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Title page

Nationwide suicides owing to alcohol withdrawal symptoms during COVID-19 pandemic:

A review of cases from media reports

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Letter to the Editor:

Nationwide suicides due to alcohol withdrawal symptoms during COVID-19 pandemic: A review of cases from media reports

Keywords: COVID-19 pandemic; COVID-19 suicides; unavailability of alcohol; alcohol withdrawal symptoms; media reports.

By the first week of August 2020, the novel coronavirus-2019 (COVID-19) had spread to over 275 countries, regions or territories, with over 19 million confirmed cases, and over 700,000 confirmed deaths worldwide (Worldometer, 2020). The COVID-19 pandemic has affected people from all walks of life and all ages (Mamun & Griffiths, 2020a). Anxiety as well as emotional anguish is known to be associated with widespread outbreaks of infectious diseases such as COVID-19 (Montemurro, 2020). In 2003, during the SARS epidemic, social isolation and disengagement amongst the older adult population were reported to be among the probable reasons for an increase in their suicides (Cheung et al., 2008). Strict spatial distancing measures, social isolation, and enforced quarantine can have a negative impact on an individual's mental health. Such seclusion as well as societal disconnect associated with public health emergencies like the COVID-19 pandemic, clearly have the potential to impact several indices related to the psychological wellbeing of the general public (Satici et al., 2020).

In India, during the early stages of the COVID-19 pandemic, there was a surge in cases of individuals suffering from symptoms of alcohol withdrawal. Sudden and strict movement restrictions along with the closure of shops and bars selling alcohol due to the lockdown meant that alcohol could not be bought. The unavailability of alcohol caused extreme despair among those individuals with alcohol use disorder and pushed a minority of them towards suicide. According to national media reports, there was an

apparent (and unprecedented) increase in the number of suicide attempts and suicides in India because of alcohol withdrawal symptoms.

Consequently, we examined reports of alcohol-related suicides from India that were extracted from recent media reports. The search terms 'COVID-19 pandemic', 'COVID-19 suicides', 'unavailability of alcohol', and 'alcohol withdrawal symptoms' were used in the *Google News* search engine to retrieve suicide cases from English language online newspapers from India between March 25 and May 17, 2020 (duration of the national lockdown in India). We were able to retrieve relatively complete details of 27 cases of alleged suicide or suicide attempts. We excluded duplicate reports of the same cases being reported in multiple sources along with the cases of suicide not related to COVID-19, unavailability of alcohol and/or alcohol withdrawal symptoms. These 27 cases are summarized in Table 1.

Case	Name and age of the	Location and date of	Gender	Mode of alleged suicide	Source
	victim	suicide		or suicide attempt	
1	Mr. KVS	Thrissur, Kerala	Male	Hanging from a tree	The Week
	(Age - 38 years)	(March, 27)			(2020)
2	Name – NR	Hyderabad,	Male	Jumping from a building	The Week
	(Age - 50 years)	Telangana(March, 27)			(2020)
3	Mr. M	Kochi, Kerala	Male	Not Reported	News18
	(Age - not reported)	(March, 27)			(2020a)
4	Tomy Thomas	🗸 Dakshina Kannada,	Male	Hanging at his home	The Week
	(Age - 50 years)	Karnataka (March, 28)			(2020)
5	Name – NR	Kodimbala, Karnataka	Male	Hanging from a tree	The Week
	(Age - 70 years)	(March, 28)			(2020)
6	Mr. V	Kannur, Kerala	Male	Not Reported	News18
	(Age - not reported)	(March, 28)			(2020a)
7	Mr. B	Kollam, Kerala	Male	Not Reported	News18
	(Age - not reported)	(March, 28)			(2020a)
8	Mr. S	Kollam, Kerala	Male	Not Reported	News18
	(Age - not reported)	(March, 28)			(2020a)
9	Mr. V	Kochi, Kerala	Male	Not Reported	News18
	(Age - not reported)	(March, 28)			(2020a)
10	Mr. N	Kayamkulam, Kerala	Male	Consuming shaving lotion	News18
	(Age not reported)	(March, 28)			(2020a)
11	Mr. K K	Thiruvananthapuram,	Male	Not Reported	News18
	(Age - not reported)	Kerala (March, 29)			(2020a)

