Women and Alcohol

When it comes to alcohol, women and men are not created equal…

"[Canadian alcohol] consumption is more than 50 per cent above the world average, and there is a growing convergence between consumption rates for men and women." *~ Ann Dowsett Johnston*

Alcohol affects women differently — and more dangerously — than men. It's not just a question of body size: women's ratio of body fat to muscle is different from men; internally they have less water to dilute the alcohol in their blood stream; and their hormones react differently to alcohol. This means alcohol can have a more intense and devastating impact on women physically, not to mention emotionally and socially.

Two facts are irrefutable:

- Worldwide, women are drinking with increased regularity; this includes binge drinking.
- Yukon has the dubious distinction of being one of the highest alcohol consumption jurisdictions in Canada

The Yukon Alcohol and Drug Services Prevention Team recognizes the toll that alcohol misuse takes on individuals and their families, and worked with national partners to establish National Low Risk Drinking Guidelines (www.ccsa.ca/Eng/Priorities/Alcohol/Canada-Low-Risk-Alcohol-Drinking-Guidelines/Pages/default.aspx).

The following articles were written by Ann Dowsett Johnston, an award-winning Canadian journalist, and are the result of her year-long exploration of women and alcohol addiction, policy, research and treatment. These articles take a non-judgmental approach in exploring and understanding why women use alcohol and what factors have shaped their view of normal drinking, and discuss the relationship between these factors openly and honestly.

Yukon Alcohol and Drug Services is very proud to present Ann Dowsett Johnston's work here, and we thank the Atkinson Fellowship in Public Policy for permission to reprint the articles. ■

The Alcohol and Drug Services
Prevention Team
Health and Social Services
Government of Yukon
www.hss.gov.yk.ca/ads.php
Phone: 667-5890 (Whitehorse) or
Toll-free at 1-800-661-0408
ext. 5890

'You want to know about my drinking?

I lost my friends, my children, my mind. I did not want to be.'

It's 11 a.m. on a radiant morning in the Studio Café, a picture-perfect moment in the signature room of Toronto's Four Season's Hotel. Bright wedges of sunlight illuminate dozens of polished glass tables. The room is virtually empty. By noon, the café, perched high above Yorkville, will be full. But for now, there is just a handful of twosomes: Belinda Stronach deep in conversation with a grey-haired gentleman, a well-known film producer huddled with an actress in a corner. People who mean business.

My guest is no exception. "You want to know about my drinking? I lost my friends, my children, my mind. I did not want to be."

But for her clear-eyed beauty and a stunning turquoise necklace, Beata Klimek is an undistinguished presence. To me, however, this 46-year-old is remarkable: a woman willing to tell her story with unflinching candour, name included. A mother of two, comfortable sharing the details of her serious alcohol abuse, her recovery and her life in the aftermath.

This is rare. Her drinking is not: when it comes to consuming at a risky level, Klimek is far from alone. Hers is the elegant face of a growing problem.

Born in Poland, Klimek studied psychology for three years before coming to Canada in 1987. Within eight months, she and her first husband had a baby boy. When their son was 7 months old, the relationship failed, and Klimek found herself on her own, a single mother working two jobs and taking English classes. Eventually, she met a widower with a young daughter, a doctor. "I wasn't attracted at first," she says, "but


LUCAS OLENIUK/TORONTO STAR

Beata Klimek says her descent into alcoholism began with a shift from red to white wine.

he grew on me. I got pregnant with my daughter, but I wasn't ready for it. That's when 10 years of hell began."

At 37, she began to drink heavily. "It started as a glass of red wine just to relax," says Klimek. "I was a doctor's wife and I was more lonely than I've ever been. We had club memberships and everything we could have wanted, but I was very unhappy."

Still, she was unprepared when her husband left her for his secretary. When their 10-year marriage fell apart, she fell apart as well. Now, there were bills she could not pay. She went to Poland to say goodbye to her father, who had cancer, and her grandmother, with whom she had lived for five years as a young child. Both died within six months of one another. She returned to Canada "broken." Says Klimek: "I had the shakes in the morning. Instead of coffee, I'd have a shot of vodka. I was still fooling some people, but not the family. I was a complete mess. My daughter was 11 and decided to move in with her father. I had a nervous breakdown — I was diagnosed with clinical depression and anxiety — and my way of dealing with it was to drink. It was a medicine for me — to knock myself out. I wanted to disappear, not feel, not think. I tried to drink myself to death."

Ultimately, she found her way to Toronto's Jean Tweed Centre, where she completed three weeks of an outpatient program. That experience convinced Klimek that she should enter a treatment centre.

She spent three months in an intensive program in the Kitchener-Waterloo area, with seven other women. Today, she has been sober for more than four years. Of that original group in treatment, only she can make that claim. "One, who was a successful real estate agent, is now a prostitute. Two are dead. This is a disease, and it's a fatal one."

If Klimek is certain of the disease's risks, she is also well versed in how it progresses: "Most of us begin with red wine and then move to white — fewer telltale signs on the teeth. Then we give up wine altogether and move to vodka, because we think it doesn't smell."

Today, Klimek gets together twice a month with a group of friends — doctors, lawyers. There is always wine served. "The women arrive, tense. Two glasses later, they're unwound. Many say they've started drinking just because they can't sleep. I always think: 'What will happen if they do this every day?' "

What happens if women drink every day? And indeed, how many Canadian women are doing so? Drinking for pleasure, drinking to unwind? To relax, reward, escape — or, as in Klimek's case, to forget and numb?

When it comes to weekly risky drinking — currently defined as five drinks or more on at least one occasion in the past week — rates rose significantly between 2003 and 2010 for the following age groups: underage girls, women 25 to 34, those 45 to 54 and 54 to 64. During that same time frame, the rates of weekly risky drinking dropped significantly for young adult males aged 18/19 to 24.

Most alarming? According to Gerald Thomas, senior researcher and policy analyst for the Canadian Centre on Substance Abuse, if the measure were adjusted appropriately for the female gender — namely, four drinks at one sitting rather than five — the increase would likely run 35 to 45 per cent higher across all age groups. "No one knows if this upward trend among younger drinkers will translate into a larger number of women with alcohol problems later in life," says Thomas. "We do know we're significantly underestimating risky drinking using the five-plus measure for women."

Remarkably, these numbers are based on self-reported figures — figures that are way out of sync with how much alcohol is actually sold in this country. Researchers know that Canadians under-report what they consume by roughly 70 per cent: namely, if you believe individual reports, seven out of every 10 bottles purchased are poured not down the throat, but down the sink.

When you account for what is purchased, Canadians currently drink 8.2 litres of pure alcohol per person over the age of 15, on an annual basis. Our consumption is more than 50 per cent above the world average, and there is a growing convergence between consumption rates for men and women.

Alcohol consumption is on the rise in much of the world, and in many jurisdictions, female drinkers are driving that growth. Clearly, while women have gained parity and more in post-secondary achievement, to say nothing of equal participation in the workforce, they're also drinking in growing numbers. Women with a university degree are almost twice as likely to drink daily as those without, and they are also more likely to admit to a drinking problem. "I ask myself every day if I'm an alcoholic," says one rising corporate star, a graduate of Queen's University who wishes to go unnamed. "I'm 32, and I drink every night. All of my friends drink every night. We wouldn't dream of skipping a day. We haven't had our kids yet, and we all drink the same way we did in university." Says

Harvard's Lisa Najavits, author of Seeking Safety: *A Treatment Manual for PTSD and Substance Abuse*: "The unseen alcohol problems of high-functioning women are serious."

"Women who are in their 40s and 50s have a very high risk in terms of heavy drinking, and weekly drinking," says Katherine Keyes, a post-doctoral fellow at Columbia University in New York and co-author of a study published in *Alcoholism: Clinical & Experimental Research*. Having reviewed 31 international studies of birth-cohort and gender differences in alcohol consumption and mortality, she and her fellow authors concluded that younger groups, especially female, were increasingly at risk for developing alcohol-related disorders. "Those born between 1978 and 1983 are the weekend warriors, drinking to black out. In that age group, there is a reduction in male drinking, and a sharp increase for women."

Most importantly, the study points to the critical role of societal elements in creating a drinking culture. "Traditionally, individual biological factors have been the major focus when it comes to understanding risk," says Keyes. "However, this ignores the impact of policy and environment." The one protective factor for women? Low-status occupations. "Those in high-status occupations, working in male-dominated environments, have an increased risk of alcohol use disorders."

"This is a global trend: the richer a country, the fewer abstainers, the more women drink, and the smaller the gap between men and women," says Jürgen Rehm, director of social and epidemiological research at the Centre for Addiction and Mental Health. "The new reality is that binge drinking has been increasing, especially among young adults, in modern high-economy countries — and women are largely responsible for this trend."

The prototypical example is the U.K. "There's no country where women drink more than men," adds Rehm, "but there are some surveys from the U.K. where they're awfully close. Women weigh less, and are still smaller, so the same amount of alcohol leads to more intoxication. If you correct for body mass index, women and men are almost equal."

Says Keyes: "We're not saying go back to the kitchen and put down the sherry. But when we see these steep increases, you wonder if we are going to see a larger burden of disease for women."

The answer in the U.K. — the Lindsay Lohan of the international set — is yes. There, a growing number of young women are presenting with liver cirrhosis. But Canadians underestimate the scale of the problem here. According to a 2007 study by the Canadian Centre on Substance Abuse, Canadians estimated that the costs related to illicit drugs were much higher than those related to alcohol. In fact, the opposite is true.

Alcohol is Canada's drug of choice, and it's a lucrative one — if you look at one side of the ledger. In 2010, alcohol sales totalled $19.9 billion. However, the direct alcohol-related costs for health care and enforcement exceed the direct revenue from alcohol in most jurisdictions, Ontario included. "More than 80 per cent of our population over 15 drinks," says Rehm," which causes a lot of death. Economically, it is a much larger problem than smoking because alcohol-related deaths come much earlier. An average alcohol-related death is under 55 and that means it's a combination of cancers, heart disease and injuries. By drinking, people are setting themselves up for morbidity and mortality issues."

In our society, alcohol is ubiquitous. Walk into most social gatherings, and the first question you'll be asked is, "Red or white?" Knowing your wines is a mark of sophistication. So, too, is the ability to "hold your liquor." We have a habit of "othering" those who have problems: the rare alcoholic, the skid-row drunk, the killer drunk.

When it comes to alcohol, we live in a culture of denial. With alcoholics representing roughly two per cent of the population and more than 80 per cent of us drinking, it's the widespread normalization of heavier consumption that translates to a national health burden. The top 20 per cent of the heaviest drinkers consume 73 per cent of the alcohol in Canada. Episodic binge drinking by a large population of nondependent drinkers has a huge impact on the health and safety of the community. That larger group is well represented in the numbers missing work, getting injured or being hospitalized. When


LUCAS OLENIUK/TORONTO STAR

Jürgen Rehm says the richer the country, the more women drink.

compared to those who drink moderately, risky drinkers are more than 12 times as likely to report significant harms, ranging from violence to car accidents. Says the pragmatic Rehm, who is not a prohibitionist by any stretch of the imagination: "A lot of hospital waiting lists would not exist if we eliminated alcohol in our society."

Most understand the major role that chronic alcohol abuse plays in family disruption, violence and injury, disability, illness and death. And most of us have also happily absorbed the news that drinking has its health benefits. For some, red wine ranks up there with Vitamin D, Omega-3s and dark chocolate. If one glass is good for you, a double dose can't do much harm, can it? Actually, a double dose has its drawbacks. The largest health benefit comes from one drink every two days.

Alcohol is a carcinogen, and the risks of drinking far outweigh the protective factors. For some time, there has been a clear causal link between alcohol and a wide variety of cancers, including two of the most frequently diagnosed: breast and colorectal. According to a recent study in the *British Medical Journal*, alcohol consumption is directly responsible for one in 10 cancer cases for men, and one in 33 for women. And there is clear evidence that many cases could be avoided if alcohol consumption were limited to two drinks a day for men, one for women.

When it comes to breast cancer, the link is considerable. According to Rehm, the overwhelming majority of Canadian women are unaware of this risk: a daily drink increases your odds of breast cancer by 10 per cent. Quadruple the intake, quadruple the risk.

Women have many other physical vulnerabilities when it comes to drinking. "Politically, we are equal," says Dr. Joseph Lee, chief physician of the renowned Hazelden's Center for Youth and Families in Plymouth, Minn. "But hormonally, metabolically, men and women are different — and this has implications for tolerance and physical impacts over the long run." Women's vulnerabilities start with the simple fact that, on average, they have more body fat than men. Since body fat contains little water, there is less to dilute the alcohol consumed. As well, women have a lower level of a key metabolizing enzyme, alcohol dehydrogenase, which helps the body break down and eliminate alcohol. As a result, a larger proportion of what women drink enters the bloodstream. Furthermore, fluctuating hormone levels mean that the intoxicating effects of alcohol set in faster when estrogen levels are high.

'When you consider the science, alcohol is doing the most harm in our society. Unless we start seeing leadership and alcohol policy, our life expectancy will decrease compared to other countries.' *– Jürgen Rehm*

The list goes on. Women's chemistry means they become dependent on alcohol much faster than men. Other consequences, including cognitive deficits and liver disease, all occur earlier in women, with significantly shorter exposure to alcohol. Women who consume four or more alcoholic beverages a day quadruple their risk of dying from heart disease. Heavy drinkers of both genders run the risk of a fatal hemorrhagic stroke, but the odds are five times higher for women.

