



Original research article

Characteristics of alcohol use among migrants from Ukraine to the Czech Republic in the context of the war in Ukraine in 2022

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Abstract

Introduction and objective: The article aims to estimate the extent of alcohol use and some other mental health issues among Ukrainians who entered the Czech Republic after 24th February 2022. Previous studies focused on the use of alcohol and other substances among Ukrainians in the Czech Republic can't be applied to the current situation as these studies mostly covered the male population and economic migration that differed considerably from the situation in 2022.

Methods: A convenience non-representative online survey was conducted on a sample of 66 Ukrainian refugees in the Czech Republic. Most respondents came to the Czech Republic with their children. Standard questionnaires related to substance use (alcohol, tobacco) were used to determine the reasons for alcohol drinking and possible depression symptoms.

Results: According to the results of the AUDIT tool, most respondents can be classified as low risk in terms of alcohol drinking. Some respondents referred to alcohol-related problems. Since the beginning of the war and since arriving in Czechia, there is a high positive correlation between the change in drinking frequency and the change in the amount of alcohol use during a typical drinking occasion. The results also showed a high level of depression symptoms and a high level of smoking.

Conclusion: The results are in line with other (rare) research in the field. The importance of alcohol consumption research is stressed, while longer-term research is highly desirable.

Keywords: Alcohol; Czech Republic; Depression symptoms; Reasons for drinking; Refugees; Ukraine

Introduction

According to the Constitution of the World Health Organization (2022), “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, and the health of all people is fundamental to the attainment of peace and security”. These values, which are often taken for granted, are being severely tested by the unprovoked military aggression of the Russian Federation in Ukraine that began on 24th February 2022. This act of violence against the people of Ukraine expelled approximately five million people from their homes; they are currently registered for Temporary Protection or similar national protection schemes in Europe (UNHRC), and the vast majority are women and children. According to evidence from December 2022, about 474,000 Ukrainians, mostly women with dependent children, have been registered

for Temporary Protection in the Czech Republic (UNHRC) since 24th February 2022. The country has offered the newcomers full access to public health insurance and parts of the social welfare system, including some newly created social benefits. Possible health and healthcare-related needs of the Ukrainian refugees in the Czech Republic and other countries were recently discussed by Dlouhý et al. (2022).

“Conflict hostilities are one of the biggest stressors and often lead to serious mental health problems” (Fel et al., 2022), including posttraumatic stress disorder. Another stressor is migration to a foreign country and the related acculturation stress (Bilewicz et al., 2021). In general, “forced migrants may be at risk for substance misuse for a variety of reasons, including coping with traumatic experiences, co-morbid mental health disorders, acculturation challenges, and social and economic inequality” (Horyniak et al., 2016). Research conducted in Ukraine after 2014 demonstrated alcohol use disorders among internally

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displaced persons as a result of the conflict in the eastern part of the country, especially among males, while females were much less affected (Ramachandran et al., 2019).

Previous studies related to the use of alcohol and other substances among Ukrainians in the Czech Republic (see e.g., Urban, 2015, or Fiedor and Seidlová, 2022) can't be applied to the current situation as these studies mostly covered the male population and economic migration that differs considerably from the situation in 2022. As alcohol and other substances may play a role as self-coping or self-medication tools (Hawn et al., 2020), and posttraumatic stress disorder and alcohol use disorder are usually prevalent together, knowledge of epidemiology of the use of alcohol and other substances may be important for tailoring addiction services and other health and social services to tackle this issue. The international evidence of alcohol use among migrants in general (see e.g., Morina et al., 2018, Salas-Wright and Schwartz, 2019) suggests that alcohol use and alcohol use disorders may be prevalent among the migrant population. However, these studies have not yet covered the situation of Ukrainians after February 2022, which is specific because of the characteristics of the migrant population.

The literature shows a need for specific population-based studies that report the use of substances among the refugees (who face multiple stress factors), as the use of alcohol and other substances, as well as depression symptoms are an important part of public health surveillance.

