

C19 National Foresight Group: Intelligence Briefing Paper 1

Public Mood Data and Process and Chemical Addictions

14/05/2020

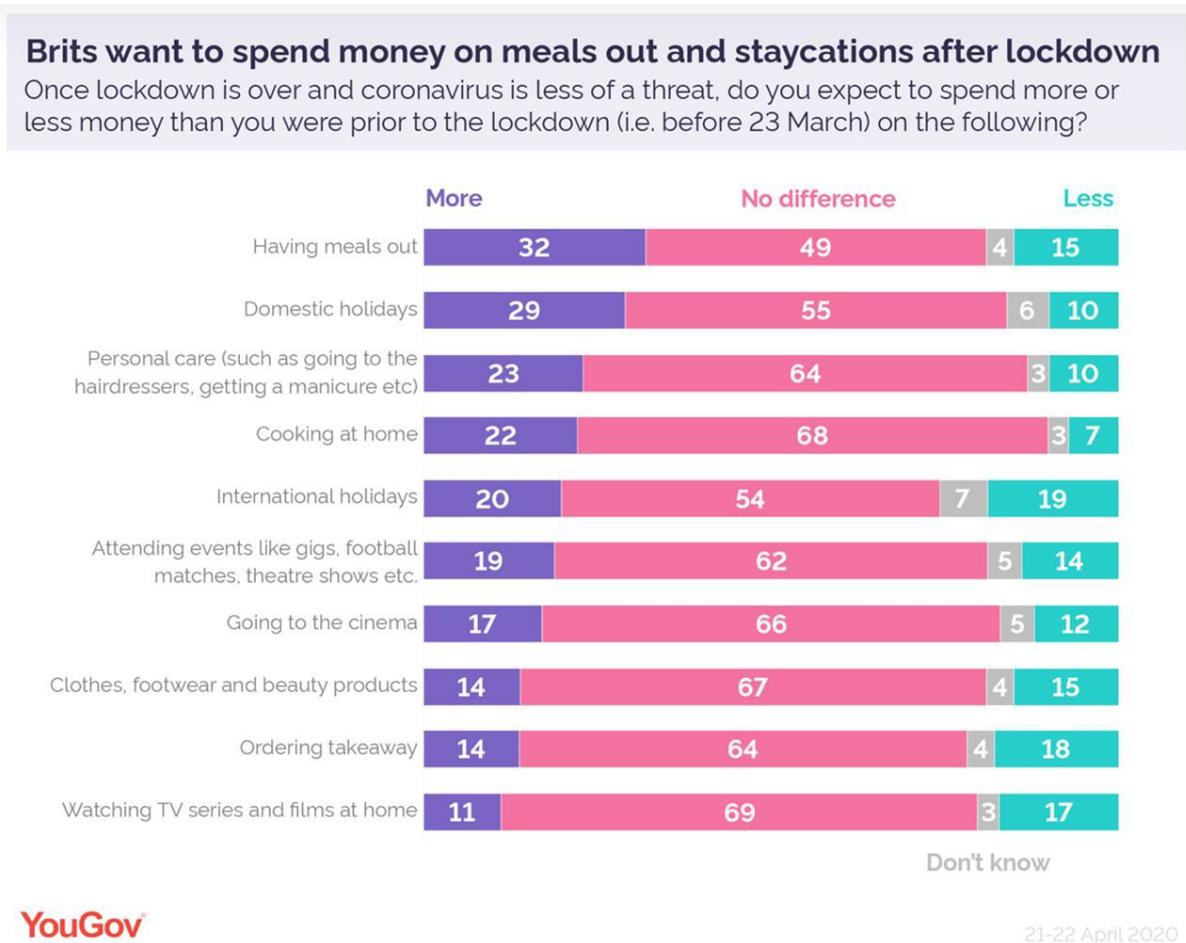
Paper prepared by Dr Sally Andrews and Adam Potter, edited and synthesised by Dr Rowena Hill

This briefing synthesizes data with systematic findings from across academic subjects. Caveat: most of these data releases are weekly and therefore they were collected before the change in England’s messaging and before the UK adopted different messaging between nations.

Review of recent YouGov and ONS data

YouGov Data

Figure 1: Where do you think will be your difference in expenditure will be on the following things after lockdown



This figure shows the things that people may want to spend money on; we are including it here as we think it gives an indicator as to what people are thinking about, what they’re missing, and what they’re looking forward to the most. We also include it as it is likely to be a useful indicator of possible future pressure points and risks when communities are coming out of restrictions and through to recovery. Restaurants and hairdressers are the places most likely to see the most demand once reopen, and domestic tourism may face pressure (as we may have expected). We will continue to monitor this last point in future data analysis, especially given the health secretary’s recent warning regarding international travel/holidaying.

It is frustrating that the ‘no difference’ column does not give any indication as to how much people were engaged in the activity before, but the data can still be used to indicate areas likely to feel demand over and above expected demand ‘pre-covid’ times.

Figure 2: Thinking about your employment situation has changed due to COVID-19 (coronavirus) are you currently...

	All	18-24	25-49	50-65	65+	London	Rest of South	Midlands	Wales	North	Scotland
Working from home	25%	17	40	23	6	36	24		22	24	26
Going into work as normal	11%	8	17	13	1	7	10		15	13	12
At home on furlough pay	12%	18	15	15	1	12	14		10	12	12
Unemployed due to COVID-19	6%	9	7	6	2	7	6		5	5	8
N/A I did not work before the COVID-19 outbreak	42%	43	16	40	89	33	43		45	42	38
Don't know	4%	5	5	3	1	5	3		3	4	4

