# 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, visit:

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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