Materials and methods

Aim

The article aims to estimate the extent of alcohol misuse and some other mental health issues among Ukrainians who entered the Czech Republic after 24th February 2022, using standard questionnaires related to substance use (alcohol, tobacco) to determine the reasons for alcohol drinking, as well as the prevalence of depression symptoms and their relation to the use of substances.

Study design

The data were obtained from a convenience online survey among Ukrainian refugees who arrived in the Czech Republic after 24th February 2022 as a consequence of the war in Ukraine. The research questions were generated from standard research tools and compiled by the research team. The questionnaire was translated into Ukrainian by a bilingual speaker. As some of the standardized questionnaires already existed in the Ukrainian language, their available translations were taken into consideration. On the purpose and form of the research, we consulted with Ukrainian health professionals who take part in language courses for newly arriving Ukrainian health professionals organized by the Institute for Postgraduate Medical Education (Petráková et al., 2022).

Participants

The survey sample of 66 respondents (migrants older than 18 years) was obtained in the second half of 2022. Respondents were recruited through the Institute of Postgraduate Medical Education, where language courses for Ukrainian health professionals were held, and through the authors' social contacts. Most of the respondents were in productive age and 75% were women (see Table 1). Around 60% of respondents reported a university education. Most respondents came to the Czech Republic with their children. The sample contained respondents

that have currently lived in 7 out of 14 self-governing regions of the Czech Republic. More than half of the respondents reported their current residence in Prague, which together with the Central Bohemian Region was the place of current residence for about 90% of all respondents.

Measurements

Socio-demographic variables

Socio-demographic data include gender, highest completed education, total number of children, number of children currently residing with the respondent in the Czech Republic, employment status, assessment of ability to cover living expenses, current residence in the Czech Republic and its size.

Alcohol and tobacco use

Alcohol use in the last 12 months was measured using the alcohol screening instrument AUDIT (Alcohol Use Disorders Identification Test) (Babor et al., 2001). In addition, the survey asked about the frequency of drinking after the beginning of the conflict in Ukraine, changes in the circumstances of alcohol consumption, and the reasons for alcohol use. Respondents were also asked about changes in use and patterns of use after their arrival in the Czech Republic. To evaluate the reasons for alcohol use, Modified Drinking Motives Questionnaire-Revised (Gavrilova et al., 2021) was used. Tobacco use was measured by the Fagerström Test of Nicotine Dependence (e.g., Davies et al., 2009).

Depression symptoms

The BDI – Beck Depression Inventory (see e.g., Jackson-Koku 2016) was used to provide a self-estimation of participants' characteristic attitudes and symptoms of depression. Self-evaluation of depression was included because of the high-stress burden assumed among those who have recently fled the war in their country (Mesa-Viera et al., 2022). After consultations, the question focusing on an assessment of sexual life was omitted.

Statistical analysis

The statistical analysis was performed using the R software. Both descriptive and analytical statistics were applied. We calculated Spearman's rank correlation coefficient. We interpreted the size of correlations in line with the recommendations for medical research (Hinkle et al., 2003); we report only correlations higher than 0.5.

Results

Socio-demographic composition

Three-quarters of the respondents were women (see Table 1). All age groups from 18 to 66 years were represented, with most respondents being of working age, and the largest group being 36–45 years old. Statistical analysis found no correlation between age and other variables, with the exception of tobacco use. More than half (60%) of respondents had a university degree. Almost half of the respondents were already working in the Czech Republic at the time of data collection. More than half (43 out of 66) respondents reported that they were not able, or they were rather not able to manage the expenses with their monthly sum of money available. On the other hand, nine respondents said that they managed. There was no correlation found in terms of the effect of income satisfaction on other variables.