Which begs a simple question: why are we aware of the dangers related to trans fats and tanning beds, yet blissfully unaware of the more serious side effects associated with our favourite drug? It's a head scratcher, to say the least.

Where is the national and provincial leadership on this issue? As it stands, Canada is one of 193 signatories to the WHO's landmark Global Strategy on Alcohol, passed in May 2010. The country has an intelligent and comprehensive blueprint for a National Alcohol Strategy, which has yet to be fully endorsed by the federal government. In 2007, an expert working group was convened by Health Canada, The Canadian Centre on Substance Abuse and what was then known as the Alberta Alcohol and Drug Abuse Commission. With representation from public health agencies, alcohol manufacturers, treatment agencies and alcohol control boards, they produced *Reducing Alcohol-Related Harm in Canada: Towards a Culture of Moderation.* This was a milestone effort, presenting 41 recommendations. The first on the list? National low-risk guidelines, which were endorsed in late 2011.

No doubt, a good beginning. As Keyes says, "Given that alcoholism is increasing, there is a need for specific public health prevention and intervention efforts. Policies, laws, social norms, availability and broader social context all contribute substantially to the underlying risk. And yes, the environment increases risk."

Canada is blessed with more than its fair share of brilliant researchers working on the alcohol file, a brain trust of internationally respected individuals like Tim Stockwell, head of the Centre for Addictions Research of B.C. Arguably the best known is Rehm, who minces no words. "When you consider the science, alcohol is doing the most harm in our society," he says. "Unless we start seeing leadership on alcohol policy, our life expectancy will decrease compared to other countries."

Rehm cites a long list of other countries taking a wide variety of actions: Sweden, Ireland, France, South Africa and Thailand, to name a diverse few. "We should move on taxes, on pricing, on advertising, on the general availability of alcohol. Nothing is happening in Canada and that is quite unique in the world. Canada is missing the boat on alcohol."

Politically, alcohol is a hot potato: who wants to take the fallout from fiddling with our favourite drug? No one, says Stockwell: "It's a dialogue with the deaf." Says alcohol policy guru Robin Room, who has experience in Canada, the U.S., Sweden and Australia, "As market-friendly governments get more desperate as to what they're going to do about alcohol, you see a move back into a more individualized control system: deal with the bad apple killer drunk, and leave the market alone."

Market-friendly governments may want to ignore the broader picture, but the evidence is building. Alcohol-related harm is widespread. It's costly. It's disturbing. Stigma may silence the masses who suffer — Beata Klimek notwithstanding — but the truth is undeniable. This is a public health issue, and it's begging for leadership. ■

For those with an addiction, alcohol is like a loan shark

‘Suddenly, you realize booze has moved in… He starts showing you who’s boss. Booze is now calling the shots.’

Hang out in the brightly lit rooms of AA, or in coffee shops, talking to dozens of women who have given up drinking, and this is the conclusion you come to: for most people, booze is a loan shark, someone they trusted for a while, came to count on, before it turned ugly. Every alcoholic, it seems, learns this the hard way.

And no matter what the circumstances, certain parts of the story are always the same. Here is how the story goes:

At first, alcohol is that elegant figure standing in the corner by the bar, the handsome one in the beautiful black tuxedo. Or maybe he’s in black leather and jeans. It doesn’t matter. You can’t miss him. He’s always at the party — and he always gets there first.

Maybe you first saw him in high school. Many do. Others meet him long, long before. He finds his moment, some time when you’re wobbly or nervous, excited or scared. You’re heading into a big party or a dance. All of a sudden your stomach begins to lurch. You’re overdressed, or underdressed; too tall, too short; heartsick or heart-in-your-mouth anxious. Doesn’t matter. Booze wastes no time. He sidles up with a quick hit of courage. You grab it. It feels good. It works.

Or maybe you’ve fallen in love. You’re at a wedding, a dinner, a celebration. You want this moment to last. You fear it won’t. Just as your doubts begin to get the best of you, booze holds out a glass, a slim stem of liquid swagger, pale blond and bubbly. You take a sip and instantly the room begins to soften. So do you: your toes curl a little, your heart is light. All things are possible. Now, this is a sweetheart deal.

This is how it begins. And for many, this is where it ends. Turning 21or 25 or 30, some will walk into a crowded room, into weddings or graduations or funerals, and for them, he’s no longer there. Totally disappeared. Or perhaps they never saw him in the first place. And he doesn’t seek them out. They’re not his people.

But you? You come to count on him, this guy in black. And as the years pass, he starts showing up on a daily basis. In fact, he knows where you live. Need some energy? Need some sleep? Need some nerve? Booze will lend a hand. You start counting on him to get you out of every fix. Overworked, overstressed, overwhelmed? Lonely? Heartsick? Booze is there when you need him most.

And when you don’t. Suddenly, you realize booze has moved in. He’s in your kitchen. He’s in your bedroom. He’s at your dinner table, taking up two spaces, crowding out your loved ones. Before you know it, he starts waking you up in the middle of the night, booting you in the gut at a quarter to four. You have friends over and he causes a scene. He starts showing you who’s boss. Booze is now calling the shots.

You decide you’ve had enough. You ask him to leave. He refuses. A deal is a deal, he says. He wants payback and he wants it now. In fact, he wants it all: room and board, all your money, your assets, your family — plus a lot of love on the side. Unconditional love.

You do the only thing you can think to do: you kick him out, change the locks, get an unlisted number. But on Friday night, he sneaks back in, through the side door. You toss him out again. He’s back the very next day.

Now, you’re scared. This is the toughest thing you’ve ever dealt with. You decide to try the geographical cure: you quit your job, pull up stakes, relocate to a new city where no one knows you. You’ll start afresh. But within days, booze comes calling in the middle of the night. Like all loan sharks, he’s one step ahead of you and he means business.

This is addiction. ■

Drinking in the teen years

In Grade 10, Laura took her vodka to school in a chocolate milk container, drinking in class.

It's tea time at Tim Horton's, and my guest is letting hers steep, her wary eyes focused on the long line at the till. A tall girl of 17, with glossy chestnut hair, Nivea skin and a winsome smile, she pauses and looks away before she begins her story. Who can blame her? There's a lot to tell. Laura, as she wants to be known, has never had a legal drink — and she hopes she never will.

"There are days when I feel like I'm 90," says the Grade 12 student, who has celebrated two year of sobriety. "My friends say they think I could drink again, but I say no. I'd end up on the top of a building and have no idea how I got there."

Laura had her first drink at 9, and took to it immediately. "I thought I had arrived," she says. "I remember thinking: the partygoers will accept anyone — the only requirement is to 'get lost.' I felt like I could lift buildings. And I thought, 'I'll never love anything as much as I love alcohol.' "

That love affair lasted several years. Sexually abused as a child, "debilitatingly anxious" and bulimic, Laura shuffled homes, from her mother's to her father's to various aunts' and uncles'. Alcohol was a daily constant, often pilfered from relatives' liquor cabinets. "As long as I didn't have to be me, I would take it. I felt like my skin was two sizes too small."

When she was 14, her stepbrother got married and she celebrated by downing nine shots of tequila. "I ruined his wedding," she says. "I threw up my body weight. My grandmother said: 'I feel sorry for you.' I didn't hear her correctly. I thought she said, 'I am jealous of you.' That's how much I loved drinking."

The summer between Grades 9 and 10, Laura decided to turn her life around. She stopped drinking and joined a rugby team. But when she was injured, she took muscle relaxants, which she downed with alcohol. She overdosed. "My hands were yellow. My liver was failing."

By Grade 10, she was taking vodka to school in a chocolate milk container, drinking in class. At 16, she started stealing the anti-anxiety drug Ativan from her uncle and buying it on the street. She loved OxyContin, did cocaine. At night, she kept alcohol in a Gatorade bottle next to her bed.

Her voice is very flat: "On Dec. 26th, I was raped by a family member. In January, I began having panic attacks, so I started mixing Ativan and alcohol. But I ran out and went into withdrawal. Two days later, I was called into the principal's office. While I was there, my arm went numb and my head went backwards. I couldn't inhale. They called an ambulance. Turns out I had a mild heart attack."

When she was in the hospital, a crisis counsellor asked Laura: "When was the last time you liked yourself?"

"I didn't have an answer," says Laura. "It changed my life. Two weeks later, I went to rehab."

She stayed for six months. Today, she announces proudly that she is 45 pounds heavier than the day she had her heart attack, and her grades are 30 per cent higher. Estranged from her family, she now lives with several sober friends and is making a documentary on addiction. She speaks in schools about her experience and has made formal apologies to her former teachers.

Most of all, she cautions others to pay alcohol the respect it deserves. "Girls are taken down a lot faster than guys," she says. "A friend said to me: 'I don't remember last night.' I said, 'Don't you think that's a problem?' " Laura pauses. "They don't see the connection. I know girls who have gotten pregnant when they were drunk. But if you believe the Absolut Vodka ads, you're going to sleep with some hot guy! Recently, a parent said, 'I would rather my child took drugs than got drunk.' " Laura shakes her head. "Alcohol is trouble."

Alcohol is trouble for a growing number of girls and young women. While Laura's story is an extreme case — both in her journey down and her journey up — her issues are emblematic of many. New research shows rates of consumption rose significantly for under-aged girls between 2003 and 2010.

When it comes to risky drinking, the gender gap is shrinking in most developed countries. The beer-guzzling frat-boy stereotype now has a female equivalent: she drinks wine, spirits and shots, and she's no stranger to drinking games. According to one second-year Queen's undergrad, "The guys play more games than we do, but all of us take part."

What's her drink of choice?

"Red Bull and rum."

Recent tragedies at two Canadian universities — two drinking-related deaths at Queen's University and one at Acadia University — underscore the seriousness of binge drinking. Both universities are examining their campus drinking culture. Last fall, Queen's banned alcohol in its residences during frosh week; in fact, 92 per cent of its incoming residents were underage.

How do you change a campus drinking culture? Gradually, says Dr. Mike Condra, director of health, counselling and disability services at Queen's. In recent years, Condra has noticed several changes in the way students drink: "First of all, style. People pre-drink — drink before they go out — because it's cheaper to drink at home than at the bar. It leads people to have more alcohol in their homes. Secondly, there is the issue of quantity: it is more common to drink to serious intoxication. I know because I've observed people who have drunk to the point of vomiting, and then gone back for more. Thirdly, there is the peer cultural influence to drink: it is considered unusual not to drink. That influence is very strong. We have an enormous amount of alcohol marketing in society and alcohol is associated with a happy, young, positive lifestyle."

Drinking at university is one thing. Drinking before high school is another. Last September, Lois Rowe, vice-principal at Havergal College, told a group of Grade 8 parents: "Be aware that your daughters are going to face the question of whether they are going to have a drink at 12, 13, 14 or 15."

In fact, the average Canadian has their first drink at 15.9.

What makes a young person vulnerable to drinking at an early age? A recent British study reports that the odds of a teenager getting drunk repeatedly are twice as great if they have seen their parents under the influence, even just a few times.

"It's easy to capture the trends, but the multi-million-dollar question is: can you capture the 'why'?" This is Elizabeth Saewyc, lead researcher on "What a Difference a Year Can Make." This study proved there is such a thing as starting too early.

Several key factors help tip the scales as to whether a person will drink at an early age: a history of physical or sexual abuse; a physical or mental disability or condition; poverty; identifying as gay, lesbian or bisexual; a family history of attempting suicide.

Females who start drinking at a younger age are more likely to report experiencing extreme despair, purging after eating, having suicidal thoughts and having attempted suicide.

'Most girls drink to fit in. If you're the girl who doesn't drink, you're the loser. There's pressure to play drinking games.'

– Laura 17

Who is likely to wait until they are 15 or older to try alcohol? Those who are more connected to family, have friends with "healthy attitudes about risky behaviours," meaningful community engagement of one sort or another.

For girls, two other elements are important: cultural connectedness and involvement in organized sports.

'Their agenda is to get drunk fast... girls drink straight alcohol because no one wants extra calories.' *– Ann Kerr*

Students who delay their initiation to drinking are more likely to have postsecondary aspirations, some connection to a teacher or their school and are less likely to have unprotected sex. Starting to drink too early matters for a multitude of reasons, not the least of which is evidence that the still-maturing brain is particularly susceptible to damage from heavy alcohol use.

The broader consequences of early drinking are profound. Says David Jernigan, head of Baltimore's Center on Alcohol Marketing and Youth: "If you drink before age 15, you're four times more likely to become alcohol dependent than those who wait until they're 21; seven times more likely to be in a motor-vehicle crash after drinking; eight times more likely to experience physical violence after drinking; 11 times more likely to experience other unintentional injuries like drowning and falls.

"The bottom line? There's a strong public health interest in delaying the onset of drinking. What's the connection to marketing? The more marketing kids see, the more likely they are to initiate drinking at an early age. This is 360-degree marketing, embedded in Facebook, on Twitter, on YouTube, on television and in the movies."

