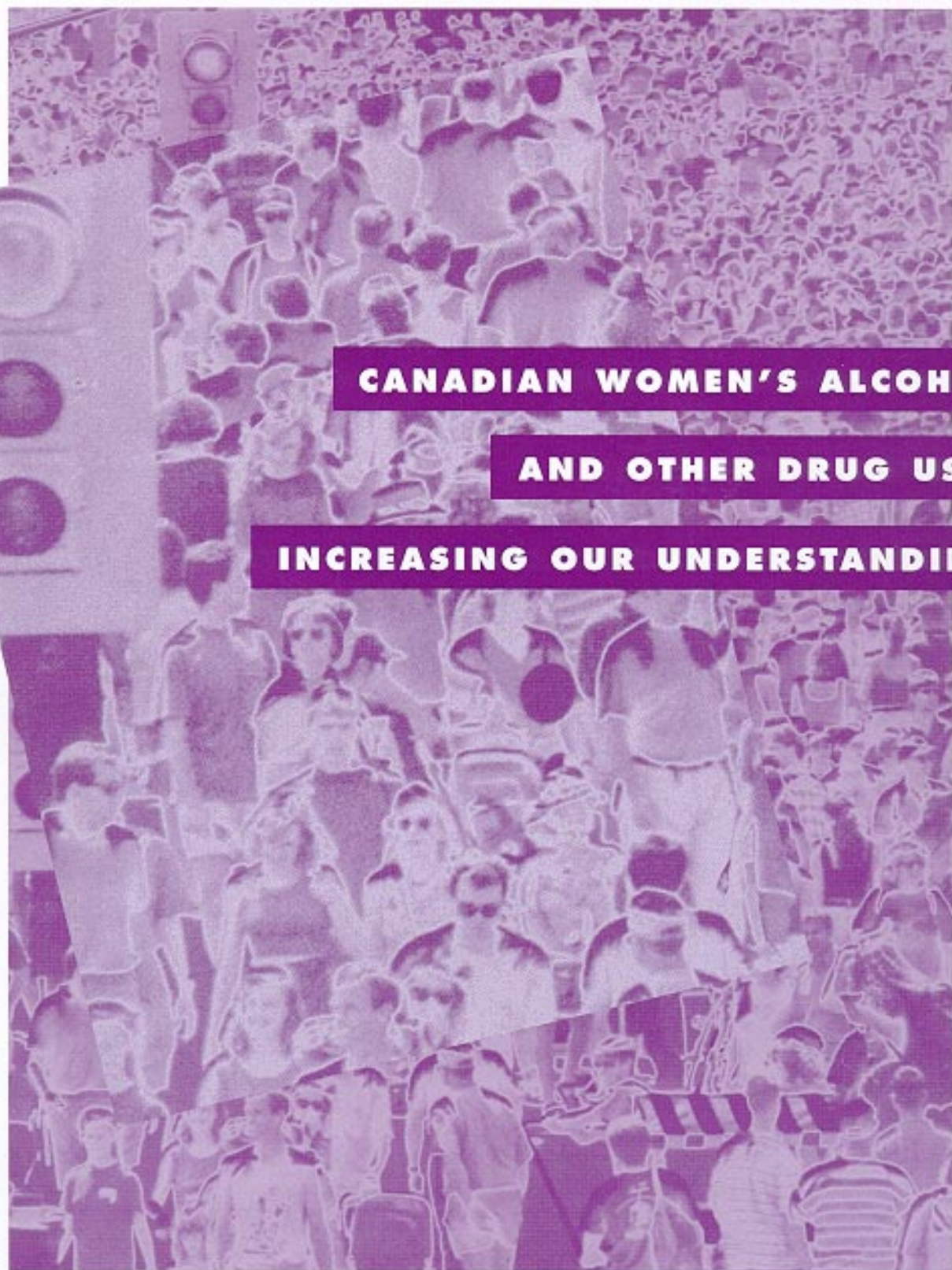




Health Canada Santé Canada

HORIZONS TWO



CANADIAN WOMEN'S ALCOHOL

AND OTHER DRUG USE:

INCREASING OUR UNDERSTANDING

Canada

HORIZONS TWO

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Our mission is to help the people of Canada
maintain and improve their health.

Health Canada

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INTRODUCTION

This publication is based on a report titled "Women and Substance Use in Canada" by Virginia Carver, Addiction Research Foundation of Ontario, and Florence Andrews, Carleton University, Ottawa. Carver and Andrews conducted a selective review of surveys and recent literature on alcohol and other drug use by women which included an examination of contemporary results from surveys and gender-related methodological issues. Their report, which includes a comprehensive survey instrument for assessing alcohol and other drug use by women, is designed primarily for those who are planning to conduct alcohol and other drug surveys. Readers who wish to have an in-depth understanding of the issues surrounding assessing alcohol and other drug use by women are encouraged to consult the original report. A limited number of copies are available from the Canadian Centre on Substance Abuse.

This publication presents highlights of the original report and is intended as a quick reference and resource for addictions and public health staff involved in public education and community development, policy research staff involved in preparing briefs and other information documents, and applied researchers who need to collect better information on women's alcohol and other drug use. It has been written in a non-technical style to encourage use by a wide variety of readers.

Canada's Drug Strategy, Phase II

Canadian women's alcohol and other drug use is one of the key elements in the second phase of Canada's Drug Strategy. Canada's Drug Strategy is a coordinated effort to reduce the harm caused by alcohol and other drugs to individuals, families and communities. The strategy combines the efforts and the resources of several federal government departments and those of partners at all government levels and the public and private sectors.

Phase II of the strategy began in 1992 and focuses on populations at risk. In addition to women, the strategy pays special attention to out-of-the-mainstream youth, older Canadians (that is, adults aged 55 and over), Metis, Inuit and off-reserve aboriginal peoples, and persons who drive while impaired.

Dissemination of research knowledge about populations at risk is an essential element in the strategy. *Canadian Women's Alcohol and Other Drug Use: Increasing Our Understanding* is one of a series of publications designed to increase our use of current research and improve future studies.

Surveying women

This publication focuses on survey research. Information on alcohol and other drug use can be obtained in many other ways. However, surveys involving the general population are the most common method used and are most likely to be used by those who need information for a wide range of purposes—from setting national policy to evaluating a local community-based initiative. Therefore, knowing what is reliably and validly available from past surveys and learning how to collect better information in the future is essential. However, it must also be remembered that general population surveys do not reflect substance use by special populations such as women on the street. Additional methods, including qualitative research, are also needed to expand our knowledge of these issues.

Until the early 1980s determining the prevalence of drinking and other drug use in women was difficult because national survey questions were generic for both sexes. Drinking was viewed as a predominantly male problem, because men far outnumber women in alcohol-involved crime, aggression, and motor vehicle violations, in clinic populations, in alcohol-related morbidity and mortality, and in all measures of alcohol intake. Thus, questions tended to evolve from male drinking contexts (e.g., drinking in public places and impaired driving) which were not necessarily relevant to women's lives and experiences, or to their use of other drugs. Issues such as drinking/drunkenness and self-image, sexual behaviour, self-medication, and social and self-control involving alcohol use have not been asked. It is not surprising, then, that when quantities and frequencies and indicators of problem drinking were displayed in tables and discussed in text, women's drinking and associated problems appeared as rather pale shadows of the male phenomena. Research since 1980 has more systematically examined gender differences and a more accurate picture of women's substance use is evolving. One of the purposes of this document is to examine some of the research on women and drug use and to propose survey items appropriate to the context of women's lives.

In most national surveys, alcohol use tends to be the primary focus. However, for women, alcohol may not be the most important drug. The chances of women being harmed by tobacco may equal or exceed the likelihood of alcohol-related harm.

Tobacco use catching up

There is little indication of convergence in male-female drinking, but tobacco use among women is catching up with male use. Given some evidence that rates of tobacco use among younger women are at least equal to their male counterparts and that it may be more difficult for women to quit smoking, research which ignores the tobacco issue also ignores the primary drug-related health problem for women.