<https://yougov.co.uk/topics/economy/survey-results/daily/2020/04/07/68ba8/2>

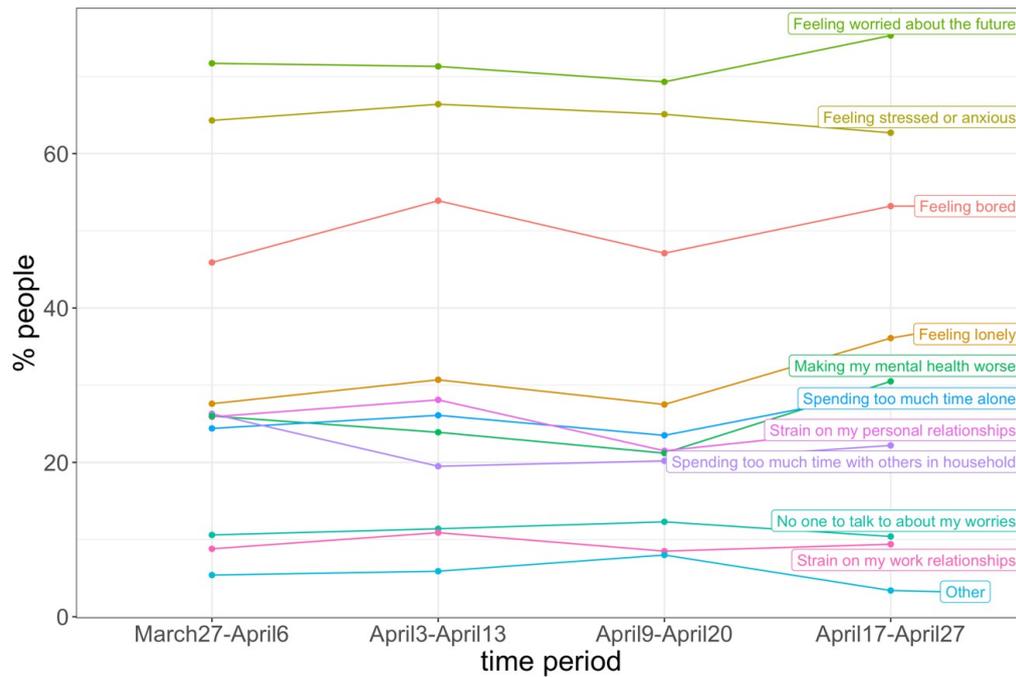
The overall message from this graphic is that Covid seems to be impacting the following groups on this measure: younger people, people unemployed due to covid 19, and people on furlough.

The C19 National Foresight Working Group use a framework of accumulated adversity, which is the ‘layering’ of Covid 19 primary and secondary impacts on individuals, families and groups. When the employment data is layered with location data, those in the South and Scotland are more likely to be unemployed or on furlough; so younger people in the South and Scotland should be of note in our future data analysis.

ONS Trend Analysis over the four weeks of surveys:

These data are from all 4 ONS surveys – the most recent of which was released on 7th May, and covers the time period from 17th-27th April. Some of the data presented here shows no change in trends or no indicator for concern. However, that feels as useful to be aware of as the things which may need attending to.

Figure 3: How is your wellbeing effected?



This figure shows the percentage of the sample reporting each factor is impacting on their wellbeing. Of particular note is that feeling worried about the future affects the most people, and this trend is increasing.

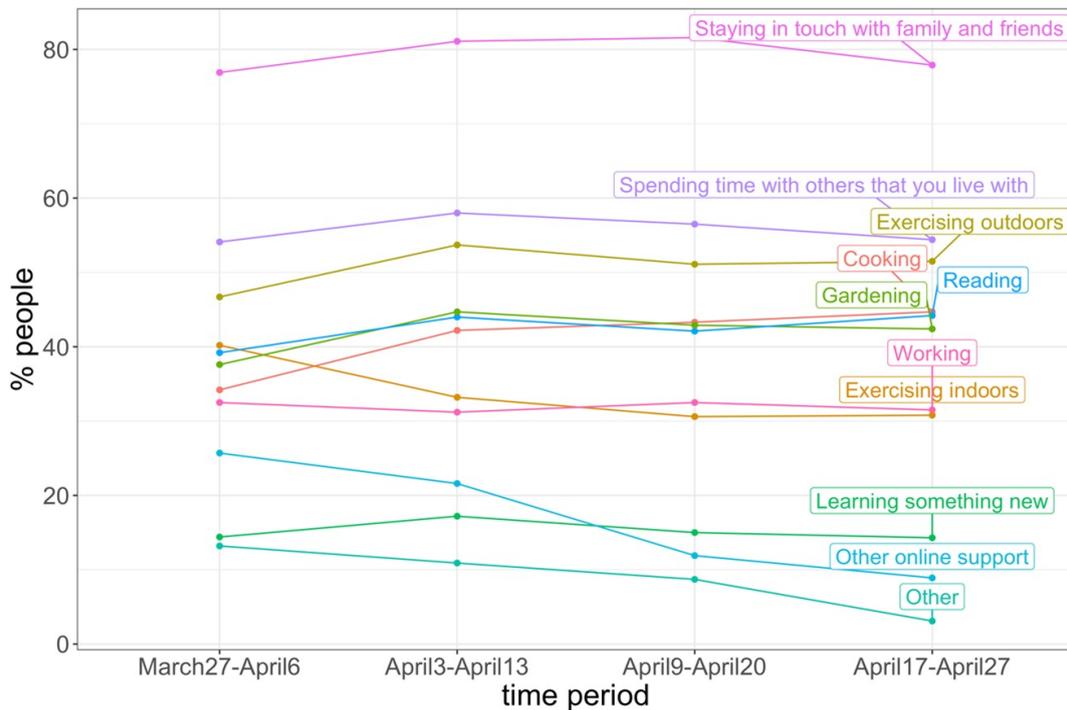
Other factors that are increasingly impacting wellbeing:

- feeling lonely
- spending too much time alone
- 'making my mental health worse'

There is no change in the number of people reporting stress and anxiety impacting their wellbeing, though notable that around 65% of people report this. This is commented further in the discussion of figure 5.

Boredom is fluctuating; it increased, then dropped, and is now increasing. This may be something to watch out for as the last time boredom increased we saw more people try new ways of coping (e.g. the difference between March 27 and April 3rd detailed in figure 4).

