

JULY 2022

UNIVERSITY OF CANBERRA

MEDICAL & COUNSELLING NEWSLETTER

HI UC STUDENTS,

This newsletter is all about Alcohol

MYTHS & FACTS

MYTH 1

“

You really must admire a person who can hold his/her liquor OR Drinking isn't a problem as long as you can hold your liquor.

”

TRUTH

You are drinking large quantities of alcohol and no longer feeling your normal “buzz” you may have developed a tolerance to alcohol. Tolerance comes from chronic use of alcohol that results in physical and mental adaptation to its presence in the body. This is also a sign that the liver is being constantly exposed to alcohol and is working overtime to cope. It may also mean you have gone beyond being a social drinker and may be developing a more serious problem with alcohol.



MYTH 2

Alcohol can be used as a food supplement.

> TRUTH

Alcohol has no nutritional value. Not only is alcohol devoid of proteins, minerals, and vitamins, it inhibits the absorption and usage of vital nutrients such as thiamin (vitamin B1), vitamin B12, folic acid, and zinc. Alcohol use constricts metabolism and endurance. It does contain a significant number of calories, however. The body treats alcohol as fat, converting alcohol sugars into fatty acids.

MYTH 3

Alcohol is a stimulant drug.

> TRUTH

Alcohol is a central nervous system depressant; it sedates the central nervous system. One of the first areas of the brain to be affected is the cerebral cortex, which controls judgment, self-control, and inhibitions. The depression on this part of the brain may result in feeling euphoric and seem stimulating, but the cumulative effect of alcohol depresses the brain. The ability to make good judgments and decisions are depressed first, followed by loss of coordination and motor functioning (slurring and staggering). If taken in high enough doses, alcohol can depress the central nervous system so much that breathing, and heartbeat will slow down and eventually stop.

MYTH 4

You won't get a hangover if you don't switch drinks.

> TRUTH

Hangovers are caused by the amount of alcohol consumed and the rate at which it is consumed, not by the type of alcohol consumed. While metabolizing alcohol, the liver cannot perform its normal functions, one of which is keeping the blood sugar at a normal concentration. The results of this state called hypoglycaemia, or lower than normal blood sugar. This can cause headaches. A hangover is a withdrawal. When the central nervous system is released from the depressed state, the opposite state develops-feeling edgy and irritable. This effect is known as "rebound."



MYTH 5

Beer and wine are safer than spirits.

> TRUTH

Alcohol is alcohol, it can cause you problems no matter how you consume it. All types of alcohol contain the same active ingredient. Beer and wine continue to lead alcohol supply in Australia contributing to 39% of all pure alcohol sales, followed by spirits and ready to drink (20%) and cider (3%).

MYTH 6

People with alcohol dependence drink everyday.

> TRUTH

Alcohol dependence comes in many forms: those who drink daily; those who drink on weekends; those who drink in binges which could occur weeks, months or even years apart. The measure of alcohol dependence is not when or how often one drinks, but whether one can control the drinking once it begins. Alcohol is most common drug for which people seek treatment or support for in the ACT (44 % of all treatment) Although severe alcohol problems get the most public attention, even mild to moderate problems cause substantial damage to individuals, their families and the community.



MYTH 7

Black coffee or a shower will sober you up.

> TRUTH

Nothing sobers you up except time. Coffee contains caffeine, a stimulant which can make you feel more alert and awake. It doesn't help your body process alcohol faster. On average, it takes 2 to 3 hours for a single drink to leave the body. Regardless of how much food you eat or water you drink, our bodies only break down one standard drink of alcohol every hour, on average. Nothing can speed up the process, only time will rid the body of alcohol. There is no known way of speeding the metabolic process of eliminating alcohol from the body.



MYTH 8

It's OK to get drunk occasionally.

> TRUTH

Binge drinking is associated with serious health problems, including falls, accidents, assaults, risky behaviours, palpitations and other health conditions. It doesn't matter how infrequently you binge drink, every episode carries a risk. If you have over four standard drinks in a single sitting, you are risking your health.



MYTH 9

Alcohol is a great way to relax and reduce stress.

> TRUTH

Alcohol increases the level of stress that is placed on the body. Adrenaline levels increase in the body as we drink. We may feel more relaxed when we drink alcohol, but the body comes under additional stress.