In addition, for a sub-population of women, the use of some medications entails greater risks than does the use of alcohol or tobacco. Medications such as tranquilizers and sleeping aids are used by women at higher rates than for men, starting in mid-life and increasing with age. These types of drugs may fill a similar function for many women as alcohol does for many men.

In the past, drug research has tended to focus on problems associated with non-medical drug use. While risks from medication use have not been totally ignored, surveys of the general population have not reliably identified medication risks as primarily women's issues. Finally, the effect of alcohol and other drugs on women's bodies is not fully understood since most studies have used predominantly male subjects, with results assumed to apply to both genders. This area also needs further exploration. In summary, although there are many commonalities between the sexes, identification of gender differences has been a means of isolating areas where women's substance use differs from that of men's. Understanding the differences helps to develop approaches to prevention and treatment which are effective for both.

This publication presents information from recent Canadian surveys (primarily the National Alcohol and Other Drugs Survey, 1989, and Canada's Health Promotion Survey, 1990) on the use of alcohol, tobacco, medications and illegal drugs by women. In the last part, some of the more important considerations for doing research on alcohol and other drug use among women are outlined. This section provides some specific examples of questions which could be used to help fill the gaps in our current knowledge and to remove some of the gender bias which has been present in past surveys. After looking at what is known to date, it is hoped that the development of better questions and better methodologies will be encouraged so that a greater understanding of the complex issues surrounding alcohol and other drug use by women will be achieved.

EXECUTIVE SUMMARY

Women's use of substances is not a new phenomenon. The first widely documented use of drugs by women occurred in the 18th century, when the use of patent medicines was widespread. These medicines were recommended to women for a wide variety of ailments, such as menstrual symptoms and anxiety. They usually contained alcohol and, in some cases, opiates. Their usage was so widespread that many women became dependent. Consumption of laudanum, an opium derivative, escalated in the 19th century. The few studies done on opiate use in the 1880s revealed that women users outnumbered men two to one. Although social consumption of drugs and alcohol by women was widely condemned by society, doctors continued to prescribe them as medicine. This type of use was viewed acceptable in the eyes of society.

Medicating women's symptoms continues to this day. Women are still seeking the help of physicians to deal with symptoms that cause distress in their lives. Many caregivers fail to address the underlying causes of the symptoms, prescribing tranquilizers and other medications to deal with various problems. The use of chemicals is reinforced as a means of solving problems rather than addressing them directly.

Until the early 1980s determining the prevalence of drinking and other drug use by women was difficult because national surveys tended to use questions based on men's experiences which were not necessarily relevant to women. Research since 1980 has more systematically examined gender differences and a more accurate picture is evolving.

This report summarizes some of the more significant and interesting results about from recent Canadian survey research. It also highlights gaps in our current knowledge and suggests ways to correct these deficiencies.

KEY FINDINGS TO DATE

Alcohol

- ◆ Alcohol is the drug most commonly used by women. Within all age groups, women are less likely than men to be current drinkers and to drink less frequently and in smaller amounts.
- ◆ Over the past decade, surveys have found the proportion of women who are abstainers is declining. This may be in part because drinking is more common among younger women of today.
- ◆ The most common reason given by women for quitting or reducing alcohol consumption is pregnancy, diet or athletic training.
- ◆ Almost one-fifth (19%) of women between the ages of 20 and 24 had consumed five or more drinks on a single occasion six or more times during the previous year. Preventing alcohol-related birth defects is important for this age group.
- ◆ Fewer women than men report having a problem with alcohol. This may reflect a lack of gender-relevant questions in surveys or a reluctance of women to report problems.

Tobacco

- ◆ The highest percentage of current smokers is among those aged 25-44 (34%), followed by those aged 20-24 (31%). The lowest percentage (13%) is among those aged 65 and older.
- ◆ While tobacco use has decreased in the population as a whole, women's rates are now equal to or slightly higher than men's rates among younger age groups.
- ◆ In mid-age groups, the percentage of women who smoke is approaching that of men because men have quit at higher rates than women.
- ◆ Smoking during pregnancy has been associated with lower birth weights and increases in spontaneous abortions.

Medications

- ◆ Except for ASA, vitamins and codeine, the use of medications by women in general is relatively rare.
- ◆ For those 45 and older and in particular those 65 and older, use of heart or blood pressure medications is fairly common. The use of sleeping pills shows a similar pattern, but with lower use rates.
- ◆ Higher medication use among older women poses special problems because of increased multiple drug use and the potential for drug interactions.
- ◆ Most prescribed medications have not been tested for effects on pregnancy.

Illegal drugs

- ◆ Except for marijuana, lifetime use of illegal drugs is relatively rare among women. Use of these drugs decreases with age and is almost non-existent after age 45.
- ◆ Frequent use of drugs such as cocaine, crack and amphetamines is likely more common among sub-groups of women such as those who are on the street. General population surveys usually miss these groups.
- ◆ The effects of illegal drugs on pregnancy are difficult to determine because most users also drink and smoke tobacco.

FUTURE RESEARCH NEEDS

Research on women and substance use has been limited in the past to an examination of the problem, without acknowledging its connection to other problems and events. Future research focusing on the multitude of inter-related factors comprising the reality of women's lives may be the key to understanding and responding to their needs.

The final part of this report discusses some of the special considerations which should be addressed when investigating women's alcohol and other drug use and concludes with recommendations concerning specific questions which could be included in future surveys.

ALCOHOL

1 PREVALENCE

Current drinkers

Alcohol is the drug most commonly used by women. In all age categories well over half of the women surveyed state they have had at least one alcoholic beverage in the previous 12 months.

The proportion who drink first increases then declines with age. Whereas 80% of those aged 15-19 report drinking in the previous 12 months, the proportion increases to 85% at 20-24 years and then decreases to less than 60% among women aged 65 and older.

Across all age groups, women are less likely to drink than men. The difference between the genders, however, is smallest among those in the 34-44 age range.

Table 1: Current women drinkers by age

Age	Current drinkers ¹
15-19	80%
20-24	85%
25-34	84%
35-44	82%
45-54	76%
55-64	70%
65+	58%
Total 15+	77%

¹Current drinkers are those who had at least one alcoholic beverage in the year preceding the survey.

Source: Health Promotion Survey, 1990

Abstinence

Only a minority of women classify themselves as abstainers. The percentage of former drinkers and life-time abstainers increases in the older age categories. The highest percentage in both categories is among those aged 65 and over.

In all age categories, except those 15-19 and 45-54, there are slightly more former drinkers than life-time abstainers.

Over the past decade, surveys have found that the proportion of abstainers is declining. This may be in part because drinking is more common among today's younger women.

The most common reason given by women for quitting or reducing alcohol consumption is pregnancy, diet or athletic training. More than half (54%) of those aged 15-34 cite this reason (National Alcohol and Other Drugs Survey, 1989).

Table 2: Women abstainer by age

Age	Former drinkers	Life-time abstainers ¹
15-19	7%*	13%
20-24	8%*	7%
25-34	11%	5%
35-44	11%	7%
45-54	12%	12%
55-64	18%	12%
65+	22%	20%

¹ Life-time abstainers have never drunk; former drinkers did not consume alcohol during the year prior to the survey.

* Data should be interpreted with caution due to high sampling variability.

Source: Health Promotion Survey, 1990

Amount consumed

Frequent drinking among women is relatively rare with only 6% drinking four or more times a week. Older women are more likely than the general adult female population to drink frequently. Almost 11% of women aged 65 and older state they drink four or more times a week. This compares to 6% of all adult women.

However, older women drink fewer drinks per occasion. Those aged 65 and older report consuming 1.4 drinks per occasion; the average for all adult women is 2.2 drinks.