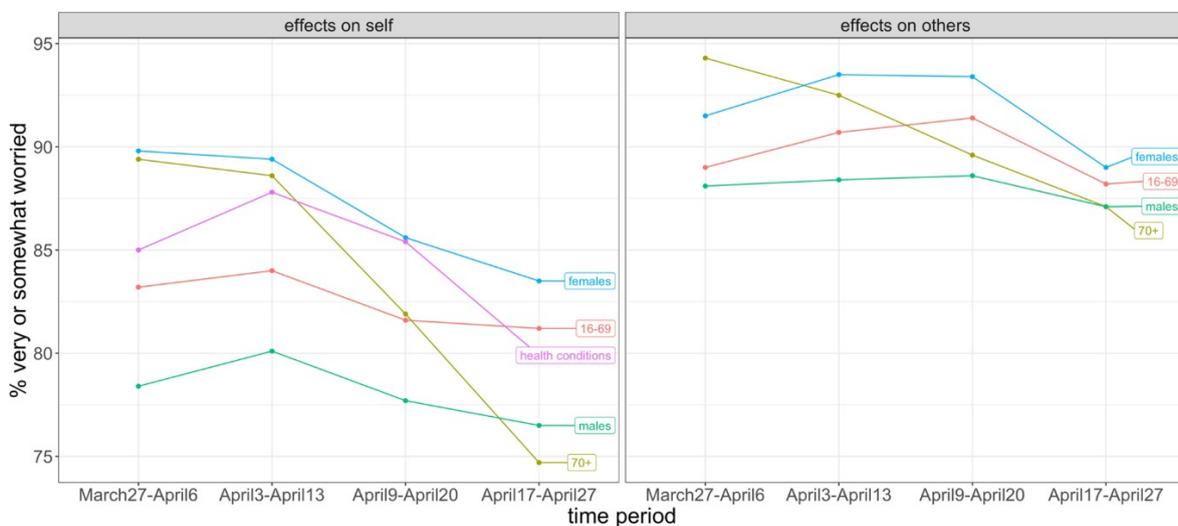
Figure 4: What is helping you cope?



Notably about these data is that the ONS did not ask respondents to report any 'negative' ways of coping (e.g. excessive sleeping, excessive eating, excessive drinking, drugs, and avoidance behaviours). We will unpack this further at the end of the data review and consider this in light of the academic narrative on page 12).

Social contact is most important (both friends and family remotely, and those you live with). There is a small reduction trending in both of these though, which is worth us monitoring for future briefings. There is a steady decline in people exercising indoors, but no change in people exercising outdoors. So overall there is a reduction in people exercising. There is a steady declining trend for number of people accessing other online support, but as we do not really know what that entails, it is difficult to draw any interpretations about what it means and whether it is a cause for concern. All other coping strategies remain fairly consistent for the time being.

Figure 5: How worried are you about effects of Covid-19?

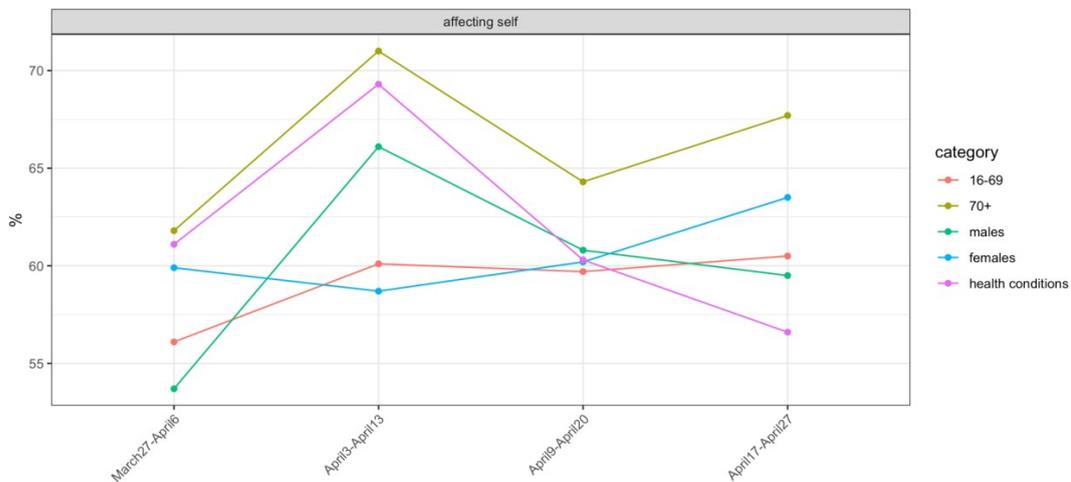


➤ **Please note**, on the left is effects on self, on the right is effects on others.

Fewer people are worried about themselves and others - across the board, which is interesting as remember in figure three we saw that there is no change in the number of people feeling stressed or anxious, and an increase in number of people feeling lonely and worried about the future (figure 4). People with health conditions and over 70s have seen a decrease in endorsing this, and are less worried than they were. Females remain most likely to be worried about themselves and others. This is explained through multiple explanations as most likely to relate to accumulative adversity of the impacts layering more on females than males, particularly economic changes impacting on roles statistically populated by more females and they are subject to gender and social expectations to be the primary carer.

- **Please note**, these look like big changes in worry, however, note that y axis starts at 75%; approximately 85% of people remain worried about the effects of Covid 19 on others.
- **Please note**, the following plots are shown in order of the % of people that each factor affects

Figure 6: Covid-19's effects on life: Ability to make plans



This shows that there is an increase in the number of people finding that Covid 19 is affecting their ability to make plans, with the exception of people with health conditions and males; where the number of people with health conditions has reduced consistently.

Over 50% of people in all groups report that their ability to make plans has been affected, with over 65% of over 70s reporting this to affect them.