MYTH 10

Alcohol is good for social anxiety.

> TRUTH

People report that they feel more comfortable and relaxed in social situations however those with diagnosed social anxiety have a higher incidence of alcohol related problems than the general population

These include: falls, accidents, conflict with others, assaults, lower inhibitions (and events they regret afterwards) and risky behaviours.



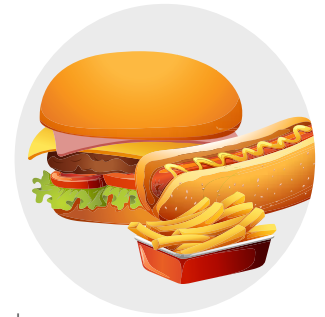
MYTH 11

Eating greasy food will stop a person from getting drunk or sick (vomiting)

> TRUTH

The stomach cannot be "coated" to prevent alcohol absorption. Fatty foods will merely slow down the rate of the stomach emptying into the small intestine, where absorption of alcohol occurs at a much faster rate.

Individuals ARE encouraged to eat foods rich in carbohydrates and proteins before consuming alcohol to protect the stomach lining and reduce heartburn. This will not stop vomiting associated with excess alcohol.



MYTH 12

Young people drink more than older people and everyone drinks alcohol.

> TRUTH

The results of the University of Canberra FARE survey found that 25% of first year students do not drink alcohol. Alcohol use is decreasing in Australia particularly amongst young people. Older Australians are continuing to drink more hazardously. The proportion of 14-17 years old's who had never had a drink (2017) increased to 66% (compared to 28% in 2001).

MYTH 13

Alcohol helps with sleep onset.

> TRUTH

Many of us struggled with the changes to lifestyle brought on by the COVID-19 pandemic. Research in Australia has shown that many people became less active and then started to struggle with sleep. Some of us may have developed a habit of drinking alcohol at night to assist with sleep onset (www.mdpi.com/1660-4601/17/11/4065). The sedative qualities of alcohol can certainly help with sleep onset, but there are a few consequences to our overall sleep architecture. Researchers have found that alcohol use can help us fall asleep faster and the first sleep cycle may be deeper (onlinelibrary.wiley.com/doi/full/10.1111/acer.12006). Unfortunately, alcohol will delay rapid eye movement (REM) sleep, which is important to help consolidate thoughts and experiences and for learning and memory. Later in the night we are more likely to wake up and less likely to experience more cycles of deep sleep. Studies consistently show that the second half of our sleep is negatively affected by alcohol and is much less restful, counteracting any of the benefits of faster sleep onset. A Finnish study in 2018 found that on drink per day reduced sleep quality by 9.3%, two drinks by 24%, and heavy alcohol use by 40% (mental.jmir.org/2018/1/e23). Unfortunately, as our sleep quality is negatively affected, we can be tempted to continue to use alcohol to help get to sleep which can feed an unhealthy cycle.

So, what can we do to support our sleep instead of using alcohol? The Sleep Health Foundation recommends the following tips (www.sleephealthfoundation.org.au/tips-for-a-good-night-s-sleep.html):

1. Stick to regular sleep patterns
2. Spend the right amount of time in bed
3. Use your bed for sleep, not screens or entertainment
4. Relax before bed
5. Be comfortable in your bedroom
6. Avoid alcohol, caffeine, and stimulants like smoking/vaping
7. Don't nap for longer than 30 minutes or closer than 4 hours to bedtime
8. Don't watch the clock – that can increase your anxiety about sleep
9. Avoid relying on sleeping pills, they don't fix the underlying problems with sleep
10. Ask for help from a doctor or psychologist if you're having trouble with sleep



MYTH 14

Anyone who passes out from drinking too much should be put to bed and allowed to “sleep it off”.

> TRUTH

If a friend has had too much to drink and passes out, the worst thing you can do is drag them into a bedroom away from everyone else and close the door. Alcohol slows down the heart rate and breathing and lowers the blood pressure. The amount of alcohol it takes to make you pass out is dangerously close to the amount it takes to kill you. If a friend passes out, make sure they are on their side and their airway is not obstructed. Monitor their breathing and heart rate closely. If there is reason for concern, do not hesitate to get the individual medical attention by ringing 000. **You may save their life.** Alcohol kills over 6,000 Australian's every year and at least one young person dies every week from an alcohol overdose.

