ALCOHOL CONSUMPTION IN THE CONTEXT OF THE COVID-19 PANDEMIC

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Abstract*: In this study I aimed to conduct a qualitative research on the influence of alcohol on domestic violence using hybrid questionnaires (online and F2F) on three distinct groups of alcohol consumers in Bucharest (medium, high and low). I used the online scientific platform "SurveyMonkey" for the questionnaire application and data collection. The Alcohol Use Disorders Identification Test, AUDIT-C model was used to assess alcohol consumption in the 2 months (October, November 2021) according to three key consumption indicators: frequency of alcohol consumption, alcohol level, average amount consumed per drink and frequency of excessive alcohol consumption Change in consumption was recorded analogously to AUDIT-C variables (frequency of alcohol consumption, amount of alcohol consumption and excessive alcohol consumption), whereby consumption indicators are related to the degree of change. So, is there a link between degree of consumption, frequency and domestic violence? The results, together with a range of psychiatric, psychoanalytic and psychological theories, provide a variety of explanations for the violent behavior perpetuated in family relationships, denouncing their impact and harmful effects on personality upbringing, psychological profiling, and especially on the belonging and role of the dysfunctional family.*

Keywords: *domestic violence, alcohol consumption, Covid-19, AUDIT-C, quality of life, victims*

1. The relationship between alcohol consumption and domestic violence, methodological aspects

Severe poverty and excessive alcohol consumption are some of the most important factors that can lead to domestic violence anywhere in the world. While social and economic data on the level of poverty are analysed in numerous studies, the frequency of alcohol consumption in relation to domestic violence in Romania has received less attention. According to standard definitions, "*alcoholism is a progressive pathology, determined*

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by the attraction to alcoholic beverages, with the formation of a dysfunctional state and abstinence syndrome when consumption is interrupted, and in cases of long-term consumption it can lead to the development of somatoneurological and psychological disorders" (Cotelea and Lesnic, 2020: 78). Overall, alcoholism is a difficult topic to study in relation to domestic violence as the interrelationship of specific sub-indicators such as frequency of consumption, level of alcohol consumption in relation to differences in gender, age, education, income, health, environment and area (rural, urban) has not been sufficiently developed. Assembling these sub-indicators into a single picture provides a generous map of the causality and effects of heavy drinking in family life. Stress is another factor in the negative determinants of quality of life leading to increased alcohol consumption and its implicit effect on domestic violence (Charles et al., 2021). Restrictions in daily life have been introduced to limit the spread of SARS-CoV-2 (colloquially known as coronavirus). Negative effects of travel restrictions, distancing, bans for those affected by Covid-19 have had direct effects globally. Since the application of the restrictions in Romania, many Romanians have felt the negative effects on their professional or financial situation and many of them, especially those in the HORECA industry, have lost their jobs.

In this study, I aimed to conduct a qualitative research on the influence of alcohol on domestic violence in two stages: (i) an analysis of secondary data in different relevant European and national databases; (ii) a hybrid application of online questionnaires on three distinct groups of drinkers in Bucharest (medium, high and low), more precisely on 52 respondents (41 men and 11 women between 20 and 70 years old), who agreed to take part in the research. For the questionnaire application and data collection I used the online scientific platform "SurveyMonkey". The alcohol use disorder identification test, AUDIT-C model was used to assess alcohol consumption in the 2 months (October, November 2021) according to three key indicators of consumption: frequency of alcohol consumption, alcohol level, average amount consumed per drink and frequency of excessive alcohol consumption. Change in consumption was recorded analogously to the AUDIT-C variables (frequency of alcohol consumption, quantity of alcohol consumption and binge drinking), whereby consumption indicators are related to the degree of change. The retrieved results combined with a range of psychiatric, psychoanalytic and psychological theories provide a variety of explanations for the violent behaviour perpetuated in family relationships, denouncing their impact and harmful effects on personality education, psychological profile, but especially on the membership and role of the dysfunctional family. As a result, in the present exploratory research I focused strictly on the urban environment of Bucharest, in the hope that, in the near future, the same method could be extended to a national level.

2. European and national data on alcohol consumption in the context of the pandemic

Alcohol consumption during the pandemic period has been a challenge for health and the economy. The effect of the multiple crises generated by the Covid-19 pandemic highlighted major vulnerabilities in the Romanian health sector through an acute lack of medical personnel, insufficient investment in hospital modernization, poor hygiene,

incomplete digitization of the bureaucratic apparatus, corruption and mismanagement. In the given situation, alcoholism and drug use are relatively similar subjects, which require a causal approach and less from an effects' perspective, which explains why both phenomena are not well controlled in Romania. From the perspective of vulnerable groups, at the end of 2020 alcohol and drug use among young people increased by almost 9% (Copăceanu, 2021: 85). In one of the recent global studies on alcohol and drugs with more than 750,000 participants, it was found that in the case of alcohol almost 90% of sexual assaults were recorded, and in the case of illegal drug use only 14% involving men and only 7% women (Winstock, 2019).

