (e.g. South Africa) and in other cases they have been more limited in geography or timing of availability. Greenland announced a ban on alcohol only in their capital, Nuuk. In Mexico, the sale of alcohol in some municipalities is limited to certain hours (e.g. Los Cabos and Cancún), and in the state of Nuevo León, beer production and distribution has been suspended. India is one of the countries which has banned the sale of all alcohol beverages across the country with no exceptions, during the lockdown.

The arguments made in support of these measures restricting access to alcohol during lockdowns included potentially reduced ability of those under the influence of alcohol to exercise physical distancing and personal hygiene needed to limit the spread of the virus, the negative impact of alcohol on the immune system making the drinker more vulnerable to poorer outcomes if infected, the possibility of alcohol in combination with 'cabin fever' fuelling and escalating domestic violence, and finally, as an attempt to reduce the burden on emergency services placed by acute effects of drinking such as intoxication and injuries.

4. The Indian perspective

Alcohol consumption tends to increase as societies become more affluent (Probst, Manthey, & Rehm, 2017), as the alcohol market is freed up in the context of economic development (Pham, Tran, & Tran, 2018). Furthermore, harms from a given amount and pattern of drinking are higher for poorer drinkers and their families than for richer drinkers in any given society (Schmidt & Room, 2013). Since the 1990s, after India opened up its economy, there has been a steady increase in alcohol availability, alcohol consumption and alcohol-related problems in India (Prasad, 2009), with almost half of all male drinkers having an alcohol use disorder (Rathod, Nadkarni, Bhana, & Shidhaye, 2015). This has resulted in an epidemiological picture characterised by high rates of alcohol-attributable mortality and prevalence of alcohol use disorders (Benegal, 2005). Hence, it is not surprising that, according to Google Trends, online searches for "how to make alcohol at home" peaked in India during the week of March 22–28, the same week the nationwide lockdown was imposed (Jadhav & Thomas, 2020).

4.1. A tale of two states

Kerala (population 35 million) has one of the highest rates of alcohol consumption amongst all the Indian states. Alcohol sales in Kerala are tightly woven into state policy as it is distributed by a network of licensed shops under the monopoly of the Kerala State Beverages Corporation (BevCo), which contributes significantly to government tax revenue (Thomas, Mura, & Romy, 2019). The first confirmed case of COVID-19 in India was in Kerala in South India. A relatively prosperous state, over the following weeks Kerala began to "flatten the curve" with the "Kerala model" already being heralded around the world as a success story. Kerala's response included a relatively high rate of testing, effective surveillance, quick identification of suspected and infected cases, efficient isolation and quarantine measures and stringent daily follow-up.

Additionally, in contrast to most other parts of the country, the State Government of Kerala initially started off with listing all types of liquor as 'essential goods', thus exempting it from the state level lockdown and allowing for it to be sold at state-run BevCo outlets. However, when the nationwide lockdown was announced, the State Government, decided to shut all liquor stores and bars in the state (OpIndia Staff, 2020). After this was announced, reports of drinkers dying by suicide started emerging in the media. A 38-year-old man allegedly died by suicide after he failed to get liquor during the countrywide lockdown (OpIndia Staff, 2020). Six other people were reported to have died of suicide as they were said to be 'frustrated' and experiencing severe withdrawal symptoms (ABP News Bureau, 2020). In response to such reports, the State Government decided to make alcohol available in limited quantities by issuing special passes for drinkers or by producing a doctor's prescription to purchase liquor (ABP News Bureau, 2020). However, the Kerala High Court stayed the State Government's order, opining that the government's decision was "a recipe for disaster" (HT Correspondent, 2020).

Telangana (population 35 million), another state in South India, last experienced non-availability of alcohol in 1995 when it was a part of the undivided Andhra Pradesh state and the then chief minister of the state announced a state wide alcohol prohibition which lasted for two years. This time the driver for the prohibition is different, but the impact remains the same. After the 2400 liquor outlets and over 700 bars in the state were closed in response to the lockdown there have been reports of an increase in people with alcohol withdrawal reporting to health facilities (Mithun, 2020). As with Kerala, there have also been reports of suicide suspected to be related to unavailability of alcohol. While the police are involved in ensuring facilitation of essential services, checking on black-marketing, and enforcement of lockdown, they are also being burdened with ensuring stoppage of the flow of *Gudumba*, the illicitly distilled liquor in the state.