Information from:

- Australian Institute of Health and Welfare (AIHW, 2020). *National Drug Strategy Household Survey 2019 : Drug Statistics series no. 33. PHE 271.* Canberra
- *Alcohol, tobacco, and other drugs in Australia.* Web report. AIHW. Last updated 26 June 2020.
- www.wosc.edu/index.php?page=counseling-alcoholism-myths-vs-facts
- www.healthline.com/health/facts-about-alcohol
- studenthealth.ucsd.edu/resources/health-topics/alcohol-drugs/nutrition-endurance.html



BLOOD ALCOHOL CONCENTRATION: WHAT DO WE FEEL AT DIFFERENT STAGES OF INTOXICATION?

<https://www.youtube.com/watch?v=zSKsSrXXj7E>

Alcohol Guidelines

Australian guidelines to reduce health risks from drinking alcohol

1: HEALTHY ADULTS

Drink no more than 10 standard drinks a **week**



AND no more than 4 standard drinks on **any one day**



to reduce the risk of harm from alcohol.

The less you drink, the lower your risk of harm.

2: CHILDREN AND PEOPLE UNDER 18 YEARS OF AGE

Should not drink alcohol



to reduce the risk of harm from alcohol.

3: WOMEN WHO ARE PREGNANT OR BREASTFEEDING

Should not drink alcohol



to prevent harm from alcohol to their unborn child or baby.

HARM REDUCTION INFORMATION

- Try to limit your intake of alcohol to no more than 4 drinks on any one occasion and 10 standard drinks per week.
- Consider distributing tokens for drinks at a party (for alcoholic and non-alcoholic drinks)
- Try to have at least 2 or more alcohol free days a week
- Drink water or other non-alcohol beverages between alcoholic drinks. (For every alcoholic drink, have two non-alcoholic beverages)
- Eat some food before and while drinking, to slow your drinking pace and slow the absorption of alcohol.
- Choose lower alcohol options & avoid high-alcohol content beverages, such as cocktails or spirits.
- Avoid drinking in rounds with friends, as you may end up drinking more than planned.
- Determine before you start drinking how and when you will get home.
- Don't drink and drive. Discourage drink driving in others. If you want to limit how much you drink, the best excuse is to be the designated driver!
- Order smaller serves of beer, cider, and spirits, rather than pints or double serves.
- Don't let others top up your glass and don't top up the glasses for others as it makes it too hard to keep track of how much you are drinking.
- Occupy yourself while drinking to reduce the amount you're consuming; play pool, sing karaoke, dance, talk to friends.
- If you are not ready to make your home a drink free zone then avoid stocking up on alcohol when you go to the shops. The more alcohol we buy, the more likely we will be to drink it sooner than intended.
- Substituting alcoholic drinks with tasty non-alcoholic drinks (good teas, sparkling water etc) is a good alternative for people wanting to reduce their intake.
- Change your routine. If you have gotten into the habit of heading straight home after work and reaching for a glass of wine to destress, try something different. Go to the gym on your way home, or walk or a run as soon as you get home.
- Delay drinking. Instead of having a few drinks before dinner or while cooking dinner, wait until dinner is served to have your first drink.
- Practice saying no. It may be difficult at first, but you will be surprised how quickly it can become comfortable to say no and others will get used to it. Some phrases to respond when caught off guard are, "I'm pacing myself", "I'm on a health kick or, "I'm trying to cut back" "I have sport (work) tomorrow".

If you would like to understand how your drinking may be impacting your health, please use the online tools here. Online Tools – Impact Alcohol: www.impactalcohol.org.au/alcohol-your-health/online-tools.

ALCOHOL & CONSENT

The following information is from the Alcohol and Drug Foundation website (ADF), December 15, 2021, adf.org.au/insights/alcohol-and-consent

CAN YOU CONSENT WHEN INTOXICATED?

Being intoxicated is not an excuse for behaviours such as violence, theft, driving and property damage. Consent is no different. If you're intoxicated, the law holds you to the same standards as a person who isn't intoxicated. Consent cannot be 'freely given' if you are intoxicated. Everyone needs to actively consider how the effects of alcohol can impact a potential partner's capacity to give consent.