Table 1. Descriptive statistics

Variable	N (%)
Gender	
Female	49 (74%)
Male	17 (26%)
Age	
18–35	23 (35%)
36–45	25 (38%)
46–55	13 (20%)
55 and older	5 (7%)
Education	
Education lower than university	26 (39%)
University education	40 (61%)
Own children	44 (67%)
Paid job in the Czech Republic	30 (45%)
Satisfaction with monthly income	
Strongly agree	14 (21%)
Agree	24 (36%)
Disagree	19 (29%)
Strongly disagree	9 (14%)
Size of residence	
Up to 999 inhabitants	4 (6%)
1 000–4 999 inhabitants	4 (6%)
5 000–19 999 inhabitants	5 (7%)
20 000–99 999 inhabitants	11 (17%)
100 000 inhabitants and more	42 (64%)

Alcohol use and its characteristics

According to the results of AUDIT, most respondents can be classified as low risk in terms of alcohol drinking (see Table 2). On the other hand, 12% (8 respondents) showed hazardous or harmful alcohol consumption, and three respondents reported high-risk patterns of alcohol use (risk of alcohol use disorder). We found a low correlation between the results of AUDIT and particular reasons for alcohol drinking, namely: *I like the feeling, to get high, it's fun, because I feel more confident, it helps me when I am anxious, because it helps me when my mood is low, to dull my pain, or to stop thinking about things.*

We asked how respondents' drinking changed after two turning points in their lives: after the beginning of the war in February 2022, and after arriving in the Czech Republic. In terms of frequency of drinking, about 50% of respondents drink just as often as they did before the war began in February 2022. Another 35% drink less, and 14% (9 respondents) drink

more alcohol than before the conflict began. The respondents reported some changes in the frequency of alcohol use after their arrival in the Czech Republic. About 42% (28 respondents) drink less than before, 50% drink as often as before, and five respondents (7.6%) drink more often.

There also are some changes in the amount of alcohol use during a typical drinking occasion since the start of the war. The highest share of respondents (52%) drink about the same amount, while 38% drink less and 11% (7 respondents) drink more. After their arrival in the Czech Republic, the amount drank during a typical drinking occasion dropped in 45% of respondents. Only three respondents admitted that they drink more during a typical occasion since they arrived in the country. The situation of the rest (51%) has remained unchanged.

There is a high positive correlation between the change in drinking frequency and the change in the amount of alcohol use during a typical drinking occasion ($r = 0.85$ and 0.88 for the change since the beginning of the war and since the arrival in Czechia, resp.). There is a moderate positive correlation between the admitted change since the beginning of the war and since the arrival in Czechia ($r = 0.58$ and 0.68 for the change in the frequency and in the amount, resp.).

Since the start of the war, the type of alcohol used seems to be mostly unchanged, although 17% of respondents stated they drink alcoholic beverages with a lower alcohol content than before, and four respondents reported drinking alcoholic beverages with a higher alcohol content. The results for the time since the respondents arrived in the Czech Republic appeared to be very similar (see Table 3).

Table 3. Changes in alcohol consumption

Variable	N (%)
Change in drinking frequency since start of the war	
Drinking less	23 (35%)
More or less the same	34 (52%)
Drinking more	9 (14%)
Change in drinking frequency after entering the Czech Republic	
Drinking less	28 (42%)
More or less the same	33 (50%)
Drinking more	5 (8%)
Change in drinking during a typical drinking occasion since start of the war	
Drinking less	25 (38%)
More or less the same	34 (52%)
Drinking more	7 (11%)
Change in drinking during a typical drinking occasion after entering the Czech Republic	
Drinking less	30 (45%)
More or less the same	33 (50%)
Drinking more	3 (5%)
Change in the circumstances of alcohol use since start of the war	
Drinks with lower alcohol percentage	11 (17%)
No change	35 (55%)
Drinks with higher alcohol percentage	4 (6%)
Drinking alone	11 (17%)
Other	5 (5%)
Change in the circumstances of alcohol use after entering the Czech Republic	
Drinks with lower alcohol percentage	12 (18%)
No change	33 (50%)
Drinks with higher alcohol percentage	3 (5%)
Drinking alone	14 (21%)
Other	4 (6%)

Table 2. Alcohol misuse and some other mental health issues

Variable	N (%)
AUDIT	
Likelihood of alcohol dependence	3 (5%)
Hazardous or harmful alcohol consumption	8 (12%)
Low risk	55 (83%)
Beck Depression Inventory	
Severe depression	1 (1%)
Moderate depression	9 (14%)
Mild depression	21 (32%)
Minimal depression	35 (53%)
Fagerström Test for Nicotine Dependence	
Very high dependence	2 (5%)
High dependence	6 (15%)
Moderate dependence	2 (5%)
Low dependence	21 (54%)
Very low dependence	8 (21%)

