Women and Alcohol

Alcohol

- Alcohol is the mostly widely used drug in Canada.It is created when grains, fruits, or vegetables are fermented.
- The use of alcohol has been traced as far back as 8000 BC.
- Although alcohol comes in different forms (e.g., beer, wine, rum, coolers), it has the same effect. Pure (ethyl) alcohol is a clear, colourless liquid.
- Alcohol is a "depressant" drug that slows down the parts of your brain that affect your thinking and behaviour as well as your breathing and heart rate.
- For many people, drinking alcohol releases tension and reduces inhibition, making them feel more at ease and outgoing.
- Drinking can also make you feel 'drunk' or intoxicated. Signs of being drunk include flushed skin, impaired judgment, reduced inhibition, reduced muscle control, slowed reflexes, problems walking, slurred speech, and double or blurred vision.
- Signs of being heavily intoxicated include difficulty standing, throwing up, blacking out, and having no memory of what you said or did while drinking. Heavy drinking can lead to coma and death.
- Drinking can sometimes result in a 'hangover' about eight to ten hours after your last drink. Symptoms can include headache, nausea, diarrhea, dehydration, shakiness, and vomiting.
- It is possible to develop a physical dependence (addiction) on alcohol.

Canada's Low Risk Drinking Guidelines for Women

Deciding to drink is a personal choice. These Low Risk Drinking Guidelines help women moderate their drinking and reduce their immediate and long-term alcohol-related harm. The guidelines suggest that:

- You should have no more than 2 drinks a day and no more than 10 drinks per week.
- You should plan to have some non-drinking days per week.
- On a special occasion, you should have no more than 3 standard drinks.
- It is safest not to drink during pregnancy.

Alcohol and Your Health

- Because alcohol affects people differently, it is important that you 'listen' to your body and adjust your drinking in response. The way alcohol affects you depends on many factors, including:
 - Your age and body weight
 - · Your sensitivity to alcohol
 - · The type and amount of food in your stomach
 - · How much and how often you drink
 - · How long you've been drinking
 - · Who you are with, where you are, and what you are doing
 - · How you expect the alcohol to make you feel
 - · Whether you've taken any other drugs (illegal, prescription, over-the-counter or herbal)
 - Your family history
- Women are more physically affected by alcohol than men.
 This means that even after drinking smaller amounts, women generally feel greater effects for a longer period of time.
- Women also tend to be more vulnerable than men to health problems caused by drinking.
- Many serious illnesses and chronic health conditions are linked to drinking, even at low levels.
 - Drinking alcohol can increase your risk of stroke and heart disease
 - Long-term alcohol use can increase your risk of at least eight types of cancer (mouth, pharynx, larynx, esophagus, liver, breast, colon, rectum). Alcohol use increases your risk of breast cancer
 - Drinking is related to numerous other serious conditions (e.g. diabetes, hypertension, epilepsy, stroke, pancreatitis and dysrythmias) and liver cirrhosis
- Because alcohol can have long-term health effects on a fetus or baby, make sure you use effective contraception if you are having sex and not planning to get pregnant.