As well, when compared to adult women in general, a greater percentage of older women report they have not consumed five or more drinks on a single occasion in the past year. Eighty-seven per cent of older women report this compared to 64% of adult women in general (National Alcohol and Other Drugs Survey, 1989).

Table 3: Frequent drinking and average consumption among women

Age	Drinks four or more times per week	Average number per drinking occasion
15-19	<1%*	3.0
20-24	<1%*	3.0
25-34	3%*	2.4
35-44	7%*	2.1
45-54	10%*	2.0
55-64	9%*	1.7
65+	11%*	1.4
Total 15+	6%	2.2

* Data should be interpreted with caution due to high sampling variability.

Source: National Alcohol and Other Drugs Survey, 1989

Heavy consumption

Consumption of five or more drinks on a single occasion decreases rapidly with age.

Of particular significance is the proportion of women in the peak child-bearing years who frequently consume five or more drinks on a single occasion. Almost one-fifth (19%) of those between 20 and 24 had this level of consumption on six or more occasions during the past year.

Table 4: Frequency of heavy consumption¹ among women

Age	Number of times had 5+ drinks ²			
	0	1-5	6-14	15+
15-19	43%	38%	12%*	7%*
20-24	41%	40%	8%*	11%*
25-34	55%	33%	7%	4%*
35-44	66%	26%	4%*	3%*
45-54	76%	14%	6%	<1%*
55-64	85%	10%*	<1%*	<1%*
65+	87%	6%*	<1%*	<1%*
Total 15+	64%	25%	6%	4%

¹ Among current drinkers

² On a single occasion in the year preceding the survey

* Data should be interpreted with caution due to high sampling variability.

Source: National Alcohol and Other Drugs Survey, 1989

2 REASONS FOR DRINKING

For all age groups the most common reason for drinking cited by women is to be sociable.

For those under 25, drinking "to feel good" is the second most common reason, whereas for those 25 and older, drinking to enjoy meals is the second most important.

Older women are less likely to drink to forget worries or to feel less inhibited. For example, only 4% of women aged 65 years and older say they drink to feel less inhibited. This compares to 27% of women aged 15 to 19. Younger women, particularly those under 20, appear to use alcohol more frequently for reasons which could be considered negative or unhealthy.

Table 5: Women's reasons for drinking by age

Reason	Age							Total 15+
	15-19	20-24	25-34	35-44	45-54	55-64	65+	
To be sociable	64%	76%	74%	73%	73%	73%	73%	73%
To enjoy meals	30%	31%	46%	53%	58%	57%	48%	47%
To feel good	39%	49%	24%	20%	20%	14%*	16%*	24%
To relax	29%	39%	37%	36%	31%	24%	24%	33%
To forget worries	17%*	11%*	9%	5%*	7%*	<1%	4%*	8%
To feel less inhibited	27%	17%	13%	10%	7%*	4%*	4%*	11%

* Data should be interpreted with caution due to high sampling variability.

Source: National Alcohol and Other Drugs Survey, 1989

3 DRINKING COMPANIONS

For those between 35 and 64 years of age, the most common companion women report drinking with is their spouse or partner. However, for those under 35, friends are most common. This is particularly true for those under 25.

Relatively few women report drinking alone. However, those 25 to 64 years of age are more likely to report this.

Table 6: Women's drinking companions by age

Companion	Age							Total 15+
	15-19	20-24	25-34	35-44	45-54	55-64	65+	
Spouse/partner	<1%	21%	38%	40%	43%	29%	19%	31%
Relatives	14%*	22%	22%	23%	23%	21%	22%	22%
Friends	54%	62%	42%	37%	38%	27%	22%	40%
Co-workers	9%*	16%	9%	6%*	5%*	<1%	<1%	7%
Alone	<1%	<1%	4%	5%	4%	6%	<1%	5%

* Data should be interpreted with caution due to high sampling variability.

Source: National Alcohol and Other Drugs Survey, 1989

4 PROBLEMS ASSOCIATED WITH ALCOHOL USE

Number of problems

Few women report experiencing a problem with alcohol. Women in the younger age categories are more likely to report a problem than women in the older age groups. Approximately 14% of women under 35 report experiencing a problem. This compares to 5% of women aged 45-64.

Table 7: Problems associated with alcohol by age for women

Age	Per cent current drinkers ¹ experiencing a problem ²
15-19	19%
20-24	17%
25-34	11%
35-44	8%
45-54	5%*
55-64	4%*
65+	<1%*
Total 15+	10%

¹ Individuals who had consumed at least one alcoholic beverage in the previous 12 months.

² Within the year preceding the survey.

* Data should be interpreted with caution due to high sampling variability.

Source: National Alcohol and Other Drugs Survey, 1989

Types of problems associated with alcohol use

For the majority of age groups, the most common problem reported is associated with the individual's physical health. The next most common area of impact relates to friendship and social life. Work and studies are the areas least likely to be affected by alcohol use.

Table 8: Women current drinkers¹ reporting various alcohol related problems² by age

Problem	Age							Total 15+
	15-19	20-24	25-34	35-44	45-54	55-64	65+	
Friends/social life	6%	7%*	4%*	3%*	<1%	<1%	<1%	4%
Physical health	7%	9%*	7%	5%*	4%*	3%*	<1%	6%
Outlook on life	4%*	7%*	4%*	3%*	<1%	<1%	<1%	3%
Home life/marriage	<1%	4%*	4%*	2%*	<1%	<1%	<1%	2%
Work/studies	<1%	4%*	<1%	<1%	<1%	<1%	<1%	1%*
Financial position	<1%	5%*	3%*	2%*	<1%	<1%	<1%	2%

¹ Individuals who had consumed at least one alcoholic beverage in previous 12 months.

² Within the year preceding the survey.

* Data should be interpreted with caution due to high sampling variability.

Source: National Alcohol and Other Drugs Survey, 1989

Drinking and driving

Few women report driving after consuming alcohol. Women in the younger age categories are more likely to report this than older women.

Table 9: Women current drinkers¹ who report drinking and driving² by age

Age	Per cent report drinking and driving
15-19	7%*
20-24	16%
25-34	13%
35-44	11%
45-54	6%
55-64	4%*
65+	<1%
Total 15+	9%

¹ Individuals who had consumed at least one alcoholic beverage in previous 12 months.

² Within the year preceding the survey, after consuming two or more drinks in previous hour.

* Data should be interpreted with caution due to high sampling variability.

Source: National Alcohol and Other Drugs Survey, 1989

5 ADDITIONAL FACTORS ASSOCIATED WITH ALCOHOL USE

A number of factors have been found to be associated with the number of occasions an individual drinks and the number of drinks consumed on each occasion.

Women who typically report consuming a higher-than-average number of drinks per occasion tend to exhibit some of the following characteristics:

- ◆ younger
- ◆ lower educational attainment
- ◆ lower income
- ◆ single or divorced
- ◆ unemployed, a student, or employed in a blue collar occupation.

Women who report drinking more frequently than most tend to exhibit some of the following characteristics:

- ◆ older
- ◆ higher educational attainment
- ◆ higher income
- ◆ single or divorced
- ◆ blue collar or managerial position.

6 OBSERVATIONS

Within all age groups, women are less likely than men to be current drinkers and, if they are current drinkers, to drink less frequently and in smaller quantities. In general, gender differences tend to increase with age.

Although women are less likely to be current drinkers and tend to consume less alcohol when they drink, the effect of alcohol on physiological and metabolic processes differs by gender. Researchers have drawn attention to the fact that gender differences in body weight and composition affect blood alcohol levels. Women generally require smaller amounts of alcohol to achieve the same blood alcohol levels as men. There is a need for further research on the unique behavioural and health implications of alcohol consumption among women.

The pattern of drinking among women changes as they age, with less frequent but higher volume drinking being common among younger women, and more frequent but lower volume drinking being common among older women.

Length of exposure to alcohol tends to be greater in younger age groups. In other words, younger women tend to report beginning to drink at an earlier age than older women.

