



Debunking 7 Myths about Alcohol

Source: BlueCross BlueShield of Alabama

Drinking is good for your heart health. Coffee can sober you up. Having a drink or two won't hurt anyone.

You've likely heard at least one of these phrases. But is there any truth to the words?

When it comes to alcohol, myths abound. In truth, alcohol is a drug that should be consumed in moderation, if at all. For some people, it's a substance that can cause irreversible harm for themselves and their families...

...we're debunking some of the common misconceptions about alcohol, with the goal of empowering you to drink responsibly if you choose to imbibe.

1. **Myth: Drinking is good for your heart health.**

Fact: You may have heard people say over the years that a drink or two is good for your heart. People may point to certain countries known for their wine and say that people are healthier there. But, in fact, "health" should not be a justification for drinking. Research abounds that shows the negative consequences of alcohol, including premature death and cardiovascular problems. In addition, alcohol can raise your risk for developing a number of different cancers, according to the Centers for Disease Control and Prevention (CDC), including mouth and throat, voice box, esophagus, colon and rectum, liver and breast. If you are going to drink, the recommendation is to keep it light: one drink a day or less for women and two for men.

2. **Myth: One serving of alcohol and one drink are the same thing.**

Fact: Au contraire. One "standard" drink is considered 14 grams of pure alcohol, which, according to the National Institute on Alcohol Abuse and Alcoholism, is usually found in one 12-ounce beer (at 5% alcohol), one 5-ounce glass of wine (at 12% alco-

hol) and 1.5 ounces of distilled spirits (at 40% alcohol). But the devil is in the details. Many craft beers have a higher alcohol content and are served in pints (16 ounces) or larger. Wine pours can be larger than 5 ounces, and it's not uncommon to find an ABV (alcohol by volume) of 13%, 14% or 15% in wine. And if you're drinking a cocktail, odds are it's 2-3 ounces or even more, so a single drink could easily be a double serving.

3. **Myth: Alcohol is a stimulant.**

Fact: Alcohol is actually a depressant. While some people may find that small doses of alcohol boost their mood and put more pep in their step, initially, drinking also serves to slow down the central nervous system, impairing your thinking and self-control. It can also impede your cognition, coordination and memory.

4. **Myth: Alcohol impacts everyone the same.**

Fact: Different people process alcohol differently. The amount of water in your blood, for example, can help to dilute alcohol. That means that people who are smaller—and have less total blood in their body—may be more sensitive to the effects of alcohol. Gender can also make a difference. Even when comparing a man and woman of the same size, the woman tends to have less water in their body, so they may be more susceptible more quickly to the effects of alcohol. Ethnic background can play a role as well. Some people of East Asian heritage may experience nausea, flushing and a rapid heartbeat as a reaction to alcohol.

As people grow older, they may also find that they react differently to alcohol. Older women are

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often more sensitive to the effects of drinking than older men, although many men become more sensitive, as well. In addition, drinking while on certain medications can be dangerous.

5. **Myth: I drank too much but I can switch to coffee and sober up.**

Fact: The only thing that will sober you up is time. When alcohol enters your body, and your bloodstream, it must run its course. Coffee may wake you up, but it won't sober you up. Neither will water, or a big meal. Your best bet is going to bed. Whatever you do, don't drive or engage in any potentially risky behavior.

6. **Myth: I can quit drinking any time I want.**

Fact: Some people can, but others will be challenged to stop drinking. Alcohol use disorder is the name of the medical condition that the National Institute on Alcohol Abuse and Alcoholism describes as "an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences." According to a National Survey on Drug Use and Health, this condition impacts 28.8 million adults in the US and 753,000 adolescents.

If you think you might have alcohol use disorder, talk to your doctor. They might ask you questions about your thoughts and behaviors in the past year, such as the following:

- Have there been times when you ended up drinking more, or longer, than you intended?
- Have you wanted to cut down or stop drinking, or even tried to do so, but couldn't?
- Have you spent a lot of time drinking, being sick

from drinking and/or getting over the effects of drinking?

- Have you wished for a drink so badly you can't think about other things?
- Have you continued to drink even knowing it's causing problems with friends or family?

