ALCOHOL & TYPE 1 DIABETES

The National Diabetes Services Scheme is an initiative of the Australian Government administered with the assistance of Diabetes Australia.
The following information on alcohol should be used as a guide. Alcohol affects people differently and some of this information may not apply to all people with type 1 diabetes.
Alcohol is the most commonly used recreational drug in Australia, available legally to anyone over the age of 18. It is actually classified as a ‘depressant’ drug which simply means that it slows down your body’s response rates, which can lead to poor decision making and slower reflexes. Drinking alcohol can cause immediate problems with speaking and movement which can lead to harmful accidents or injuries, or unwanted physical or sexual violence.
When you become a teenager your body goes through a lot of changes. Just as your body keeps developing and maturing, so does your brain. There are a lot of reasons not to drink alcohol when you are young but one of the most important ones is that it can affect your brain because it can actually stop your brain from developing normally. Alcohol affects the brains of young people differently from the way it affects adults, and can cause health problems, memory problems, addiction or depression.

If you have diabetes you are still able to drink alcohol, but there is a higher risk of your diabetes becoming unstable when alcohol is added to the mix. It is important for you to know about these risks so you can prevent them and avoid dangerous situations.

What is a standard drink?

A standard drink is one that contains 10 grams of alcohol.
One standard drink is equal to:

- 285ml regular beer
- 425ml low alcohol beer (less than 3% alcohol)
- Pre-mixed drink
- 100ml wine
- 60ml fortified wine (port, sherry)
- 30ml spirits
It is important to be familiar with how much is in a standard drink of each type of alcohol as it is easy to misjudge the amount consumed. By Australian law, the label on every alcoholic drink has to show how many standard drinks it contains.

It’s important to remember that some drinks served at restaurants, bars, clubs, and particularly at parties, can have more alcohol than a standard drink. As an example, an average serving of wine at a restaurant is 150ml making it 1.5 standard drinks. In addition, cocktails can contain many shots of different spirits, so even though they may look like one standard drink, they can actually contain a whole lot more.
HOW MUCH IS TOO MUCH?

Research shows that people with diabetes can drink alcohol like everyone else, but it is advisable that they stick to the recommended 2 standard drinks limit per day which relates to all Australians. Most people with diabetes can safely drink alcohol in moderation, but it is always best to check with your doctor if you have any questions.

For young people under 18 years of age, not drinking alcohol is the safest option.¹

Excessive drinking or ‘binge drinking’ can be dangerous for your health. Short term effects can include hangovers, headaches, nausea, vomiting, memory loss and injuries. There is also the risk of alcohol poisoning which can cause death. Other effects include changed behaviour such as aggression or depression. Long term affects can include alcohol dependence which can lead to liver or brain damage over time.

You can lower your health risks and avoid dangerous situations by following these guidelines:

// Adult men and women should drink no more than 2 standard drinks a day.
// Drink no more than 4 standard drinks on a single occasion.
// Have at least 2–3 alcohol free days each week.

HOW DOES ALCOHOL AFFECT A PERSON WITHOUT DIABETES?

Because everyone is different, alcohol can have different effects on people depending on a number of things including:

- gender
- weight
- amount of body fat
- what they have eaten beforehand
- physical activity
- how they are feeling at the time.

More information on the effects of alcohol can be found in the Australian Government’s National Health and Medical Research Council’s (NHMRC) guidelines here: www.nhmrc.gov.au/health-topics/alcohol-guidelines/alcohol-faq
HOW DOES ALCOHOL AFFECT A PERSON WITH TYPE 1 DIABETES?

People with type 1 diabetes face more risks when drinking alcohol than people without diabetes. Alcohol can affect your blood glucose levels (BGLs), which may cause hypoglycaemia (a ‘hypo’).

When you drink alcohol, your liver thinks it is a toxin that needs to be processed. Until the alcohol is completely processed, your liver will not release a sufficient amount of glucose into your blood which means your BGLs are lower, and may lead to a hypo. Sometimes your BGLs are first raised by the sugar content in some alcoholic drinks (which are mixed with soft drink) and then lowered once your liver starts processing the alcohol. The risk of a hypo occurring is possible both during the time you are drinking, as well as for many hours after drinking.

Symptoms of a hypo can include shaking, sweating, dizziness, headaches, crying, grumpiness, hunger and numbness around the lips and fingers. So it is very important to treat a hypo if you feel any or all of these symptoms. You should check your blood glucose level. If it is below 4mmol/L you should have:

// Glucose tablets equivalent to 15 grams carbohydrate OR
// 6–7 jellybeans OR
// 1/2 can of regular soft drink (not ‘diet’) OR
// 3 teaspoons sugar or honey OR
// 1/2 glass of fruit juice.