In comparison with younger men, younger women are less likely

to drink to please others. However, older women in comparison with older men are slightly more likely to drink to please others. In terms of refraining from drinking to please others, women are far less likely to report this than men, regardless of age.

Among women, the likelihood of drinking and driving, and having contact with the police as a consequence of alcohol use is relatively low, peaking at ages 20-24, and then decreasing with age. This may be due to a number of reasons, such as less alcohol use among women in general and older women in particular, less likelihood of driving or being intoxicated in a public place and, finally, perhaps less likelihood that a police officer would consider that alcohol was involved in a woman's behaviour than might be true for a man.

The people with whom older women consume alcohol varies somewhat for younger women and may reflect the changed life circumstances of women in this age group (e.g., loss of life of a partner). Older women (55+) are more likely to report drinking alone as well as drinking less frequently with a spouse or partner than younger women.

Few women report having a problem with alcohol. This is particularly evident for older women. It is, however, possible that surveys such as the NADS underestimate the proportion of women in older age groups who may have experienced problems since these questions are asked only of current drinkers and exclude former drinkers. It may also reflect a lack of gender-relevant questions or the reluctance of women to report alcohol-related problems. Prevailing attitudes in society may also affect the way women view their alcohol use as well as how research conveys it.

On the other hand, the low problem rates may, in fact, reflect a lifetime of low drinking levels with few problems. One might thus expect that in the future, older women who have had more exposure to alcohol may report more problems.

A wide variety of physical and behavioural abnormalities have been found in the children of women who consume excessive amounts of alcohol during pregnancy. The most widely recognized is a cluster of abnormalities referred to as Fetal Alcohol Syndrome

(FAS). This cluster includes growth retardation, intellectual impairment and distinctive physical characteristics. In addition, a number of individual features often called Fetal Alcohol Effects (FAE) have been associated with drinking during pregnancy. These include learning problems, hyperactivity and hearing defects, among others.

Although it has not been consistently shown that low to moderate levels of alcohol consumption cause harm to the fetus, many health professionals advise not drinking alcohol during pregnancy due to the possible risks to the unborn child.

TOBACCO

1 PREVALENCE

In all age categories, there are more women non-smokers than current smokers.

The highest percentage of current smokers is among those 25-44 years of age (33%), followed by those 20-24 years of age (31%) The lowest percent is among those aged 65 and older (13%).

Older women (those 65 and older) are more likely to have never smoked and also somewhat more likely to have quit smoking.

Table 10: Smoking among women by age

Age	Never smoked	Former smoker	Current smoker
15-19	47%	32%	19%
20-24	42%	24%	31%
25-44	36%	30%	33%
45-64	42%	32%	26%
65+	51%	35%	13%
Total 15+	41%	31%	27%

Source: Canada's Health Promotion Survey, 1990

2 **OBSERVATIONS**

When considering women and health, tobacco use is probably more serious than alcohol use. For women, tobacco is the primary drug problem. Tobacco use has decreased in the population as a whole, but women's use rates are equal to or slightly higher than men's rates among the younger age groups.

In mid-age groups, the percentage of women who use tobacco is approaching that of men because men have quit at higher rates than women. Smoking among mid-aged women is associated with lower income and education, blue collar work, and being generally disadvantaged. It is also associated with heavier drinking and an absence of health-enhancing behaviours (e.g., exercise, nutrition, seat belt use, and breast self-examination).

Older women have the highest rate of lifetime abstinence from tobacco use. As with alcohol, the rate of lifetime abstainers from tobacco will likely decrease in the future as younger women age.

Smoking during pregnancy has been found to be associated with lower birth weights, shorter gestation period, and an increase in spontaneous abortions and still births. Infants of women who smoke during pregnancy cry more, are less alert, and have less ability to orient themselves.

Heavy alcohol consumption and smoking tend to be related. The effect of smoking combined with heavy alcohol consumption on the unborn child is an area that has received little attention.

MEDICATIONS

1 PREVALENCE

There is little consistency among surveys in approaches taken to determine the extent of medication use. The following table is a composite of the results from a number of surveys and should be considered only as a broad indicator of medication use.

Table 11: Women's use of medications by age

Medicine	Age					
	15-24	25-34	35-44	45-54	55-64	65+
A.S.A.	81%	82%	83%	79%	76%	71%
Vitamins	26%	25%	25%	24%	24%	24%
Codeine	12%	16%	12%	13%	11%	7%
Cold remedies	6%	6%	6%	5%	5%	6%
Antibiotics	4%	3%	3%	3%	3%	2%
Sleeping Pills	3%*	5%	5%*	8%	12%	20%
Stomach medicines	3%	4%	4%	6%	6%	7%
Tranquillizers	—	4%*	6%	7%*	8%	11%
Stimulant/Diet	—	1%*	<1%*	<1%*	<1%*	<1%*
Anti-depressants	—	3%*	4%*	5%*	4%*	6%*
Laxatives	1%	3%	3%	7%	7%	12%
Heart/Blood pressure	<1%	2%	2%	19%	19%	41%

— Reliable percentages could not be calculated from some data sources.

* Data should be interpreted with caution due to high sampling variability.

Sources: Canada Health Survey, 1981; Health Promotion Survey, 1988 National Alcohol and Other Drugs Survey, 1989; Health Promotion Survey, 1990

With the exception of A.S.A., vitamins and to a lesser extent codeine, the use of medications among women, in general, remains relatively rare.

However, for those 45 and older and in particular those 65 and older, the use of heart or blood pressure medications is fairly common. The use of sleeping pills shows a similar pattern, but with lower use rates.

The use of most medications tends to increase in the older age groups. The age categories reporting the heaviest medication use are those aged 45-54 and those aged 65 and older.

2 OBSERVATIONS

In any age group, women are more likely than men to report the use of all medications, but particularly those that are psychoactive (e.g., sleeping pills and tranquillizers).

Women may be more likely than men to use medications like sleeping pills and tranquillizers for a number of reasons. These may include advertising by drug manufacturers, differential attitudes and treatment of men and women by physicians, women having greater awareness of and reporting more distress, and greater likelihood that women will visit physicians' offices.

In general, women who are not working outside the home are more likely to use sleeping pills and tranquillizers than women who are in the workplace.

Rates of reported use of tranquillizers are also higher among separated, divorced and widowed women, women who have low levels of education and lower incomes.

Higher drug use among older women poses special problems because of increased multiple drug use and the potential for drug interactions.

Most prescribed medication has not been tested for effects on pregnancy; therefore, the potential for damage to the fetus is not known.

ILLEGAL DRUGS

1 PREVALENCE

Lifetime use of illegal drugs, except for marijuana, remains relatively rare among women. Use of these substances is more common among younger women than older individuals. Marijuana and hash are the most common illegal drugs used by women. Over one-third of women aged 20 to 34 report using marijuana at least once in their life.

Age	Marijuana a hash	Cocaine crack	LSD, speed or heroin
15-19	23%	<1%	4*%
20-24	37%	6%	3%
25-34	34%	7%	7%
35-44	18%	2%	4%
45-54	4%*	<1%	<1%
55-64	<1%	<1%	<1%
65+	<1%	<1%	<1%
Total 15+	18%	3%	3%

¹ Individuals who report using an illegal drug at least once in their lifetime.

* Data should be interpreted with caution due to high sampling variability.

Source: National Alcohol and Other Drugs Survey, 1989

2 OBSERVATIONS

Recent years have marked an increase in the exposure of women to the use of illegal drugs. The percentage of women who have used marijuana is approaching the use rates of men. Men continue to exceed women in their use of other illegal drugs.

For all illegal drugs, there is decreasing use with increasing age. Use of marijuana almost disappears after age 40 and the disappearance of use comes at an earlier age for women than it does for men.

While the proportions of current users of marijuana are low, the risk of cannabis use seems to be in its association with higher use of alcohol. Current users of marijuana drink far more than former users and former users drink more than those who have never used the drug.

