

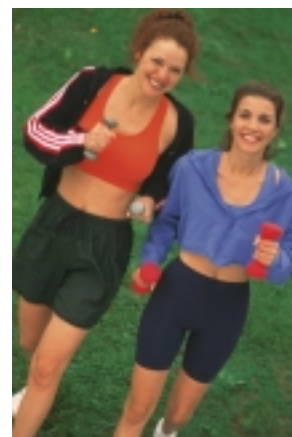
Alcohol Fact Sheet



A leader in providing behavioral health services

Alcohol and Women's Health

Women appear to be more vulnerable than men to many adverse consequences of alcohol use. Women achieve higher concentrations of alcohol in the blood and become more impaired than men after drinking equivalent amounts of alcohol. Research also suggests that women are more susceptible than men to alcohol-related organ damage and to trauma resulting from traffic crashes and interpersonal violence. This Alcohol Fact Sheet examines gender differences in alcohol's effects and considers some factors that may place women at higher risk for alcohol-related problems.



Prevalence of Women's Drinking

A recent National Household Survey on Drug Abuse indicated that 34 percent of the women surveyed had consumed at least 12 standard drinks during the previous year. Another 10 percent of those responding said they consumed two or more drinks per day on average.

Women's drinking is most common between ages 26 and 34 and among

women who are divorced or separated. Binge drinking (i.e., consumption of five or more drinks per occasion on 5 or more days in the past month) is most common among women ages 18 to 25. Among racial groups, women's drinking is more prevalent among whites, although black women are more likely to drink heavily.

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Medical Consequences

Women absorb and metabolize alcohol differently than men. In general, women have less body water than men of similar body weight, resulting in women achieving higher concentrations of alcohol in their blood after drinking equivalent amounts of alcohol.

In addition, women appear to eliminate alcohol from the blood faster than men. This finding may be ex-

plained by women's higher liver volume per unit of body mass, since alcohol is metabolized almost entirely in the liver.

Liver Damage. Compared with men, women develop alcohol-induced liver diseases over a shorter period of time and after consuming less alcohol. In addition, women are more likely than men to develop alcoholic hepatitis and to die from cirrhosis.

Women's increased risk for liver damage may be linked to physiological effects of the female reproductive hormone estrogen.

Research suggests that women are more vulnerable than men to alcohol-related trauma.

Brain Damage. Views of the brain obtained by magnetic resonance imaging (MRI) suggest that women may be more vulnerable than men to alcohol-induced brain damage. Using MRI, researchers found that a brain region involved in coordinating multiple brain functions was significantly smaller among alcoholic women compared with both nonalcoholic women and alcoholic men.

Heart Disease. Men and women who consume one or two alcoholic drinks per day have a lower death rate from coronary heart disease. However, amongst heavier drinkers, research shows similar rates of alcohol-associated heart muscle disease for both men and women, despite women's 60 percent lower lifetime alcohol use.

Breast Cancer. Many studies report that moderate to heavy alcohol consumption increases the risk for breast cancer, although one recent study found no increased breast cancer risk associated when consumption was limited to one drink per day, the maximum drinking level reported by most women.

Fetal Alcohol Syndrome

Nearly 30 years ago, scientists first coined the term “**fetal alcohol syndrome**” (FAS) to describe a pattern of birth defects found in children of mothers who consumed alcohol during pregnancy.

The minimum quantity of alcohol required to produce adverse fetal consequences is unknown.

Today, FAS remains the leading known preventable cause of mental retardation. Behavioral and neurological problems associated with prenatal alcohol exposure may lead to poor academic performance as well as legal and employment difficulties in adolescence and adulthood.

Clinically significant deficits are not common in children whose mothers drank less than approximately five drinks per occasion once per week. However, vulnerability to a given alcohol level during pregnancy varies markedly from person to person, possibly reflecting genetic factors, nutritional status, environmental factors, co-occurring diseases, and maternal age.

Prospects for preventing FAS could be completely eliminated if



pregnant women did not consume alcohol. Major new prevention research efforts are now focused on finding and treating women who drink during pregnancy.

For example, TWEAK—a brief questionnaire for assessing alcohol problems in women—shows promise as a screening instrument for identifying risk drinking by pregnant women.

Pregnant women who are consuming alcohol but are not “problem” drinkers may decrease their drinking level following such

an assessment without subsequent treatment.

An overall decline in alcohol consumption has also been noted among pregnant women following a brief intervention, which can be conducted by a primary care provider. Such sessions may include a discussion of the risks of maternal drinking and suggested alternatives to alcohol use.

Pregnant women with higher drinking levels may benefit from a 1-hour motivational interview focusing on the health of the unborn child.

Progress has been made in research aimed at understanding the basic mechanisms involved in the neurobiological damage that occurs in alcohol-exposed fetuses and in developing new therapies to prevent that damage.