The Covid-19 pandemic has provided several changes in daily and public life for most Romanians. The effects of the pandemic itself and the measures to limit the pandemic event were felt by a large part of the population not only in the economic and political sphere, but especially in the psychological and mental health sphere. Since the beginning of the pandemic, a crumbling economy became predictable in all European countries, and early surveys showed an increase in uncertainty among the population and fears of economic losses (Betsch, 2020). From the perspective of alcohol consumption, in a European comparison, the economic consequences in Romania do not seem to be so serious (Eurostat, 2021), but from the perspective of the effects of excessive alcohol consumption, things seem to be different (Eurostat, EU alcohol consumption in 2021).

The European "COVID-19 and Alcohol Survey" (www.Covid-19-and-alcohol.eu) gathered information on alcohol consumption among adults (15 years and older) before and during the SARS-CoV-2 pandemic, using the online survey tool "LimeSurvey", between 24 April and 22 July 2020. The survey was originally designed in English and German and was subsequently translated into 19 other languages. Target groups were reached through various channels (e.g. social media advertising, circulars, press releases), with underrepresented groups in terms of gender and age being recruited through paid social media ads. To this end, the distribution of the sample by age and sex was compared with the corresponding distribution in the general population during the survey, thus identifying under-represented groups. Targeted advertising via social media was used to increase the proportion of people aged over 40. A detailed description of the recruitment measures can be found in an appropriate literature (Kilian et al., 2020). More information about the study design can be found in the study protocol (Kilian et al., 2020) and other study materials (including the full questionnaires). On the sub-indicator "daily alcohol consumption", Romania in 2021 is somewhere in the middle of the European average ranking of 3.8 (according to the Eurostat chart for 2021), but on the sub-indicator "alcohol consumption per month" Romania outperforms Germany with a score of 27.1, a relatively good picture at first glance and which would not suggest that Romania outperforms negatively on this score. Teenagers are the age group with the highest risk of deteriorating quality of life and alcohol dependence, especially those aged 15-16. Looking at the big picture, the alcohol indicator would not be a major problem for Romania. However, a realistic picture of the alcoholism category is a determinant factor that favours stress, affects physical health, mental health, and is also a cause that generates domestic violence.

From a psychosocial perspective, the relationship between stress and alcohol is closely linked to the generation of behavioral deviance, justifying why a state needs to produce public health policies that discourage excessive alcohol consumption. In these circumstances, the physical distancing proposals introduced at the beginning of the pandemic have also addressed the issue of reducing alcohol consumption through the following two targets:

1) reduced availability of alcoholic beverages and opportunities to drink due to increased mortality rates (no visits to bars and restaurants; restrictions on partying, especially in public places);

2) financial constraints due to decreased wages, reduced hours or unemployment. (Kilian, C., Manthey, C., Schomerus, G., Kraus, L., Rehm, J., & Schulte, B. 2020).

Analyzing the authors' two measures (Kilian et al., 2020), these proposals would also decrease the accessibility and therefore the excessive consumption of alcoholic beverages. The actual effect is influenced by factors such as pre-crisis drinking habits of alcoholics, the experience of stress during the crisis and, not least, changes in alcohol availability and accessibility.

3. Alcohol consumption and domestic violence

In the assertion of my research I consider that after severe poverty, excessive alcohol consumption is the second most important cause that can lead to the manifestation of domestic violence, especially in families where such drinking habits become a habit. Excessive alcohol consumption in family life also has intergenerational consequences. There are studies in this regard in the field of behavioral psychology which explain why violence is passed down through generations and why children who have been victims of psychological or physical abuse become, in turn, in the image of their parents (Ehrensaft and Langhinrichsen-Rohling, 2022). There are also studies that argue that most of these parents were alcoholics, and in the vast majority of cases, their children inherited addiction and violent behavior (Berckmoes et al., 2017; Caldeira and Woodin, 2012). Popa and Ciobanu (2013: 109) show why "*the child exposed to violence is predisposed to appropriate violence as a way of solving the problems he faces, because he has no other coping strategies*". The child is by definition the most vulnerable member of the family and can be exposed to negative influences and become a victim in any situation. The parent is the first role model in a child's life. According to Melanie Klein's (1987) psychoanalytic research, if a child becomes even a witness to violent scenes, his or her psyche can be scarred for life. The principle "violence begets violence" often works as a principle and almost as a law when positive examples are lacking in the child's developmental environment. The tendency to copy the deviant behavior of parents is ultimately a quick, direct form of perpetuating aggression, through what Ostrowsky (2010) explains as a mechanism resulting from a child's inability to protect their self-esteem. From a cognitive perspective and depending on the developmental periods, children develop intellectual maturity, but when they are young, they are not sufficiently prepared to use their discernment as a form of conscience or selection between right and wrong. Reactions of a defensive nature often flood through irrational manifestations triggered by mental blocks triggered by an inability to express negative emotions or by a lack of

self-control. According to Eysenk (1964), the avalanche of these uncontrolled manifestations does not denote intelligence quotient, but means a reduced ability to establish a rational ratio between losses and gains in planning a criminal act. This is why a number of psychiatric, psychoanalytic and psychological theories provide a variety of explanations for the violent behaviour perpetuated in the relationship between parent and child, denouncing their impact and effects on the upbringing of the personality, on the psychological profile, but above all on the membership and role of the dysfunctional family. Human instinctual nature is exposed to violence and "*includes direct or indirect personal experience, including through the media, through substance abuse - drugs, alcohol, at the level of collective behaviour and in the way of regional and national values*" (Zamfir, 2010: 7). From these correlations, it is obvious why alcohol and drug use vitiate relationships between adults and children, maintaining a form of perpetuating violent behaviour later on (Friedman, 1998). These arguments are only a small part of the scientific literature and are universally valid, regardless of social background, and are generally equally well noted in any cross-sectional or longitudinal approach.

