More tips for managing Safe Alcohol Use during COVID-19



Supporting our wellness during COVID-19

This fact sheet is part of Thunderbird Partnership Foundation's commitment to provide culturally-grounded and strength-based supports for First Nations people during COVID-19. These resources can provide guidance as our communities navigate the current global health crisis, while continuing to face existing health challenges, including substance use and mental health issues.

Communities may want to consider the following tips to support those trying to use alcohol safely.

- Know how much you drink regularly.
- Spread drinks out to reduce binging and withdrawal.
- Slowly reduce the amount of drinks each day, by no more than one or two drinks a day.
- Chose beverages with less alcohol content, ie. beer vs. wine or wine vs. spirits.
- Take a break from drinking after slowly reducing your intake.
- If you drink heavily, reducing too quickly or quitting can be dangerous. Consider a prescription to relieve withdrawal.

SCREENING FOR RISK OF SERIOUS ALCOHOL WITHDRAWAL

If you drink heavily, stopping suddenly can be dangerous. Ask yourself:

- 1. Do I drink more than one bottle of spirits, three bottles of wine or 15 bottles of beer a day?
- 2. Have I ever had a seizure from alcohol withdrawal before?
- 3. Have I ever had hallucinations from alcohol withdrawal before?
- 4. Do I usually shake, sweat, feel nauseous or vomit when I wake up in the morning?
- If you said "yes" to any of these questions, you are at high risk of withdrawal seizures.
- If so, do not stop drinking suddenly unless you have been prescribed medication to relieve withdrawal. Cut down gradually, drinking one or two drinks fewer a day.

MEDICATIONS TO MANAGE WITHDRAWAL MAY INCLUDE

- non-benzodiazepine medications, such as gabapentin, carbamazepine, orclonidine, for managing low risk of severe complications of alcohol withdrawal (at home)
- benzodiazepine treatment regimen under close observation (emergency care if needed) at inpatient facility for high risk of severe complications
- naltrexone or acamprosate as a first-line pharmacotherapy to support patient-identified treatment goals in adults with moderate to severe alcohol use disorder
- Naltrexone for patients with a goal of alcohol abstinence or reduction
- Acamprosate for patients with a goal of abstinence

For more visits

https://www.bccsu.ca/wp-content/uploads/2019/12/AUD-Recommendations.pdf

Consuming alcohol during pregnancy is not recommended:

- binge drinking at critical periods of organ development elevates the risk of fetal alcohol spectrum disorder (FASD)
- the pregnancy may be complicated by one or more episodes of binge drinking before a woman knows she's pregnant
- binge drinking may not be taken as seriously as persistent heavy drinking, but adverse effects in the fetus may still occur
- as alcohol metabolism in the fetus is slower than in the mother, higher levels of alcohol are sustained longer in the fetal blood than in the mother's blood

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