Figure 7: Covid-19's effects on life: Wellbeing

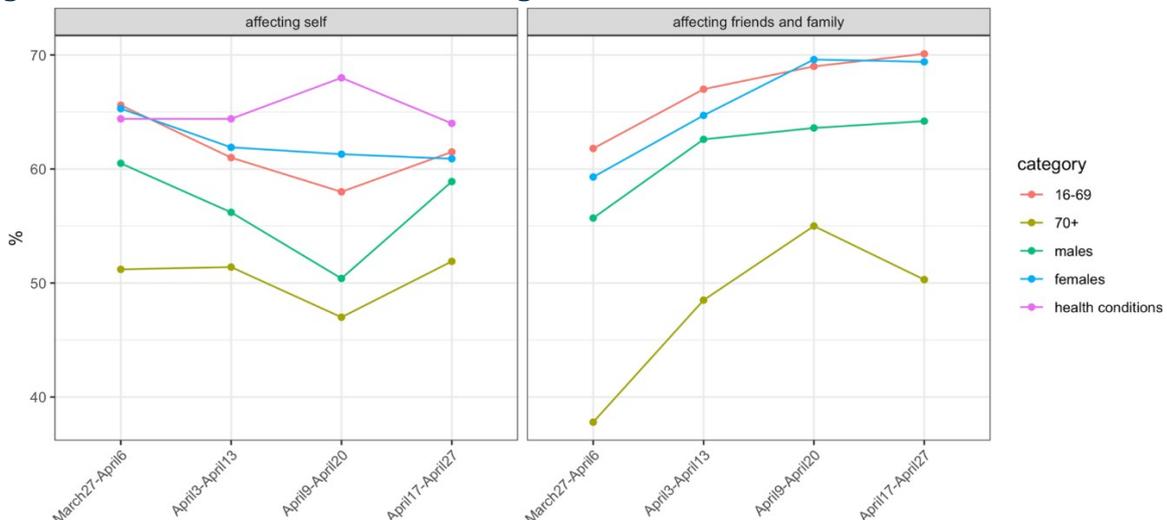
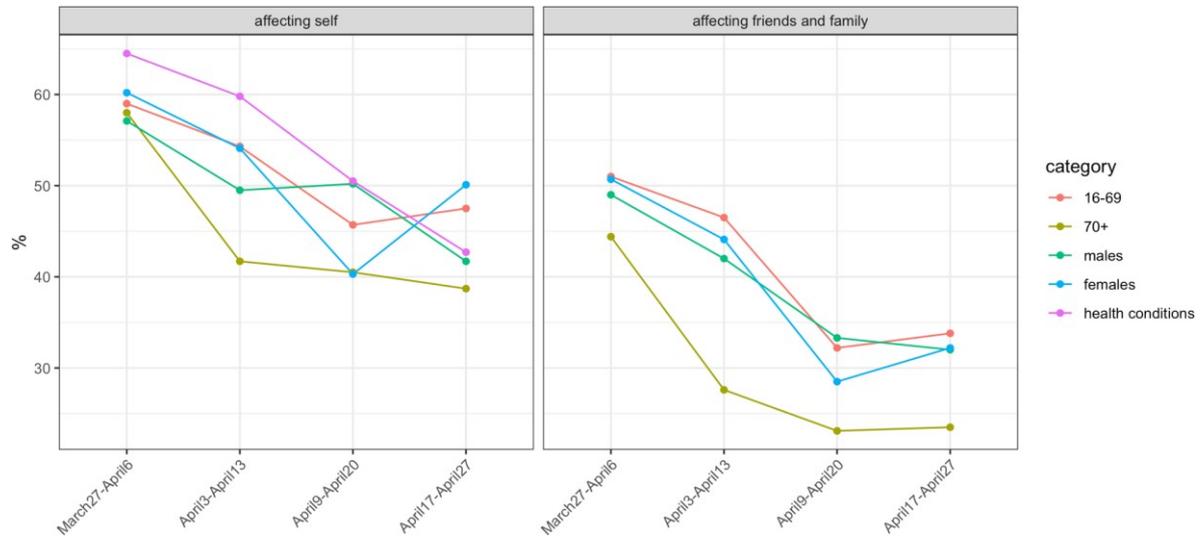


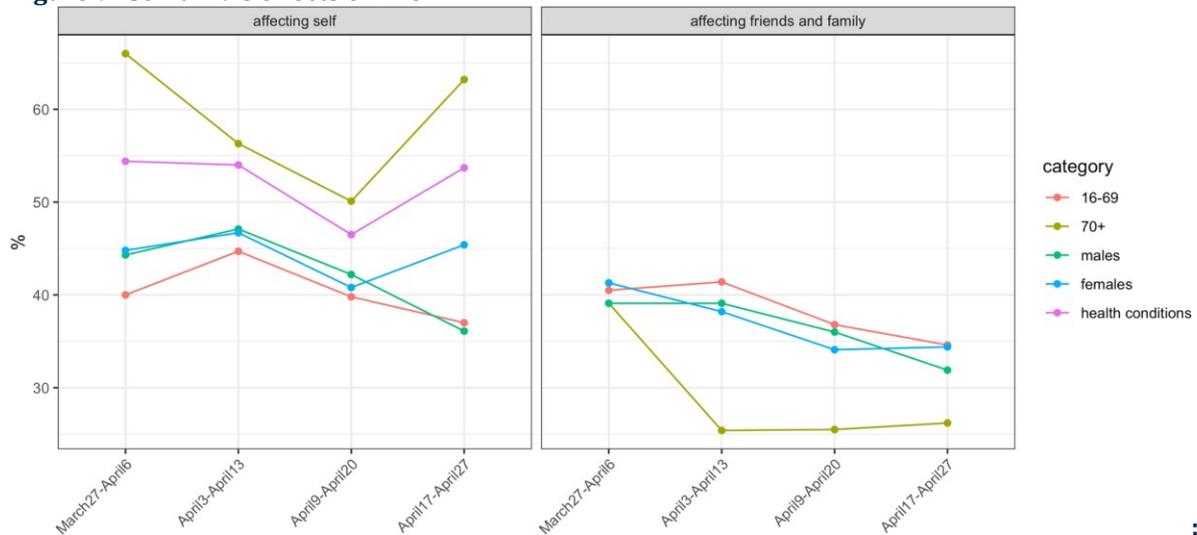
Figure 7 shows that more people are finding that wellbeing is affecting them (so the reduction from the previous week has now increased again). Females show little change in wellbeing. More females than males say that Covid 19 is affecting their wellbeing (blue line), but there is a big increase in the number of males saying their wellbeing is affected (green line) – we will continue to track this. More people in every category (except over 70s) are worrying about others’ wellbeing – this seems to be a gradual, though consistent trend.

Figure 8: Covid-19’s effects on life: Availability of Groceries



Gradual decline in these until last week and then plateaued.