Data on the effects of alcohol excess and its impact on family relationships during the Covid-19 pandemic on mental and physical health in the general population are poorly represented in current statistical data. However, the few data that do exist show the presence of a central risk factor for negative health and social consequences related to alcohol consumption, accounting for 2.4% of all deaths in Romania in 2016. Romania is a country with a high rate of alcohol-related mortality, yet there has been a significant decrease in the last 4 years "with an absolute value (-2.4 L), being the third country in terms of decrease in alcohol-related mortality" (WHO, 2018).

The World Health Organization's predictions of total alcohol consumption per capita for Romania for the period 2020-2025 indicate a significant increase of about 15% (WHO, 2018). Romania is thus among the countries with high levels of alcohol consumption per capita, recording a significant increase in alcohol consumption, even if there have been some positive changes in the last years of the pandemic. Due to such reasons, for Romania alcoholism remains an important indicator for public health and for determining health risks and domestic violence. Alcohol consumption remains a key public health vulnerability, with more than a third of adults in Romania admitting to binge drinking consistently at least once a month (OECD, 2018). In the top of these figures, Romania ranks second in the European Union, with a rate of around 35% of episodic binge drinking, a figure well above the European average of only 20% (OECD, 2018). The same "European Observatory on Health Systems and Policies 2018" highlights some notable differences in this indicator by gender, showing higher alcohol consumption among men than women. According to the WHO report, "in Romania, in 2016, alcohol consumption in the population aged 15 years and over was 12.6 liters per capita per year" (WHO, 2018). Men consumed 26.6 liters per year and women 9 liters per year. Of the total population aged 15 years and above, about 70% had consumed alcohol in the past 12 months, and of these 80% were male and 54.5% female. Of those who had never consumed alcohol in their lifetime there was again a difference: 6.5% among men and 19% among women. According to the same study, compared to 2010, when the level of alcohol consumption was 15 liters per capita, in 2016 it gradually decreased to around 12.6 liters per capita. Unfortunately, these are the

latest official figures that the World Health Organization makes available to the public and in which I note that Romania has exceeded the European averages of consumption for the period 2010-2016 by more than 3 percent. Last but not least, the report states that 14% of deaths in Romania are caused by excessive alcohol consumption, another figure more than double the European average. The data provided by the World Health Organization was confirmed by surveys conducted in 21 European countries: Albania, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Ukraine and the United Kingdom (Kilian et al., 2020).

Further concern about excessive alcohol consumption among Romanian teenagers aged 15-16, representing 1.3% of the Romanian population, is also raised in the data. In 2015, according to WHO data for 2016, they are alcohol dependent, namely 2% males and 0.6% females (of the total population). In the same report, regarding beer consumption, we find that more than half of the country's population, about 56% of Romanians prefer beer, 28% wine and 16% spicy drinks. Cumulating all these data, half of Romanian alcohol consumers fall into the risk category through exposure at least once to binge drinking, and on this aspect, Romania has reached the negative top of Europe with a risk score of 67.2% among men and 31.2% among women (WHO 2018).

The only positive aspect appears in the medium- and long-term evolution recorded between 2000 and 2018, which shows a notable decrease in alcohol consumption, namely from 17.4 l (pure alcohol consumed) in 2000 to 12 l (pure alcohol consumed) in 2018.

Over the last few decades, the subject of domestic violence has come to the forefront of sociological and criminological research in Romania, and is particularly present in public debates. Against the backdrop of these concerns, a growing number of researchers together with representatives of the feminist movement have notably helped to reassess anti-violence policies and to formulate a clearer vision on child protection (Ake and Arnold, 2017; Larance et al., 2022). Numerous results reflected by surveys have highlighted the fact that domestic violence and domestic abuse are relatively widespread in all European countries, and especially in poor EU countries such as Romania, as well as the vulnerabilities created in this regard by weak state intervention in private life (Rada, 2014; Hamilton et al., 2013; Healy et al., 2022). In the social dramas of violence, the victims are mainly children and women (Belmonte and Negri, 2021). Domestic violence experts believe that doubling alcohol excise taxes can reduce alcohol-related mortality by an average of 35%, road traffic deaths by 11%, sexually transmitted diseases by 6%, domestic violence by 2%, and crime by 1.4% (Babor et al., 2010). With the focus on deepening forms of violence, the public debate has expanded to the topic of violence in parenting, adding the issue of violence against children in public institutions such as schools and kindergartens. In this regard, the Romanian political framework has acted through various projects, such as the law prohibiting violence in education, as well as domestic violence.