Those ads send a clear message that being slim is essential. According to Ann Kerr, a Toronto eating disorder specialist, more than 40 per cent of female bulimics will have a history of alcohol abuse or dependence. In anorexics, the figure is much lower.

"Drunkorexia" is shorthand for a troubling phenomenon, a mixture of eating disorders and getting drunk also known as "drinking without dining." As eating disorders have increased in recent years, so too has the connection with binge drinking.

"Each person with an eating disorder has their own rules around how they get their calories," says Kerr. "The intention is to drink to relax or unwind — and the rationale is, 'This is how I'll get my calories today.' But these are empty calories. And the likelihood of blackouts and seizures is very high in someone who's starved."

Most importantly, mixing alcohol with an eating disorder makes ending the disorder impossible.

Says Kerr: "We can't treat you unless you're clean and sober."

Kerr echoes the observation by Condra at Queen's about the new drinking pattern among young women: "Their agenda is to get drunk fast. That's their intention. They may not drink and drive, but they 'pre-drink' — they get smashed before they go out. Usually, they don't eat ahead of time because it's a date. And girls tend to drink straight alcohol because no one wants extra calories."

What's changed in recent years? "The intensity of the experience," says Kerr. "And calling an ambulance — that seems

part of every evening."

Laura agrees. "Most girls drink to fit in — if you're the girl who doesn't drink, you're the loser. There's social pressure to play drinking games, guys drinking shots out of girls' belly buttons, girls chugging. That's when the ambulance gets called. People used to ask me how I was getting home. I'd just laugh and say, 'I'll take the ambulance!' "

In many cases, problem drinking among young people is a gateway issue, leading to other addictions. Or it's a symptom of more severe problems.

Kids who end up at Pine River Institute, a "therapeutic boarding school" near Orangeville, are having "global breakdowns" — trouble with substance abuse, family, school, often the law. Many are using alcohol and marijuana; some have added other substances, commonly crystal meth or OxyContin.

"We think concurrent disorders is the norm," says CEO Karen Minden. "A young person who is struggling with substance abuse is also struggling with underlying issues — which could be depression or anxiety, PTSD, bipolar disorder or schizophrenia."

Victoria Creighton, clinical director of Pine River, says almost without exception the patients' problems are triggered by a trauma. Pine River Institute takes 13- to 19-year-olds, and the typical stay is nine to 10 months. It could be longer. There is a waiting list of 18 to 24 months for the facility's 36 beds.

What is the difference between the girls and the boys? "A lot of trauma, in 90 to 100 per cent of the girls," says Creighton, "perhaps a rape or a sexual assault that wasn't dealt with properly.

It's also very common to see disordered eating because these girls don't have a solid sense of who they are. Something got in the way of their growing up, their maturity, their development."

There is a huge family component at Pine River, the goal being to change both the family and the young person in tandem. "We do a lot of coaching of parents on how to provide structure, how to be attuned to their child and how to set limits," says Creighton. "We help with the repair of the relationship because it's very traumatic for a family to have a child who is almost dying." ■

Alcoholics (not) Anonymous?

In the era of Twitter and Facebook, the concept of anonymity may be a dated one.


RAFFI ANDERIAN/TORONTO STAR

The problem is very public, but the solution is still veiled in secrecy.

The underground railroad that is Alcoholics Anonymous — with more than 500 meetings a week in the Greater Toronto area — thrives on the promise of many things, not the least of which is anonymity.

What this means, literally, is that individuals must keep quiet not about their sobriety, but about their membership in AA. For more than seven decades, anonymity has been key, ensuring a safe haven for sharing and recovery.

In 1935, when AA was founded in Akron, Ohio, anonymity made sense. But in the era of Facebook and Twitter, there are those who argue that anonymity is a dated concept. Is it time for AA to drop the second "a"? Some say yes — most famously author Susan Cheever.

She has written not only about her own drinking and that of her father, writer John Cheever, but also a biography of Bill Wilson, one of the co-founders of AA. Last spring, she wrote a controversial column in the new online New York-based magazine *The Fix*: "We are in the midst of a public health crisis when it comes to understanding and treating addiction. AA's principle of anonymity may only be contributing to general confusion and prejudice. When it comes to alcoholism and AA, the problem is very public, but the solution is still veiled in secrecy."

If alcoholism is a disease, does anonymity promote a sense of shame that is outdated? Cheever obviously thinks so, especially as it relates to AA's Tradition 11: "We need always maintain personal anonymity at the level of press, radio and films." Says Cheever: "It seems to me that AA is the best treatment we have for alcoholism. But people do not understand what alcoholism is, or that there can be recovery. And there are those who are dying because of this.

Twenty-five per cent of all our hospital admissions are related to alcohol."

Is she right? Long term, is AA the best treatment for alcoholism? Yes, says Patrick Smith, former vice-president of clinical programs at the Centre for Addiction and Mental Health and the new CEO of Toronto's Renascent treatment centre: "In recent years, the penny has dropped. Post treatment, those who remain involved in a mutual 12-step program like AA dramatically improve their chances of remaining clean and sober."

"Anonymity protects," says Cheever. "But it also hides." She draws comparisons to the gay world, and the act of coming out. So does Maer Roshan, editor and founder of *The Fix* — which is focused on addiction and recovery. "I think the recovery world is where the gay world was in the 1990s," says Roshan. "Blacked out windows and bars, a secret world." He believes there are good reasons for the anonymity rule: "If people relapse, and they are known, it destroys the notion that AA brings success." Still, he says, "It's a grey area when they say: you're not allowed to speak of your own membership."

Stephanie Covington, author of *The Woman's Guide Through the Twelve Steps* (a book that has sold 350,000 copies since 1994), has been in recovery for more than 30 years. She thinks the only people who should break their anonymity are those like herself: those who have been sober long enough to be stable, not lose jobs or relationships. "I do think recovery needs a face and a voice," says Covington. "Maybe it behooves those of us who can't be hurt to be more vocal. It's too bad that there aren't ways for people to understand the value of the program."

What Cheever raises is something many authors have had to wrestle with. In the world of "quit lit," many have broken their anonymity, most notably the late Caroline Knapp in *Drinking: A Love Story*. Others have walked a fine line, talking about meetings without naming the group: Mary Karr in Lit, Susan Juby in Nice Recovery. Says Juby, who is 22 years sober, "Anybody who knows anything about anything can presume. But I understand the sentiment around anonymity. The tradition is based on humility. I like the idea that recovery moves through example at a community level. There's a nobility to that. Still, the hostility to meetings always surprises me — the idea that it's a cult has lots of sway."

"It may be a cult," says one female member of AA, a corporate star in her 50s. "But if so, it's one I want to belong to. If it weren't anonymous, I wouldn't be here." The young woman to her right nods.

'The stigma around alcoholism is bad – but it's misunderstanding that kills. Anonymity is getting in the way...'

– Susan Cheever

"There's a pecking order when it comes to stigma. If you're male and drunk, you're a good old boy. If you're female and drunk, you're not going to live it down."

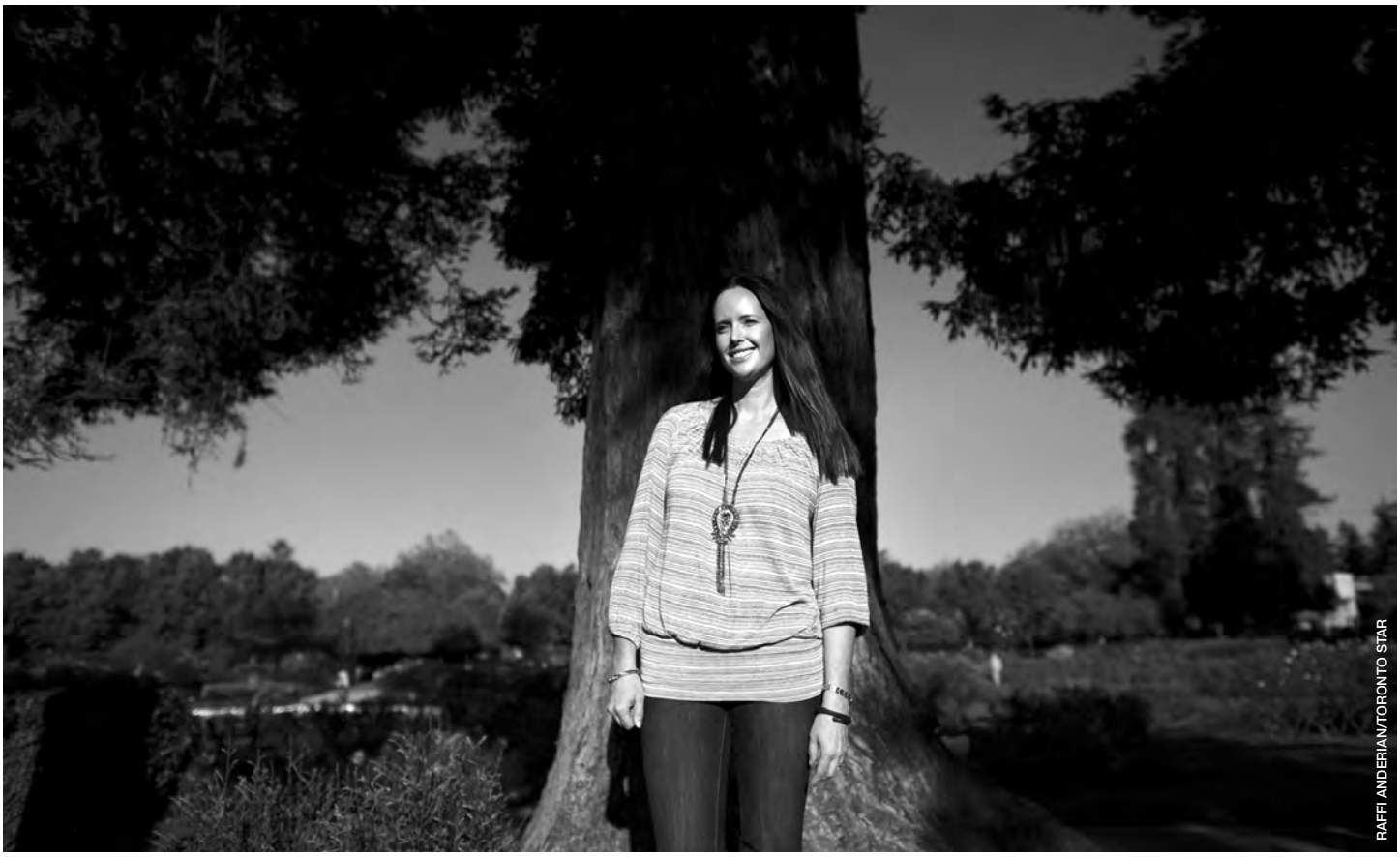
William C. Moyers revealed his AA membership in his book *Broken*. "If I was going to explain the gritty details of the spiral of my addiction, I needed to give the nitty gritty details of getting sober. Recovery is a mind, body and soul experience. It's not magic. I owed it to my readers and their families to talk about the 12 steps. Quitting is not about stopping drinking. I stopped a million times. It's about staying stopped, and it's hard to stay stopped."

Still, Moyers believes "it is not necessary for most to break their anonymity to get the word out about AA. You can be a voice of recovery without breaking your anonymity."

Cheever envisions a different world. "What if it was widely reported that a significant percentage of U.S. senators are in AA, or that there are AA meetings in the West Wing?" she writes. "What if hundreds of the movers and shakers in recovery — doctors and lawyers and airline pilots, the Fortune 500 businessmen and ministers — stood up and were counted as members of AA? It would go a long way toward clearing away the misunderstanding that still surrounds us."

Says Cheever, "The stigma around alcoholism is bad — but it's misunderstanding that kills. We need all kinds of people to change at once. Anonymity is getting in the way of public education." ■

‘Pinking’ the wine and spirits market



The problem is very public, but the solution is still veiled in secrecy.

She’s the image of poised perfection: a come-hither blonde in a sexy gold dress, balancing a martini between polished red nails, painted just a shade darker than the swizzle stick perched jauntily through the “o” in “Classic Cocktails” above her head.

Call her Ms. February. She’s the LCBO cover girl — a Betty Draper look-alike posed on the front of a glossy celebration of the Sixties. “You’re swingin’, baby!” it reads. “Do it up right like they did when after-work martinis were de rigueur...”

For several weeks last year, Ms. February was the hottest girl in town, her image towering tall in LCBO storefronts.

By March, she was toast, supplanted by a lanky brunette in a fuchsia mini-dress, cover girl for the LCBO Trend Report.

By Easter? The cover girl was no girl at all. Instead? An egg. Peachtoned, hand-painted, inscribed with the name “Lily.” Martha Stewart picked up where *Mad Men* left off, and a bottle of Ontario bubbly — Girls’ Night Out — had replaced the martini. “A homestyle Easter” featured napkins folded in the shape of bunnies.

Welcome to the new face of alcohol advertising, the “pinking” of the wine and spirits market.

Women are the target and they’re big business. Last year, Clos LaChance, makers of a wine called MommyJuice, tried to get a California court to declare that they were not infringing on the trademark of a rival wine called “Mommy’s Time Out.” Clos LaChance argued that the word “mommy” was generic, one that no company could monopolize.