Despite attempts to increase public awareness of the risks involved, increasing numbers of women are drinking during pregnancy.

Risk Factors for Alcohol Use

Genetic Factors. The relative contribution of genetic factors in women's risk for alcoholism has been debated.

Studies of women who had been adopted at birth have shown a significant association between alcoholism in adoptees and their biological parents. In addition, antisocial personality (e.g., aggressiveness) in biological parents may predict alcoholism in both male and female adoptees. However, potential interactions between the complex genetic and environmental influences requires further study.

Factors that may increase women's risk for alcohol abuse or dependence include genetic influences, early initiation of drinking, and victimization.

Age of Initiating Drinking. Results of a large nationwide survey shows that more than 40 percent of persons who initiated drinking before age 15 were diagnosed as alcohol dependent at some point in their lives. Rates of lifetime dependence declined to

approximately 10 percent among those who began drinking at age 20 or older. The annual rate of this decline was similar for both genders.

Although in the past women generally started drinking at later ages than men, more recent survey data show that this difference has nearly disappeared.

Victimization. Using data collected in a large general population survey, researchers found that women who reported being sexually abused in childhood were more likely than other women to have experienced alcohol-related problems (e.g., family discord or household accidents) and to have one or more symptoms of alcohol dependence.

Another study found that **women in alcohol treatment were significantly more likely to report childhood sexual abuse and father-to-daughter verbal aggression or physical violence** compared with women in the general population.

These studies found that for women, a history of childhood neglect, but not abuse, was a significant predictor of the number of alcohol-related symptoms they experienced as adults. Other factors, such as parental alcohol or other drug problems, childhood poverty, race, and age were less important determining factors.

Physical abuse during adulthood has also been associated with women's alcohol use and related problems. Another study found that significantly more women undergoing alcoholism treatment have experienced severe partner violence (e.g., kicking, punching, or threatening with a weapon) compared with other women in the community.



Alcohol Related Trauma

Violence Victimization. A survey of female college students found a significant relationship between the amounts of alcohol the women reported drinking each week and their experiences of sexual victimization.

A history of heavy premarital drinking by both partners has been found to predict first-year aggression among newlyweds.

Another study found that female high school students who used alcohol in the past year were more likely than

non-drinking students to be the victims of dating violence (e.g., shoving, kicking, or punching).

Traffic Crashes. Although women are less likely than men to drive after drinking and to be involved in fatal alcohol-related crashes, women have a higher relative risk of driver fatality than men at similar blood alcohol concentrations. Laboratory studies of the effects of alcohol on responding to visual cues and other tasks suggest that there may be gender differences in how alcohol affects the performance of driving tasks.

The proportion of female drivers involved in fatal crashes is increasing. In 1996, 16 percent of all drivers involved in alcohol-related fatal crashes were women, compared with 13 percent in 1986 and 12 percent in 1980.

Women's lower rates of drinking and driving may be attributed to their lower tendency toward risk taking compared with men.

The Path to Healing

Reaping the benefits of treatment begins by recognizing the signs of alcohol addiction. This step is best facilitated by having a comprehensive assessment by a qualified healthcare professional. Although alcohol addiction can be diagnosed by primary care physicians, most often the physician will refer the patient to a psychiatrist, psychologist, counselors, or other professionals specializing in addictions.

Treatment is a partnership between the patient and the healthcare provider. It is important that informed consumers understand their treatment options and discuss all concerns with a treatment provider as they arise.

A key element of Rimrock's treatment is the active involvement of patients in the management of their own illness.

Empowerment is developed through the use of patient education, skills training and a strong emphasis on encouraging the individual patient to accept responsibility in managing their own condition. Along with the empowerment of our patients, is the emphasis on a treatment regimen which includes comprehensive clinical assessments and individualized patient plans.

Another important part of Rimrock's program is the emphasis we place on the integration of a broad spectrum of community, health and human services for the benefit of the patient. This includes addressing



patient's physical, psychological, social and economic needs, which improves the likelihood of a successful treatment experience.

Healthcare services should be readily available to those persons needing treatment for addictions, since taking advantage of opportunities when they are ready for treatment is often crucial. Many times, patients can easily be lost in red tape if treatment is not immediately available or is not readily accessible.

Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction. In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding non-drug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

Successful recovery principles in addiction treatment are characterized by the integration of personal, family, professional and other community resources toward the goal of enhancing the duration and quality of life of those we serve.

For further information about treatment for Alcoholism, please call Barbara Hansen, Rimrock Foundation Admissions Supervisor at 1-800-227-3953 or 1-406-248-3175.

Rimrock Foundation

1231 North 29th Street
Billings, Montana 59101

Phone: 406-248-3175
Fax: 406-248-3821
Email: comm@rimrock.org

We're on the Web!
www.rimrock.org

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