In psychology, but especially in the area of educational psychoanalysis, specialists have paid increasing attention to the social environment of children's formation and development, highlighting the key role of early socialization processes in the primary family (Stacey, 2021; Tutt, 2022). The impact of a toxic and violent environment shows why future adults

become sure victims of failure in life, and, unfortunately, they are transformed in the image of their parents. With very few exceptions, incarcerated offenders are the victims of such cases. (Huesmann et al., 2002). The extent and consequences of alcohol abuse are the cause of abusive parental behavior, which explains why the phenomenon of domestic violence remains high in most European countries. Regardless of education, the link between alcohol consumption and domestic violence is clearly in the cause-effect relationship and has become a taboo subject, even for affluent families.

Concealed as it may be, this phenomenon is not sufficiently highlighted in the public space, as evidence, concrete data on this indicator is poorly researched in recent years with the outbreak of the pandemic. A notable number of children are today extremely affected, as are many women, as violence in family life is a form of terror directed at people lacking defense mechanisms (Barros et al., 2020). The relationship between couples - alcohol consumption and the number of divorces is also based on the same inference, and there is a direct link here that affects the very act of family formation. Family violence can be passed on from generation to generation, as shown in a classic American study (Courtis, 1963). One problem, particularly affecting empirical research, is the unclear definition of the term domestic violence. In many cases a distinction is made between physical, psychological and sexual violence, yet it is difficult to establish a clear definition of psychological violence.

4. A qualitative investigation of the relationship between alcohol consumption and domestic violence during the pandemic period

In the primary qualitative research, the main objective of the study was to identify the determinants that involve and generate physical and psychological violence in the family, according to the degree and frequency of alcohol consumption, using psychometric characteristics and properties by applying an AUDIT-C questionnaire. The method applied is specific in identifying the underlying psychosocial causes through which the variety of alcohol use disorders can be observed and explained. The questionnaire was administered in Bucharest to 52 respondents (41 men and 11 women aged between 20 and 70 years, average age 41 years), in all 6 distinct points (i.e. in the 6 districts of Bucharest). The participants are daily alcohol consumers and were selected following filter questions through which I identified the alcohol consumer profile. They identified themselves as having a daily need, generally in the evening, to consume alcoholic beverages, summing up different degrees of alcohol, brands and types of spirits. Out of 52 respondents, 6 respondents have higher education, 12 secondary education and 34 primary education. The selected subjects are regular outdoor drinkers (present at only one terrace per sector near residential blocks) and ten were chosen from each sector, with only those who agreed to take part in the research. Of the 60 respondents who made up the initial target audience for the research, only 52 participated and completed the online questionnaires by the end. The completion of the questionnaire was hybrid: online (18 respondents) of and face-to-face (34) for those who gave the reason that they did not want to complete the questionnaire online or did not have the necessary IT structure to do so. The face-to-face completion was carried

out by myself as the operator during the two months on-site using a web-connected tablet. The following two research questions were imposed on this objective:

a. Is there a causal relationship between the intensity, frequency of alcohol consumption and the presence or involvement of respondents in domestic violence?

b. what are the proportions of the two roles: abuser and victim from the perspective of gender differences in the Bucharest environment?

The research was carried out in Bucharest, in all 6 sectors (10 respondents per sector, but not with the intention of comparing alcohol consumption behavior by sector, but only to cover, equally, the area of Bucharest). The research took place for 2 months during the 1st of October and the 30th of November 2021. For this purpose, we used 3 target groups composed of women and men of different ages, who spent their time together, daily, in the evening between 7pm and 10pm, around bar terraces in the 6 sectors for alcohol consumption. The 3 groups (A, B and C) were divided according to the rate of alcohol consumption, from low consumption, medium consumption to high risk consumption. Differences between the three groups were determined by identifying the relationship between subjects and alcohol consumption (degree plus frequency). The three rates of alcohol consumption were established (see in the data analysis) according to 2 criteria: daily, weekly and monthly alcohol consumption, then the high degree of alcoholic beverages (beer, wine and other spirits). After correlating the acquired data, the direct relationship between frequency of consumption, degree of alcohol consumption and presence/involvement of respondents in domestic violence was determined, strictly during the research period. The accuracy of the responses regarding the role of abuser or victim may be questionable, however, as observed from the analysis of the acquired data, there is relevant data regarding this topic on gender differences, and the results provide a consistent addition of information regarding the main research question. The study was exploratory in nature. The results captured some of the psychosocial causes, providing new arguments for changing policies to combat domestic violence, demonstrating why the rate of alcohol consumption plays a key role in the presence of domestic violence.

The Alcohol Use Disorders Identification Test (AUDIT-C), short form (Bush et al., 1998), was used to assess alcohol use in the past 12 months in terms of three key indicators of consumption: frequency of alcohol consumption, average amount consumed on a drinking occasion (hereafter referred to as quantity), and frequency of heavy drinking (defined by 6 or more standard drinks depending on the alcoholic beverage consumed). Change in consumption was recorded analogously to the AUDIT-C variables (frequency of drinking, quantity of drinking and binge drinking), whereby for each consumption indicator the degree of change (for frequency of drinking and binge drinking: significantly less/less frequent/more frequent/more frequent; for quantity: significantly less/more/more frequent/more frequent) or no change (questionnaire constructed following the Kilian model, 2020) could be indicated. For this purpose, I applied an AUDIT (October 2021 - November 2022) which is a questionnaire administered on the Surveymonkey platform (https://www.surveymonkey.com/). Using the consumer categories proposed by Rosón (2008), we identified three subtypes of the 52 respondents (41 men and 11 women between 20 and 70 years old): low risk drinkers (16 people,

respectively 11 men and 5 women), medium risk drinkers (14 people, respectively 10 men and 4 women), high risk drinkers with physical-psychological problems or those with major alcohol dependence (22 people, respectively 20 men and 2 women). In principle, the first three questions of this test form the AUDIT-C (Bush et al., 1998) and where high numbers were recorded it means that there is major risk drinking. In the three groups I applied the same 11-question questionnaire to three types of alcoholic beverages: beer (consumption per unit: 0.5 liters), wine (consumption per unit: 0.5 liters) and beer (spirits, consumption per unit: 0.5 liters).