In terms of the reason for alcohol use (see Table 4), about one-third of the respondents reported drinking because they wish to forget their fears. On the other hand, a third of them reported that they have hardly ever drunk with this intention, and the last third were undecided – reporting drinking with

this intention at least sometimes. More than 50% of respondents reported that they have never or seldom drunk to reduce their pain, while the other half drink with this intention at least sometimes.

Table 4. Motives for alcohol consumption

	Almost never/Never	Some of the time	Half of the time	Most of the time	Almost always/ Always
Because I like the feeling	21 (32%)	21 (32%)	9 (14%)	11 (17%)	4 (6%)
Because it's exciting	32 (49%)	22 (33%)	6 (9%)	6 (9%)	0 (0%)
To get high	20 (30%)	21 (32%)	8 (12%)	15 (23%)	2 (3.0%)
Because it makes me feel good	31 (47%)	16 (24%)	10 (15%)	9 (14%)	0 (0%)
Because it's fun	23 (35%)	17 (26%)	10 (15%)	12 (18%)	4 (6%)
To relax	13 (20%)	20 (30%)	10 (15%)	18 (27%)	5 (8%)
To forget my worries	25 (38%)	14 (21%)	5 (8%)	18 (27%)	4 (6%)
Because I feel more self-confident and sure of myself	40 (61%)	10 (15%)	8 (12%)	6 (9%)	2 (3%)
Because it helps me when I feel depressed or nervous	22 (33%)	21 (32%)	9 (14%)	11 (17%)	3 (4%)
To cheer me up when I am in a bad mood	30 (45%)	17 (26%)	8 (12%)	9 (14%)	2 (3%)
To numb my pain	34 (52%)	16 (24%)	5 (8%)	10 (15%)	1 (1%)
To stop me from dwelling on things	27 (41%)	20 (30%)	7 (11%)	10 (15%)	2 (3%)
As a way to celebrate	8 (12%)	16 (24%)	11 (17%)	25 (38%)	6 (9%)
Because it is what most of my friends do when we get together	23 (35%)	20 (30%)	7 (11%)	13 (20%)	3 (4%)
To help me feel more positive about things in my life	36 (55%)	14 (21%)	5 (7%)	9 (14%)	2 (3%)
To stop me from feeling so hopeless about the future	37 (56%)	19 (29%)	3 (4%)	6 (9%)	1 (2%)
To forget painful memories	35 (53%)	22 (33%)	4 (6%)	4 (6%)	1 (2%)
So that others won't make fun of me about not using	53 (80%)	10 (15%)	2 (3%)	1 (2%)	0 (0%)
To fit in	44 (67%)	19 (29%)	2 (3.0%)	1 (1%)	0 (0%)
Because it is customary on special occasions	34 (52%)	21 (32%)	9 (14%)	2 (3%)	0 (0%)
Because my friends pressure me to drink	55 (83%)	7 (11%)	3 (4%)	1 (2%)	0 (0%)
Because it makes social gatherings more fun	26 (39%)	24 (36%)	6 (9%)	10 (15%)	0 (0%)
So I won't feel left out	50 (76%)	13 (20%)	3 (4%)	0 (0%)	0 (0%)
To fit in with a group I like	47 (71%)	15 (23%)	2 (3%)	2 (3%)	0 (0%)

Tobacco use

Tobacco use was reported by 60% (39) of respondents (see Table 2). Among them, more than half show a low dependence, about 20% have a high or moderate dependence, and 5% have a very high dependence (measured by the Fagerström test). We found a low negative correlation between the age and the results of the Fagerström test ($r = -0.43$).

