

Review of: "Socio-demographic, smoking and drinking characteristics in GB: A comparison of independent telephone and face-to-face Smoking and Alcohol Toolkit surveys conducted in March 2022"

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The manuscript by Kock et al provides critical information about epidemiological assessment of alcohol and nicotine usage during the COVID-19 pandemic. The manuscript is only descriptive and lacks the integration with other reports that would have enhanced the final product.

Major Concerns:

1. What level of PPE did the interviewers wear while questioning individuals? Were the interviewers wearing full-face masks or other PPE? Did the authors consider that individuals wearing personal protection equipment may have influenced the data collected? Please consider that there is a large portion of the world population who rejected wearing PPE during the pandemic (this was completely foolish, but it happens). Also, the authors need to consider multiple classic findings about how the appearance of scientific credibility influences behavior. I would encourage the authors to consider the classic Milgram's Obedience to Authority studies. Simply giving the 'researcher' a stopwatch increased obedience to authority. What would PPE do to self-reports of alcohol and nicotine usage?

2. The manuscript lacks integration with other reports from the UK about alcohol and nicotine usage during the pandemic.

The following are some critical reports not included in the manuscript.

Anderson P, O'Donnell A, Jané Llopis E, Kaner E. The COVID-19 alcohol paradox: British household purchases during 2020 compared with 2015-2019. *PLoS One*. 2022 Jan 19;17(1):e0261609. doi: 10.1371/journal.pone.0261609. PMID: 35045099; PMCID: PMC8769328.

Reynolds J. Framings of risk and responsibility in newsprint media coverage of alcohol licensing regulations during the COVID-19 pandemic in England. *Drug Alcohol Rev*. 2022 Sep 6. doi: 10.1111/dar.13532. Epub ahead of print. PMID: 36065952.

Grieger JA, Habibi N, O'Reilly SL, Harrison CL, Moran LJ, Vo H, Sabir S BSc(Hons, Statistics), MSc(Statistics), Enticott J, Teede H PhD, Lim S MND, PhD. Psychological distress and its association with intake of sugar-sweetened beverages, discretionary foods, and alcohol in women during the COVID-19 pandemic in Australia. *Nutrition*. 2022 Jul 17;103-104:111794. doi: 10.1016/j.nut.2022.111794. Epub ahead of print. PMID: 36055124; PMCID: PMC9427120.

Bragard E, Giorgi S, Juneau P, Curtis BL. Daily diary study of loneliness, alcohol, and drug use during the COVID-19

Pandemic. *Alcohol Clin Exp Res*. 2022 Aug;46(8):1539-1551. doi: 10.1111/acer.14889. Epub 2022 Aug 26. PMID: 36018325; PMCID: PMC9429816.

3. There are also many reports by the UK government that should have been included in the manuscript. For example, the Gov.UK report 'Monitoring alcohol consumption and harm during the COVID-19 pandemic: summary' is a critical source for the current manuscript.

Data from a consumer purchasing panel that measures off-trade volume sales of alcohol shows that between 2019 and 2020 (before and during the pandemic), volume sales increased by 25.0%. This increase was consistent and sustained for most of 2020. We saw increases for all product types, with the largest relative increase for beer (+31.2%), followed by spirits (+26.2%), wine (+19.5%), and cider (+17.6%). It's worth noting that cider and beer saw the largest relative decreases when looking at the trends in duty-paid volume of alcohol.

The key question from the Gov.UK reports is 'was there an increase in self-reported alcohol and nicotine usage in the UK that reflects the substantial increase in alcohol and nicotine sales?'

4. There was a major increase in alcohol and drug related deaths in the UK during the pandemic (it is unknown if the elevated rates will go down given the current economic and political uncertainty). For example, The Office of National Statistics reported that alcohol-related deaths surged by 19% during the pandemic (Alcohol-specific deaths in the UK: registered in 2020 Deaths caused by diseases known to be a direct consequence of alcohol misuse by sex, age, region and deprivation.) How is this not reflected in the AUDIT scores? Also, if this noted increase in alcohol-related mortality was not included as a question in the surveys (e.g.; Did you experienced an alcohol-related health issue during the last year?), the authors should state the reason why they did not alter their assessments to reflect the reality of the UK populace.

5. Did the authors ask critical questions about alcohol usage during the pandemic. For example, did the authors assess the number of binge drinking events that occurred during the pandemic? In general, the data collected is superficial at best. Patterns of drinking and focus on obtaining alcohol were critical variables during the pandemic, were they determined in this experiment? In the US, there was a lot of focus on maintaining a supply of alcohol during the pandemic. An assessment of this factor would have greatly increased the importance of this report.

6. The importance of the current findings is lost in the manuscript. The goals listed a nuances and do not reflect what should have been studied in the research.

Minor concern:

1. There is a lot of UK specific jargon used in the manuscript. The term 'social grade' is not used in other countries. The term should be defined.