Variations of these themes are emerging from other parts of India as well. In some states, consumers are claiming that alcohol is easily available though at a premium (whiskey that used to cost Rs 600–800 was being sold for Rs 1600–2400)(IANS, 2020) and illicitly brewed liquor is being sold in parts of India. And in still other states, such as Assam, Meghalaya, and Haryana, liquor shops, wholesale warehouses, bottling plants, distilleries and breweries, are supposed to reopen shortly, albeit with some restrictions. Finally, in the state of Punjab alcohol beverages have been categorised as essential items, along with groceries (TNN, 2020).

Against this context in India, we would like to elaborate on two broad dilemmas- health related and rights related- that are related to banning alcohol during the lockdown.

4.2. The health dilemmas

Alcohol withdrawal syndrome (AWS) commonly occurs after intentional or unintentional abrupt cessation of heavy and constant drinking. Although the common symptoms of AWS include tremors, excessive sweating etc., 15% of those experiencing AWS develop more severe symptoms such as epileptic seizures and delirium tremens (DT) (Chan et al., 2009; Mennecier et al., 2008). The mortality rates of those experiencing those experiencing such complications are very high (20%), but these can be drastically reduced to less than 1% through early detection and appropriate treatment (Mainerova et al., 2015). Quite clearly, in a lockdown situation, when someone with alcohol dependence runs out of alcohol one or more of the following might happen: he will go into alcohol withdrawal, get into risky situations such as drinking illicit or other non-consumable alcohol (there have been reports of people accidentally dying due to consumption of alcohol hand sanitisers), or impulsively harm themselves out of frustration arising from the situation.

Beyond the purely biological there are several other, and equally important, psychosocial aspects to this complex situation that we find ourselves in. One of the features of addictions is a self -perpetuating cycle of substance use leading to social isolation which in turn leads to more substance use. The lockdown and physical distancing due to COVID-19 is going to exacerbate the isolation and increase the risk of alcohol consumption and also lead to relapses in those who have recovered. Additionally, for those in recovery or wanting to start on that path, it is important that they feel the decision to stop drinking is an autonomous one that is regulated through choice as an expression of oneself and not pressured by environmental forces (Deci & Ryan, 1987). Long-term health benefits crucially result from autonomous behavioural decisions and behavioural changes resulting from such decisions that are not externally regulated are more sustainable (Dwyer, Hornsey, Smith, Oei, & Dingle, 2011; Williams, Gagné, Ryan, & Deci, 2002). In the case of the lockdown any discontinuation of drinking is not by choice and loss of control over the decision can be detrimental to recovery. For others, the exacerbated anxiety and negative thinking that is inherent to the current experience of the pandemic and consequent lockdown can by itself be a significant trigger for relapse. And finally, in a setting when there is already an existing huge treatment gap for alcohol problems (86%), the highest amongst all mental and substance use disorders (Gururaj et al., 2016), the lockdown is further going to restrict access to all face to face services that they were already accessing (e.g. Alcoholics Anonymous) or would want to access. Thus the combination of the lockdown with the banning of alcohol has created a situation where drinkers could go into dangerous withdrawal and not have access to appropriate help, or relapse, which in turn could put them at risk due to consumption of illicit alcohol.

4.3. The rights dilemmas

It is an open question whether States have the right to impinge on individual autonomy on the grounds of public health. While there is a well-accepted understanding that certain public health measures such as quarantine for infectious disease for a limited period based on medical recommendations may be proportionate and appropriate, it is open to debate whether imposing forced alcohol withdrawal on alcohol dependent individuals on the grounds of public health during a pandemic is either appropriate or proportionate. In a liberal democracy, adults have a right to live life as they wish provided they do not violate others' rights. Is the closing down of alcohol outlets truly a public health measure as a part of the larger lockdown to reduce the spread of the Corona virus or is it based on other principles that are espoused in support of prohibitionist policies such as the harm principle (alcohol use harms others), legal paternalism (alcohol use harms the drinker), legal moralism (alcohol use is immoral even if it does not harm), legal perfectionism (ideals of human excellence), and traditional conservatism (values of the majority).