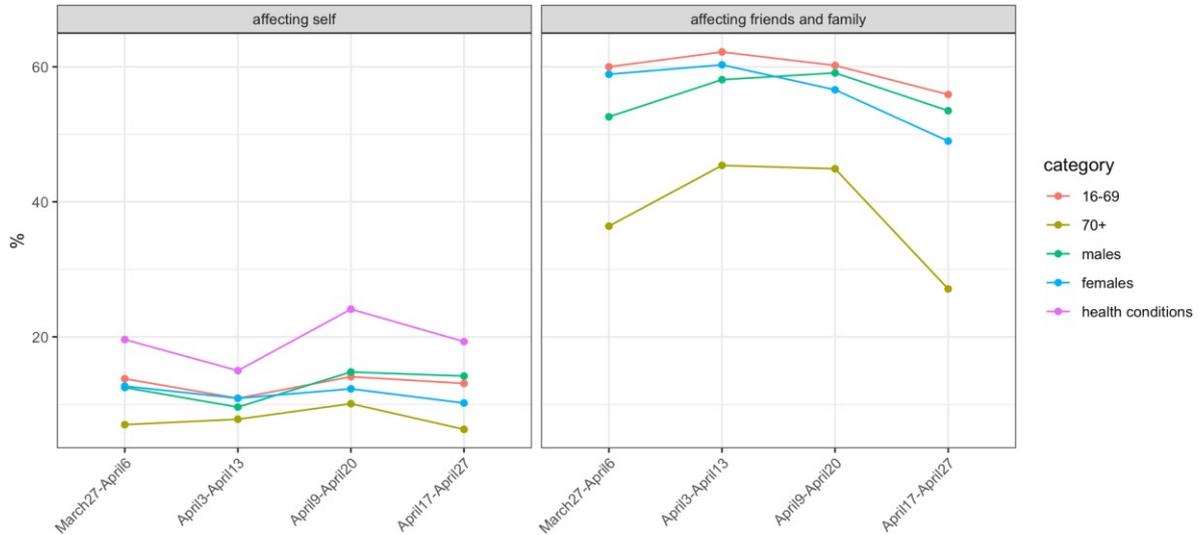
Figure 9: Covid-19’s effects on life



Access to Groceries

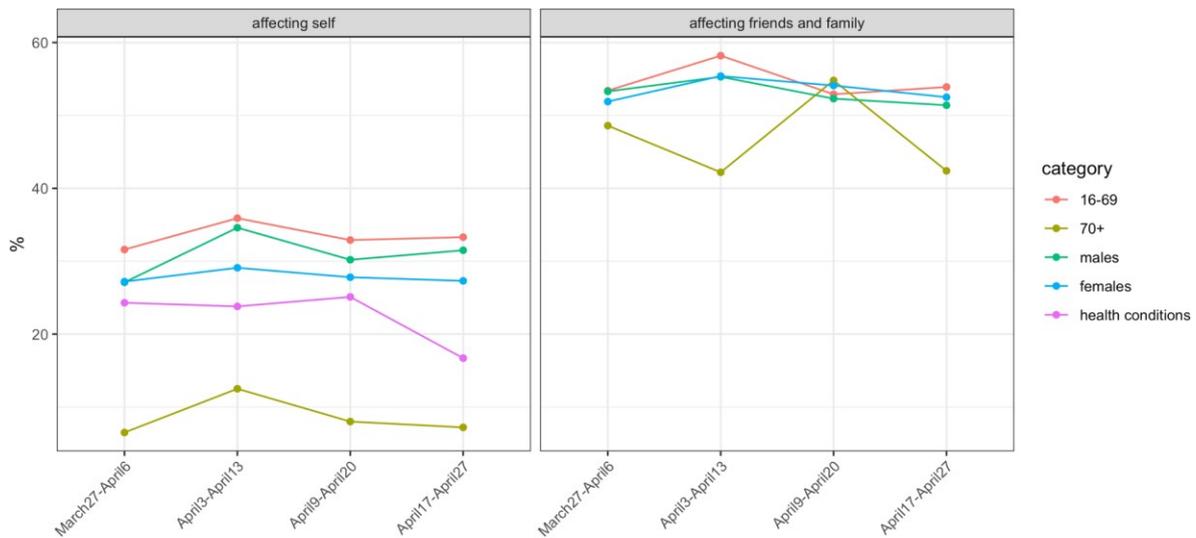
Again, overall this is going down, so we will continue to track this.

Figure 10: Covid-19's effects on life: Health and health of others



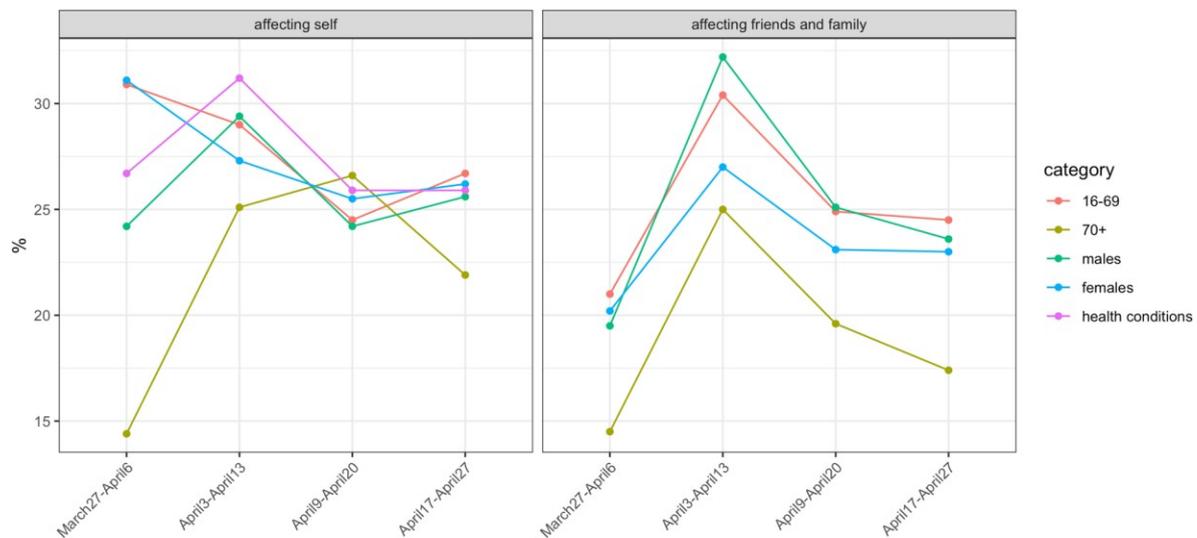
Slight trending decrease in worries about health of self and others. More people are worried about health of others (~50% overall), though far fewer over 70s (which is the green/yellow colour) have are worrying about the health of others.