How intoxicated a person is will depend on how much alcohol and how quickly they have drunk alcohol as well as their overall size and weight. In larger amounts alcohol can cause a loss of coordination and balance, slurred speech, and impaired judgment. Other signs of intoxication include short-term memory impairment (this can look like circular or repetitive conversations) and delayed reactions or sleepiness. This can get worse after stopping drinking as the alcohol continues to be absorbed.

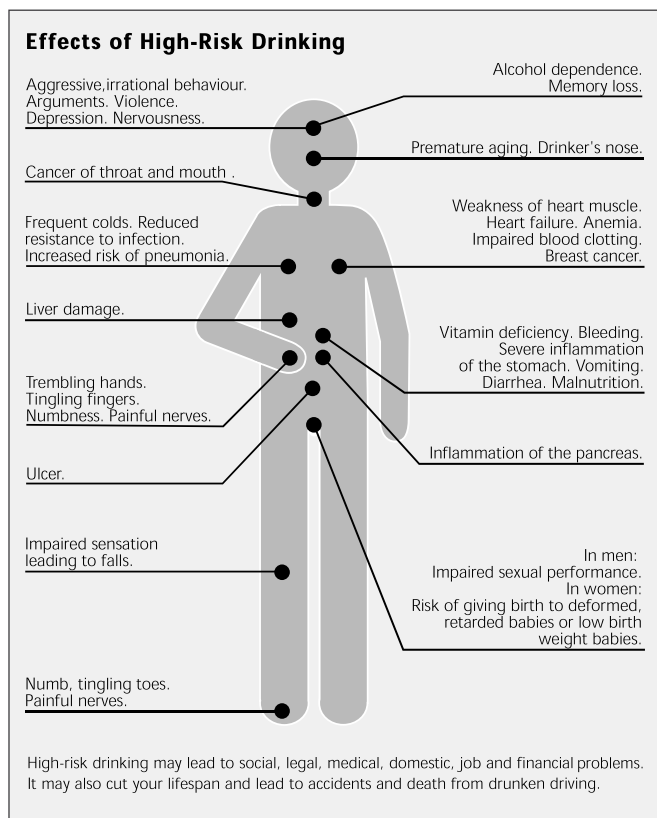
Recognising and respecting the times when someone is too intoxicated to be able to give consent is part of being a good human. If you are worried at any stage, that someone may be too intoxicated to consent then they probably are! It is always better to err on the side of caution. Whether you're on a date, at a party or have met someone while you're out, don't pursue anything with someone who is too intoxicated to give consent.

Another critical aspect of consent is that it must be reversible at any time – a person should always be able to choose to change their mind and stop what they are doing (because consent means someone can make a different choice at any point in time). Even if someone consented to sex at the bar and agreed to go to someone's house, it doesn't mean that they are still consenting when you reach the house. The person may have become more affected by alcohol as their body absorbs their last drinks. They may be too intoxicated to give consent or change their mind. Consent is not a one-off, it needs to be an ongoing agreement between all individuals involved. That means we all need to continue to pay attention to the verbal communication AND body language of ourselves or others involved in any consenting situation.

More information on consent can be found at **1800RESPECT**, a detailed page on understanding consent

THE EFFECTS OF ALCOHOL

<https://youtu.be/RPEhlw3lh28>



HELPFUL RESOURCES

- The UC Medical and Counselling Centre (book online or call reception on 6201 2351). www.canberra.edu.au/on-campus/health-and-support/medical-counselling
- Althea Wellness Centre provides specialist psychologist, GP, and nursing care for those impacted by alcohol or drugs. Call the Woden office on (02) 6132 4800. directionshealth.com
- Arcadia House is located at Calvary Hospital and offers rehabilitation services including a 7-to-14-day non-medicated Withdrawal Program, a 12 week Day Program, a 12 week Residential Rehabilitation Program consisting of 8 weeks residential and 4 weeks day program. Call reception on (02) 6129 5900 directionshealth.com/arcadia-house
- SMART Recovery is a self-help group focusing on Cognitive Behavioural Therapy (CBT). The group currently meets online. For group times see: directionshealth.com/programs-services/#support
- ADAPT (Alcohol Drug Awareness and harm Prevention Training) for people wanting to make a change in their substance use. There are 3 weekly group sessions online on a Friday from 10:30am-12:00pm (book here: directionshealth.com/wp-content/uploads/2021/12/Online-support-groups-Dec-2021.pdf)
- Alcoholics Anonymous (AA) is a support group for those wanting to quit drinking www.aacanberra.org
- Al-Anon helps family or friends who are recovering from living with someone who had or has a drinking problem www.al-anon.org.au.