7. **Myth: My drinking won't hurt anyone else; it's all in good fun.**

Fact: When consumed in excess, alcohol can be dangerous. In fact, excessive drinking is one of the leading causes of preventable death in this country, according to the CDC. On average, it shortens the lives of those impacted by 26 years. In the short-term, too much alcohol can lead to injuries (including motor vehicle crashes, falls, drownings and burns), violence (homicide, suicide, sexual assault and intimate partner violence), medical emergencies from alcohol poisoning, risky behaviors when it comes to sex (unprotected sex or sex with multiple partners) as well as risks for pregnant people, including stillbirth, miscarriage and fetal alcohol syndrome. Longer term, excessive drinking can increase the risk for health problems, including high blood pressure, heart disease, stroke, liver disease and cancer.

After reading these myths, if you have concerns about your own drinking habits, be sure and talk with your doctor, or call the Substance Abuse and Mental Health Services Administration's hotline, 800.662.HELP (4357), to get the help you need. If you're in crisis, call the Suicide and Crisis Lifeline at 988. ●

Notice Concerning 1095-B and 1095-C Forms

As part of the Affordable Care Act, PEEHIP is required to provide Form 1095-B to each of its subscribers enrolled in the PEEHIP Blue Cross Blue Shield Hospital Medical Group #14000 Plan during the 2024 calendar year. These forms were mailed in February 2025 pursuant to IRS requirements. For the PEEHIP Group #14000 subscribers, you should have already received this form from PEEHIP. For PEEHIP members covered under the VIVA HMO plan during any point of 2023, VIVA is responsible for providing the 1095-B form because they are a fully insured plan.

The 1095-B form reports "actual enrolled coverage" of active and non-Medicare-eligible retired members and COBRA beneficiaries and their covered spouses

and children. Lastly, for Medicare-eligible members covered on a retiree contract, Medicare (not PEEHIP or UnitedHealthcare®) would have sent you a 1095-B form if you met their criteria for receiving one. For more information, please contact Medicare at 800.MEDICARE.

As a reminder, this 1095-B form is not required to file your taxes but should be kept with your personal records. Your employer is also required to provide a different form, which is Form 1095-C. This form reports the "offer" of coverage to full-time employees and their eligible spouses and dependents but does not apply to retirees. Neither of these forms require any action from PEEHIP members, but please retain your copy for your records. ●

Medicare-Eligible PEEHIP Members

The information below pertains to Medicare-eligible PEEHIP retirees or Medicare-eligible dependents of PEEHIP retirees. For more information, visit www.rsa-al.gov/peehip/retirees/.

UnitedHealthcare® HouseCalls

Take advantage of your UnitedHealthcare® Group Medicare Advantage (PPO) Plan benefits and schedule a HouseCalls visit. HouseCalls is a yearly in-home health and wellness visit available to you at no cost.

What does a HouseCalls visit include?

- Up to an hour of 1-on-1 time with a licensed healthcare practitioner
- A comprehensive exam
- Healthcare screenings tailored to you
- A medication review
- Education, prevention tips, and referrals to health services, if needed

Why choose a HouseCalls visit?

- You can talk to a healthcare practitioner in the comfort of your own home.
- It's another chance for you to ask questions and get answers about the things that matter most to you.
- The healthcare practitioner will send a visit summary to you and your primary care provider (PCP) to keep you both informed.

What will happen during the visit?

The visit takes up to an hour. You'll get a health evaluation, including a physical exam and tailored healthcare screenings. The rest of the time is spent talking about

health topics that are important to you.

Where should the visit take place?

It can be done sitting at your kitchen table, in the living room, or wherever is comfortable for you.

How do I prepare for my visit?

The day before your visit, our healthcare practitioner may call you to introduce themselves and answer any questions about the visit. Before your visit, we will send you a reminder with tips on how to prepare:

- Wear shoes that can be easily removed to have your feet checked.
- Make a list of upcoming appointments with your PCP and specialists.
- Gather your medications (including both prescription and over-the-counter), vitamins, and supplements.
- If you record blood pressure readings, please have your results available for review.
- If you have diabetes, please have your blood glucose meter handy.
- Make a list of questions and concerns you'd like to discuss.

I already see my provider regularly. Is this for me?