5. Analysis of results

For reliability and validation analyses of the results I used software version AUDIT20 of SPSS and FACTOR 9.2. Content validity was ensured by analysis of mean scores on the three groups with significantly different alcohol consumption, i.e., high, moderate and low consumption group. Comparison of the results of the three target groups over the two-month period showed some notable differences. Thus, the daily alcohol consumption of the research respondents was lower than the weekly and especially the monthly totals. The explanation for this is that the high alcohol consumption group consumed alcohol constantly during the week and in large or medium quantities (e.g. an average of 4 bottles of beer in a single evening per individual, while at weekends this consumption increased to almost double). The medium group consumed alcohol in an average proportion of 2 to 3 days (1 bottle, at most 2 bottles per evening), while the low group consumed no more than one bottle of beer and consumed this amount during the entire week.
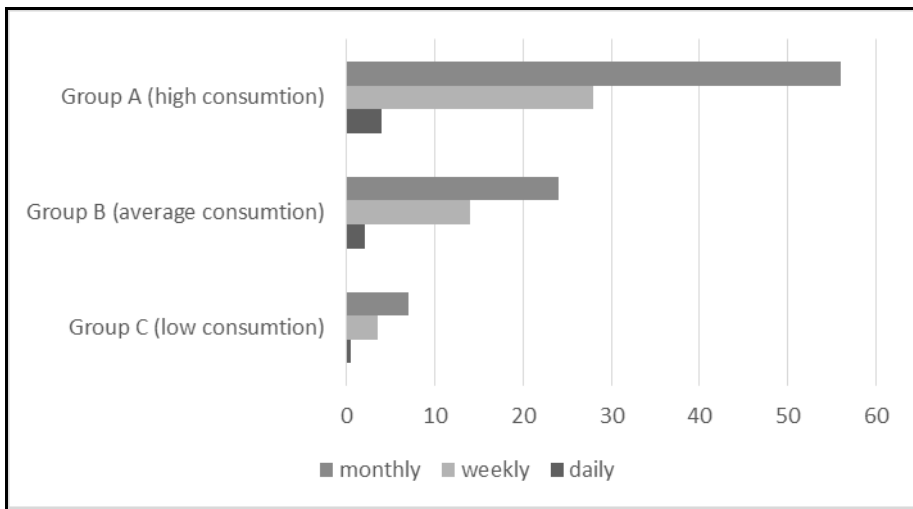
Figure 1. **Frequency of beer consumption per unit per 0.5 litres over the 2 months (October-November 2022)**
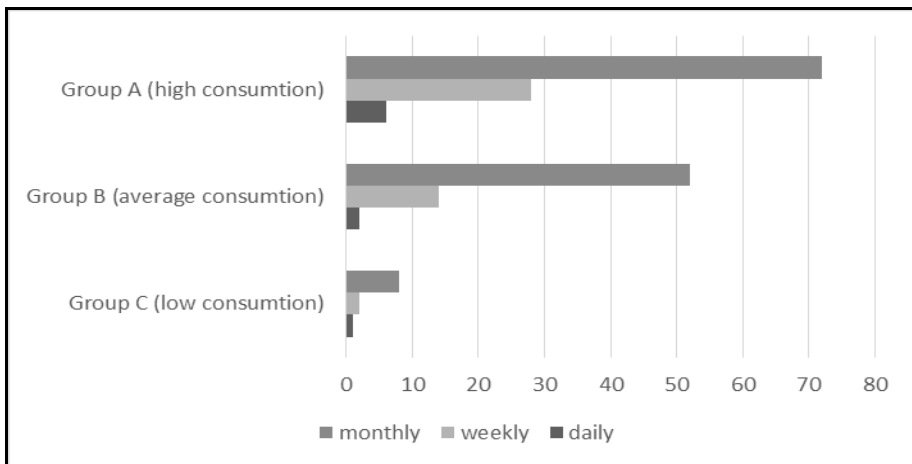
Source: personal research conducted on SurveyMonkey, Oct.-Nov. 2021

The average of 0.5 litres per day is the daily frequency applied to group A (high consumption), which means a consumption of approximately 3 litres of beer per day, and out of this group (20 men and 2 women), 13 respondents (all men aged 15 to 63) claimed that they generally consume very little water, i.e. less than 0.5 litres of water per day. A worrying aspect is that those in group A consume very little water on a daily basis, which is an essential fluid for the body's health, preferring to drink beer, with an alcohol content of around 3 to 5%. The representation of women in this group of 22 respondents is very low (2 persons) while men are in the majority (20 persons).

