

ALCOHOL: WHAT YOU NEED TO KNOW

Community Health

A Division of Wardenburg Health Center

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UMC 411

PHYSIOLOGY OF ALCOHOL

Alcohol impacts people differently based on the following:

Body Size: The bigger the person, the more blood they have. The water in the blood dilutes the alcohol.

Body Composition: The more body fat a person has, the less water they have to dilute the alcohol.

Genetics: People vary in their ability to make the proteins that the body uses to break down alcohol.

Food: A full stomach before consuming alcohol will slow the passage of alcohol into the body.

History: Someone who drinks frequently MAY make more of the enzymes that metabolize alcohol, but their liver still processes alcohol at the same rate as everybody else (1 drink/hour).

How it's processed

- Not digested, most (80%) is absorbed in the small intestine and then goes directly into the bloodstream
- Spreads throughout body (blood, all organs, muscles)
- Reaches the brain within minutes
- The liver does almost all of the work to remove alcohol from the body and it runs at just one speed, no matter your size, sex, or experience
- The body can process about one drink per hour and nothing can speed this up

SIGNS OF ALCOHOL TOXICITY

Warning Signs

If any of the following conditions are present in an intoxicated person, they may be at risk for alcohol toxicity or death.

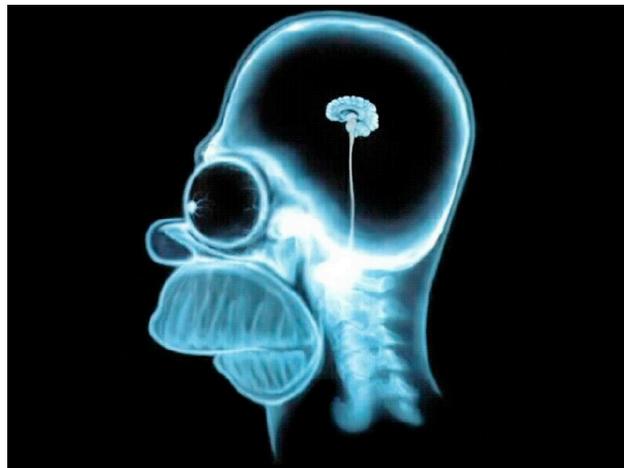
Slow respiration: (<12 breaths/minute) breathing is shutting down

Cool or clammy to the touch: not enough blood circulating, temperature falling

Pale or bluish skin, lips, palms, soles: lack of oxygen

Vomiting while passed out: (unconscious) risk of inhaling vomit or choking

Excessive vomiting, vomiting bile, “dry heaves”: brain ridding body of toxins, can lead to GI rupture



DRINKING ALCOHOL AND ITS EFFECTS

The following describes how alcohol affects the body. These effects present themselves differently and are dependent on body size, body composition, genetics, and a person's history with alcohol.

# OF Drinks In Initial HOUR	EFFECTS
1-3	Lightheaded – Relaxed, elated, warmth sensation
2-5	Buzzed – Euphoric feeling, lowered inhibitions, slight reasoning impairment, exaggerated emotions
3-6	Legally Impaired – Delayed reaction time, balance, speech, vision impairment, inhibited judgment
4-7	Drunk – Motor skills impaired, circulatory and respiratory systems depressed, perception and judgment severely impaired
5-8	Wasted – Increased motor impairment, nausea, disorientation, blurred vision, reasoning further impaired
6-9	Dazed and Confused – Completely unaware of time and space, increased nausea, vomiting (excessively), decreased balance, pain receptors inhibited, possibly blackout. Consider getting help
7-10	Stupor – Mental, physical and sensory functions severely impaired, may pass out, accident prone. Get help!
10 +	Coma – Possible alcohol poisoning, onset of coma, hospitalization, death a 50% chance. Should have already gotten help!

NEED TO KNOW: THE RECOVERY POSITION

Why use the Recovery Position?

1. Keeps airways open
2. Keeps a person from suffocating
3. Keeps them from choking on their own vomit
4. Keeps them from inhaling vomit



Placing someone in the Recovery Position:

1. Make sure the person's mouth is pointed downward
2. Use their top knee to stabilize the person
3. Position the person so it's not easy for them to roll onto their back



Remember:

- Never leave the intoxicated person alone and keep checking for changes every 10 minutes
- If the person's condition deteriorates, call 911 immediately

WAYS TO REDUCE RISK

Keep Track: Set a limit for yourself and keep track of your consumption

Count and measure: Know standard drink sizes so you can determine how much alcohol you've had

Set personal limits: When choosing to drink, set a personal limit for how much you want to consume

Alternate drinks: When you do drink, pace yourself. Space drinks out and alternate with non-alcoholic drinks

Eat before you drink: Don't drink on an empty stomach, have some food so the alcohol will be absorbed more slowly into your system

Know your "no": You're likely to be offered a drink at times when you don't want one. Have a response in mind ready to go

SOBERING UP TAKES TIME

What does sobering up look like?

After a heavy night of drinking Ralphie's BAC reaches a .20. At this point Ralphie decides to go home and sleep it off. Even though Ralphie is sleeping, the alcohol will still be processed into the next day. Here's what Ralphie will experience during the time it takes to sober up.

TIME	ACTIVITY	BAC
4 am	Made it to bed, stumbling and disorientated	.20
5 am	Having a hard time falling asleep, queasy	.18
6 am	Tossing and turning	.17
7 am	Finally sleeping, but not well	.15
8 am	Sleeping	.14
9 am	Get up for class, hangover headache	.12
10 am	Driving to campus, risk of DUI accident	.11
11 am	In class, having trouble concentrating	.09
12 pm	Judgment still impaired	.08
1 pm	Fatigued and clouded mind	.06
2 pm	Not ready for food, but dehydrated. Bad case of cottonmouth	.05
3 pm	Last class of the day, still unable to focus	.03
4 pm	Head clearing	.02
5 pm	Feeling less hungover	.005
6 pm	Finally sober, but not feeling 100%	.000