Regardless of the philosophy that is driving the current situation around availability of alcohol in India, it may be useful to examine the current policy from a strictly utilitarian perspective. Evidence from various parts of the world, including from parts of India, indicate that there are limits to the effectiveness of alcohol prohibition as a public health measure (Blocker Jr, 2006). On the other hand the unintended adverse consequences are many. Prohibition is an invitation for illegal trade of alcohol to flourish. This in turn increases the harms associated with alcohol use in several ways- adulteration of illicit alcohol with more toxic substances, making it more dangerous to health, promoting corruption amongst enforcement agencies forcing otherwise law-abiding people to break the law to access illicit alcohol, and in this particular circumstance distracting officials from enforcing the more important requirements of a lockdown.

The other dilemma is around the capacity of the health systems to cope with those who will struggle-physiologically and psychologically-with the unavailability of alcohol. Amongst all mental and substance use disorders in India, the biggest treatment gap is for alcohol use disorders (Gururaj et al., 2016). In 'normal' times, approximately nine out of ten people with alcohol use disorders in India have no access to any kind of care for their drinking problems. Even in such 'normal' times when Bihar (population 100 million) a state in eastern India introduced prohibition, the health services did not have the capacity to deal with the drinkers who went into withdrawal. In unprecedented times like these where the health system is struggling to cope with the COVID-19 pandemic, it would cause a further burden on health systems. It raises the ethical question about the state stopping access to alcohol when it lacks the capacity and resources to provide adequate care to those who suffer the ill-effects of alcohol discontinuation.

Through most of the lockdown in India, only the sale of 'essential goods' is allowed, and alcoholic beverages are not considered as essential goods (except in state of Punjab), raising the question of how essential goods are defined. The Cambridge dictionary defines 'essential' as 'a basic thing that you cannot live without'. However, the Essential Commodities Act, 1955 gives 'essential commodities' an all-inclusive definition which "means and includes any commodity in the list provided in the schedule to Section 2(a)" of the Act. Not

surprisingly, this list does not include alcohol. There is also a constitutional law issue in the way the Central government has banned alcohol. India is a quasi-federal state and the Constitution provides for a division of powers between the Central and State governments. Entry 8, List II (State List) in the Seventh Schedule of the Constitution devolves powers upon the States to legislate and execute authority with respect to the "production, manufacture, possession, transport, purchase and sale of intoxicating liquors". Further, Entry 6 of List II devolves powers on the State with respect to "public health" while Entry 29 of List III (Concurrent List) devolves powers on both the Central and State Governments in respect of "prevention of extension from one State to another of infectious or contagious diseases…". The current lockdown and banning of alcohol in the country has been enforced by the Central Government, by exercising its powers under Section 6 and Section 10 of the Disaster Management Act, 2005 (DMA). By banning the sale/distribution of alcohol, the Central Government has impinged on the constitutional powers of the States to regulate the sale of alcohol. Further, it is argued that the Central Government is not empowered to derogate India's quasi-federal system by merely invoking the DMA's broad provisions so as to encroach upon the constitutional powers of the States to take appropriate measures in respect of regulating sale of alcohol, public health and preventing the spread of infectious diseases. The preamble of the DMA states the object of the Act as providing for "effective management of disasters…" while Section 2 (e) defines 'disaster management' in terms of: (i) prevention of danger or threat of any disaster; (ii) mitigation or reduction of risk of any disaster or its severity or consequences; (iii) capacity-building; (iv) preparedness to deal with any disaster; (v) prompt response to any threatening disaster situation or disaster; (vi) assessing the severity or magnitude of effects of any disaster; (vii) evacuation, rescue and relief; (viii) rehabilitation and reconstruction. It would be stretching this definition to argue that banning alcohol was necessary to mitigate, alleviate, rescue, relief or rehabilitate from the Coronavirus pandemic. It is thus difficult to justify the Central government impinging on jurisdiction of states under the guise of a health emergency caused by the pandemic (Dwivedi, 2020).