Eventually, the two companies settled out of court, agreeing that both could use the mommy moniker.

As you might expect, Mommy’s Time Out features a chair facing the corner, with a wine glass and a bottle on a nearby table. The MommyJuice label features a supple woman juggling a computer, a teddy bear, a saucepan and a house. “Moms everywhere deserve a break,” coos the back label. “So tuck your kids into bed and have a glass of MommyJuice — because you deserve it!”

Says Cheryl Murphy Durzy, so-called “Mom in Charge” and founder of the label: “My kids are 8 and 4, and they call my wine, ‘Mommy’s juice.’ Lots of kids I know do this. Moms love talking about why they need MommyJuice, things like their kids wetting the bed. ‘Can’t wait for MommyJuice!’” And dads? “Oh yes, a huge, huge hit — on Mother’s Day.”

What are her thoughts about play dates with wine, about the fact that risky drinking is on the rise for women? “I think it’s sexist,” says Murphy Durzy. “For years, men have been relaxing at the end of the day. Does anyone ever say anything about a dad who has a beer at the ball game? No. Anyhow,

I find it hard to believe that an alcoholic would want to drink a $10 bottle of wine with MommyJuice on it!" Right now, she has her fingers crossed that the LCBO will pick up her label.

Meanwhile, the makers of Girls' Night Out wine, which features "aspirational" cocktail dresses on their labels, have gone to the trouble of registering their hot title in the U.S., Australia and New Zealand. According to the LCBO, these wines rank third in terms of dollar sales for the Ontario VQA wines.

Doug Beattie, VP of marketing for Colio Estate Wines and originator of the Girls' Night Out name, says: "Eighty-five per cent of the purchase decisions in the $12 to $15 range for wines are 'female driven.' " For that reason, Beattie was "just shocked" to discover that the name Girls' Night Out was up for grabs, Having expanded into "wine-flavoured" beverages — Strawberry Samba and Tropical Tango, being two — he says the future of his successful label looks "terrifyingly fun." Says Beattie: "Those of the female gender are the ones who have done all the hard work!"

Girls' Night Out. MommyJuice. Mike's Hard Pink Lemonade. Smirnoff Ice Light. Wines with names like French Rabbit and Stepping Up to the Plate (with a label sporting a very high heel). Berry-flavoured vodkas. Vex Strawberry Smoothies. Coolers in flavours like kiwi, mango, green apple, wild grape.

Women's buying power has been growing for decades, and their decision-making authority has grown as well. What these labels are battling for is women's downtime — and their brand loyalty.

When did the alcohol market become so pink, so female-focused, so squishy and sweet? When did booze bags turn pastel? When did women become such a focus of the alcohol industry?

David Jernigan is willing to ballpark a date. The affable, boyish-looking executive director of the Center on Alcohol Marketing and Youth, based at Baltimore's Johns Hopkins University and funded by the Centers for Disease Control and Prevention, has spent his career watching the industry. He cites the mid- to late 1990s, when the spirits industry decided that women were the target market. Beer had ruled North America in the '80s and early '90s. Beer marketing was the stuff of pop culture: beer was fun, beer was sport. The spirits industry was languishing, seen as stodgy and boring. Suddenly, it decided to play catch up.

"They became incredibly aggressive at growing the market," says Jernigan. "They did market segmentation. They looked at who was underperforming, and of course, they saw women. For them, this was a global opportunity. This was conscious: the spirits industry understood they had to shoot younger and they had to shoot harder."

Wines with names like Mommy's Time Out, MommyJuice and Girl's Night Out are winning the battle for women's brand loyalty.

Thus was born the alcopop. Also known as the cooler, "chick beer" or "starter drinks" — sweet, brightly coloured vodka- or rum-flavoured concoctions in ready-to-drink format. "They're the anti-beer," says Jernigan, "drinks of initiation, cocktails with training wheels. They're the transitional drinks, particularly for young women, pulling them away from beer and towards distilled spirits. Getting brand loyalty to the spirits brand names in adolescence, so that you get that annuity for a lifetime that beer marketers like to talk about. An obvious product for reaching this wonderful and not yet sufficiently tapped market of young women."

According to 2010 data, 68 per cent of eighth-grade drinkers who drank reported having had an alcopop in the past month, 67 per cent of tenth-grade drinkers and 58 per cent of twelfth-grade drinkers. But in the 19-to-28 category, fewer than half had had an alcopop in the past month. Broken down by gender, they were more popular with girls and women in every age group. "The height of the craze for alcopops was 2004," says Jernigan. "By then, they had done what the industry needed them to do — reach out to females, and establish a bridge to the parent brands like Smirnoff vodka and Bacardi rum. And of course, none of the marketing shows the consequences of drinking."

David Jernigan, director of the Center on Alcohol Marketing, is one of the world foremost authorities on the industry.

"Smirnoff is the girls' vodka," says Kate, 27, who loves Blueberry Stolichnaya. The McGill grad, now a Toronto marketing professional, has a firm handle on her own limits. "I'm 5-foot-2," she says. She also has a clear view of the various stages of drinking: between the high school days of drinking in friends' bedrooms — "There was definitely some stealing from the parents!" — through the university years. "University is the acceleration of drinking, not the initiation," says Kate. "People drink their faces off in university. There were times when I went drink for drink with guys. Guys think that's cool."

She has a lot of friends who do shots, but thinks twice before joining them, or having a martini. "I can't imagine dating without drinking, but I tend to stick to wine," she says. "I can't handle shots."

Says Jernigan: "Compared to distilled spirits, it takes a lot more beer, wine or alcopops to produce alcohol poisoning, to produce impairment, to impair judgment around risky sex, to make you fall off a balcony, than it does distilled spirits, which is why distilled spirits, in most cultures, are treated differently.

"And there's an additional public health issue for women: not only are they experimenting with the strongest beverage, but they're more vulnerable to alcohol because of the way that alcohol metabolizes differently in male and female bodies. If you're female and you're drinking spirits, and the guy's drinking beer, you're at a complete disadvantage. He's drinking a weaker beverage, he's metabolizing it more efficiently, and you're trying to keep up. And you've got Carrie Bradshaw saying that this is the image of the powerful woman — a woman with a cocktail in her hand virtually every moment that you see her, except when she's trying on shoes!"

Is Carrie Bradshaw, the *Sex and the City* character played by Sarah Jessica Parker, to blame for the martini-shots-vodka culture? Can it all be laid at her Jimmy Choos?

"Let's put it this way," says Jernigan. "We cannot discount Carrie Bradshaw. But if Carrie Bradshaw hadn't been accompanied by a push by the spirits industry, she would have been a pebble in the pond. As it was, she was a boulder. Women had never been targeted before in the way they were targeted: after alcopops came distilled spirits line extensions — flavoured vodkas, absolutely every fruit you could imagine."

In recent years, several countries, including Germany, France, Switzerland and Australia, have imposed special taxes on alcopops, addressing widespread concerns about their popularity as a drink of initiation. Germany nearly doubled the tax; Australia boosted it by 70 per cent. Many countries found substantial reductions in the consumption of these beverages.

'Carrie Bradshaw says this is the image of a powerful woman, a woman with a cocktail in her hand.'

– David Jernigan

Three years ago, in a move to reduce over-consumption, Saskatchewan created a new methodology for minimum pricing, based on the amount of alcohol in various products. Targeting low-priced high-alcohol products, 120 different beverages were impacted. A year later, consumption of products "at risk for abuse" was down 18 per cent, says Jim Engel, vice-president of the Saskatchewan Liquor and Gaming Authority, referring to high-alcohol beer, fortified wines, plus certain ciders and coolers.

"Does that mean people substituted with a lower-alcohol alternative? We can't tell. But presumably, people chose products that were lower in alcohol, or drank less. There was an affordability barrier."

With this pricing increase and others, there was an $18-million revenue bump in the province. There was also a significant reduction in alcohol-related hospitalizations, especially those related to injuries.

Tim Stockwell, head of the Centre for Addictions Research of B.C., thinks all jurisdictions should follow Saskatchewan's lead: "Roughly 10 per cent increase in price leads to five per cent reduction in consumption," says Stockwell. "We need to link all our prices to inflation, so alcohol doesn't get cheaper. The minimum price will be most relevant to the high-risk, the heaviest and youngest drinkers."

And what about the glossy brochures from the LCBO, the ones with Betty Draper look-alikes holding the martini, and ads for Girls' Night Out wine?

"This is another example of slippage," says Stockwell. "People have forgotten that the government monopoly was created with a social responsibility mandate."

Jürgen Rehm, director of social and epidemiological research at the Centre for Addiction and Mental Health, agrees. In fact, if he had his way, Canada would ban all alcohol marketing. "We don't need a campaign saying that rosé is an indispensable part of summer," says Rehm. "From a public health point of view, there is too much marketing. Canada is still drinking way above the world average. As a responsible regulatory agency, the LCBO does not need to maximize its revenue without considering the overall costs."

Ontario may have pulled in $1.9 billion from the control and sale of alcohol in 2010, but the direct alcohol-related costs for health care and enforcement exceeded that figure. This is true in most Canadian jurisdictions. Says Rehm: "People may not see alcohol as a problem, but they pay for it."

The LCBO looks at things differently. "We take great pride in our emphasis on social responsibility," says Nancy Cardinal, vice-president of marketing and customer insights, citing the bottles of water featured on the Canada Day insert.

What about their lush magazine, *Food and Drink*? "We have been wrapping food and entertaining around alcohol," Cardinal says. And the beautiful stores? "Women complained that the stores felt like a guys' bar in the basement, so we have been working to make the shopping experience an enjoyable one."

So where is all this heading?

"In the past 25 years, there has been tremendous pressure on females to keep up with the guys," says Jernigan. "Now, the industry's right there to help them. They've got their very own beverages, tailored to women. They've got their own individualized, feminized drinking culture."

His final thoughts?

"I'm not sure that this was what Gloria Steinem had in mind." ■

The mothering years


LUCAS OLENIUK/TORONTO STAR

Stefanie Wilder-Taylor made her name with a column entitled "Make Mine a Double: Tales of Twins and Tequila."

She is arguably one of the best-known sober mothers in North America. Stefanie Wilder-Taylor, author of *Naptime is the New Happy Hour* and *Sippy Cups* are not for Chardonnay, made her name with a popular online column "Make Mine a Double: Tales of Twins and Tequila."

Then, without warning, she quit drinking. Only three months into sobriety, she was profiled in the *New York Times* Sunday Styles section with the following headline: "A Heroine of Cocktail Moms Sobers Up." Wilder-Taylor had announced her news on her popular mommy blog, Babyonbored, with this simple statement: "I drink too much. It became a nightly compulsion and I'm outing myself to you... I quit on Friday."

That was 2009. Two years later, the 45-year old California mother of three has launched "Don't Get Drunk Fridays," a subset of her blog, inviting others to join her online group "The Booze-Free Brigade." The homepage welcomes with this: "We are Moms and Dads who are creating better lives for ourselves by letting go of booze. Are you scared? Are you embarrassed? Is there a nagging voice in your heart of hearts telling you something is wrong?"

To date, 1,100 people have joined the Booze-Free Brigade: one man and 1,099 women. Primarily, they are mothers sharing stories about drinking and sobriety. Here is "Elevenyearslater" writing to "the woman who is still drinking": I know the hell of the voices in your head. I know the blankness and the relief that come from taking the action to get a drink. . . When I look back on when I quit, I imagine the Furies readying their scissors to cut the single thread of sanity that held my life aloft over their boiling pot of oil. They were waiting for THAT drink, the one that made me snap, the one I wouldn't come back from."

Wilder-Taylor is no prohibitionist, but she makes it clear that she no longer hangs out with women who drink all the time. "I have no qualms about other people's drinking — it's not my business. But I'm an addict. Alcohol is glamorized in our society, and it's everywhere. You'd be surprised how many people are drinking during the day. And then we're shocked when some mother crashes her car with her kids in it?"

Are there triggers in modern motherhood? No more than in the past, says Wilder-Taylor. "But a lot of women drink to medicate anxiety — and early motherhood is a very anxious time. Some women handle stress by drinking. It certainly was the case for me."

Andrew Galloway, a Toronto addictions counsellor, sees many women in their 30s and 40s whose drinking has caught up with them. "If you cross the line with your drinking, there's no turning back," says Galloway. "The problem? No one knows where the line is."

When Wilder-Taylor says, "I had tried to quit before — I can't be fully predictable when I drink," she speaks for many women.

A Toronto woman I will call Lesley — she is uncomfortable, as most women are, with being identified — had a similar epiphany. Lesley was looking after her two young children and others when she left them to buy vodka. It was the middle of the day. That night, Lesley's daughter announced what had happened at the dinner table. "No, I was just moving the car," said Lesley. Her 5-year-old daughter challenged the story. Lesley had to tell her husband the truth.

'A lot of women drink to medicate anxiety — and early motherhood is a very anxious time.'

– Stefanie Wilder-Taylor

This was 2005, the year she took her last drink. Now 41, Lesley recognizes that her drinking was out of control from the time she first drank at 16. "I loved it from the beginning. The sense of ease and comfort. It made me feel confident. It was easy to socialize. But I blacked out with my first drink. And by the time I was 18, I was starting to feel the shame. I knew it

was causing me heartache."