It appears that marijuana use should not be considered on its own. Its use is associated with heavy drinking and the majority of those who use marijuana also use tobacco.

Frequent use of cocaine, crack, LSD and amphetamines is likely more common among sub-groups of women such as those on the street. General population surveys usually miss these groups, thus use of these drugs is likely to be under reported. The effects of illegal drugs in pregnancy are difficult to determine since most users also use other substances such as alcohol and tobacco.

Injection drug users are particularly at risk for AIDS. As has been shown in many cities in North America and Europe, the infection spreads rapidly among them. Needle-sharing is a major factor in the spread of HIV: 7% of the AIDS cases in women, and 1% of cases in men, are attributed to injection drug use.

The proportion of AIDS cases attributed to injection drug use in Canada has been, by international standards, relatively low. The most preferred illegal drugs, such as cannabis and cocaine, are more often smoked or sniffed. Use by injection of such drugs as heroin and cocaine is relatively rare. For that reason, and because needle exchange programs have become more common, the majority of AIDS cases in Canada have been contracted sexually. The proportion of cases involving injection drugs is, however, increasing. As of June, 1993, 495 AIDS deaths in Canada have been linked to injection drug use. Of these, 185 cases (141 men and 44 women) could be directly attributed to injecting drugs, and 293 cases involved men who injected drugs and were also homosexually/bisexually active.

SURVEYING WOMEN

INTRODUCTION

This section is primarily intended for those who wish to conduct survey research on their own or conduct special analyses of the data from past surveys. It provides a brief overview of some of the areas particularly relevant to women's alcohol and other drug use, gives examples of existing survey data sets, suggests some alternate data collection strategies and presents survey questions which better address women's issues, concerns and situations.

All the questions which might be included in a comprehensive survey of alcohol and other drug use are not presented. Only questions which address issues of particular relevance to women or previous gender biases are presented. For some issues, a number of different but similar questions have been presented in order to assist in assessing different perspectives. Researchers should only use those specific questions which are most relevant to their survey objectives. For examples of questions not included, it is recommended that the reader consult Canada's Alcohol and Other Drugs Survey (CADS), 1994. Copies of the questionnaire may be obtained from Health Canada.

Some questions address very sensitive and emotional issues. Interviewers must be properly trained to ask these questions and to appropriately respond to the "disclosures" made by the person being interviewed.

Those who are primarily users of survey information may also find this section useful. Understanding some of the deficiencies in previous surveys with respect to women's alcohol and other drug use and knowing how they could be corrected in future research can be valuable in interpreting and explaining the information presented in this and other publications.

FUTURE RESEARCH

The research on women and substance use has been limited in the past to an examination of the problem, without acknowledgement of its connection to other problems and events. Research generally reflects the specialities of the particular researcher(s) involved, often without including variables that could show how multiple problems and events might inter-relate. For example, a researcher specializing in substance use may note the presence of family violence, but fail to explore the inter-relationship. The research that does include multiple variables suggests a very complex pattern of relationships. Recent population surveys show different patterns in the use of substances by women among many sub-populations. In the same way, research focusing on the multitude of factors comprising the reality of women's lives may be the key to understanding and responding to their needs.

Further research efforts should proceed in four general areas: analyses of information from past surveys; conducting surveys of the general population which incorporate women's contexts and issues, as well as those of men; conducting surveys which involve women only and focus on women's issues in relation to the use of alcohol and other drugs; and conducting studies involving methods other than surveys.

When undertaking further research, attention should be paid to the following content areas: heavy use of alcohol, tobacco use, and use of psychotherapeutic drugs. Moreover, the consequences for women of their own use, as well as substance use by other people, deserves more attention. Life cycle considerations are important, because frequency, quantity, and type of substance appear to be associated with age. Other issues which require examination are social support, multiple drug use, and suggestions that women are more apt to self-medicate than men. Women are also more likely to seek professional medical help, and physicians may be more apt to prescribe psychotherapeutic drugs to women.

Information from post surveys

Four recent surveys, the National Alcohol and Other Drugs Survey (NADS) (1989), Canada's Health Promotion Survey (HPS) (1990), the General Social Survey (GSS)(1993), and Canada's Alcohol and Other Drugs Survey (CADS) (1994), can be analyzed with a focus on relationships between women's issues and substance use and abuse.

The NADS and CADS data contain the most extensive information

on substance use. These data can be most profitably analyzed using the life cycle concept for a full description of factors relating to substance use and abuse in each age group and may also be employed to identify differential risk factors among subpopulations of women. Both also allow a fairly detailed differentiation between lifetime abstainers and former drinkers; this issue should be pursued further.

The HPS provides information on health status, perceived stress level and activity limitation. The relationship between these factors and psychoactive substance use should be identified. The relationship between substance use and abuse and the following factors may also be examined in this data set: social support; health-enhancing behaviours, social integration or involvement; sexual behaviour; beliefs; and other aspects of life style. This survey contains fairly good data on tobacco use, but the alcohol and illegal drug items are somewhat limited.

The GSS contains substantial, valuable information on psychoactive drugs. The focus of cycle 8, victimization and accidents, allows extensive examination of links between drug use and difficult life circumstances. A detailed analysis focusing on women in this sample should be conducted.

Alternative data collection strategies

There are no longitudinal studies in Canada which would allow determination of the development and changes in women's substance use. This is a serious gap, given the changes in women's situations over the last 30 years: increased participation in the labour force; increased rates of divorce/separation; increased rates of alcohol and tobacco use; and decreases in the age of first use. Future surveys should be designed with follow-up procedures in place.

A method of establishing good coverage of crucial issues while examining higher risk groups is to incorporate the possibility of reinterviewing selected respondents. For example, respondents with drinking problems can be identified from an original sample and reinterviewed about their drinking and problem drinking in substantial detail.

It should, however, be noted that dependent and non-dependent problem drinkers tend to be under-represented in general population surveys. Other more qualitative methods should also be used to increase our understanding of the problem drinker.

Other sectors of the population must be studied through methods other than sample surveys. People who are particularly disadvantaged, have no stable address, or who are institutionalized must be located through means other than survey procedures. In these cases, qualitative

methods, such as focused interviews, focus groups, or some variant of participant observation are appropriate research methods. Examples of research subjects which should be studied in these ways are women of different cultural backgrounds, women dependent on social assistance, victims of violence, women involved in prostitution and/or much illicit drug use, adolescent groups and cliques, women living in institutions, and those with disabilities (e.g., hearing, memory) which affect ability to respond to survey items.

RECOMMENDED SURVEY QUESTIONS

Alcohol

1. Identifying drinkers and their consumption patterns

Canada's Alcohol and Other Drugs Survey (CADS) 1994 contains a series of well designed questions on this topic. It is recommended that the CADS questions be used in other survey work. A copy of the CADS can be obtained from Health Canada. Select questions from the CADS and additional questions of particular relevance to women's alcohol use are presented in the remainder of this section.

2. Reasons for not drinking alcohol

▶ WHAT ARE YOUR REASONS FOR NOT DRINKING?

- health, diet or athletics
- pregnancy
- the taste
- I don't like the effect it has on me
- I have seen bad examples of what alcohol can do
- I have been hurt by someone else's drinking
- I have had alcohol problems/I am afraid of becoming alcoholic
- drinking could affect work/school performance
- drinking is too expensive or waste of money
- religious reasons
- brought up not to drink
- to please someone
- other (state reason):

3. Reasons for drinking alcohol

▶ I AM GOING TO READ SEVERAL STATEMENTS ABOUT THE REASONS WHY PEOPLE DRINK. FOR EACH, TELL ME IF IT IS A REASON YOU DRINK. DO YOU DRINK:

- to be sociable or polite
- because everyone else is drinking
- to add to the enjoyment of meals
- to feel good
- to help relax
- to feel less inhibited or shy
- to keep my partner/date company
- other reason _____

Which of those reasons is the most important one for you?