Finally, it may be difficult for the State (central or state governments) to make unbiased decisions about this issue within the larger economic context. With respect to alcohol, the Indian State has always operated within an inherent conflict of interest where, on the one hand it has responsibility for the health of its citizens and on the other hand, it is highly dependent on the revenue from the sale of alcohol and associated industries. Alcohol taxes are the second major revenue-source for a majority of state governments, after sales tax. Although there are variations between individual states, on an average, most states derive around a fifth of their revenue from alcohol taxation, the second largest source after sales tax (Prasad, 2009). Indian states are expected to lose Rs 14,700 crore (approximately USD 2 billion) in alcohol revenue due to the ongoing lockdown (GoNews Desk, 2020). On the background of an existing economic slowdown this additional loss puts states under a major revenue crunch, and opening of liquor stores may unlock a much-needed source of income. Finally, there is industry pressure to contend with as well, which interestingly is taking a 'harm reduction' stance to influence the opening up of liquor sales. The Confederation of Indian Alcoholic Beverage Companies (CIABC), the apex body of the Indian alcoholic beverage industry, has sent letters to chief ministers of several states urging for the resumption of sale of alcohol as 'there are growing reports of sale of illicit and spurious liquor in the state which can potentially lead to serious health hazards for people as well as create adverse law and order situation' (PTI, 2020). If the states decide to go down this route based purely on economic considerations, then they will lose the ethical (and public health) argument for keeping alcohol stores closed in the initial days of the lockdown. Finally, the challenge is to balance the reopening of liquor shops with physical distancing requirements, failing which, no amount of revenue collected will be able to reverse the damage done.

We feel that applying a harm-reduction principle may provide a way of resolving these dilemmas. Harm reduction is a value-neutral standpoint guided by pragmatism and utilitarianism to develop strategies assessed through an objective calculation of costs and benefits. Harm reduction aims at reducing the adverse impacts of behaviors without necessarily eliminating the behaviors, and there is a reasonably strong evidence base regarding the feasibility, effectiveness, and cost-effectiveness of harm reduction approaches (Burton et al., 2017). At the individual level, the value of harm reduction through even relatively moderate shifts in levels of drinking has been established in clinical and population-based samples of drinkers (Hasin et al., 2017; Witkiewitz et al., 2017). In the longer term such an approach also has the potential to encourage those with drinking problems to seek treatment as the 'disease models' and abstinence goals promoted by traditional treatment programs act as barriers to seeking treatment (Miller, Leckman, Delaney, & Tinkcom, 1992; Sobell, Ellingstad, & Sobell, 2000).

In this current context of a lockdown, a harm reduction strategy would entail continued access to alcohol, while observing all physical distancing norms necessary during the pandemic, to ensure that we avoid the adverse outcomes associated with no access. We propose this utilitarian approach as it focuses on reducing actual harms and not on moral or societal standards. Drinking behaviors do not occur within a vacuum and therefore forced abstinence might not be sustainable in the social context of the patient. A pragmatic approach rooted in the drinker's social context may be more achievable and provide quick benefit as it establishes agency in the drinker. In the current context, such an approach offers a rapidly implementable solution that unifies the ethical and public health values of self-determination, inclusiveness, compassion, and freedom from harm by shifting the focus away from the drinking behaviour to its harmful consequences.

5. The way forward

Whatever the motivations behind the decision making, when alcohol outlets open there is a high likelihood of opening of alcohol outlets in the coming days even if the lockdown continues beyond 3rd May. As and when alcohol sales are resumed we will have to deal with a cohort of individuals who had alcohol problems pre-lockdown and have now been forced into abstinence. Amongst that cohort will be those who choose to return to drinking. In those cases, the most pragmatic option for the state would be minimise the potential harm from their drinking which could arise directly through acute effects of alcohol intoxication spurred on by the long period of forced abstinence, effects on others around them such as domestic violence and diversion of scarce household finances from essential expenses to purchase of alcohol, and indirect effects on epidemic control measures such as physical distancing at sites where alcohol will be sold. Measures to operationalise these could include allowing home delivery of alcohol (which is currently not allowed by law) to help with physical distancing, raising alcohol taxes significantly so alcohol becomes more expensive (and consequently results in reduction in amount of drinking in some sub groups of drinkers)-this also has the added benefit of bringing revenue to states desperate for funds, reduce access by limiting the number of hours the outlets are kept open, and encourage alcohol treatment services in the public and civil society sector using innovative strategies such as tele-counselling. However, recent events have shown that implementing many of these will pose huge systemic challenges. After six weeks of lockdown when the Government allowed the re-opening of standalone liquor stores, the nation witnessed people queuing up over several kilometres to purchase alcohol and physical distancing rules being flouted, requiring shops to be shut down by the police (Dash, 2020), and the Supreme Court recommending alcohol home-delivery while leaving it to the States to take the final call (Thomas, 2020). Finally, the biggest challenge will be in helping those who wish to not go back to drinking. From a situation where alcohol was not available they are suddenly going to be again exposed to alcohol related cues which would increase their chances of relapsing.