Depression symptoms

According to the BDI questionnaire, roughly half of the respondents reported minimal depression. The other 50% showed some self-reported symptoms of depression, while mild depression was reported by 32% (21) respondents, moderate depression by 14% (9) respondents, and one respondent reported severe depression (see Table 2). The BDI sum was low negatively correlated with the reason for alcohol drinking to *forget the painful memories*.

Discussion

This research is one of the first attempts to assess alcohol use among Ukrainian refugees who arrived in the Czech Republic after the outbreak of the conflict in Ukraine in February 2022. Although this is a pilot study, it provides some interesting results that can help within the health and addiction services system. It also offers some interesting questions for a more representative future research in both national and international contexts. Currently (end of the year 2022), there are very few up-to-date articles related to the issue of alcohol consumption among Ukrainian refugees in international databases.

Our results are not entirely consistent with the findings of the review published by Ludvigsson and Loboda (2022) in April 2022, as we cannot confirm their conclusion about com-

mon alcohol use among Ukrainian women. In our sample, the respondents show a low level of risk based on the AUDIT questionnaire, although some problems with alcohol use were also found in terms of a high AUDIT score in a small proportion of respondents.

In terms of self-reported changes in alcohol use, our findings are partly similar to the changes in alcohol use in Europe in the early months of the COVID-19 pandemic. That is, most people in the studied population have not changed their habits, about one-third decreased their alcohol consumption, and a small proportion of respondents increased their use (Manthey et al., 2021). However, this possible pattern of changing drinking behaviour when facing a major stressor (of a very different nature) would require a separate analysis that goes beyond the scope of this paper.

At least one third of our respondents reported drinking alcohol for coping reasons, which is not so surprising given their recent war and migration experiences. These results are in line with findings of other studies, focused, however, on different parts of the world or different migration contexts (Cano et al., 2017; Horyniak et al., 2016).

Like Foo et al. (2018) in their systematic review, we found a rather high level of depression symptoms. In our sample, the level of depression may even be considered surprising; the stress exposure was by nature enormous for all of them, but half showed no depression symptoms. Our results are also in line with the Czech study of mental health among Ukrainian refugees in fall 2022 (Kavanová, 2022).

We observed a high share of smokers in our sample. This is in line with general conclusions related to tobacco use among migrants presented in the systematic review by Al-Rousan et al. (2022). It should be taken into account that tobacco use is quite widespread in Ukraine, although Ukrainian men are more likely to smoke, while the share of female smokers is estimated at 5% (Todoriko and Shevchenko, 2020).

Symptoms of depression prevail in our research sample, as well as in another Czech research in this field published by Kavanová (2022). Their research stated that, according to recent estimates, about 75,000 adult refugees would need professional care, but so far only around 5,000 refugees (3%) have received assistance in the Czech Republic. Kavanová and her co-authors also noted that 38% of their respondents had considered seeking help. The main barrier to getting help was a lack of information about the available services, while a medium barrier was fear and shame of seeking help. It should also be mentioned that the mental health system can hardly satisfy the entire population with recognised mental health needs in the Czech Republic.

A comparison of the results of this survey with values recorded in the Czech adult population is not fully possible. If we allow for this comparison, we can hypothesize with great caution and despite considerable methodological problems that the low-risk alcohol consumption is about the same in the general Czech online population, as well as the harmful or hazardous level of alcohol drinking (Barták et al., 2021). A similar conclusion can be made about the risk of addiction. We found about 3% of respondents with alcohol addiction (considerably more among males than among females) in the quasi-representative sample of the national population in 2021. In the recent research concerning Ukraine, three out of 66 respondents scored such a result in the AUDIT test. The reasons for coping with alcohol consumption seem to be slightly more common in the Ukrainian sample than in the general Czech population. However, this data needs to be compared with careful consideration of all possible limitations. The Czech data were

technically obtained during the COVID-19 epidemic, and the Ukrainian refugee data were technically obtained soon after their arrival in the Czech Republic, *i.e.*, under completely different circumstances.

Future research is needed to determine the extent of alcohol use among people from Ukraine who came to the Czech Republic almost a year ago. An international study comparing the situation – not only in the Czech Republic, but also in Poland, Slovakia or Moldova and other countries with high numbers of Ukrainian war refugees – might be useful to understand the possible demand for addiction services. Another issue that should be part of future research is changes in the use of addiction and mental health services in the context of (not)-improving communication skills in the Czech language.