4. Frequency of intoxication

This subject is often covered by asking how often you "get intoxicated", "high", "drunk" or "really feel it". Asking about a specific number of drinks may increase the reliability of reports. Providing response categories may also increase reliability.

▶ HOW MANY TIMES IN THE PAST 12 MONTHS HAVE YOU HAD FIVE OR MORE DRINKS ON ONE OCCASION?

- every day
- about every day
- 3 or 4 times a week
- once or twice a week
- 2 or 3 times a month
- about once a month
- 6-11 times a year
- 1-5 times a year
- never in the last year
- don't know

▶ ABOUT HOW MANY HOURS IS A TYPICAL OCCASION?

5. Drinking with whom

This question is frequently used to establish the social network within which drinking occurs. It has been modified to increase relevance to women.

▶ DURING THE PAST 12 MONTHS, HOW OFTEN DID YOU DRINK?

	Never	A few times a year	A few times a month	Less than once a week	Once a week	More than once a week
with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with your spouse/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with a special friend or someone you are romantically attached to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with family members or relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	<input type="checkbox"/>
by yourself or when others were not drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

An additional question can be used to determine who within the social network "encourages" or "discourages" drinking.

▶ DO ANY OF THE FOLLOWING PEOPLE ENCOURAGE OR DISCOURAGE YOUR DRINKING?

	Encourage	Discourage
your spouse/partner (if married)	<input type="checkbox"/>	<input type="checkbox"/>
special or close friend	<input type="checkbox"/>	<input type="checkbox"/>
family member or relative	<input type="checkbox"/>	<input type="checkbox"/>
friend	<input type="checkbox"/>	<input type="checkbox"/>
co-worker	<input type="checkbox"/>	<input type="checkbox"/>

6. Limitations on drinking

▶ HAVE YOU EVER REDUCED OR CUT DOWN THE AMOUNT YOU DRINK WITHOUT QUITTING ALTOGETHER?

▶ WHEN WAS THE LAST TIME YOU QUIT OR CUT DOWN THE AMOUNT YOU DRANK? WAS IT:

- within the past 12 months?
- 1-5 years ago?
- over 5 years ago?

▶ HOW LONG DID IT LAST?

- still continuing
- less than 1 month
- 1-3 months
- 4-6 months
- 7-11 months
- 1-2 years
- 3-5 years
- more than 5 years

7. Reasons for limiting drinking

▶ WHY DID YOU REDUCE DRINKING OR QUIT DRINKING ALTOGETHER?

- because you were dieting/athletic reasons
- because you were pregnant
- because you were getting older
- you thought you were drinking too much/or had a drinking problem
- it was affecting your work, studies or employment opportunities
- it was interfering with your family or home life
- it was affecting your physical health
- it was affecting your friendships or social life
- it was too expensive
- for spiritual, religious reasons
- it was affecting your financial position
- it was affecting your outlook on life, happiness
- because of influence from your family or friends

8. Drinking during pregnancy

▶ FOR WOMEN WITH BIOLOGICAL CHILDREN: DURING YOUR LAST PREGNANCY DID YOU

- drink as much as usual?
- cut down?
- not drink at all?

9. Consequences of alcohol consumption

The direct effect of alcohol consumption on self and others is frequently asked by the following question.

▶ WAS THERE EVER A TIME THAT YOU FELT YOUR ALCOHOL USE HAD A HARMFUL EFFECT ON: (IF YES, WAS THIS DURING THE PAST 12 MONTHS?)

- your friendships or social life
- your physical health
- your outlook on life (happiness)
- your spouse/partner
- your child/children
- your home life
- your work, studies or employment opportunities
- your financial position

Assessing the effect of alcohol consumption on a wider range of situations can be useful.

▶ NOW I AM GOING TO READ YOU ANOTHER LIST OF ALCOHOL-RELATED EXPERIENCES WHICH MANY PEOPLE HAVE AS THEY GO THROUGH LIFE. HAVE ANY OF THE FOLLOWING EVER HAPPENED TO YOU? (IF YES, WAS THIS DURING THE PAST 12 MONTHS?)

- you decided not to drive a car because you had been drinking
- you became sexually forward when you had been drinking
- you became less particular in your choice of sexual partners when you had been drinking
- you drove a car when you felt drunk or high from drinking
- your drinking led to an accident in your home
- drinking had a harmful effect on your housework or chores around the house
- your close friends or relatives worried or complained about your drinking about your drinking

- drinking may have hurt your chances of getting a job, or your chances for a better promotion
- people annoyed you by criticizing your drinking
- you started a fight with someone outside your family when you had been drinking
- you felt bad or guilty about your drinking

The effects of alcohol consumption on family relationships can be of particular importance for women.

▶ IF RESPONDENT HAS EVER BEEN MARRIED OR HAD A PARTNER:

- your (husband/partner) told you that you should cut down on your drinking
- you started an argument or fight with your (husband/partner) when you had been drinking

▶ IF RESPONDENT HAS EVER HAD CHILDREN:

- you felt that your drinking caused problems between you and your children

10. Negative consequences of others drinking

Problem drinking is likely to have adverse consequences on those in a drinker's social network. Questions concerning this issue are relatively uncommon and are often male-biased.

▶ THE NEXT FEW QUESTIONS ARE ABOUT YOUR EXPERIENCE WITH OTHER PEOPLE'S DRINKING PROBLEMS. HAVE YOU EVER: (IF YES, WAS THAT DURING THE PAST 12 MONTHS?)

- been insulted or humiliated by someone who had been drinking
- had serious arguments or quarrels as a result of someone else's drinking
- had friendships break up as a result of someone else's drinking
- had family problems or marriage difficulties due to someone else's drinking
- been a passenger with a driver who had too much to drink
- been in a motor vehicle accident because of someone else's drinking
- had your property vandalized by someone who had been drinking

- been pushed or shoved by someone who had been drinking
- had financial trouble because of someone else's drinking
- been threatened by someone who had been drinking
- been hit or physically assaulted by someone who had been drinking
- been sexually assaulted by someone who had been drinking

Tobacco

1. Identifying and classifying smokers

Canada's Alcohol and Other Drugs Survey (CADS) 1994 contains a series of questions about smoking. It is recommended that these questions be used. A copy of the questionnaire may be obtained from Health Canada.

2. Smoking during pregnancy

▶ DURING YOUR LAST PREGNANCY, DID YOU

- smoke as much as usual?
- cut down?
- stop smoking?

Medications

1. Prevalence

When conducting a survey of the use of medications a number of factors must be kept in mind.

- ◆ In face-to-face interviews a trained interviewer can record exactly what medications are taken by examining the bottle and recording the names of the drug. This procedure permits the researcher to categorize the specific drugs at a later date according to the purpose of the study.
- ◆ In telephone interviews the ability to identify medications is severely restricted and some classification scheme must be used that will be both meaningful to the respondent and to the researcher. The scheme chosen must be simple and use fairly broad classifications with widely accepted terminology. The categories should be mutually exclusive and coincide with some established scheme for classifying pharmaceuticals.

- ◆ Comparability with other surveys must be considered. If it is important or necessary, then the same language and classification schemes should be used.
- ◆ The time period respondents are queried about should be kept relatively short to reduce recall errors. An additional consideration should also be the extent of consumption. If heavy users are being screened, or special populations such as older women in special care facilities are being surveyed, then a short period such as seven days may be appropriate.
- ◆ It is recommended that surveys distinguish between pain relievers containing acetylsalicylic acid (ASA)(e.g., aspirin) and acetaminophen (Tylenol). These drugs are consumed in large quantities by older Canadians. More needs to be known about their use.

The following is an example of a basic question regarding use of medications that are of particular significance to women. Appropriate examples should be given in each category to assist respondents.

▶ THE NEXT FEW QUESTIONS REFER TO THE USE OF MEDICATIONS AND PILLS IN THE LAST 12 MONTHS.

