The prevalence of alcohol use, and alcohol use related disorders, tends to be higher among boys and men. However, this gender gap appears to be narrowing, particularly among girls and young women. Statistics from Canada and the USA reveal: a greater increase in rates of alcohol use disorder and binge drinking among women compared with men [1]; equally high rates of binge drinking among girls and boys [2]; and high rates of alcohol-related hospitalization among young girls (age 10-19) [3].

Clearly, addressing and preventing alcohol use disorders and related harms is a key issue for all genders. However, tailored responses are needed that attend to how sex- and gender-related factors affect initiation, patterns of use, and health and treatment outcomes. Specifically, sex related factors affect the biological responses to alcohol use and treatments, and gendered factors such as social, cultural and economic norms, relationships and opportunities affect uptake, patterns of use, and responses to policies and programs.

For example, some of the sex-related factors include:

- Brain imaging studies among girls and boys with alcohol use disorders suggest that boys are less sensitive to the neurotoxic effects of alcohol compared to girls; girls show more pronounced reductions in functional brain activation in multiple areas of the brain [4, 5].
- Girls who binge drink demonstrate poorer sustained attention and working memory than boys who binge drink [6].
- Females transition from initiation to regular use of alcohol faster than males [2].
- Males tend to have more water in their bodies to dilute the alcohol, and have more of the enzyme alcohol dehydrogenase, which breaks down alcohol in the stomach [7]. Therefore, females require smaller amounts of alcohol to become intoxicated/ reach higher alcohol concentration in the blood [8].
- The use of the medication naltrexone for treating alcohol use is associated with significantly greater reductions in alcohol craving among women compared to men [9].
- Women develop liver cirrhosis with lower quantities of alcohol use [10].

Some of the gender-related factors include:

- Masculine norms are associated with alcohol use among boys [11, 12] and men, including transgender men [13]. Traditional perceptions of masculinity (i.e. alcohol use is “part of manhood”) have been associated with motivation to consume alcohol, and alcohol related problems [14, 15].
- Co-occurring depression and substance use is more common among girls. Girls may be more likely to use alcohol and other substances to manage negative emotions and cope with stress and the effects of trauma [20, 21]. Interventions that address: coping skills, family relationships and communication, stress, depression, social interactions and self-esteem/ body image have been identified as promising approaches to preventing and reducing alcohol use among girls [22-24].
- Men have fewer protective factors for alcohol abuse compared to women. For example, men are unlikely to have perceived social sanctions regarding alcohol use [16].
- Alcohol and substance abuse is associated with increased violence among men against intimate partners as well as strangers [17-19].
- Barriers to seeking help and support reported by pregnant women and girls who use alcohol include: shame and guilt, fear of child welfare involvement and/or having a child removed from their care, unsupportive or controlling partner, not having enough information about available services, waiting lists at addictions treatment agencies [25].
- Trans people report using alcohol and substance use to cope with transgender-related discrimination [26]. Trans individuals may use substances to socially validate or affirm their gender identity, and trans men’s use of alcohol may be influenced by the societal belief that excessive drinking is associated with masculinity [13].

While alcohol use and alcohol use disorders are prevalent among all genders, tailored policies and interventions are required at all levels (harm reduction, prevention and treatment) to address the links between sex, gender and alcohol use.
References:


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