At 20, she moved to Toronto, ready for a fresh beginning. But the first night she went to Wylie's pub in the Yonge and Summerhill area, and ended up "falling in a ditch. That was the story of my life: people having to get me home."

Poised and beautiful, with a mellifluous voice, Lesley is a picture of self-control. Her story is otherwise. Marriage brought two children, now 11 and 7. It also came with a family cottage — a lifestyle that was suited, as she says, "to an alcoholic. Caesars at breakfast, beer in the afternoon, wine at dinner, then shooters of tequila."

She spent several years trying to find a solution: "I did a program of controlled drinking. That didn't work. I couldn't stop. I did hypnosis with a doctor. That didn't work. I tried drinking something I didn't like — beer. That didn't work. I asked my husband to tell me when I had had enough. That didn't work because I would say, 'Don't tell me what to do.' "

Lesley's drinking caught up with her at a family reunion in the U.S., a weekend when her siblings intervened. By that point, she says, "I was destroyed, emotionally, spiritually, physically destroyed." She joined a 12-step group, and she stayed. She found a new job as an executive secretary, working with people she likes. However, her marriage ended.

Most recently, Lesley has joined the fledgling Children's Program at Renascent treatment centre, exposing her kids to "others in similar circumstances, to help them to talk about alcohol openly and realize it isn't a big secret. To draw it out is not an easy process — the feelings and emotions. There was a lot of turmoil, and I was very worried about my children's emotional well-being."

Heather Amisson, a family counsellor at Renascent who leads the adult portion of the Children's Program, is herself a mother in recovery. She is also the wife of an alcoholic, the daughter of two and the mother of two as well.

"It's really difficult for us to forgive ourselves," says Amisson, who has been sober for eight years. "Even now, it's a struggle for me." In the Children's Program, each child writes a letter addressed to the addiction of their parent. They also make a family shield, one that articulates the traditions that would make a difference in their life: meals together, shared outings. The shield is then framed and presented to the parent.

"It's very powerful," says Amisson. "We really believe addiction is a family disease, and often the addicted person didn't do the simple care things. This weekend brings a recognition that traditions matter. Meanwhile, it's really important that we present things in a way that doesn't cause the mother to shut down. The shame can cause a woman to do this — feelings of remorse, guilt, living in the past. We're trying to keep the shame and blame off, and help them take care of their family."

For Lesley, this has meant establishing new traditions with her children. Friday is pizza and movie night, Sunday means going to church and then to Chapters. They play charades on Sunday night. "It's not an easy process. But I want them to feel loved."

Today, she is not ashamed of her drinking. "It's a victory," says Lesley. "I fought a battle that not many win. There is hope." ■

A birth mother speaks

Janet Christie says this may be the most stigmatized area of a very stigmatized subject.

"I binge drank through my pregnancy," says Janet Christie, matter-of-factly. "I really loved drinking. I knew when I was pregnant that it wasn't good to drink. I was so ashamed. But I had no one to talk to about it."

Sitting in a sunlit corner of Vancouver's Westin Bayshore Hotel, Christie has agreed to talk about being the birth mother of a child with fetal alcohol spectrum disorder on one condition: that she can continue folding brochures throughout the interview, small pamphlets advertising her services in training addiction recovery coaches. With that settled, she launches into the full story of getting sober 23 years ago. "I was one week sober, I'd found a recovery support group, and the phone rang. It was the police. They had caught my son, who was 12, in a crack shack. I didn't even think he played with matches! This was my introduction to recovery."

"I had known since he failed Grade 2 that I might have caused his problem. And

that's when things started to go awry. He had undiagnosed FASD. I read the research papers, and I told the principal, 'I think I caused this.' He said, 'Just go home and forget about it' — as nonchalantly as: 'There's a toilet roll that needs to be changed.' Then he said, 'I bet 95 per cent of the kids here have FASD.' I was giving talks at treatment centres, telling my story, and a counsellor said, 'Tell your son he doesn't have to live like this any more. Get him diagnosed.' So, when he was 15, I did. He cried."

At the time, her son couldn't read. "He would skip lines and not realize it," she says. He couldn't add, and he couldn't comprehend what he was being taught at school. "He felt put down by teachers, blamed for not trying hard enough. He wasn't connecting any actions with consequences. He was full of rage. I was worried I would open the paper and learn he had killed someone."

Christie, who lives in an ocean view house in Sooke, B.C., speaks publicly about her life in an effort to help other women stop drinking while pregnant — and to try to reduce the stigma around the subject of addiction. "The world doesn't always feel like a safe place when you're a birth mother of a child with FASD," says Christie. "This may be the most stigmatized area of a very stigmatized subject."

Polished and well-spoken, she knows that she doesn't fit the stereotype of an FASD mom — and this is part of why she's taken on the role of speaking out. "Because it's alcohol and it's a revered substance, it doesn't get talked about in our society. The myth that this only happens to certain women is wrong. It pushes middle class women even further into the closet. At least the First Nations women talk about it and admit it. White women just pretend their kids have learning disabilities. It's even more shame-based."

For years, Christie's son skipped class, and was kicked out of several schools. Christie joined a parent group for those with FASD children. Her son pawned her jewellery. He had drug debts. She kicked him out. "I tried to do the tough-love thing," she says. For a while, he came back home and lived in her garage, sleeping in her car and cooking on camping equipment.

Over time, with her support, he got on the right track. Today, he is no longer using drugs, is employed in construction and has a stable, loving relationship with his girlfriend. His 10-year-old daughter, whom he sees regularly, is being raised by her grandmother on her mother's side.

Her 15-year-old son couldn't read and he couldn't add. He was full of rage. She began to understand that her drinking had caused this.

Christie sees his life as a success, although he struggles. "He knows why he struggles," says Christie. "But he has a great sense of humour and a great outlook on life. And things are gradually turning around for him. I've helped him out a lot — helping him keep a roof over his head, helping him buy a vehicle, paying his car insurance."

Christie's passion is a program she launched in 2004. Called Moms Mentoring Moms, it was a support group for women struggling with addiction while pregnant, some of whom had lost custody of their children.

"Peer support is really fundamental for anyone wanting to overcome an addiction," says Christie, and peer support is what the program offered for women who wanted to stop drinking — support without judgment. Launched with $80,000 from a B.C. non-profit agency and the B.C. ministry of children and family development, the group provided a weekly drop-in for women, as well as a mentor to accompany them to any appointments: navigating the search for housing, dealing with social workers, applying for welfare, visiting the food bank.

Many women found sobriety through the group. The program ended when the funding ran out after a year.

Today, Christie trains volunteers to do the same thing, and is trying to raise funds to relaunch the program. As well, she uses her own website to raise awareness of the dangers of drinking while pregnant.

"Recently, studies have appeared suggesting that women need not worry about consuming low levels of alcohol during pregnancy," she writes. "I find this very disturbing and question why, as a society, we are spending money trying to prove it is all right to mess around with an unborn child's human potential."

Most of all, Christie battles society's notion that "addiction is a moral rather than a sociomedical issue." Personally, she says, "I feel blessed to have made it out of that big black hole of addiction. I feel this is my calling, to do this work, and it gives me a great deal of pleasure to see how a little bit of effort can make a big difference in another mother's life. I have a passion for the moms. In the end, shaming and blaming comes from a place of misunderstanding. It's a useless waste of energy. It's so much easier to point a finger than hold out a hand." ■

Pregnancy: yes, no, maybe?

Is it safe to drink while you're pregnant? With equal certainty, science has given women three definitive answers: no, yes and maybe.

In 2010, a widely reported study in Britain stated that the children of mothers who drank small amounts of alcohol during their pregnancy were not at an increased risk for behavioural or intellectual developmental problems. It went further, saying that children of light drinkers were 30 per cent less likely to have behavioural problems than children whose mothers were abstinent during pregnancy. As well, the study reported that children of light drinkers achieved higher cognitive scores than those whose mothers had abstained.

Many were outraged by the study, saying it undermined years of messaging on the risk of alcohol to the developing fetus. "The

U.K. study was unfortunate," says Sterling Clarren, CEO of the Canada Northwest FASD Research Network and one of the world's leading researchers on fetal alcohol spectrum disorder. "Saying that you can have one or two is too simple."

What if a woman drank before she knew she was pregnant: say, a glass of champagne on her birthday. "Obstetricians are confronted with this kind of question all the time," says Clarren. "Drilling down is important. Was it really just one glass or half a bottle? How big was the glass? I have three kinds of champagne glasses at home."

He continues. "Was that really the only time you drank? Are you 5' 9" and heavy, or a small woman? The only ones who really know exactly what they drank are the beer drinkers because today, no one drinks standard drinks. Precision in drinking? That's not how the world works."

In the end, says Clarren, "All we can tell a woman is whether she is at high, medium or low risk, and she can make it lower if she doesn't drink any more. The reality is: there is a relative risk to drinking."

What if the woman's answer is different? "Voluminous amounts in early pregnancy once or twice a week? That doesn't translate to 100 per cent risk," says Clarren. "Fifty per cent risk is more likely. Women want to know what low-risk is. They're asking for a simple, fair discussion of this."

'The reality is: there is a relative risk to drinking. Voluminous amounts in early pregnancy once or twice a week? That doesn't translate to a 100 per cent risk.'

– Sterling Clarren

According to Clarren, there is a complicated formula for dose and effect, involving how much was consumed, the timing in pregnancy and a host of other factors: the mother's genes, the fetus' genes, whether the mother smokes, her potential vitamin deficiencies and so on. "It's a complicated formula, and we don't know how to fill it in," says Clarren. "I doubt we ever will. And when we talk about risk, the question is: risk for what? For massive malformations of the brain? For blindness? For diminished executive functioning? A mild brain disorder? No one knows the answer."

So, what about that glass of wine on your birthday? "Of course, you can have it," says Clarren. "You're taking a risk — a very small risk. A true small amount on a rare occasion is not very risky." He pauses. "But I don't know what rare is, and I don't know what small is. How much mercury is safe for the fetus? Raw cheese? We just say avoid it. The advice is the same with alcohol because we just don't know."

B.C. expert Nancy Poole, well-known for her collaborative work on FASD-related research, acknowledges that many women want black-and-white answers. "Unfortunately," says Poole, "the territory is grey. To represent the risk accurately for a wide range of women, I like to say simply that it's safest not to drink in pregnancy. We need to balance the knowledge that alcohol is a teratogen and that one drink is unlikely to cause harm." ■

Trauma and addiction

At 2, she was taken from her mother by her father. At 7, she was taken from her father — "just say it was abuse" — and moved in with her aunt and uncle. At 8, she went into the first of many foster homes. At 12, she quit school and began "living on the street." At 13, she was pregnant. At 14, she gave birth to the first of her four children.

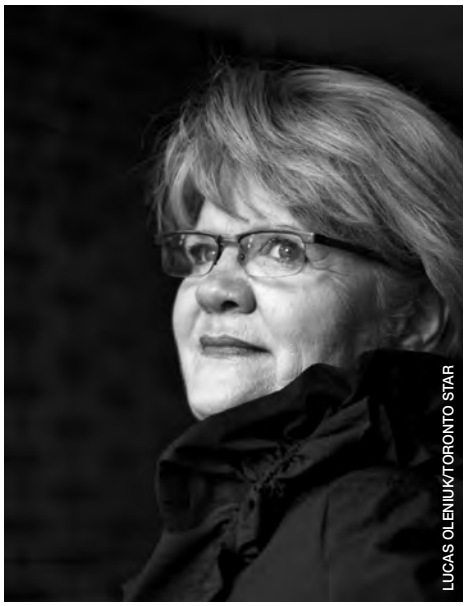
Now, at 31, Annie Akavak can't tell her story without reaching for the Kleenex. "Alcohol was my first experience of getting high," she says. "I remember wondering, 'What can I forget? What else will numb the pain?' "

From alcohol, Akavak moved on to marijuana, then Ecstasy. Eventually, she used crack. "Crack takes all the pain away. It numbs everything. The only thing I never did was shoot up — I'm afraid of needles."

Today, Akavak is in the process of putting her life back together again. It has been a very long road. Three years ago, her newborn daughter Akianna was taken by Native Child and Family Services. "They don't mess around," says Akavak, who was born in Iqaluit. "I swore that I would fight to get her back."

She did, with the help of the Jean Tweed Centre in the west end of Toronto. Enter the doorway off Evans Avenue, under the humble striped awning, and you confront a world shaped by Nancy Bradley and her team. Treating substance use is the focus of the centre, whether inpatient or outpatient. Clients include sex-trade workers and university students, as well as women from the corporate world and those with a criminal past, lawyers, nurses, teachers and government workers. Bradley, who has been at the helm of Jean Tweed for 23 years, has seen them all, "a microcosm of society."

"Twenty years ago, we made some mistakes," she says. "We used to believe that you dealt with the addiction and told



Nancy Bradley says her Toronto treatment centre sees a microcosm of society, from corporate women to sex-trade workers.

the woman to wait two years to deal with her other problems. Now, trauma pervades everything we do. You can't separate recovery and trauma. Women may not be drinking, but they will still be very, very troubled if you don't address the underlying issues."

"Braiding" is the approach used at Jean Tweed: the ability to move back and forth between a woman's addiction and her other challenges. It might be violence, sexual abuse, extreme poverty, a traumatic childhood. Rare is the woman without a troubling past or present.