In the past 12 months did you take any of the following medications?		Was this with a doctor's order or prescription?		Did you consume any alcoholic beverages while using this medication?	
		yes	no	yes	no
Aspirin or ASA pain reliever	<input type="checkbox"/> yes ▶ <input type="checkbox"/> no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acetaminophen type pain reliever	<input type="checkbox"/> yes ▶ <input type="checkbox"/> no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillizers such as valium	<input type="checkbox"/> yes ▶ <input type="checkbox"/> no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet pills or stimulants	<input type="checkbox"/> yes ▶ <input type="checkbox"/> no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-depressants	<input type="checkbox"/> yes ▶ <input type="checkbox"/> no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Codeine, demerol	<input type="checkbox"/> yes ▶ <input type="checkbox"/> no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping pills	<input type="checkbox"/> yes ▶ <input type="checkbox"/> no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Length of use and reason for use

If Respondent Uses Any Sleeping Pills, tranquilizers, stimulants, pain medication, or anti-depressants ask:

▶ HOW LONG HAVE YOU USED: (TIME IN MONTHS)

- sleeping pills _____
- tranquilizers _____
- stimulants _____
- pain medication _____
- anti-depressants _____

▶ WHAT WAS THE PRIMARY REASON THIS DRUG WAS PRESCRIBED FOR YOU/PURCHASED? (REASON)

- sleeping pills _____
- tranquilizers _____
- stimulants _____
- pain medication _____
- anti-depressants _____

3. Non-medical negative consequences

▶ WAS THERE EVER A TIME THAT YOU FELT YOUR USE OF MEDICATIONS HAD A HARMFUL EFFECT ON: (IF YES, WAS THIS DURING THE PAST 12 MONTHS?)

- your friendships or social life
- your physical health
- your outlook on life (happiness)
- your spouse/partner
- your child/children
- your home life
- your work, studies or employment opportunities
- your financial position

4. Spouse/partner's medication use

▶ DOES YOUR SPOUSE/PARTNER USE ANY OF THESE MEDICATIONS

If yes, which drugs does your spouse/partner use?

5. Gender of primary physician

▶ IS YOUR PRIMARY PHYSICIAN: MALE FEMALE

Illegal drugs**1. Prevalence**

Canada's Alcohol and Other Drugs Survey (CADS) 1994 contains a series of well designed questions on this topic. It is recommended that the CADS questions be used.

2. Negative consequences

▶ WAS THERE EVER A TIME WHEN YOU FELT YOUR DRUG USE HAD A HARMFUL EFFECT ON: (IF YES, WAS THIS DURING THE PAST 12 MONTHS?)

- your friendships or social life
- your physical health
- your outlook on life (happiness)
- your spouse/partner
- your child/children
- your home life
- your work, studies or employment opportunities
- your financial position

3. Injecting drugs

Because of the increasing spread of HIV through sharing of injecting equipment, it is increasingly important to ask questions in this area.

▶ HAVE YOU EVER USED A NEEDLE TO INJECT ANY OF THESE DRUGS?

▶ HAVE YOU EVER SHARED NEEDLES WITH ANYONE ELSE, INCLUDING YOUR PARTNER OR CLOSE FRIENDS?

▶ HAVE YOU EVER HAD A SEXUAL PARTNER WHO USED NEEDLES TO INJECT ANY OF THESE?

4. Reasons for illegal drug use

The following question focuses on marijuana because it is the most commonly used illegal drug. The same question may be used for other drugs.

▶ I'M GOING TO READ SEVERAL STATEMENTS ABOUT THE REASONS PEOPLE USE MARIJUANA OR HASH. FOR EACH, TELL ME IF THAT IS THE REASON YOU HAVE FOR USING MARIJUANA.

- to feel high
- to relax
- to forget worries
- to be sociable
- to feel less inhibited or shy
- to see what it was like
- to cope with stressful situations
- to keep my partner/date company

5. Drug use with whom

▶ HAVE YOU USED MARIJUANA OR HASH WITH THE FOLLOWING PEOPLE DURING THE LAST 12 MONTHS?

- with your spouse/partner
- with a family member or relative
- with friends
- with co-workers
- while alone
- with a special friend or date

6. Help for alcohol and other drug problems

Since most addiction services have not been specifically designed for women, determining their views on this issue can be useful.

There are many services and help for people concerned about their drinking or drug use, including medications. Have you ever used any of the services or help to deal with your own drinking or drug use?

▶ WHICH SERVICES OR HELP DID YOU USE?

- family member/friend
- self-help books/manuals
- A.A. (Alcoholics Anonymous)
- N.A. (Narcotics Anonymous)

- support of self-help group, other than A.A./N.A.
- psychologist, psychiatrist, social worker
- psychiatric hospital
- minister, priest, rabbi, clergy or spiritual leader
- doctor, nurse
- hospital, emergency department
- alcohol/drug addiction agency
- detox (detoxification) centre
- halfway house or recovery home
- workplace EAP or health nurse
- other
- none of the above

▶ WAS/WERE THE SERVICE(S) YOU USED DESIGNED SPECIFICALLY FOR WOMEN?

▶ HAD ONE BEEN AVAILABLE, WOULD YOU PREFER A SERVICE DESIGNED SPECIFICALLY FOR WOMEN?

▶ SOME WOMEN HAVE DIFFICULTY GETTING HELP FOR A DRINKING OR DRUG PROBLEM. DID YOU EXPERIENCE ANY OF THESE DIFFICULTIES?

- lack of support from family
- no appropriate service
- difficulty in arranging child care or babysitting
- difficulty in arranging transportation
- difficulty getting time off work
- lack of money
- other

Health issues

Establishing a women's health status, particularly with respect to stress, self-image and emotions, has rarely been a part of general population surveys and may provide important clues to the use of alcohol and other drugs. It is recommended that these questions be used at the beginning of a survey questionnaire. They provide a non-threatening lead-in to more sensitive issues.

1. General health

▶ IN GENERAL, COMPARED TO OTHER PERSONS YOUR AGE, WOULD YOU SAY YOUR HEALTH IS:

- excellent
- very good
- good
- fair
- poor

▶ IN THE LAST 12 MONTHS HAVE YOU HAD (ANY):

- colds
- the flu
- stomach pain or stomach ache not caused by overeating
- headaches
- allergies
- numbness, tingling, or burning legs and feet
- episodes of dizziness, light-headedness, or vertigo

▶ HAVE YOU EVER HAD ANY MENSTRUAL PROBLEMS NOT RELATED TO BIRTH CONTROL PILLS OR IUDs, SUCH AS:

- painful menstruation
- heavy menstrual flow
- premenstrual discomfort before your period that interferes with your everyday routines or slows you down

2. Body image

▶ WOULD YOU SAY THAT YOU ARE A LOT MORE CONCERNED ABOUT YOUR WEIGHT AND BODY SHAPE THAN MOST PEOPLE YOUR AGE?

If the response to the general question is "yes", the following more detailed question should be asked.

▶ HAVE YOU EVER HAD A PERIOD OF 3 MONTHS OR MORE WHEN YOU WOULD EAT ABNORMALLY LARGE AMOUNTS OF FOOD WITHIN A FEW HOURS—THAT IS, BINGE EATING—AT LEAST TWICE A WEEK?

▶ HAS THIS OCCURRED WITHIN THE LAST 12 MONTHS?

▶ IF YES, WHEN YOU (WERE/ARE) HAVING EATING BINGES, (DID/DO) YOU EVER DO ANYTHING TO COUNTERACT THE EFFECTS OF THE BINGES, LIKE MAKING YOURSELF VOMIT, TAKING LAXATIVES, STRICT DIETING, FASTING, OR EXERCISING A LOT?

▶ HAS THIS OCCURRED WITHIN THE LAST 12 MONTHS?

3. Stress

A general question provides basic information.