ALCOHOL AND HYPOSES

If you drink alcohol, you and your friends may not recognise the symptoms of a hypo because it may be assumed that you are drunk. This is dangerous because you may not get the right help fast enough.

Young people with type 1 diabetes need to plan ahead if they are drinking. Tips to reduce your risk of alcohol-related hypos:

// Never drink on an empty stomach. Always ensure you have some carbohydrate in a meal or snack prior to commencing drinking.
// Check your blood glucose just before going to bed to minimise the chances of hypoglycaemia while sleeping.
// Eat a snack before going to bed. Remember that the body continues to process alcohol even after drinking stops.
// Never drink alone. Identify a friend, who knows you have diabetes, to watch out for you if you decide to drink. Make sure they know how to recognise when you are having a hypo and that they know how to help you to treat it.
WHAT TYPES OF ALCOHOL CAN I DRINK?

Different types of alcohol may have different effects on your body. While alcohol can lower your BGLs it is important to remember that many types of beverages also contain carbohydrates which can raise your BGLs.

There is no hard and fast rule as to how much insulin to take for each drink you consume. It’s best to pace yourself and learn how your body responds to different types of alcohol.

// Learn the carbohydrate content of what you are drinking. Websites and apps such as Calorie King (www.calorieking.com.au) can tell you what is in your drink. The more information you have, the easier it will be to manage your BGLs.

// Pre-mixed drinks often have higher sugar content and can initially raise BGLs, followed by a fall once the alcohol effect on the liver has kicked in.

// Check your BGLs often to see how different types of alcoholic drinks affect your body.
PEER PRESSURE

Wanting to fit in and make friends can make you act in certain ways. Sometimes your friends might pressure you to do something you don’t really want to do, making you feel uncomfortable or left out unless you join in.

If you are offered alcohol that you don’t wish to drink, stand your ground. You have the right to say no. Resisting pressure can be hard at times but you can do it. You should only do something if you want to, know how to do it safely and feel comfortable in doing so.

If you’re finding it hard to work up the courage to say no to something, you should know that sticking up for what you believe in feels really good. People don’t have to agree on everything, and if you can explain to people in a calm way why something is not for you, more often than not, you’ll gain their respect.

WHEN TO SAY NO

It may be wise to drink less or avoid alcohol all together if you:

- are overweight
- have poor blood glucose control
- have high blood pressure
- have high triglycerides (fat) levels
- have eye disease caused by diabetes
- have nerve damage in the arms or legs.

Drinking alcohol can make all of these conditions a lot worse.
THINK WHEN YOU DRINK: PLANNING AN EVENING OUT

// Make sure to eat a carbohydrate containing meal before heading out. Avoid drinking on an empty stomach.
// Carry extra carbohydrate snacks in case you have a hypo. This may include long acting carbohydrates (a muesli bar or 2–3 pieces of dried fruit) as well as quick acting carbohydrates (6–7 jellybeans or 1/2 can of soft drink).
// Wear diabetes identification such as a medical alert bracelet.
// Monitor your BGLs. Take along your blood glucose measurement kit and check levels frequently while you are out.
// Pace yourself. Consider alternating one alcoholic drink with a glass of water. Binge drinking is never a good idea as your liver will not be able to keep up with the large quantities of alcohol being consumed. This could result in vomiting and clouding of your judgement so you won’t be able to manage your diabetes properly.
// Never stop taking your insulin. Doing so could result in very high BGLs which can lead to diabetic ketoacidosis (DKA) which may be life-threatening.
BEFORE YOU GO TO BED

// Check your blood glucose levels and drink water to avoid waking up dehydrated the following day.
// Set your alarm to wake you up a few hours later to check your levels. And/or ask a roommate, family member or partner to check up on you while you’re sleeping.
// Have hypo treatment within reach during the night.
Further Resources

Diabetes Australia: Alcohol Fact Sheet

National Health and Medical Research Council’s 2009 Australian Guidelines to Reduce Health Risks from Drinking Alcohol

Australian Drug Information Network

Type 1 Diabetes Network: Alcohol
www.t1dn.org.au/our-stuff/all-about-type-1-resources/starter-kit

Headspace: National Youth Mental Health Foundation
www.headspace.org.au

Diabetes UK: Alcohol