"Someone can't go through substance use who isn't anxious, depressed, having issues related to self-harm or perhaps food," says Bradley. "We meet women where they are. We know that some behaviours may manifest themselves. Someone may begin to have flashbacks — which can be extremely painful for both the clients and the staff. We try to help them see the links. We hear some of the most unbelievable stories — there is immense courage here."

"The central question isn't: 'What's wrong with this woman?' It's: 'What happened to this woman?' " This is the voice of Nancy Poole, director of research and knowledge translation at the British Columbia Centre of Excellence for Women's Health. With more than 30 years' experience in the field of addictions, Poole is a dynamo with her finger in dozens of projects, including a new book on trauma. She is talking about the importance of what is known in the field as trauma-informed care, which gives credence to the woman's past or present, and the role it plays in her addiction. "We miss the biggest part of the story," says Poole, "if we don't link the addiction to the rest of the woman's life."

If you head to the most renowned of all treatment centres, Hazelden outside Minneapolis, you will hear a similar story. Brenda Servais is a counsellor for 16- to 21-year-olds, and she is blunt: "Trauma? Not 100 per cent, but a very high number. There's a lot of sexual trauma, whether it happened when they were sober or under the influence. A lot of rape. Certainly PTSD. And we can see a rise in their substance use right after the event."

Sheila Murphy, who runs the women's program at Hazelden, cites the stigma that still lingers around the act of getting help. "Our culture has changed, but for a woman, the stigma of addiction is still very bad. There's a stigma for women who have gone to treatment. Which is a shame because here, women are taking time out of their lives to do some self-discovery, to understand at a deeper level how they want to live. It takes great courage to make changes in their lives."


LUCAS OLENIUK/TORONTO STAR

Annie Akavak is in the process of putting her life back together. It has been a long road.

'We miss the biggest part of the story if we don't link the addiction to the rest of the woman's life.'

– Nancy Poole

At the Jean Tweed Centre, helping clients change their lives often includes assisting mothers with their parenting skills or custody problems. Twenty-two years ago, a young woman barged into Bradley's office with her 7-year-old, desperate for help. She said, "I have to give my kid up to Children's Aid — he's out of control." The young woman had been through Jean Tweed and felt a part of the place. "I thought to myself, 'We have an opportunity here,' " says Bradley.

With that, Jean Tweed began offering child care so that parents could attend evening sessions. Ten years ago, they started the Pathways to Healthy Families, an outreach program aimed at helping women who are pregnant or parenting children up to the age of 6. They placed staff outreach workers in shelters, a maternity hospital, the aboriginal community, looking for women who needed help finding housing, prenatal care, midwifery, counselling for substance abuse and more. They built bridges with agencies that were historically adversaries: Children's Aid, the court system.

As part of the Pathways program, they developed the Moms and Kids Too program, known as MK2: tailoring the essence of the classic 21-day treatment program of Jean Tweed to a young mother's schedule. Treatment is spread over seven weeks, three days a week, with child care in their licensed facility. Workshops on parenting, play routines and attachment are incorporated, along with sessions on

substance abuse. In the morning, they can arrive and have breakfast together. With the MK2 program, retention of young mothers went from 26 per cent to 80 per cent plus. Says Bradley: "Often, women haven't been parented well themselves, so we're role modelling."

Annie Akavak used both the Pathways and the MK2 program to help her get her life back in order. When her daughter was taken from her, she found Pathways and Jean Tweed, enrolling in the MK2 program. "That's when everything changed. I stopped relapsing, started learning some coping skills."

Gradually Native Child and Family Services allowed Akavak to have her daughter with her for the day sessions of the MK2 program. Her daughter was in foster care. "They were seeking adoption for her with no visitation, " says Akavak, crying.

Over time, with Jean Tweed's help, she won her fight for custody. "They saved my family and they saved me," says Akavak. "It's funny because a lot of people make fun of addicts. I don't think they understand how hard it is. To have someone acknowledge that you are willing to make a change is everything. Jean Tweed taught me how to be a better mother and a healthy mother."

Role modelling is key at Breaking the Cycle, primarily a children's mental health centre at Queen and Bathurst. Behind the bright blue painted doors of a former United Church is a hub of activity: a one-stop shopping service for pregnant and parenting mothers of children 6 and under, all with substance-use issues. Every Thursday, Dr. Gideon Koren, a pediatric toxicologist at the Hospital for Sick Children, comes to the centre to offer an FASD diagnosis clinic.

"It's a very unique setting because it's an opportunity to see the birth mothers," says director Margaret Leslie. "This is a population of women who aren't normally seen. This is a safe place where they can ask all the questions they haven't wanted to ask another physician. These mothers want their children to have success in school in a way they never did. Every single mom's biggest worry is the effect of the prenatal exposure."

A woman cannot be intoxicated or high when using the centre. Breaking the Cycle offers addiction counselling, and also has a partnership with Toronto Western Hospital, which has trauma services, plus mental health and addiction services.

The centre's ultimate goal? "To promote attachment," says Leslie, waving to a vibrant young mother arriving with her newborn son. The woman is here for parenting class. "We are an attachment-based program. In the end, the stronger the attachment, the higher the protective factor in mothering."

Today, Annie Akavak lives in group housing with two of her four children: 3-year-old Akianna and 2-year-old Sakai. She's on the list for subsidized daycare, but has no idea when her name will come up. She has one break each week: the hour when she goes to therapy. She's tired, but happy. Most of all, she is determined not to do to her children what was done to her. She would like to work in a group home, helping runaways. But this is a long way away. First, she has to go back to school.

Her fondest dream? "To own my own home," says Akavak, who says she once lived in almost every hotel in Toronto. "A place where we can be together. No more running and moving. A place where we can root ourselves."

For Akavak, being rooted is what it's all about. ■

Your brain on alcohol

This is your brain on alcohol. If you are adolescent and female: consume four drinks at one sitting, and you leave yourself vulnerable to compromising what is known as your spatial working memory. Binge drinking in adolescence can interrupt normal brain cell growth, particularly in the frontal brain regions critical to logical thinking and reasoning. In short, it damages cognitive abilities — especially in female teens.

"Even though adolescents look like adults, their brains are still maturing," says researcher Lindsay Squeglia, lead author of a new study in *Alcoholism: Clinical & Experimental Research*. "Throughout adolescence, the brain is becoming more efficient, pruning. In female drinkers, we found that the pre-frontal cortex was not thinning properly. This affects executive functioning."

"Are the girls trying to keep up with the boys?" asks Edith Sullivan, a researcher at Stanford's School of Medicine. "Quantity and frequency can be a killer for novice drinkers. Adding alcohol to the mix of the developing brain will likely complicate the normal developmental trajectory. Long after a young person recovers from a hangover, risk to cognitive and Your brain on alcohol brain functions endures."

Sullivan, who has done a lot of work with the brain structure of alcoholics, is certain that what is known as "telescoping" is real: "As they develop alcoholism, women seem to develop dependence sooner than men. Drink for drink, it is worse for females."

Do adult women have more difficulty recovering from alcoholism? According to Sullivan, "The jury is out as to whether men or women recover faster. We have studied alcohol dependent men and women, and have found similar extents of regional brain tissue shrinkage. Women look no worse off than men. To me, that's good news."

Alcohol has dizzyingly different effects on women and men – and it's not just about height and weight. Drink for drink, it's worse for females.

Sullivan underscores that recovery is possible: "Alcoholism is a dynamic process. It takes a while to develop, and to resolve. I like to use the stroke model: they get a year to recover."

What leads to alcoholism in one person, and not in another? "Style of drinking factors," says Sullivan. "And genetic background — some people may be more prone to alcoholism."

Edith Sullivan, a researcher at Stanford University, says women develop dependence on alcohol sooner than men.

Is there a genetic component to alcoholism? Toronto-raised Peter Thanos knows that there is. A neuroscientist at the U.S. Department of Energy's Brookhaven National Laboratory on Long Island, New York, Thanos has used brain-imaging and behavioural studies with rats to understand the brain's rewards circuits. He has proven that certain brain receptors play a role in excessive drinking.

Here's how it works. Alcohol, like all addictive drugs, increases the brain's production of the neurotransmitter dopamine, which sends a message of pleasure and reward.

- Over time, the brain responds to the stimulation of alcohol by decreasing certain dopamine receptors.
- These receptors — known as D2 receptors — are nerve cell proteins to which the dopamine must bind to send the pleasure signal.
- An alcoholic will experience a reward deficiency, and compensate by drinking more to try to recapture the pleasure.

"Alcoholics will continue to drink to avoid the crash that comes with the low," says Thanos. Or, alternatively, they may be individuals born with a lower D2 level. "Do you get low D2 levels after 30 years of drinking, or can you be born with lower D2? "You could have one or the other," says Thanos. "Many times, you have the combination effect. Alcoholics have lower D2 levels in their brains. If you have a lower D2 level, you are more vulnerable to the rewards of alcohol. And people who are genetically more vulnerable to the rewarding elements of alcohol are also more vulnerable to the atrophy of the brain from alcohol use."

In his research, Thanos asked: would increasing the level of D2 receptors decrease the desire to drink? Indeed, the answer seemed to be 'yes.' He delivered the gene for D2 receptors directly into the brains of rats that had been trained to drink a large amount of alcohol. After the gene therapy, the heavy-drinking rats responded by drinking less. Says Thanos, "The lighter-drinking rats looked like teetotalers."

"The evidence shows, indirectly, that there is a genetic component to alcoholism," says Thanos. "But this is not the only gene in play. Alcohol is a very dirty drug. The consensus is that ultimately, we will understand all the genes and then we will have to understand how they interact."

But for now, he has isolated one culprit. Says the Canadian scientist, a Queen's grad: "You don't want to give the public a false sense of being able to help them tomorrow. We're just in the early stages of understanding the pieces of the puzzle of alcoholism. It is a chronic, relapsing brain disease, and the science supports this truth." ■

Drinking, Swedish style

She remembers it as one of the few times in her marriage when she fought with her husband. They were driving home when they passed something on the road. "Stop the car," she said. "I think I saw a girl back there." Her husband was irritated. He was hungry. He hadn't seen what she had. "Reluctantly, he turned the car around and there it was," says Leena Haraké. "A girl's head was sticking out of a green garbage bag. She had been raped and killed after partying at a bar with strangers."

For Haraké, this is just one of several indelible incidents she has witnessed. A social worker and head of the Women's Organizations Committee on Alcohol and Drug Issues (WOCAD) in Stockholm, she tears up describing another incident: rescuing a baby on Christmas Eve from a home where the father had been drinking. The child's arms and legs had been broken. He was only six months old. In her position, she has had the opportunity to follow the boy's life. "Things did not turn out well for him," she says.

Haraké tells these stories to make a point: no country does alcohol well. Population-level policy interventions do not create a perfect world. In fact, no country can take credit for preventing all alcohol-related harm.

Still, some try harder than others, with varying results. Sweden is one of those countries, and worth examining, given the ups and downs of policy in recent years.

Most of all, the country of nine million has paid attention to alcohol consumption, advertising and availability — and paying attention is key. Says Jürgen Rehm, director of social and epidemiological research at Toronto's Centre for Addiction and Mental Health: "Sweden is probably the best example of how a modern high-income country can keep the alcohol-attributable burden low."

Dining on tender salmon at Stockholm's tony Wedholm Fisk restaurant, Gabriel Romanus is an eloquent teacher on the subject. Romanus spent 17 years of his adult life with his foot in one camp, as a member of parliament, and another 17 with his foot in another, as head of the successful Swedish alcohol monopoly, Systembolaget (their LCBO).

Historically, Sweden has been the poster child of strong alcohol policy, based on high prices and controlled retail access. Public health is the issue. In 1985, the Swedish parliament targeted the cutting of consumption by 25 per cent, by 2000. This was followed with legislation in 1991, restating a commitment to reduce consumption and alcohol abuse. That same year, the government transferred Systembolaget from the ministry of finance to the ministry of social affairs. "This was a crucial step," says Romanus. "It served as a reminder that Systembolaget is part of the Swedish public health policy."

Sweden is the best example of a high-income modern country trying to lower the burden of alcohol.

"Alcohol is no ordinary commodity," he continues. "Many monopolies have lost a sense of their own history, and they have forgotten that alcohol should be sold in a responsible fashion." An example? Several years ago, he was shocked to learn that the LCBO offers Air Miles: an irresponsible incentive, in his view.

In Sweden, Saturday openings for liquor stores have been hotly debated. In 1982, the country eliminated them: arrests for drunkenness subsequently declined, as did the number of assaults. Then, in 2000, Systembolaget experimented with Saturday openings in six areas, closures in another seven. Since there was no significant increase in assaults and drunk driving, Sweden permitted Saturday openings across the country. Stores must close by 3 p.m. on Saturday. The hours are mandated by parliament. It's the Swedish way: to do rigorous research, and then act.

Much has changed since the early to mid '90s, especially since the country joined the EU in 1995. Sweden is no longer the perfect poster child for alcohol control. For most of the 20th century, Sweden had state monopolies in alcohol production, import, export, wholesale distribution and retail. But by 1995, the national monopolies had all disappeared, with the exception of the retail stores. This included the eventual sale of the state-owned company that produced Absolut vodka. "You could argue that there was a double standard," acknowledges Romanus. "Here we were with a strong alcohol policy, and we were trying to get the world to drink more Swedish vodka! This was embarrassing."