Our research has some limitations that need to be taken into consideration. Firstly, the research sample is very small and not representative. Even the cooperation with native speaking co-authors did not bring more respondents. Some of the possible respondents felt that this survey was more appropriate for people with addiction problems than for them. On the other hand, some respondents expressed interest and pleasure in participating in the research, and their gratitude to the Czech Republic as a host country. This survey was only intended as a pilot study, however, in our opinion, the results still have some predictive power and can be used to motivate future more detailed and extensive surveys. The low number of respondents significantly limited the possibility of analytical data processing using common statistical methods. Another problem is the lack of international literature and resources related to this new issue, which is understandable. On the other hand, results of research on alcohol use among Ukrainian labour migrants before February 2022 are less applicable. Our current study may provide some answers to the emerging question of depression symptoms consequences and to addiction-related topics in general, and problematic alcohol use among Ukrainian war refugees in particular.

Conclusion

Most current Ukrainian war refugees can be classified at low-risk level in terms of alcohol drinking. On the other hand, both hazardous and harmful drinking persons and alcohol addicts are also present. The results also showed a high level of depression symptoms and a high level of smoking among people that came to the Czech Republic after 24th February 2022. The results are in line with other alcohol studies among refugees and migrants, as well as the recent research on mental health in Ukrainians staying in the Czech Republic. Although this is an initial survey on a limited research sample, the results represent valuable information that is important for the continuation of research efforts, the development of strategies for the integration of Ukrainian war refugees in the Czech Republic, and their direct use in addictology and psychiatry practice. Longer-term and more representative research is needed to estimate the extent of alcohol and/or other addiction issues after a longer period of integration into the Czech society, which can bring different challenges than the first months after the arrival in the country.

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Ethical aspects and conflict of interests

The authors have no conflict of interests to declare. Participation in the study was entirely voluntary. We obtained implied consent from respondents to participate in the research

by their completion of the online questionnaire. Participants were informed of the research's intent in an outreach email that was delivered with a link to complete the online questionnaire.

Charakteristika užívání alkoholu mezi migranty z Ukrajiny do České republiky v kontextu války na Ukrajině v roce 2022

Souhrn

Úvod a cíl: Cílem článku je odhadnout míru zneužívání alkoholu a některých dalších psychických problémů u Ukrajinců, kteří vstoupili na území České republiky po 24. únoru 2022. Předchozí studie zaměřené na užívání alkoholu a dalších návykových látek mezi Ukrajinci v České republice nelze na současnou situaci aplikovat, neboť se většinou týkaly mužské populace a ekonomické migrace, která se od situace v roce 2022 značně lišila.

Metody: Online průzkum byl proveden na příležitostném (convenience) nereprezentativním vzorku 66 ukrajinských uprchlíků v České republice. Většina respondentů přišla do České republiky se svými dětmi. Ke zjištění důvodů pití alkoholu a případných depresivních symptomů byly použity standardní dotazníky týkající se užívání návykových látek (alkohol, tabák).

Výsledky: Podle výsledků nástroje AUDIT lze většinu respondentů z hlediska pití alkoholu zařadit do kategorie nízkého rizika. Odpovědi některých respondentů indikovaly problémy spojené s alkoholem. Byla zjištěna vysoká pozitivní korelace mezi změnou frekvence pití alkoholu a změnou množství alkoholu užitého během typické příležitosti k pití, přičemž změny se zjišťovaly od začátku války a od příchodu do Česka. Výsledky také ukázaly vysokou míru symptomů depresivity a vysokou míru kouření.

Závěr: Výsledky jsou v souladu s jinými (řidkými) výzkumy v této oblasti. Je zdůrazněn význam výzkumu konzumace alkoholu, přičemž by byl velmi vítáný dlouhodobější výzkum.

Klíčová slova: alkohol; Česká republika; důvody užívání alkoholu; symptomy depresivity; Ukrajina; uprchlíci

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