Beer 341ml (12 oz.) 5% alcohol content



Wine 142ml (5 oz.) 12% alcohol content



Spirits (rum, gin, etc.) 43ml (1.5 oz.) 40% alcohol content

Alcohol and Pregnancy

- There is no known safe level of alcohol use during pregnancy:
 - As the fetal brain is developing throughout pregnancy, there is no safe time to drink alcohol during pregnancy
 - All types of alcohol can harm your fetus (e.g., beer, coolers, wine, or spirits)
 - Binge drinking and heavy drinking are the most harmful to a fetus
- Drinking alcohol during pregnancy may lead to:
 - Having a baby with Fetal Alcohol Spectrum Disorder (FASD)
 - · Having a miscarriage or stillbirth
 - · Having a low birth weight or premature baby
- Fetal Alcohol Spectrum Disorder (FASD) refers to the possible effects of alcohol use during pregnancy on a fetus and infant. Possible harm include brain damage, vision and hearing problems, slow growth, and birth defects such as bones that are not properly formed, or heart problems. The brain damage may cause lifelong learning disabilities and problems with memory, reasoning and judgment.
- Often women drink before they are aware they are pregnant.
 Stopping drinking alcohol as soon as possible and looking after your health prior to conception are the best ways to lower the risks.
- It is best to check the labels of "non-alcohol" beer or "alcohol-free" beverages to determine which ones are no alcohol and which are low alcohol and avoid the low alcohol drinks.
- If you have problems stopping or reducing your alcohol use while pregnant, talk to your health care provider about support and services in your community that can help you.

If you are pregnant or planning to become pregnant, or about to breastfeed, the safest choice is to drink no alcohol at all.

Alcohol, Parenting and Children

- Avoid drinking when using other drugs (including some medications) or when you are responsible from the safety of others.
- Keep alcohol in a safe place where your children cannot reach it
- If your child accidentally drinks alcohol, seek medical attention. Symptoms of alcohol poisoning in children include: difficulty breathing, choking or vomiting, confusion or seizures, giddiness, slurred speech, or the inability to walk normally or think clearly.
- If you are planning to drink a lot, make sure you ask someone to take care of your children.

Alcohol and Breastfeeding

- When you drink alcohol, it goes into your bloodstream and into your breast milk.
- While babies are exposed to a very small amount of the alcohol that you drink, there is still little known about the effects of alcohol on breastfeeding. Some research shows that alcohol use while breastfeeding may have negative impacts on child health and development.
- However, having an occasional alcoholic drink has not been shown to be harmful to babies. Ideally, it is best to avoid breastfeeding for 2 hours after drinking one alcoholic beverage (the amount of alcohol in your breast milk peaks 30-60 minutes after you drink. Alcohol does not stay in your milk over time).
- You can also pump and store breast milk in advance if you are planning to drink at levels that would result in alcohol in your milk the next time you feed your child.

Drinking Alcohol and Staying Safe

Drinking heavily in some social situations, such as at bars, parties, or on dates, can make you more vulnerable to violence or unwanted sexual experiences. This is NEVER your fault. There are some things you can do to keep yourself and your friends safer. For example, if you are going out drinking, you can make decisions in advance with your friends about how much you want to drink and then support each other in those decisions. You can also help out other women who may be in an unsafe situation by offering help or calling a friend to support them.

References

Adiong, J. P., Kim, E., Koren, G., & Bozzo, P. (2014). Motherisk Update: Consuming nonalcoholic beer and other beverages during pregnancy and breastfeeding. *Canadian Family Physician*, 60, 724-725.

Best Start Resource Centre. (2013). Mixing Alcohol and Breastfeeding: Resource for mothers and partners about drinking alcohol while breastfeeding. Toronto, Ontario: Best Start Resource Centre.

Bhat, A., & Hadley, A. (2015). The management of alcohol withdrawal in pregnancy — case report, literature review and preliminary recommendations. *General Hospital Psychiatry*, 37, 273.e271–273.e273.

Canadian Centre on Substance Abuse. (2012). Canada's Low Risk Drinking Guidelines. Ottawa: Canadian Centre on Substance Abuse.

Carson, G., Cox, L. V., Crane, J., Croteau, P., Graves, L., Kluka, S., et al. (2010). Alcohol Use and Pregnancy Consensus Clinical Guidelines. *Journal of Obstetrics and Gynaecology Canada*, 245, S1-S32.

May, P.A. et al. (2016). Breastfeeding and maternal alcohol use: Prevalence and effects on child outcomes and fetal alcohol spectrum disorders. *Reproductive Toxicology*, 63, 13-21.

Reece-Stremtan, S., Marinelli, K. A., & The Academy of Breastfeeding Medicine. (2015). ABM Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015. *Breastfeeding Medicine*, 10(3), 135-141

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