Ensuring that they have access to help which allows them to negotiate this risky period without returning back to drinking would require innovative solutions.

In a setting where a multi-sectoral alcohol policy has never existed before the pandemic, making such sweeping changes at scale during the pandemic is going to be the true test of the Indian health and related systems.

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Ethical statement

As our submitted manuscript is a review and does not involve any human research data, it does not require such approval to be granted.

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References

5Pillars (2020). *WHO says governments should restrict alcohol access during lockdowns.* Retrieved from https://5pillarsuk.com/2020/04/20/who-says-governments-should-restrict-alcohol-access-during-lockdowns/ Accessed on 24 April 2020.

ABP News Bureau (2020). *Kerala Govt to issue special alcohol passes for drinkers experiencing withdrawal symptoms.* Retrieved from https://news.abplive.com/news/india/coronavirus-lockdown-kerala-govt-passes-for-drinkers-experiencing-withdrawal-symptoms-1185997 Accessed on 19 April 2020.

Benegal, V. (2005). India: Alcohol and public health. *Addiction, 100*(8), 1051–1056.

Blocker, J. S., Jr. (2006). Did prohibition really work? Alcohol prohibition as a public health innovation. *American Journal of Public Health, 96*(2), 233–243.

Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing* Online ahead of print.

Burton, R., Henn, C., Lavoie, D., O'Connor, R., Perkins, C., Sweeney, K., et al. (2017). A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: An English perspective. *Lancet, 389*(10078), 1558–1580.

Chan, G. M., Hoffman, R. S., Gold, J. A., Whiteman, P. J., Goldfrank, L. R., & Nelson, L. S. (2009). Racial variations in the incidence of severe alcohol withdrawal. *Journal of Medical Toxicology, 5*(1), 8–14.

CPG, FMCG & Retail (2020). *Key consumer behavior thresholds identified as the Coronavirus outbreak evolves.* Retrieved from https://www.nielsen.com/us/en/insights/article/2020/key-consumer-behavior-thresholds-identified-as-the-coronavirus-outbreak-evolves/ Accessed on 18 April 2020.

Dash, S. (2020). *In Pics: Thousands of Indians queue up outside liquor shops ignoring need for social distancing.* Retrieved from https://www.businessinsider.in/india/news/in-pics-thousands-of-indians-queue-up-outside-liquor-shops-ignoring-need-for-social-distancing/articleshow/75528024.cms Accessed on 16 May 2020.

Deci, E. L., & Ryan, R. M. (1987). The support of autonomy and the control of behavior. *Journal of Personality and Social Psychology, 53*(6), 1024–1037.

Dwivedi, R. (2020). *A federal concern - continued prohibition of liquor supply should end.* Retrieved from https://www.livelaw.in/columns/a-federal-concern–continued-prohibition-of-liquor-supply-should-end-155908 Accessed on 30 April 2020.

Dwyer, L. A., Hornsey, M. J., Smith, L. G., Oei, T. P., & Dingle, G. A. (2011). Participant autonomy in cognitive behavioral group therapy: An integration of self-determination and cognitive behavioral theories. *Journal of Social and Clinical Psychology, 30*(1), 24–46.

ET Bureau (2020). *India reports 31 coronavirus cases, all international passengers to be screened.* Retrieved from https://economictimes.indiatimes.com/news/politics-and-nation/28-confirmed-cases-of-coronavirus-in-india-gom-to-meet-today-health-minister-harsh-vardhan/articleshow/74472369.cms?from=mdr Accessed on 20 April 2020.

GoNews Desk (2020). *States To Lose Rs 14,700 CR In Alcohol Revenue During Lockdown.* Retrieved from https://www.gonewsindia.com/latest-videos/news-and-politics/states-to-lose-rs-14700-cr-in-alcohol-revenue-during-lockdown-11827 Accessed on 18 April 2020.