Figure 2. Frequency of wine consumption per unit at 0.5 litres during the 2 months (October-November 2021)

Average consumption of 4 units of wine (0.5 litres) per day means a frequency of 2 litres per person in group A (high consumption), usually in the evening. Again, there is a gender difference, as the two women in group A do not drink more than one litre of wine a day, and the frequency of consumption is not 7 days out of 7, but rather more like 5 days out of 7. In conclusion, on a weekly basis, group A consumes an average of 14 litres of white and red wine, with between 8 and 11% alcohol, while the average group B consumes about 7 litres per week and group C consumes about 3.5 litres. Another point to note is that the average rate of consumption of wine over beer is more frequent on weekends than weekdays, so wine over beer is a more preferred drink on the two days at the end of the week.
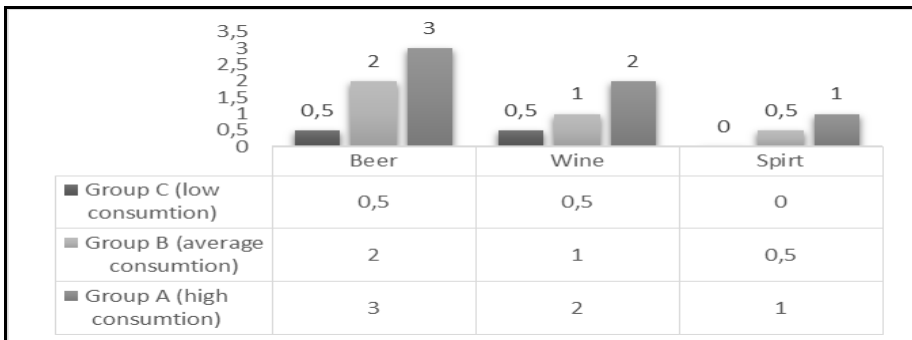
Figure 3. Frequency of consumption of spirits (vodka, palinka, brandy and in general beverages with more than 30 % alcohol) per unit per 0.5 litres during the 2 months (October-November 2021)
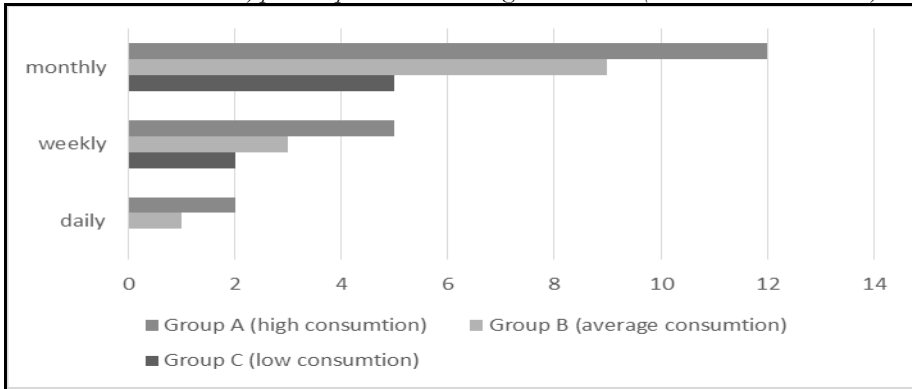
Source: personal research conducted on SurveyMonkey, Oct.-Nov. 2021

Average consumption of 2 units of spirits (0.5 litres) per day means a frequency of 1 litre per person in group A (high consumption) which usually occurs in the evening. Again, a gender difference should be noted, as the two women in group A do not consume more than 0.5 litres of spirits per day, and the frequency of consumption is also not 7 days out of 7, occurring at a rate of consumption on 5 days out of 7. In conclusion, on a weekly basis, group A consumes an average of 7 litres of spirits, with between 30 and 70% alcohol, while the average group B consumes about 3 litres per week and group C about 2 litres. Another point to note is that the frequency of drinking spirits compared to beer is the same as that of wine, being more frequent at weekends. In the following figure, I produced a comparative graph for the comparative frequency of consumption of alcoholic beverages per day (beer, wine and spirits, 0.5 litres) in all three groups to observe their evolution and preference.

Figure 4. Frequency of comparative consumption of alcoholic beverages per day (beer, wine and spirits, 0.5 liters

|	Beer	Wine	Spirt
Group C (low consumtion)	0,5	0,5	0
Group B (average consumtion)	2	1	0,5
Group A (high consumtion)	3	2	1

Source: personal research conducted on SurveyMonkey, Oct.-Nov. 2021

It is worth noting in Fig.6 that in group C (low consumption) spirits are missing, but not completely. Of group C (16 people, i.e. 11 men and 5 women), only 2 of the 5 women consumed spirits on different occasions (once or a maximum of 3 times per month) while in men 11 out of 16 consumed spirits on different occasions (on average twice or 4 times per month).

Comparing these graphs suggests that, in general, respondents who took part in these online questionnaires prefer beer in first place, wine in second place and spirits in third place. Another notable observation extracted from this first part of the analysis shows the major differences in alcohol consumption between the three groups.

In the second part of the research I applied another set of 6 closed and open-ended questions regarding their witnessing or involvement in an act of domestic violence.