Arguably, one of the largest changes in recent years has been the ease with which Swedes have been able to import alcohol from other EU countries. Black market sales of those products — particularly to teenagers — have been a large concern.

Most experts believed that alcohol consumption would increase substantially after Swedes were allowed to bring in almost unlimited amounts of alcohol, starting in 1995. Indeed, in 2004, consumption hit its highest rate in modern times: 10.5 litres of pure alcohol per person over 15. But with the economic downturn, importation is a smaller problem than it once was. Average consumption dropped to 9.2 litres in 2010.

Walk into a Systembolaget store, and you will be greeted with a cheerful "Hey, hey." The store looks like your average Ikea: tidy rows of items, modestly displayed. There is no promotion in the store. A large selection of non-alcoholic offerings towers near the entrance.

There is no doubt that the monopoly plays a major role in prevention. In a recent study at the University of Stockholm, researchers concluded that if all 8,000 supermarkets in Sweden started selling alcohol, consumption would increase 40 per cent, resulting in 11 million more sick-leave days per year, 20,000 more reported cases of violent crime, 6,600 more reported cases of drunk driving and roughly 2,000 more deaths.

The country has been stunningly successful at reducing drunk driving. In 1990, Sweden reduced the legal blood

alcohol limit to .02. In the early 2000s, the percentage of road deaths due to impaired driving fell as low as 16 to 17 per cent of the total; in Canada, the figures were as high as 40 per cent. Today, Swedish percentages sit in the low 20s.

Much of this success can be attributed to random breath testing. "This is a public that never drinks and drives," says Andrew Murie, CEO of MADD Canada. "It's a model country. Even though they've had their hiccups around imported alcohol, they have a very good control system with tremendous results."

Despite this success with drunk driving, Sweden — like most developed countries — is experiencing an uptick in risky drinking. Leena Haraké is concerned: the increase is not just for teenagers, but for smart, young, educated professionals, as well as the elderly. Two years ago, she commissioned a play called *See You at the Bar*! Based on the gruesome incident when she found the body by the side of the road, the play has been staged in Stockholm and beyond, as an educational piece. "The play describes the bar as the new living room for young women," says Haraké. "It's a powerful piece of work. No country is immune from these dangers." ■

The new tobacco?

"Let's say there's a frog pond where some of the frogs are developing odd-looking growths, and others are sterile. Do you send in surgeons to remove the growths, and fertility experts to deal with the sterility? Or do you say to yourself: maybe there's something in the water?" — Dan Reist, assistant director, knowledge exchange, Centre for Addictions Research of B.C.

Is there something in the water? Robert Strang is certain there is. The chief medical officer of Nova Scotia knows that the culture of normalized heavy drinking is a serious and growing issue in Canada.

"This is not an addiction issue," says Strang. "Addiction is the far end of the spectrum. This is about the impact of alcohol right across society. Lots of harms are coming from those who are not addicted. Periodic, episodic binge drinking leads to acute and chronic problems in society. The problem with alcohol? We don't acknowledge it as a drug. And we haven't paid enough attention to it."

Strang is speaking over a cheese omelette at a chain hotel in Montreal. It's a balmy Sunday, but he's spending the day in an airless convention centre, addressing a crowd at a major health conference. Strang's on a mission.

"It's about changing social norms, getting those communities already aware of the damage to work together — the medical community, the FASD community, the violence against women community, the road safety community, the Breast Cancer Foundation. We need to have a robust discussion about this issue: how does alcohol play out in your community?


LUCAS OLENIUK/TORONTO STAR

Canada is blessed with several renowned researchers, including Tim Stockwell

In terms of suicides? Kids being abused? Violence? Teens in emergency rooms? Are we having an adult discussion? I don't think so."

Strang is willing to jumpstart the dialogue. Is alcohol the new tobacco? Strang believes the answer is yes. A veteran of the tobacco fight, he is determined that the harm from drinking be recognized faster than it was with smoking. "We had to work 30 or 40 years on tobacco," he says. "If we apply what we learned on tobacco control concerning price, advertising and access, we could make significant progress on alcohol in a much shorter period of time."

What Strang is envisioning is a comprehensive public health response to the harm caused by alcohol. His province has an alcohol strategy. Ontario does not. In fact, most provinces don't. It's hard to imagine alcohol policy becoming a key priority of the Harper government, or any provincial government for that matter. What government dares tamper with our favourite drug?

Strang is far from alone in his fight to move alcohol to the top of the public agenda. Canada is blessed with more than its fair share of renowned researchers on the alcohol file, a brain trust of internationally respected individuals. People such as the

Gerald Thomas has outlined a series of commonly accepted myths about alcohol, including 'alcoholics are the problem.'

straight-talking Tim Stockwell, head of the Centre for Addictions Research of B.C. (CARBC). Or the cerebral Jürgen Rehm, director of social and epidemiological research at the Centre for Addiction and Mental Health (CAMH), author of more than 500 journal articles and 10 books. Of the 15 researchers who wrote the bible on international alcohol policy — *Alcohol: No Ordinary Commodity* — three are based at CAMH, and Rehm is the star.

Is there something in the water? Rehm thinks so. Stockwell does too. This is a major public health concern, begging for vision, energy and leadership.

To create strong policy, we need to take a hard look at the best available evidence, examine our core values, and ask ourselves: what do we want? What is best for our country? Only then can we begin to work with the political realities.

In this case, the evidence is rock-solid. Since 1996, consumption has risen steadily in Canada. More than 80 per cent of us drink, and we drink more than 50 per cent above the world average. In 2010, alcohol sales totalled $19.9 billion — but direct alcohol-related costs for health care and enforcement exceeded the direct revenue in most Canadian jurisdictions, Ontario included. In British Columbia, experts estimate that alcohol-related hospitalizations will overtake those related to smoking by 2014.

'The problem with alcohol? We don't aknowledge it as a drug. We haven't paid enough attention to it.'

– Robert Strang

Great evidence. We have a problem, and an expensive one at that.

What about our values? Well, they seem a little fuzzy. When it comes to alcohol, it's usually the other person's problem. And if it's ours? We're just trying to drink like the French. Or the Italians. Who, by the way, are drinking less than they did 30 years ago, but are having their own issues with binge-drinking youth. Mediterranean drinking is not what it used to be.

According to Gerald Thomas, one of the more provocative advocates for change, it all comes down to misconceptions. Senior researcher and policy analyst for the Canadian Centre on Substance Abuse

(CCSA), Thomas has outlined a series of commonly accepted myths about alcohol.

Myth: "Alcoholics are the problem." Actually, only a small proportion of the population are alcoholic: roughly 2.5 per cent of Canadians. There are 20 million current drinkers in Canada. Nine million qualify as moderate risk drinkers.

Myth: "Goverments make a lot of money from alcohol." Yes, and no. As noted above, alcohol-related costs exceed alcohol revenue in most of Canada. Currently, no province or territory monitors these direct costs to the health system or enforcement.

What about harm to others — also known as second-hand drinking: violence, sexual abuse, and much more? Last year, in the first major study of its kind, Australian researchers estimated that the costs of harm to others matched the traditional costs of the drinker to society.

Says Rehm: "Alcohol consumption creates more harm to others than second-hand smoke. It's about time we took a hard look at the problems that drinkers cause in their immediate environment and in society at large. This starts with family problems and ends with drunk drivers."

Myth: "Regular heavy drinking by young adults is a harmless phase that most people outgrow." Partially true. From the ages of 18 or 19 to 24, more than half of Canadians engage in risky drinking, and this contributes significantly to the harms and costs of alcohol across the country. After five drinks, your relative risk of incurring a serious motor vehicle injury increases by 500 per cent. Says Thomas, "Given that unintentional injuries are the leading cause of death and disability among young adults, and that alcohol is the leading contributing cause to these injuries, regular heavy drinking by this group is not a harmless phase."

Perhaps we should tackle one more myth.

Myth: Alcoholics who want to change their lives can find the right kind of help.

In fact, many fall through the cracks. One of the primary challenges is navigating different systems of poorly coordinated services and supports.

Says Patrick Smith, co-chair of the National Treatment Strategy working group, "To get treatment, you have to demonstrate that you are the worst of the worst. It's like saying to a cancer patient: 'We can't treat you yet because your cancer isn't at Stage 4.' We wouldn't tolerate it in any other area of health. There are pockets of excellence, but these are more the exception than the rule. Truthfully? There haven't been many other health issues that have been so systematically overlooked."

Nancy Black, director of concurrent disorders at St. Joseph's Care Group in Thunder Bay, agrees: "The system has a huge capacity problem. There hasn't been substantive targeted investment since the 1980s. There are some places in the province where the wait list for assessment is more than six months."

Is there something in the water? Smith knows there is. So too does Black.

What is public policy? At its very essence, it's a simple equation: evidence plus values plus politics equals movement. In this case, substantive evidence plus fuzzy values plus political inaction equals a vacuum in public policy.

Is there something in the water? Clearly, there is. We can do better. Canada deserves better. ■

Sobering solutions for Canada

PROBLEM: Alcohol-related harm is not on the radar as a public health issue.

SOLUTION: A full endorsement of the National Alcohol Strategy at the federal level. What would a comprehensive public health response look like? We need to act on all 41 recommendations outlined in "Reducing Alcohol-Related Harm in Canada: Towards a Culture of Moderation." Engage all level of governments — federal, provincial, municipal — in the solutions, underscoring the fact that each has a role to invest. Establish alcohol strategies in each Canadian province and territory.

SOLUTION: Report cards at the national, provincial and municipal level. Develop annual report cards, using common indicators to measure acute and chronic alcohol-related harm, including alcohol-related assaults, emergency room admissions, morbidity, family violence rates, impaired driving charges, outlet density per capita and more.

Canada also needs to monitor the impact of harm to others, or second-hand drinking. Taking this tally is key.

PROBLEM: High rates of risky drinking. Alcohol use contributes causally to 7 per cent of all cancers, 4 per cent of coronary disease, 23 per cent of all injuries and 26 per cent of neuropsychiatric conditions in North America. How many of us are aware of our own health risks? How many are aware of the amount of alcohol we actually consume?

SOLUTION: Embracing the new national low-risk drinking guidelines. They deserve a full marketing campaign. Who better to do this than the provincial alcohol monopolies? Ideally, all LCBO publications would run full-page features. This would be true social responsibility in action. Can you think of a better use of the back page of *Food and Drink* magazine? "Please drink responsibly," with a punch.

SOLUTION: Standard drink labelling. Alcohol is a psychoactive substance over which the government has control. We need to call upon alcohol manufacturers to label all products, articulating how many standard drinks are in each container.

While they're at it, why not attach a copy of the guidelines to the neck of most products?

PROBLEM: Major gaps in the treatment system. When it comes to a fully integrated treatment network, the essential structure is missing in Canada. Seeking help? Too often, it's a matter of where you live or who you know. The attention paid to problematic substance use is inadequate; the dedicated services are poorly funded and badly coordinated. Says Nancy Black, of the St. Joseph's Care Group in Thunder Bay: "The infrastructure built 20 years ago is not sufficient to meet the challenges today.

Each system is doing their best, but there is no coordinated, integrated response to this social need. And there is no mandate for action. We need an injection of resources."

Last fall, Echo — an agency of the Ontario Ministry of Health and Long- Term Care, dedicated to improving women's health — released a report on alcohol treatment services. Its conclusion? There are major service gaps for gender-sensitive care. Says CEO Pat Campbell: "We have to stop dealing with trauma and alcohol separately. These are complex issues, and we need solutions that respect this complexity."

SOLUTION: A full endorsement of the National Treatment Strategy.

Act on all recommendations of "A Systems Approach to Substance Abuse in Canada: A Comprehensive Blueprint for a National Treatment Strategy." Hold decision-makers accountable for putting it in place. We need significant, targeted reinvestment in addiction services, addressing the vast gaps in availability and accessibility across the country, with special attention to isolated, rural and remote regions and vulnerable populations. Primary care needs to do its part, but that's a small part of the puzzle. A broad spectrum of tiered and networked services is imperative — and an excellent investment.

SOLUTION: Expansion of screening and brief intervention.

In the past two decades, studies have shown that early intervention yields extremely beneficial results. Systematic access to screening and brief motivational interviews should extend to all emergency departments, university health clinics, public health sites and other points of contact. Short in duration, these can be handled by a primary care practitioner, a nurse, a social worker or any allied health professional.

The challenge? Pressed for time, many frontline doctors feel too rushed or ill equipped to screen for alcohol. Good news: an online screening, brief intervention and referral tool will be available later this year. We need to ensure that physicians have the opportunity to bill for this intervention.

PROBLEM: Too much alcohol marketing, not enough oversight.

Up until 1997, the broadcast regulator CRTC reviewed all alcohol ads. Now guidelines are essentially voluntary. There are no teeth in the system, which is self-regulating.

Meanwhile, much of what is seen by young people does not qualify as traditional advertising. *Consumer Reports* estimates that a third of minors on Facebook have lied about their age.