Figure 11: Covid-19's effects on life: Finances (more so worried about others)



There is not much change in people's concern about their finances, or the finances of others.

Figure 12: Covid-19's effects on life: Relationships



Around 30% of people say their own relationships have been affected by Covid 19. Around 35% of people say they are worried about others' relationships being affected by Covid 19. There was an increase a couple of weeks ago, but this seems to have levelled off. Which is good, because it is generally accepted that the three most stressful life events are bereavement, the end of a significant relationship and moving house. We know people cannot move house (until recent announcements). But more people are being bereaved than in pre-covid times and the trend in increasing concern of relationship impacts was flagged as something we should attend to if it continued. This is in line with the C19 National Foresight Working Group of trying to prioritise based on emerging need through accumulative adversity.

The following figures are from the YouGov Mood Survey.

The data complement those shown in the previous slides. The headline messages (from the overall effects):

- It is generally good news!
- Fewer people are scared than previously than we were (this seems to be a continuing trend)
- More people are happy than previously (though this seems to be plateauing)
- More people are becoming bored (though there seems to be some evidence of a reduction in national boredom)

These data are in many ways advantageous over ONS, as they:

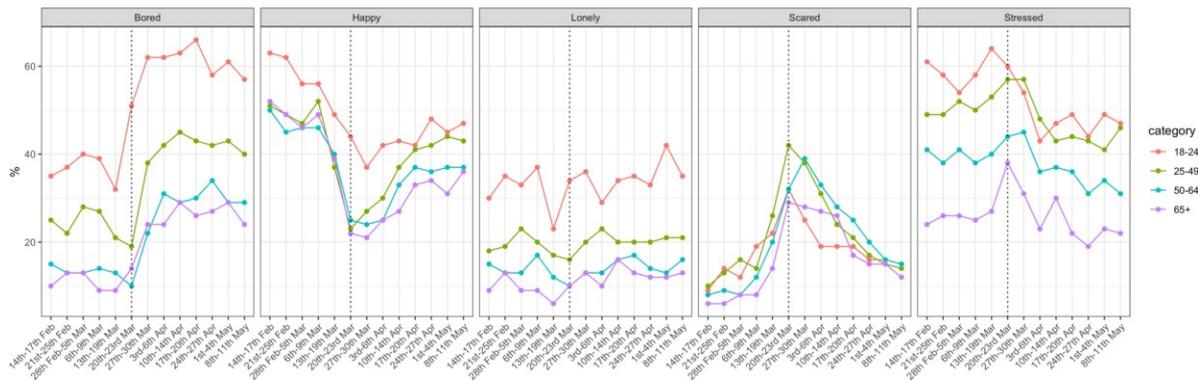
- show up to 11th May (ONS is only up to 27th April, so 2 weeks behind)
- show more time points which is richer for analysis
- have a baseline (which we have capped at 4 weeks pre-lockdown, but we have data to June last year, should we wish to use it)

➤ **Please note**, lockdown is denoted as the black dotted vertical line.

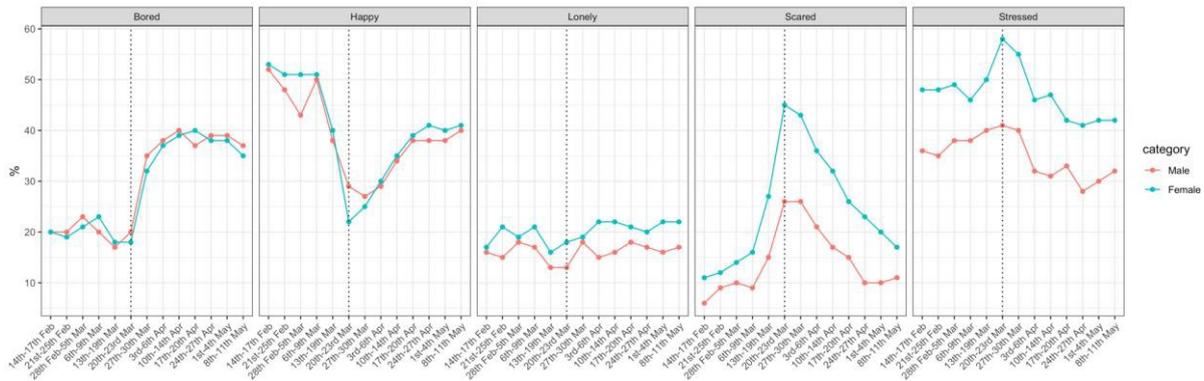
The difference between ONS and YouGov is that ONS is a pre-selected sample (who may or may not choose to participate), while YouGov is self-selecting (with nominal payment reward for ongoing participation). Whether one is seen as more impartial than the other is up for debate, but differences in sampling methods are useful to note and consider when interpreting trends.

➤ **Please note**, these data contain data up to the day after the announcement, we therefore anticipate that the most recent time point largely reflects the mood shortly before and may reflect anticipatory responses driven by word of mouth and media reports prior to the official announcement.

