

Women and Healthy Living in Canada

Fact Sheet Number 4 Fall 2012

DRINKING ALCOHOL

RETHINKING WOMEN AND HEALTHY LIVING IN CANADA

Rethinking Women and Healthy Living in Canada examines the sex, gender, diversity and equity dimensions of healthy living among women in Canada by conducting sex-and gender-based analyses of the healthy living discourse, key healthy living topics and selected healthy living strategies.

Fact sheets on women and healthy living have been prepared on physical activity, sedentary behaviour, self-injury, food insecurity, sodium, tobacco, alcohol, sexual behaviour and condom use.

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Alcohol is the most commonly used substance by women in Canada and is an emerging issue among some girls and women where rates of heavy drinking are increasing.

Alcohol is the most commonly used substance by women in Canada [1]. In 2010, 73.9% of women reported that they had consumed alcoholic beverages in the past 12 months [2]. While the majority were considered light drinkers, 10% of women in Canada reported being heavy drinkers, defined as 5 drinks or more on one occasion [3]. Recent evidence, however, suggest that the threshold for what is considered heavy drinking for women should be lowered to 4 drinks or more as the health impacts of alcohol use have shown to be more severe for women compared to men [4,5]. A preliminary analysis suggests that the prevalence of heavy drinking may increase by 50% if this new threshold is used [5].

The pan-Canadian low-risk drinking guidelines, released in 2011, define low-risk drinking for women as no more than 2 drinks on most days, up to a total of 10 drinks per week, in order to reduce long-term health risks; and no more than 3 drinks on one occasion to reduce the risks of harm and injury [6,7].

Sex- and gender-based analysis

Sex- and gender-based analysis (SGBA) begins with four core concepts: sex, gender, diversity and equity.

1. **Sex** refers to the biological characteristics that distinguish male from female bodies. Sex differences include different chromosomal patterns, reproductive organs, hormones and proportions of fat to muscle.

2. **Gender** refers to socially constructed roles, relationships, attitudes, behaviours, relative power, etc., that shape and describe what it means to be male or to be female in a society.



3. **Diversity** can be identified as variations in culture, ethnicity, sex, gender, age and ability that affect our values, beliefs and behaviours, influencing all aspects of our lives.

4. **Equity** is achieved when there are no unfair differences within and among populations that lead to differences in health status. Social systems and policies should ensure that everyone has access to the resources, opportunities, power and responsibilities they need to ensure their full potential [8].

Sex issues

Women may be particularly vulnerable to the effects of alcohol due to their body size, genetics and life circumstances [9]. Because women often have smaller body size and weigh less than men, they reach higher blood alcohol levels than men for the same quantity of alcohol consumed. Women also tend to have less water in their bodies to dilute alcohol, which makes the blood alcohol concentration higher. Additionally, it has been found that women have less alcohol-metabolizing enzyme (gastric alcohol dehydrogenase) that breaks down alcohol in the stomach [9,10]. As a result, women's alcohol absorption may be slower [11] and more alcohol absorbed in the bloodstream and sent to the brain. Research also suggests that women may "experience a more rapid progression to addiction or dependence on alcohol than men" [9].

Gender issues

Some women report using alcohol and other substances to cope with problems, stress and to increase confidence. It has been suggested that women may have more stressors due to their high workload associated with family responsibilities, caregiving and other unpaid, domestic labour as well as paid labour, which could affect their drinking behaviour [11].

Girls and women are also more likely to experience physical and sexual abuse, which has shown to be associated with substance use. Women's alcohol use is heavily stigmatized, especially among pregnant women, which may prevent women from seeking care [12].

Diversity issues

Women living with high income are more likely to be daily drinkers than women in lower income groups. Heavy drinking is more common among younger women, never married women, Aboriginal female youth and women living in Quebec and the Atlantic provinces, compared to other areas in Canada [2]. Women who have unstable housing or who are homeless may be at particular risk of heavy alcohol use and other risks associated with their substance use.

Equity issues

Women in high socioeconomic groups tend to drink more frequently but are often considered light-to-moderate drinkers, while women in lower socioeconomic group tend to engage more in heavy drinking. These patterns of consumption among groups with lower socioeconomic status tend to result in a higher burden of alcohol-attributed disease even though overall alcohol consumption may be lower than among women with a higher socioeconomic status. These health inequities may be further exacerbated among women if they are viewed more negatively for having alcohol problems and/or receive less attention from health professionals regarding potential alcohol problems [13].

Critique

The pan-Canadian low-risk drinking guidelines have considered the differential impact that alcohol may have on women and men but before these guidelines were created, measures of alcohol use and heavy drinking were identical for men and women, a practice that ignored a number of important biological and social differences between men's and women's alcohol use patterns.

The emergence of a dialogue and guidelines targeted specifically to women's alcohol use is a promising direction in alcohol and health policy.



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