Figure 5. Rate of presence or involvement of respondents by group (A, B, C) in acts of domestic violence between October and November 2021
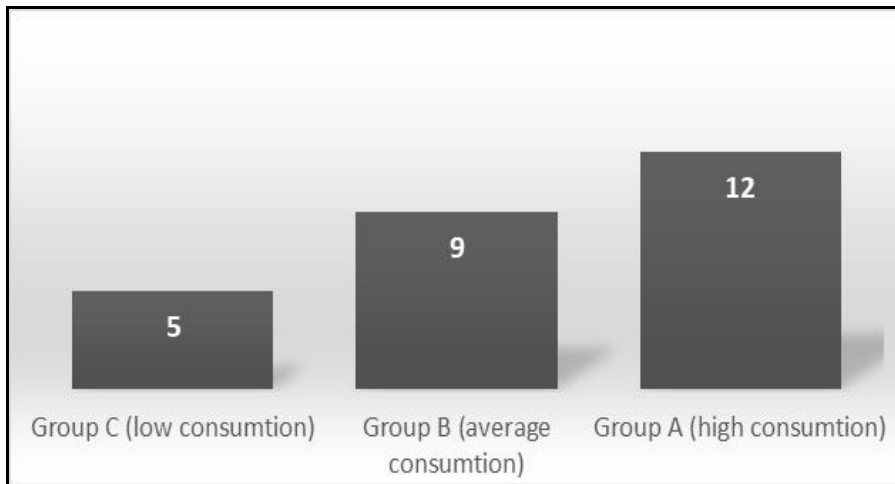
Source: personal research conducted on SurveyMonkey, Oct.-Nov. 2021

In group C (low alcohol consumption), the frequency was less than 1 case at the daily rate, but at the weekly frequency there was a threshold of 2 cases and only 5 cases over the two months where they were at least witnesses or direct actors in their family. It is worth noting the differences between group C and group A (high alcohol consumption) in this indicator, especially in the difference on the vector of the two months which amounts to 12 cases compared to 5, more than double. Here the direct correlation between the frequency of alcohol consumption and the increased rate of violence becomes clear. In both groups, women were witnesses and in some cases victims. In group A of 20 men, 5 out of 12 respondents who witnessed domestic violence admitted to being abusers, and of the remaining 7, 4 reported being witnesses

and 3 reported being victims. For group A, the data for this sensitive and optional question came in answers completed by only 18 respondents and therefore I could not know the big picture. For group B (average alcohol consumption) there is an average frequency of one case per day, but all respondents stated that they were in the position of witness or victim, not abuser.

6. Discussions and Solutions

On a monthly basis, the overall picture for the three respondent groups clearly shows an increase in the frequency of cases of domestic violence:

- Group A (high alcohol consumption), 12 cases

- Group B (average alcohol consumption), 9 cases

- Group C (low alcohol consumption), 5 cases

This leads to an interesting finding that confirms the following hypothesis: the more frequent the alcohol consumption, the greater the chance of being a witness, victim or perpetrator. Another significant finding in terms of gender difference shows that no women played the role of perpetrator, while among men there were only 5 cases (all in group A) who admitted to playing the role of perpetrator.

In order to also highlight the difference in daily alcohol consumption between the three groups, I have divided by the three types of drinks previously analyzed:

- Group A (high alcohol consumption) - beer (3 l/day), wine, (l/day), spirits (3 l/day);

- Group B (average alcohol consumption) - beer (1 l/day), wine (1 l/day), spirits (0.5 l/day);

- Group C (low alcohol consumption) - beer (0.5 l/day), wine, (0.25 l/day), spirits (0 l/day).

Group C is an exception for spirits, and occasional consumption at various events or celebrations is not taken into consideration. Linking the two representations: 1. frequency of alcohol consumption and 2. rate of domestic violence, it is obvious why increased alcohol consumption increases the chance of being a witness, victim or abuser within family life.

Returning to data at European level, the evolution of alcohol consumption since the beginning of the pandemic in different European countries shows a relative reduction in consumption, particularly among younger people, as well as among people with no subjective experience of stress who have been exposed to small amounts of alcohol. The main difference between Romania and the other EU countries (27 countries in 2020, 2021) was the average-decreasing trend in consumption.