Figure 13: YouGov Mood Survey: Age



More younger people are bored and lonely than other groups (this complements the ONS results, and shows a slighter finer grain of detail). However, this has been decreasing over the last couple of weeks. Fewer people are stressed in each category except for 25-49 year olds, who show a slight increase in percentage being stressed this week; this may reflect this group making up the majority of the workforce and those with school age children, so the anticipated announcement of easing some lockdown



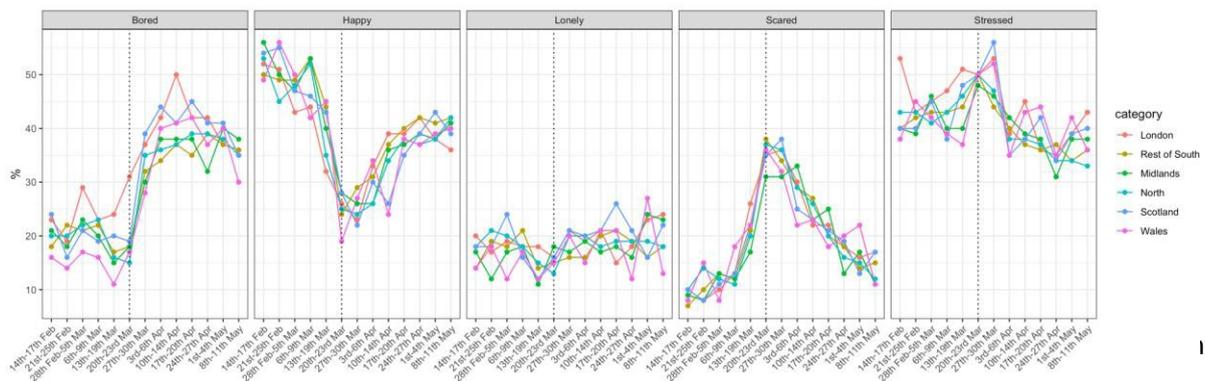
interventions might explain this.

Figure 14: YouGov Mood Survey: Gender

There is not much difference between males and females, though more females are scared, stressed, and lonely. It is useful to note that these trends were evident even before lockdown and likely represent consistent differences between males and females. However, the difference in fear between males and females is greater than it was before lockdown.

While there was an initial spike in stress when lockdown was initially announced, this has gradually decreased and is now lower than it was in the weeks preceding lockdown. Fear shows the same trajectory, though more females remain scared than in the weeks preceding lockdown.

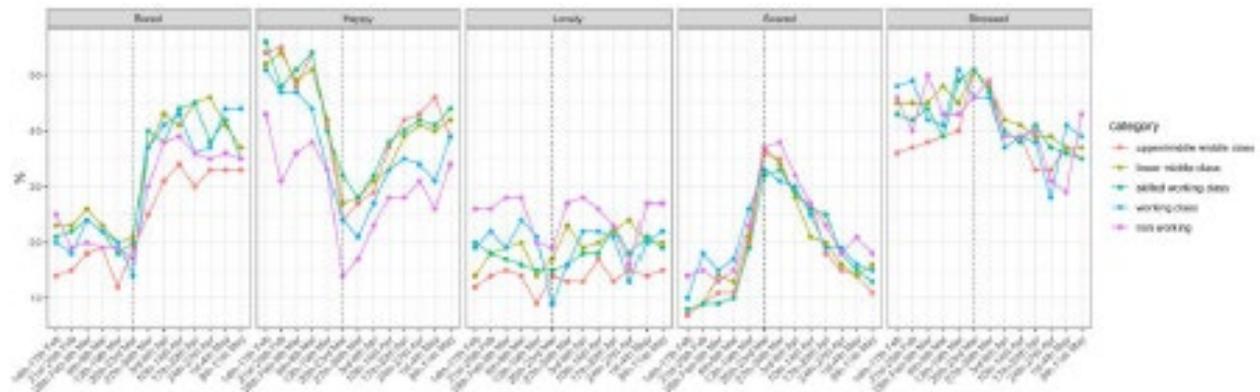
Figure 15: YouGov Mood Survey: Location



There does not seem to be any discernable consistent difference in mood depending on geography, which is interesting, but probably good (as this could be one less thing for LRF intel cells to analyse to contextualize at local level).

With reference to devolved nations, we are going to start splitting them as we are now receiving different messaging frameworks; Wales' fear was creeping up, but saw a sharp decline this week. Scotland's fear has risen slightly in contrast to other regions – we will monitor this going forward.

Figure 16: YouGov Mood Survey: Employment



- Higher managerial, administrative or professional & Intermediate managerial, administrative or professional = 27% population
- Supervisory or clerical and junior managerial, administrative or professional = 28% population
- Skilled manual workers = 20% population
- Semi-skilled and unskilled manual workers = 15% population
- State pensioners, casual and lowest grade workers, unemployed with state benefits only = 10% population

More people are happier in each category this week apart from the upper/middle middle classes. We are looking at other sources of information to corroborate explanations as to why this might be. Stress is generally reducing except for in non-working (casual workers, pensioners, and those on state benefits); this group are also typically more lonely than others.

Those identifying as C1 & C2 are less bored this week. We suggest that these are the people possibly most likely to return to work. C1 shows an increase in fear this week, which may reflect the recent changes announced by the Government.

Summary of Process and Chemical Addictions: by Adam Potter, final edit Dr. Rowena Hill

We asked you to hold in your mind the inference from figure 4 on wellbeing, from the question ‘what is helping you cope?’ We noted that the ONS did not ask respondents to report any ways of coping seen as less productive, or indeed negative or maladaptive. This includes excessive sleeping, excessive eating, excessive drinking, drugs and avoidance behaviours.

To unpack this further, we have completed a rapid write up based on systematic literature reviews, rapid reviews and available indicative Covid 19 data and findings. Systematic literature reviews and rapid literature reviews are typically based on 40-200 published studies where the findings have been quality assured and themed. The latter category of Covid 19 studies has a much smaller amount of published material and completed research as it is still early days for research to be designed, approved, completed and peer reviewed. Where a reduced amount of research is available we have indicated it as such and these should be taken with caution. **Please note, this is denoted by this symbol next to the text** ≡



Changing Patterns in Lockdown

Alcohol

There has been a sharp increase in the sales of alcohol since social distancing measures were introduced, up by 22% in supermarkets and corner shops in March, this is from ONS data. A survey of approximately 2000 people by Alcohol Change (formed from the merger of Alcohol Concern and Alcohol Research UK, they work for a society that is free from the harm caused by alcohol) found that around one in five drinkers (21%) have been drinking more frequently since the lockdown and 15% have been drinking more per session since lockdown. Most people who are drinking more often are also drinking more on a typical drinking day, and vice versa. Nearly one in five (18%) daily drinkers have further increased the amount they drink since lockdown.