Think of a HouseCalls visit as an extra layer of care. It gives you valuable one-on-one time with a healthcare practitioner. Plus, we share details about your visit with your PCP. Schedule a visit today by calling 866.447.7868, TTY 711. ●

Diabetes Quick Tips

Diabetes is a disease that occurs when your blood glucose, also called blood sugar, is too high.¹ If not managed, diabetes can lead to nerve damage, kidney disease, vision problems, heart disease, or stroke. Early symptoms of diabetes can include thirst, fatigue, weight loss, frequent urination, and blurred vision.² If you have diabetes, routine screenings may help you manage your condition and may help to avoid possible complications.

Hemoglobin A1C (HbA1c) test²

The A1C test is used to diagnose type 1 and type 2 diabetes and monitor how well you're managing your diabetes.² This blood test shows your average blood sugar levels over two to three months.

Diabetic eye exam²

Diabetes is a leading cause of blindness among American adults. Diabetes-related eye problems often show no symptoms until the condition becomes advanced, so it's important to have your eyes checked every one to two years.

Blood and urine tests to check kidney health²

Your kidneys act as a filter for your blood. Diabetes can damage your kidneys, so it's important to check your kidney health each year or as often as your provider recommends. Talk to your provider about completing a Urine Albumin-Creatinine Ratio (uACR) test and an

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estimated Glomerular Filtration Rate (eGFR) test. Finding and treating chronic kidney disease (CKD) early can stop or slow kidney damage and other health problems.

Foot check²

Nerve damage is common for people with diabetes, typically affecting the feet. Ask your doctor to check for signs of nerve damage at every visit.

Lifestyle tips may help manage or control diabetes¹

- **Maintain a healthy weight:** Blood glucose levels may

improve with weight loss.

- **Stay active:** Move your body for at least 30 minutes each day.
- **Eat healthy:** Eat well-balanced meals. Avoid foods high in fat, calories, and salt.
- **Avoid tobacco:** Smoking increases your risk of heart attack, stroke, or cancer.
- **Medication:** Medications may help the body make more insulin or help insulin do its job. ●

¹Mayo Clinic, 2021.

²Center for Disease Control and Prevention, 2021.

Colorectal Cancer Screenings

Wondering who should be screened for colorectal cancer? The simple answer is that at some point, almost everyone will need to be screened. Colorectal cancer screening is recommended for adults aged 50 to 75.¹ March is Colorectal Cancer Awareness Month, so it's a good time to check that you're up to date on screenings or schedule a new one.

Why get screened?

Screening helps prevent colorectal cancer. It may help find precancerous polyps so they may be removed. It also may help find colorectal cancer early, when treatment works best. In fact, the American Gastroenterological Association estimates that more than one-third of colorectal cancer deaths may be avoided with regular screening.

How to get screened

There are several ways to get screened for colorectal cancer, including at-home tests. Talk to your doctor about the pros and cons of each option and to determine which test is right for you.²

- **Colonoscopy:** While the patient is sedated, a doctor uses a long, lighted tube to check inside the rectum and colon for growths, abnormal tissue, or cancer.
- **Flexible sigmoidoscopy:** A doctor uses a short,

lighted tube to check for polyps or cancer inside the rectum and lower third of the colon.

- **Stool tests:** Using an at-home kit, a stool sample is obtained and mailed to a doctor or lab for testing. Different types of tests may check for blood, which can be a sign of cancer, or for genetic changes found in cancer and precancerous cells. If blood or altered DNA is found, a colonoscopy is needed.

Other prevention tips

Already up to date on your screening, or have your next one on the books? Great! You may also lower your colorectal cancer risk with these steps:

- **Quit smoking:** Smokers are more likely to develop cancer than nonsmokers. But after just three smoke-free years, the risk drops to that of a nonsmoker.
- **Exercise:** 30 minutes of daily moderate physical activity may help control diabetes and obesity, two risk factors for colorectal cancer.³
- **Eat healthy foods:** Make sure your diet includes plenty of whole grains, fruits, and vegetables, and avoid excess saturated fats, trans fats, sodium, and sugar. Getting enough calcium may also reduce your risk for colorectal cancer. ●

Have questions? Let UnitedHealthcare® help you.

Call 877.298.2341, TTY 711, 8 a.m. – 8 p.m. CT, Monday – Friday, or view member benefits at retiree.uhc.com/peehip.

¹Individual risk factors such as ethnicity, lifestyle, and family history are considered in determining when to start or continue screenings.

²Check your benefit plan to see what services may be covered.

³Check with your doctor regarding a new exercise routine.