Figure 6. Frequency of alcohol consumption between Romania and the European average in 2020
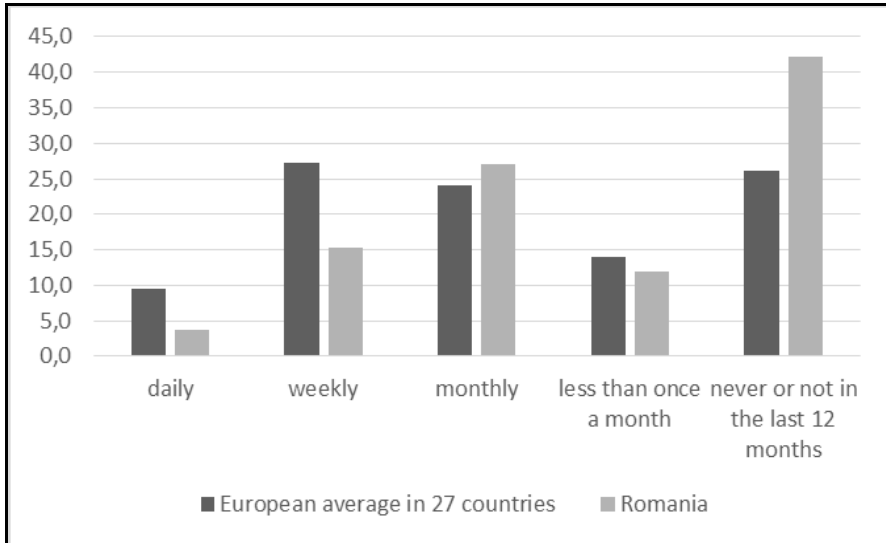
According to the graph in Figure 6, the results indicate a relative decrease in consumption for Romania compared to other European countries. Similar to the primary research on the three groups, the level of education, income, subjective stress, as well as restrictions in everyday life directly influenced consumption and indirectly influenced the rate of increase in domestic violence. The graphical results confirm a relative decrease in alcohol consumption in Romania during the pandemic compared to the European average. At the gender level, women in Europe reduced their consumption less than men, with a slight increase in consumption among women in Germany. This gender difference remained significant even after adjusting for various stressors, although there was no increase in the duration of family or household work as activities mainly supported by women. According to a US study it was shown that during the SARS-COV-2 pandemic, alcohol consumption would have increased more among people who had at least one child in the household (Rodriguez al., 2020). The relative decline could also be explained by the effect of financial cuts on alcohol consumption, which may have discouraged, to some extent, the costs attributed to this topic.

Data on the overall effect on alcohol consumption per capita remains a difficult task. While individuals at low risk of drinking tend to drink less during the pandemic, individuals with alcohol dependence tend to drink the same, and sometimes more. As much of the high alcohol consumption can be attributed to a minority of dependent drinkers, an increase in widespread per capita consumption in Romania would not be ruled out, data which are confirmed in earlier WHO reports from 2011 (WHO, 2020b).

I recall here the international targets of reducing global per capita consumption by about 10% by 2025, which has been set in comparison with 2010. This target will be difficult to achieve in the context of current development (Probst et al., 2020).

Conclusions

Answering the two research questions, in the case of alcohol-dependent people in urban Bucharest, but also in general, any increase means an additional risk for health, but also for generating cases of domestic violence, especially among women and children. During the 2 months of research, 24 cases were recorded in group A (high consumption group), compared to 8 cases in group B (medium consumption group) and only 3 cases in group C (low consumption group). These results support the interconnection of the three relationships between frequency, level of alcohol consumption and domestic violence. Following the research question there are two conclusions: 1. the higher the alcohol consumption, the higher the rate of involvement in domestic violence; 2. the higher the alcohol level, the higher the rate of involvement in domestic violence. On the other hand, it is obvious from the results that men who drink alcohol are more likely to become perpetrators, while women in the same situation are more likely to become victims. Gender differences on this issue are therefore notable and cannot be ignored. As a limitation of the research, the figures on the role of abuser among female alcohol users are not categorical due to the limited number of subjects, probably also because women were numerically less present in the three groups. However, from the data obtained, of the two categories of respondents, no male was in the role of victim, only witness or abuser.

On the other hand, the pandemic period did not play a significant role in changing drinking behaviour, generally keeping the same values with small insignificant variations. The main systemic problem is that Romania has an extremely limited number of qualified human resources in the area of care and treatment of alcohol addicts, an insufficient hospital infrastructure to reserve enough places, medication and minimum hygiene conditions. Covid-19 figures in the country are similar to global figures, overburdening the health system. Alcoholics fall under the care of nurses and psychologists who continue to be under-represented in Romania. Alcohol withdrawal in hospitals was and is difficult to manage, and many of these hospitals have been transformed into Covid-19 treatment hospitals. This creates a number of health hazards and inequalities which have also impacted on vulnerable groups with high or risky alcohol consumption. Therefore, in line with the solutions proposed by Mann and Batra (2016), the implementation of screening in Romania to determine the rate and trend of alcohol consumption in general health care could directly contribute to the identification of 'heavy drinkers' and the provision of care in line with the guidelines and targets proposed by the World Health Organization.

The limitations of the research lie in the following contexts: a. the sample drawn is not representative of the entire Romanian population, the respondents being surveyed through online tools with respondents only from the city of Bucharest, although there is here a suitable correlation between global data, European data and local research; b. the conclusions regarding the three research groups were considered as weights of a

phenomenon specific to the urban environment, while the rural environment may be represented by other specific figures, trends and situations. However, the total value of the change indicator formed depends on existing patterns of alcohol consumption, and the increase in one indicator (e.g. quantity of alcohol) does not necessarily have to be compensated by the decrease in another indicator (e.g. heavy drinking). Therefore, the change indicator should be interpreted in such a way that, as the deviation from zero increases, a corresponding change in consumption is expected. Hence, I believe that further research is needed to quantify more accurately changes in consumption behaviour. Since the beginning of the pandemic, alcohol consumption in Romania seems to be somewhat lower among low and medium drinkers, but somewhat higher among high drinkers. I believe that in order to prevent negative consequences on the subject under investigation, especially among young people, the authorities should discourage the availability of alcohol through reasonable taxation and routine screening for alcohol consumption in general health care should be extended.

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I declare, on my own responsibility, that there is no conflict of interest in the production and publication of this article.

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