▶ DURING THE LAST 12 MONTHS WOULD YOU DESCRIBE YOUR LIFE AS:

- very stressful
- fairly stressful
- not very stressful
- not at all stressful

How a person copes with stress may be an important factor.

▶ DO YOU THINK THERE IS ANYTHING PERSONALLY YOU SHOULD DO TO IMPROVE THE WAY YOU COPE WITH STRESS

If the response is "yes", then ask the following.

- exercise more
- learn to relax, worry less
- get out more often, make new friends, socialize
- change jobs, move, leave home, change situation
- reduce drug use/medications
- get some medication/increase use of medication
- reduce alcohol use
- spend more time with family and close friends
- other, specify: _____

► IS THERE ANYTHING STOPPING YOU FROM MAKING THIS IMPROVEMENT?

- no
- problem not serious, no urgency
- lack of time
- lack of self-discipline, energy
- too depressed
- don't know how to get started, lack of knowledge
- peer pressure
- lack of support from family and friends
- don't want to change current habits
- too difficult
- violent relationship
- uncertainty of job, employment
- too costly
- other, specify: _____

If more specific information would be valuable, the following series of questions could be used.

► THE NEXT FOUR QUESTIONS ASK YOU ABOUT YOUR FEELINGS AND THOUGHTS DURING THE LAST MONTH. IN EACH CASE, HOW OFTEN HAVE YOU FELT OR THOUGHT A CERTAIN WAY?

In the past month ...	Never	Almost never	Some-times	Fairly often	Very often
How often have you felt that you were unable to, control the important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The questions on emotional or reproductive health may be difficult for the respondent. Interviewers must be sensitive to respondents' needs and be capable of dealing with a variety of disclosures, including making appropriate referrals.

It is recommended that these types of questions and the procedures for appropriately dealing with respondents be subjected to ethical review.

4. Emotional health

For each of the following items ask:

- ▶ DID THIS OCCUR IN THE LAST 12 MONTHS?
 - ▶ DID YOU INCREASE YOUR ALCOHOL USE TO HELP COPE WITH THIS?
 - ▶ DID YOU USE OTHER DRUGS TO HELP YOU COPE WITH THIS? IF "YES", SPECIFY WHICH DRUGS.
- a) Have you ever in your life had two weeks or more during which you felt sad, blue, depressed, or when you lost all interest and pleasure in things you usually cared about?
 - b) Were there ever two weeks or more when nearly every night you had trouble with sleeping: waking too early, or sleeping too much, not staying asleep, or trouble falling asleep-any trouble sleeping?
 - c) Were there ever two weeks or more when you felt tired out all the time even when you had not been working very hard?
 - d) Were there ever two weeks or more when nearly every day you had to be moving all the time, that is, you couldn't sit still, or paced up and down?
 - e) Have there ever been two weeks or more when nearly every day you talked or moved more slowly than is normal for you?
 - f) Has there ever been a period of several weeks when your interest in sex was a lot less than usual?
 - g) Were there ever two weeks or more when you felt worthless, sinful, or guilty?
 - h) Where there ever two weeks or more when nearly every day your thoughts came much slower than usual, or seemed mixed up, or you had a lot more trouble concentrating than is usual for you?
 - i) Were there ever two weeks or more when you thought a lot about death, either your own, someone else's, or death in general?

- j) Or two weeks or more when you felt like you wanted to die?
- k) Have you ever felt so low you thought of committing suicide?
- l) Have you ever attempted suicide?
If yes, number of times: _____

5. Reproductive health

▶ HAVE YOU EVER HAD:

- a premature baby?
- an abortion?
- other than an abortion, a pregnancy that did not result in a live birth?
- a baby with a birth defect of any sort?
- a hysterectomy, removal of the womb or uterus?
- any breast surgery other than biopsy?
- inability to become pregnant after trying for at least one year?

6. Support network

The presence of friends and relatives can be an important factor in maintaining health.

▶ ABOUT HOW MANY PEOPLE, INCLUDING YOUR RELATIVES, DO YOU CONSIDER TO BE YOUR FRIENDS; THAT IS, PEOPLE YOU SEE SOCIALLY ON A REGULAR BASIS?

▶ HOW MANY DO YOU CONSIDER TO BE YOUR CLOSE FRIENDS; THAT IS, PEOPLE YOU COULD TALK TO IF YOU NEEDED HELP OR HAD A PROBLEM?

- none
- a few
- about half
- most or all
- don't know

▶ OVER THE LAST 12 MONTHS WHEN YOU NEEDED HELP OR HAD A PROBLEM, HOW SUPPORTIVE OR HELPFUL WERE YOUR FAMILY OR FRIENDS? WERE THEY:

- very helpful
- helpful
- somewhat helpful

- not helpful
- n/a (do not need family or friends)
- do not have family or friends

Sexual and physical experiences

The same cautions apply here as when dealing with emotional health (see page 49).

1. Sexual orientation

▶ WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION AS

- heterosexual
- lesbian
- bisexual
- can't decide or don't know

2. Childhood experience

▶ EXPERIENCES WE HAVE HAD WHEN WE WERE YOUNG CAN AFFECT THE WAY WE COPE AS ADULTS. FOR THIS REASON, WE NEED YOUR HELP TO LEARN ABOUT NEGATIVE EXPERIENCES YOU MAY HAVE HAD BEFORE AGE 16 YEARS. HAVE ANY OF THE FOLLOWING HAPPENED TO YOU

- Had a stranger inappropriately touch, hurt or attack you sexually?
- Had a family member or someone you know inappropriately touch, hurt or attack you sexually?
- Been physically attacked by a stranger?
- Been physically attacked by a family member or someone you knew?

3. Adult experiences

▶ AS AN ADULT, HAVE YOU EVER HAD ANY OF THE FOLLOWING EXPERIENCES

- Had a stranger inappropriately touch, hurt or attack you sexually?
- Had a family member or someone you know inappropriately touch, hurt or attack you sexually?
- Been physically attacked by a stranger?
- Been physically attacked by a family member or someone you knew?

Children

▶ HAVE YOU EVER HAD ANY CHILDREN, INCLUDING ADOPTED OR STEP-CHILDREN?

If yes, ever had children:

▶ HOW MANY CHILDREN HAVE YOU GIVEN BIRTH TO?

▶ HOW MANY ADOPTED OR STEP-CHILDREN HAVE YOU EVER HAD?

▶ DOES YOUR CHILD/DO ANY OF THE CHILDREN CURRENTLY LIVE WITH YOU?

▶ IF YES, WHAT IS/ARE THEIR AGES(S)?

▶ IF NO, IN WHAT YEAR DID YOUR LAST CHILD LEAVE HOME FOR GOOD?

Employment situation

In addition to the basic employment questions found in Canada's Alcohol and Other Drugs Survey (CADS) 1994) and other recent surveys, it is recommended that the following questions also be included as appropriate.

▶ HAVE YOU EVER BEEN EMPLOYED OUTSIDE THE HOME?

▶ IF YES, HOW LONG AGO HAS IT BEEN SINCE YOU WERE LAST EMPLOYED OUTSIDE THE HOME?

▶ WHICH OF THE FOLLOWING BEST DESCRIBES THE PEOPLE YOU WORK WITH OR WHO WORK ALONG SIDE YOU?

- all or nearly all are women
- a majority are women
- half are women, half are men
- a majority are men
- all or nearly all are men
- I work alone or by myself

▶ **H**OW MUCH CONTROL DO YOU FEEL YOU HAVE OVER THINGS THAT HAPPEN TO YOU AT WORK/OVER YOUR WORK SCHEDULE?

- a great deal
- some
- very little
- none at all

▶ **I**N THE PAST FIVE YEARS, HAVE YOU BEEN CONTINUOUSLY UNEMPLOYED FOR A YEAR OR LONGER (THAT IS, NOT BEING PAID FOR WORK BUT LOOKING FOR WORK)?

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