Gupta, A. H., & Stah, A. (2020). *For abused women, a pandemic lockdown holds dangers of its own.* Retrieved from https://www.nytimes.com/2020/03/24/us/coronavirus-lockdown-domestic-violence.html?referringSource=articleShare accessed on 18 April 2020.

Gururaj, G., Varghese, M., Benegal, V., Rao, G., Pathak, K., Singh, L., et al. (2016). *National Mental Health Survey of India, 2015-16: Summary. Bengaluru, National Institute of Mental Health and Neuro Sciences. 128.* NIMHANS Publication.

Hasin, D. S., Wall, M., Witkiewitz, K., Kranzler, H. R., Falk, D., Litten, R., et al. (2017). *Lancet Psychiatry, 4*, 469–476.

HT Correspondent (2020). *High court stops Kerala from liquor sales amid lockdown, says recipe for disaster.* Retrieved from https://www.hindustantimes.com/india-news/high-court-stops-kerala-from-liquor-sales-amid-lockdown-says-recipe-for-disaster/story-IUihXg3X9WTAX4d5E4xtTK.html Accessed on 19 April 2020.

IANS (2020). *Stealing, smuggling, buying liquor at premium during lockdown.* Retrieved from https://kalingatv.com/miscellany/stealing-smuggling-buying-liquor-at-premium-during-lockdown/ Accessed on 19 April 2020.

Jadhav, R., & Thomas, C. (2020). *India lockdown sends grey-market booze prices soaring.* Retrieved from https://www.reuters.com/article/us-health-coronavirus-india-liquor/india-lockdown-sends-grey-market-booze-prices-soaring-idUSKCN21W1RF Accessed on 18 April 2020.

Karmakar, S. (2020). *Coronavirus outbreak has increased racial attacks on people from the Northeast: NGO report.* Retrieved from https://www.deccanherald.com/national/east-and-northeast/coronavirus-outbreak-has-increased-racial-attacks-on-people-from-the-northeast-ngo-report-817899.html Accessed on 20 April 2020.

Mainerova, B., Prasko, J., Latalova, K., Axmann, K., Cerna, M., Horacek, R., & Bradacova, R. (2015). Alcohol withdrawal delirium-diagnosis, course and treatment. *Biomedical Papers of the Medical Faculty of the University Palacky, Olomouc, Czech Republic, 159*(1), 44–52.

Mennecier, D., Thomas, M., Arvers, P., Corberand, D., Sinayoko, L., Bonnefoy, S., et al. (2008). Factors predictive of complicated or severe alcohol withdrawal in alcohol dependent inpatients. *Gastroentérologie Clinique et Biologique, 32*(8–9), 792–797.

Miller, W. R., Leckman, A. L., Delaney, H. D., & Tinkcom, M. (1992). Long-term follow-up of behavioral self-control training. *Journal of Studies on Alcohol, 53*(3), 249–261.

Ministry of Health and Family Welfare (2020). COVID-19 India. Retrieved from https://www.mohfw.gov.in/.

Mithun, M. K. (2020). *Alcohol withdrawal symptoms during lockdown: Telangana, Kerala tackle spike in cases.* Retrieved from https://www.thenewsminute.com/article/alcohol-withdrawal-symptoms-during-lockdown-telangana-kerala-tackle-spike-cases-121774 Accessed on 20 April 2020.

OpIndia Staff (2020). *Kerala man commits suicide after failing to get alcohol during the nation-wide coronavirus lockdown.* Retrieved from https://www.opindia.com/2020/03/kerala-man-commits-suicide-no-alcohol-coronavirus-lockdown/ Accessed on 24 April 2020.

Pal, A., & Siddiqui, D. (2020). *Special report: India's migrant workers fall through cracks in coronavirus lockdown.* Retrieved from https://www.reuters.com/article/us-health-coronavirus-india-migrants-spe/special-report-indias-migrant-workers-fall-through-cracks-in-coronavirus-lockdown-idUSKBN2230M3 Accessed on 25 April 2020.

Pham, C. V., Tran, H. T., & Tran, N. T. (2018). Alcohol consumption and binge drinking among adult population: Evidence from the CHILILAB health and demographic surveillance system in Vietnam. *Journal of Public Health Management and Practice, 24*, S67–S73.

Prasad, R. (2009). Alcohol use on the rise in India. *Lancet, 373*(9657), 17–18.