DO YOU WANT TO LEARN MORE ABOUT ALCOHOL AND HELP OTHER STUDENTS UNDERSTAND MORE ABOUT ITS HARMS AND EFFECTS?

The University Drug and Alcohol Network (UDAN) works in conjunction with the Alcohol, Tobacco, and other Drug Association (ATODA) of the ACT to address alcohol and other drug use amongst university students in the ACT.

WHAT DOES IT INVOLVE?

The drink in Check Train the Trainer project involves attending a 4-hour training program on alcohol where you will be taught how to use the Alcohol Use Disorders Inventory Test (AUDIT) which was developed by the World Health Organization to screen for risky drinking. You will also learn how to provide feedback to participants completing the AUDIT and how to support others to set goals for changing their drinking habits.

DELIVERING A BRIEF INTERVENTION

1. Ask person if they will share their AUDIT score
2. Give feedback about the score and associated risk
3. Advise the person they can reduce their risk of harm by reducing their alcohol use
4. Responsibility: let them know it's up to them what they do with the information
5. Summarise and reflect on your discussion about alcohol
6. Give person the brief intervention leaflet/QR code
7. If you feel confident and have good rapport you can also ask the following questions:
 - Are you concerned about your score? How? Why?
 - What are some of the good things about alcohol?
 - What are some of the less good things about alcohol?
 - How concerned are you about the less good things about using alcohol?"
 - Prompt: "When would you know your alcohol use is a concern?"

WHAT DOES THE AUDIT QUESTIONNAIRE LOOK LIKE?

The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

<p>1. How often do you have a drink containing alcohol?</p> <p>(0) Never [Skip to Qs 9-10] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week</p> <input type="text"/>	<p>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="text"/>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p>(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more</p> <input type="text"/>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="text"/>
<p>3. How often do you have six or more drinks on one occasion?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p><i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i></p> <input type="text"/>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="text"/>
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="text"/>	<p>9. Have you or someone else been injured as a result of your drinking?</p> <p>(0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <input type="text"/>
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="text"/>	<p>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?</p> <p>(0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <input type="text"/>
<p style="text-align: right;">Record total of specific items here <input type="text"/></p> <p><i>If total is greater than recommended cut-off, consult User's Manual.</i></p>	

AUDIT Score	Risk Level	Possible Intervention
0 - 7	Low Risk.	Intervention not required
8 - 15	Risky or hazardous level Moderate risk of harm	Brief intervention of simple advice – reinforce safe drinking behaviour
16 - 19	High-risk or harmful level	Brief Intervention, brief counselling and continued monitoring. Assessment & referral for more intensive intervention where necessary.
20 or more	High-risk Dependence likely	Further assessment and more intensive intervention required. Consider referral to medical or specialist services for withdrawal

DRINK IN CHECK - TRAIN THE TRAINER PACKAGE

This year, the Alcohol Tobacco and Other Drugs Association (ATODA) & the University Drug and Alcohol Network (UDAN) are planning to implement a program in ACT Universities to be conducted as a peer lead educational and preventative program about alcohol related harms and screening tools.

Any students that are interested in participating can contact Sam at the UC Medical Centre on sam.smith@canberra.edu.au.

What is a standard drink?

In Australia, one standard drink is equal to 10 grams of alcohol – standard drinks for beer, wine, and spirits are shown in the infographic below.



The National Health and Medical Research Council (NHMRC) developed some new alcohol guidelines which were released in Australia in December 2020. These guidelines provide information on how to reduce the health risks from drinking alcohol.