Table 1. Summary of alcohol-related suicides during COVID-19 lockdown in India

12	Mr. S (Age - 32 years)	Thrissur, Kerala (March, 29)	Male	Drowning in river	The Week (2020)
13	Mr. N (Age - 34 years)	Thrissur, Kerala (March, 29)	Male	Drinking aftershave lotion	(2020) The Week (2020)
14	Name not reported (Age - 46 years)	Kottayam, Kerala (March, 29)	Male	Attempted to commit suicide by jumping from a building, but survived	News18 (2020a)
15	Mr. V (Age - 62 years)	Hyderabad, Telangana March, 29	Male	Hanging at his home	Newsclick (2020)
16	Name and age not reported	Hyderabad, Telangana (Date of suicide – NR)	Male	Cutting his wrists	Newsmeter (2020a)
17	Mr. D (Age - 45 years)	Sangareddy, Telangana. (March,30)	Male	Hanging at his residence	Newsclick (2020)
18	Mr. S. V (Age - 58 years)	City NS, Telangana (March,30)	Male	Electrocuting himself by climbing onto an electricity transformer	Newsclick (2020)
19	Mr. C. R (Age - 45 years)	Vikarabad, Telangana (March,30)	Male	Drowning in a well	Newsclick (2020)
20,21	Names not reported (Two cases)	Jorhat, Assam (Date of suicide - NR)	Male	Consuming a concoction of water and soft drinks spiked with industrial chemicals	News18 (2020b)
22	Name not reported (Age - 40 years)	Kothur, Telangana (Date of suicide - NR)	Male	Electrocuting himself	News18 (2020b)
23	Mr. S (Age - 33 years)	Chengalpattu district,		Consuming a mixture of	India.com
24	Mr. P (Age - 25 years)	Tamil Nadu (April,3)	Male	varnish and paint	(2020)
25	Mr. S (Age - 25 years)				
26	Mr. E. B (Age - 35 years)	Coimbatore, Tamil Nadu (April,11)	Male	Consuming hand sanitizer	News18 (2020c)
27	Mr. B (Age - not reported)	Hyderabad, Telangana (May, 4)	Male	Hanging at his home	Newsmeter (2020b)

*Only the initials of the deceased are mentioned for ethical reasons. NR - Not Reported

A report published in the Economic Times (2020) claimed that a round 45 cases of alleged suicide to have taken place during the lockdown related to alcohol withdrawal symptoms. However, we were only able to retrieve relatively complete details of 27 such cases. All the 27 reported victims of alleged suicide or suicide attempts were males (n=27), with ages ranging from 25 to 70 years (although a few

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ages were not reported). All of the aforementioned cases were from the states of Kerala (n=11), Karanataka (n=2), Telangana (n=8), Tamil Nadu (n=4), and Assam (n=2). All were alleged cases of completed suicide (n=26), except one case from Kottayam, Kerala, which was an alleged suicide attempt. Consumption of a poisonous liquid was the most common mode of alleged suicide (n=8). Hanging (n=6), electrocution (n=2), cutting of wrists (n=1), drowning (n=2), and jumping from a building (n=1) were the other reported modes of alleged completed suicides. The fact that more suicides were due to the consumption of a poisonous liquid raises the question of whether the individuals drank the liquid thinking that it contained alcohol or an alcohol equivalent (meaning that it was death by misadventure) or whether it was a genuine suicide. There were some further cases from Kerala, as reported by News18 (2020a) wherein the mode of alleged suicide was not reported (n=6). Moreover, there was just one case of attempted suicide wherein the victim allegedly tried to commit suicide by jumping from a building, but survived.

A recently conducted retrospective study by Dsouza et al.(2020) examining aggregated cases of alleged suicide during the COVID-19 pandemic in India found that one of the reasons of committing suicide during the lockdown was the non-availability of alcohol. However, they reported only two such cases of alleged suicide out of 72, wherein non-availability of alcohol led the individuals to commit suicide. Additionally, a study conducted by Ahmed et al.(2020) also noted inaccessibility of alcohol along with alcohol withdrawal symptoms as being a reason for alleged suicide and suicide attempts during the lockdown. There have been many explanations for COVID-19-related suicides in previous studies including (i) the fear of contracting the disease, (ii) the fear of spreading the disease to others (e.g., family, friends, hospital patients), (iii) mental instability caused by financial problems (e.g., losing job, not being able to earn money during lockdown, etc.), (iv) depression caused by social isolation, quarantine, etc., (v) extreme difficulties in accessing food, (vi) xenophobia, and (vii) being unable to buy alcohol (Dsouza et al., 2020; Goyal et al., 2020; Mamun & Griffiths, 2020a; Mamun & Ullah, 2020;

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Thakur & Jain, 2020). The stress associated with unemployment, feelings of despair, despondency, vulnerability, unable to provide sufficient support to one's family, have also been reported as increasing the likelihood of suicidal thoughts, suicide attempts, and suicide itself (Bhuiyan et al., 2020; Griffiths & Mamun, 2020; Mamun & Ullah, 2020). The movement restrictions associated with the nationwide lockdown in India has had serious repercussions for individuals with addiction problems. The unavailability of recreational drugs, alcohol and other addictive substances has caused psychological anguish among such individuals and in extreme cases, has led them to self-harm. Similar cases of self-harm and suicide associated with addiction to online videogames have also been reported (Mamun& Griffiths, 2019).

Some potential limitations include the case reports being taken from media reports which cannot always be independently verified. Also, we only examined stories from Indian news published in the English language which means cases not published in English could have been missed. The cases reported here come from only a few Indian states and they are unlikely to constitute the incidence of all cases of suicide related to alcohol withdrawal symptoms caused by the national lockdown. Also, given the stigma attached to suicide in south Asian countries, many cases may go unreported. (Griffiths & Mamun, 2020; Venkatesh et al., 2015).

Preserving and safeguarding the psychological wellbeing of the general population in India is as significant as controlling the disease itself. Like Cheung et al. (2008), we also recommend that particular care, attention, and emphasis should be paid to the economically vulnerable as well as those with known histories of addiction and mental disorders, to help them control their fears and anxiety for the complete duration of the pandemic, in order to prevent any needless suicide-related loss of human life.

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With regards to the above article the authors declare no conflicts of interest.

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