However, some people have also reduced the amount they drink. More than one in three reported either stopping or reducing drinking, with 6% stopping drinking entirely. These individuals were mostly those who already drank the least often: nearly half (47%) of people who drank once a week or less have cut down or stopped drinking, compared to just over a quarter (27%) of people who drank two to six times a week, and just one in five (17%) daily drinkers.

Drug use

There have been initial scoping academic papers responding to reports of stockpiling of drugs as supply is impacted by the pandemic. They conclude that the shortage of some drugs may lead to use of alternative drugs which may present a higher risk, for example a shortage of heroin may lead to an increase in use of the much more potent fentanyl, increasing the risk of accidental overdose.

A small survey of 112 people (the small sample size is that the survey was about drug use which is not a research focus people usually want to complete) by Scottish charity Crew found that 54% of respondents were taking drugs more frequently than usual, 45% were taking a larger amount when they did take drugs, and 28% were taking drugs they wouldn't usually take. 48% of respondents reported a shortage of products, and 31% reported a decrease in quality. The small sample size and demographic (46.4% in Scotland, 14.3% elsewhere in the UK, 31.3% elsewhere in Europe and 8% outside of Europe) mean these results should be interpreted with extreme caution and used to frame further work with key stakeholders such as academia and NPCC leads to establish more data and evidence around this.

Gambling

A survey by Survation of more than 1000 people, found that although part-time gambling has fallen overall, regular and problem gamblers are gambling just as often or more than before the lockdown. A quarter of respondents who typically bet at least once a week said they were still doing so, while 28% had increased their activity, and 11% said they were gambling a lot more. Even among casual gamblers, more than half of respondents said they had sustained or increased their level of gambling. The survey also found that 41% of people who bet had opened a new online account since the pandemic took hold, and more than a third of regular gamblers believed they were either spending too much on the habit, or developing an addiction.

In addition to this, according to the online betting website 888 Holdings the cancellation of sporting events means that more gamblers have moved to riskier choices such as online casino and slot games which have a much higher rates of addiction (Guardian, 2020). We are currently trying to corroborate this by finding our own data and analysis which we are making progress on.

Internet use

Social distancing restrictions and high levels of furloughed employees means that many individuals are spending longer watching television, online gaming or social networking.

Post-Pandemic/Disaster Impacts on Addiction:

The literature suggests that substance abuse and behavioural addiction increases following previous



disasters. In terms of a pandemic, a limited number of studies that have looked at this specifically identify both longer time spent watching television and online gaming or social networking due to physical distancing, these are defined as a risks for developing behavioural addictions such as compulsive internet/gaming use. Systematic literature reviews of post-pandemic survivors showed negative psychosocial experiences, including increased levels of substance addiction.

≡ A much smaller group of studies found that, following disasters, drug users were more likely to engage in risky behaviour such as sharing drug injection or preparation equipment and injecting with people they would not normally inject with.

Other research has demonstrated elevated levels of substance use following; hurricanes; tsunamis; bushfires; and terrorist attacks. These are associated with symptoms of traumatic reactions to these events. We know from a wide and deep set of academic research that this is an important factor in predicting increased substance use following disasters. Our first wellbeing briefing document indicated that wellbeing risks to the public and key workers becomes relevant here, as systematic reviews within psychology suggest that impacts from Covid 19 could cause similar traumatic reactions.

Within the community, it is important to remember that people who do potentially show traumatic reactions are having a normal reaction to an abnormal situation and these reactions are likely to pass within three months post adversity. Of course the question of what is an adverse or traumatic event for each individual then becomes the differentiating factor.

Social Isolation and Loneliness Projected Impacts on Addiction

Physical distancing measures are likely to lead to increased levels of social isolation and loneliness which is why the term social distancing is not preferable. A systematic review suggests that loneliness is closely related to substance dependence, and poorer physical and mental health. Although the causal direction is unclear, relapses of drug and alcohol use are likely if individuals feel socially isolated just as loneliness is significantly related to compulsive internet use in the US, South Korea and Finland, and with excessive alcohol use and problem gambling in South Korea.

A large body of research shows a connection between loneliness and internet addiction including large meta-analysis where data from (in this case) 247 studies are extracted and analysed as a bigger data set, this found a positive correlation between loneliness and compulsive internet use. The relationship appears to be cyclical, with increased loneliness leading to increased internet use, further increasing loneliness. In addition to this, problematic internet use and compulsive gaming have been shown to be closely associated with increased alcohol consumption, smoking and drug use. This may then lead to independent consequences which may increase risk of further addictive behaviour. Therefore, it is important to be aware of how different addictive behaviours may interact.

Depression and Anxiety Projected Impacts on Addiction:

Both the physical isolation of physical distancing restrictions and worry about the virus may lead to increased levels of depression and anxiety. Research shows that there is a clear association between depression, anxiety and substance use. A large body of research, including meta-analysis studies suggests depression is associated with a number of substance-related behaviours; addictive behaviour and alcohol dependency, and this is echoed for those with secondary alcoholism. As we relax some physical distancing, we may project that some latent need will emerge for services providing their support and care.

N.B. Secondary alcoholism is a 'co-morbid' or a 'cross addiction'. Co-morbid means that alcoholism occurs for individuals at the same time as their primary addiction. Cross addiction occurs when one addiction is replaced with another.

Foresight

Physical distancing restrictions and reduced capacity of the health system to continue with the traditional delivery models for addictions means previous support may have been interrupted or altered. Restriction of gatherings mean that support groups are moving online, which generates a number of issues. Online is



less anonymous. Due to people's full names being displayed and the ease with which these online meetings can be recorded, local groups may not have moved online. Consequently the individual would have needed to find and join another group. In addition, social support (from friends and family) is key in recovering from addictions and this has been challenged due to physical distancing.

When looking at the restart of NHS, wider public services and supporting charities' supportive and care services, these should be considered to manage both latent demand (it has emerged as a consequence of



lockdown and it wasn't necessarily there before) and re-surge demand (it was there before but the service has been paused during lockdown). This is particularly focussed for highly sensitive interventions such as agonist treatment of patients with opioid dependence where missing a dose could lead to relapse. Services designed to prevent and treat severe and complicated withdrawal symptoms should be considered.

END.

Contact us:

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