FURTHER INFORMATION

Getting help

University of Canberra
Phone: (02) 6201 2351
www.canberra.edu.au

Australian National University
Phone: (02) 6125 2211
www.anu.edu.au

Canberra Alcohol and Drug Services
Phone: (02) 5124 9977
www.health.act.gov.au/services/alcohol-and-drug-services

Beyond Blue
Phone: 1300 22 4636
www.beyondblue.org.au

ATODA Directory of Alcohol and Drug Services ACT
www.directory.atoda.org.au

Impact Alcohol
www.impactalcohol.org.au

Drink Check (AUDIT)
www.impactalcohol.org.au/alcohol-your-health/online-tools/5-minute-drinkin-audit

Drinks Meter app
www.yourroom.health.nsw.gov.au



This project was funded by the Alcohol and Drug Foundation as part of an Local Drug Action Team Grant



drink in check

TOP TIPS ABOUT ALCOHOL

Stick within the NHMRC guidelines and drink no more than 10 standard drinks per week and no more than 4 standard drinks on any occasion.

Try to have two alcohol free days per week to give your liver a break and avoid becoming dependent on alcohol

Nothing sobers you up except time – remember it takes the body approximately 60 minutes to process each standard drink

You can't get or give consent when intoxicated

Avoid mixing alcohol with other drugs especially depressant drugs like benzodiazepine's (Valium/Xanax), opioids and GHb

If you are out at a pub or club, keep an eye on your drink and don't leave it unattended

Don't drink and drive and discourage your friends/peers from the same

Be aware of the signs of alcohol overdose or poisoning –

Call 000 if you see any of the following:

- **Slow or irregular breathing**
- **Blue tinged or pale skin (lack of oxygen)**
- **Low body temperature**
- **Passing out and can't be woken**
- **Seizures**

INTERPRETING THE AUDIT: BRIEF INTERVENTION ADVICE

LOW RISK Score of 0-7

- Well done on being a low risk drinker – keep up the good work
- Your current consumption of alcohol is unlikely to cause you significant harm and you have a low risk of becoming dependent on alcohol
- The current NHMRC guidelines suggest that adults over the age of 18 should not drink more than 10 standard drinks per week, and no more than four standard drinks on any occasion to reduce the risk of harm from alcohol
- Try to stick to the limits even on special occasions
- The less alcohol you drink in your lifetime, the better it is for your health long term

MEDIUM RISK Score of 8-12

- Your current level of drinking can be harmful to your health and is putting you at risk of developing problems including becoming dependent on alcohol
- Cutting down on how much and how often you drink will reduce your risk
- Some health-related harms of continuing to drink at this level could include:
 - Risk of injury to self and others
 - Increased risk of motor vehicle crashes
 - Sleeping problems
 - Reduced levels of concentration
 - Poor work performance and absenteeism
 - High blood pressure
 - Depression and anxiety
 - Sexual problems (impotence)
 - Family, work, and other relationship problems
 - Aggression, violence

HIGH RISK Score of 13-19

- Your current level of drinking can cause serious physical, psychological and social harm – you are also at high risk of becoming dependent on alcohol
- Drinking at high-risk levels may also have a significant impact on your health, relationships, 'fitness for work' ability to study and capacity to complete common tasks
- You may injure yourself or others
- High risk drinking can be harmful to your health and cause a range of health problems including:
 - Liver damage
 - High blood pressure
 - Memory loss
 - Brain damage
 - Increased risk of motor vehicle crashes
 - Sleeping problems
 - Cancer (breast, mouth, throat, oesophagus, voice box, liver, bowel, colon, rectum)
 - Heart disease
 - Stroke
 - Digestive problems
 - Physical dependence and withdrawal

EXTREME RISK Score of 20 and above

- In addition to all of the physical, physiological and social harm **listed in high risk** your current level of drinking indicates an alcohol use disorder and probable alcohol dependence
- Referral to counselling, treatment and support is recommended
- **See the back of the brochure for drug and alcohol services in ACT and helpful websites and apps**

If you or someone you know needs help - please do not hesitate to contact the **UC Medical & Counselling Centre** on **6201 2351** to book an appointment with a Doctor or psychologist, or walk in and chat to one of our nurses. We provide experienced, confidential help.

Keep an eye out for our next issue.

On behalf of the UC Medical & Counselling Centre, **stay safe everyone!**