Probst, C., Manthey, J., & Rehm, J. (2017). Understanding the prevalence of lifetime abstinence from alcohol: An ecological study. *Drug and Alcohol Dependence, 178*, 126–129.

PTI (2020). *CIABC asks 10 States including Telangana to allow sale of liquor.* Retrieved from https://telanganatoday.com/ciabc-asks-10-states-including-telangana-to-allow-sale-of-liquor Accessed on 19 April 2020.

Quinn, B. (2020). *One in three drinking less in lockdown, UK survey finds.* Retrieved from https://www.theguardian.com/society/2020/apr/16/one-three-drinking-less-lockdown-uk-survey-alcohol Accessed on 20 April 2020.

Rathod, S. D., Nadkarni, A., Bhana, A., & Shidhaye, R. (2015). Epidemiological features of alcohol use in rural India: A population-based cross-sectional study. *BMJ Open, 5*(12), e009802.

Rawat, M. (2020). *Coronavirus in India: Tracking country's first 50 COVID-19 cases; what numbers tell.* Retrieved from https://www.indiatoday.in/india/story/coronavirus-in-india-tracking-country-s-first-50-covid-19-cases-what-numbers-tell-1654468-2020-03-12 Accessed on 20 April 2020.

Rayome, A. D. (2020). *Alcohol, beer and wine delivery: How to get alcoholic beverages delivered to your door.* Retrieved from https://www.cnet.com/how-to/best-alcohol-beer-wine-delivery-get-alcoholic-beverages-delivered-to-your-door-in-2020/ Accessed on 7 May 2020.

Roy, L. D. (2020). *Domestic violence cases across India swell since coronavirus lockdown.* Retrieved from https://www.outlookindia.com/website/story/india-news-rise-in-domestic-violence-across-all-strata-of-society-in-the-coronavirus-lockdown-period/350249 Accessed on 21 April 2020.

Schmidt, L. A., & Room, R. (2013). Alcohol and inequity in the process of development: Contributions from ethnographic research. *The International Journal of Alcohol and Drug Research, 1*(1), 41–55.

Sobell, L. C., Ellingstad, T. P., & Sobell, M. B. (2000). Natural recovery from alcohol and drug problems: Methodological review of the research with suggestions for future directions. *Addiction, 95*(5), 749–764.

The Hindu Net Desk (2020). *COVID-19 - India suspends visas of travellers coming from Italy, Iran, South Korea, and Japan, along with China.* Retrieved from https://www.thehindu.com/news/national/covid-19-india-suspends-visas-of-travellers-coming-from-italy-iran-south-korea-and-japan-along-with-china/article30970730.ece Accessed on 21 April 2020.

Thomas, A. (2020). *Supreme court advises states to initiate online sale, home delivery of alcohol.* Retrieved from https://www.hindustantimes.com/india-news/sc-advises-states-to-initiate-online-sale-home-delivery-of-alcohol/story-7BcULVf16gmx2Fm9ouQdcJ.html Accessed on 14 May 2020.

Thomas, L., & Drummond, A. (2020). *One in three drinking less in lockdown.* Retrieved from https://www.opinium.co.uk/one-in-three-drinking-less-in-lockdown/ Accessed on 20 April 2020.

Thomas, T. K., Mura, P., & Romy, A. (2019). Tourism and the "dry law"in Kerala–exploring the nexus between tourism and alcohol. *Journal of Tourism and*

Cultural Change, 17(5), 563–576.
TNN (2020). *Liquor makes it to lockdown 'essentials' list in Kerala, Punjab.* Retrieved from https://timesofindia.indiatimes.com/city/thiruvananthapuram/liquor-makes-it-to-lockdown-essentials-list-in-kerala-punjab/articleshow/74785163.cms Accessed on 19 April 2020.
Williams, G. G., Gagné, M., Ryan, R. M., & Deci, E. L. (2002). Facilitating autonomous motivation for smoking cessation. *Health Psychology, 21*(1), 40–50.
Witkiewitz, K., Hallgren, K. A., Kranzler, H. R., Mann, K. F., Hasin, D. S., Falk, D. E., et al. (2017). *Alcoholism, Clinical and Experimental Research, 41*, 179–186.
World Health Organisation (2020). *WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020.* Retrieved from https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19—11-march-2020 Accessed on 21 April 2020.