SOLUTION: Reinstate the ad pre-clearance process. Establish a more transparent complaint procedure. Call on alcohol companies to use more effective "age-gating" on their web and social media sites. This requires independent confirmation of age before people can access content.

'We need to understand what supports are needed to delay girls' uptake of alcohol.'

– Nancy Poole

PROBLEM: Some of the cheapest alcohol in Canada has the highest alcohol content.

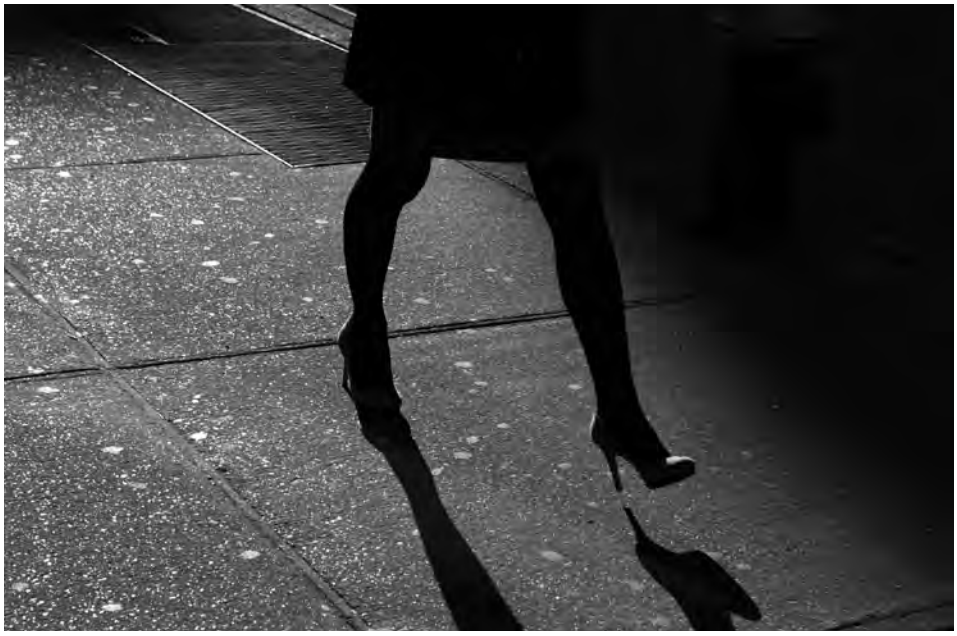
SOLUTION: Link price to alcohol content, creating incentives to choose lower-alcohol drinks. Ontario was the first Canadian jurisdiction to index minimum alcohol prices to the consumer price index. "Kudos to Ontario," says Tim Stockwell, executive director of the Centre for Addictions Research of B.C. "But their minimum prices are still lower than Saskatchewan, and not so closely connected to beverage strength." His advice? All of Canada should follow Saskatchewan's lead, moving toward a minimum price per standard drink, and follow Ontario's lead on indexing to the cost of living.

PROBLEM: Too many alcohol-related deaths in Canada. In 2009, 38 per cent of all Canadian road deaths were alcohol-related. In Sweden — which has random breath testing, and where the legal blood alcohol limit is .02 per cent — the percentage of road deaths due to impairment sits in the low 20s. Says Andrew Murie, CEO of MADD Canada, "We need to catch up with the world."

SOLUTION: Introduce random breath testing. Practiced in Australia, New Zealand and many European countries, random breath testing — or compulsory breath testing — means that drivers are required to take a preliminary breath test, even if there is no suspicion of an offence.

According to Murie, random breath testing corresponds to a 15 to 20 per cent improvement in a country's ratio of deaths related to impaired driving.

PROBLEM: We're just beginning to understand how differently women respond to alcohol. Historically, women have consumed less. For that reason, we have considered them less at risk. Alcohol affects women's bodies differently. We need to use sex-specific criteria for calculating risk. We need to reframe the research agenda on this subject.



SOLUTION: Investing in sex and gendered research. All regional and national alcohol surveys need to use sex-specific criteria for monitoring risky drinking, which translates to four or more drinks on any one occasion for women, and five or more for men.

We need to invest in sex and gendered research. We know that alcohol affects women's brains differently than men's. We must continue to pursue sex-specific biological research. Meanwhile, given the high rates of risky drinking for under-aged girls, we need research that helps with this problem.

Here's Nancy Poole, director of research and knowledge translation at the British Columbia Centre of Excellence for Women's Health: "We need to understand what supports are needed to delay their uptake of alcohol use. Some international research shows interventions that may be helpful, ones that address such protective factors as computer-based interventions, all-girl groups and programming that helps girls critically analyze media messages."

Gender is a strong predictor of alcohol use. One ground-breaking project is GENACIS — Gender, Alcohol and Culture: An International Study. With 40 participating countries, including Canada, this project offers an extraordinary opportunity to improve our understanding of how gender and culture combine to affect how women and men drink.

Sharon Wilsnack, who oversees the GENACIS project, is also the lead author of the world's longest-running study of women and drinking, the National Study of Life and Health Experiences of Women. Between 1981 and 2001, she and her team interviewed the same women every five years. One of their findings: the strongest predictor of late onset drinking is childhood sexual abuse. Says Wilsnack, "It has an increasingly adverse pattern over the course of women's lives."

Wilsnack believes we are now witnessing "a global epidemic of women's drinking." Her greatest concern? Women in developing countries. "The highest risk is for the higher educated women in lower resourced countries. We need to design targeted intervention and tie it into the empowerment of women. If women can develop a means of enjoying alcohol in a healthier, low-risk manner, then we've succeeded." ■

Canada sets new liquor limits

It's unanimous: Canada's first national low-risk alcohol drinking guidelines have been given the green light by Health Canada, as well as all provincial and territorial ministers. "Alcohol is a health hazard," says Deb Matthews, Ontario minister of health and long-term care. "It's really important that we now have national guidelines."

More than two years in the shaping, the guidelines, approved in late 2011, have the blessing of the Canadian Public Health Association, the Canadian Medical Association, the liquor industry and others. They state that women should consume no more than two drinks most days, up to 10 a week, and men should consume no more than three drinks most days, up to 15 a week. All should plan for non-drinking days to ensure they don't develop a habit.

The guidelines also make reference to special occasion drinking: "Reduce your risk of injury by drinking no more than three drinks (for women) or four drinks (for men) on any single occasion."

"That we have all agreed on what the guidelines should look like — government, the alcohol industry and public health — is unique to Canada," says Michel Perron, CEO of the Canadian Centre on Substance Abuse (CCSA), which oversaw the shaping of the guidelines. "You will not find another country that has this level of congruence."

The guidelines are long overdue. Like most G8 countries, Canada has witnessed an uptick in risky drinking. Canadians consume 8.2 litres of pure alcohol on an annual basis — more than 50 per cent above the world average. "It's not that we drink," says Rob Strang, chief medical officer of Nova Scotia, "but how we drink."

'That we have all agreed on what the guidelines should look like – government, the alcohol industry and public health – is unique to Canada.'

– Michel Perron

And how we drink causes a lot of alcohol-related harm. "If a country has a $14 billion-a-year problem, and much of it stems from the use of a legal product, the first step is to explain how the product can be used, and how to decrease that avoidable cost. Much of that cost is preventable," says Perron.

What is significant about the guidelines is that they were the first priority of the National Alcohol Strategy, an intelligent and comprehensive blueprint which has yet to be fully endorsed by the federal government. The strategy was shaped in 2007 by an expert working group convened by the CCSA, Health Canada and what was then known as the Alberta Alcohol and Drug Abuse Commission.

This group, together with representatives from public health agencies, alcohol manufacturers, treatment agencies and alcohol control boards, produced "Reducing Alcohol-Related Harm in Canada: Towards a Culture of Moderation." This was a milestone effort, presenting 41 recommendations.

These new guidelines won't change the drinking culture overnight, but they will establish an important benchmark for Canadians. "Up until now, the fun factor has been different, depending on which province you lived in," says Perron, referring to the fact that Canada has had four different sets of guidelines.

What is most remarkable is that the guidelines have industry approval. At several junctures, it looked as though the

industry might leave the table. "It nearly went off the rails many times," says one insider. They stayed. "They certainly don't want to be caught out like the tobacco people were," says Peter Butt, who chaired the expert review committee.

Clinically, the guidelines are important for medical practitioners, key to screening and brief intervention — a tool known to be effective in helping problem drinkers.

The next step? Broad circulation and promotion of the new guidelines. Ideally, the liquor monopolies will play a major role. "One of the advent ages we have in Canada is the monopolies," says Perron. "Social responsibility is the primary justification through which the LCBO can maintain their monopolistic advantage. And social responsibility is not something you do — it's how you do things."

After that: standard drink labelling on all alcoholic beverages, articulating how many standard drinks are in each container. "Without them, it's like having a 100-kilometre speed limit and no speedometer on your car," says Perron. "How do you gauge consumption if you don't know how much you are drinking?"

Strang agrees: "Industry loves to say they're all about responsible drinking, but how does their marketing and labelling portray responsibility?"

This could be a sticky point with the alcohol industry. Says Andrew Murie, CEO of MADD Canada: "I am not sure that the beverage industry is going to come singing 'Kumbaya' on this one. But like tobacco, it's a product where you need to warn the public."

These guidelines represent a healthy limit. But drinking to optimize health? That's another matter. "One drink a day — and that's a fairly unusual consumption pattern," says Tim Stockwell, director of the Centre for Addictions Research of B.C. Still, he points out, a daily drink is where "the risk of cancer starts."

If Stockwell had his way, Canada would move to warning labels: "If you can do this for tanning salons, why not alcohol? What other product do we protect when there is scientific evidence that use causes cancer? In this country, billions of dollars are made by governments on alcohol, and it causes the deaths of 10,000 or more each year. Consumers have a right to know. Of course, the alcohol producers might have trouble with this." ■

Ann Dowsett Johnston


LUCAS OLENIUK/TORONTO STAR

Ann Dowsett Johnston is an award-winning Canadian journalist. Daughter of a geophysicist, she was raised in Northern Ontario, rural South Africa and Toronto. A graduate of Queen's University, she continued her education with a Southam Fellowship at the University of Toronto.

Winner of five National Magazine Awards, amongst others, she is a respected writer and editor. With a distinguished track record in shaping a variety of publications, she is best known for pioneering the *Maclean's* system of ranking Canadian universities and editing the bestselling annual *Maclean's Guide to Canadian Universities*. In her 14 years of covering education at the magazine, she developed a strong leadership voice on educational policy. In 2006, she became vice-principal of McGill University, in charge of development, alumni relations and strategic communication.

Ann Dowsett Johnston has written on a wide variety of subjects, from the arts to mental health. Her personal writing was anthologized in *Dropped Threads II: More of What We Aren't Told*. She lives in Toronto. ■

If the stigma ends, my work will be done

If this year had a theme — and it certainly did — it was stigma. In all my years in journalism, I have never seen a story so hidden, so buried, so closeted. For that reason, I am deeply indebted to the dozens of women who agreed to meet with me. In quiet corners of coffee shops, leafy enclaves of public parks, in their own homes, countless women shared their stories. Sober and defiant teenagers, reflective university students, frightened young professionals, chastened mothers, middle-aged empty nesters and the elderly. My heart is with them all, but my largest debt is to the brave few who made the tough choice of going on the record. Beata Klimek. Janet Christie. Annie Akavak. These are the women most determined to stare down stigma, and help others in the process.

This year-long endeavour offered a rare opportunity to explore the complex terrain of addiction, of alcohol policy, research, treatment, and much more. Navigating this territory was exhilarating, and I had many helpful guides. Three women launched me on my way, and stayed close throughout the year, never letting me down: the dynamic Nancy Poole, director of research and knowledge exchange at the B.C. Centre of Excellence for Women's Health; the compassionate Nancy Bradley, executive director of the Jean Tweed Centre; and the well-connected Denise De Pape, director, alcohol harm reduction, at the B.C. Ministry of Health.

For a superb education on alcohol policy, I owe my thanks to the brain trust of Jürgen Rehm, director of social and epidemiological research at the Centre for Addiction and Mental Health (CAMH); Norman Giesbrecht, senior scientist at CAMH; Michel Perron, CEO of the Canadian Centre on Substance Abuse (CCSA); Gerald Thomas, senior policy analyst at CCSA; Tim Stockwell, head of the Centre for Addictions Research of B.C.; Andrew Murie, CEO of MADD Canada; and Robin Room, professor at the University of Melbourne and director of the Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre. Finally, my gracious guide to Sweden, Gabriel Romanus, deserves a heartfelt, "Tak!"

To the brave women who made the tough choice of going on the record with their stories, I owe my deep gratitude.

Once this project moved from the field to the office, I had as my editor the supremely talented Alison Uncles, who had enormous empathy for the women in the series and unflagging enthusiasm for the project itself. She helped me shape the stories with unerring insight and judgment.

The *Toronto Star* dispatched one its finest photographers, Lucas Oleniuk, to document the series. Oleniuk is a man of many gifts, not the least being his sensitivity. The results, all in black and white, are extraordinary. His videos added a rich dimension to the series, recording some of my most precious memories: sitting on a park bench, listening to Annie Akavak speak of her love for her children, or at Beata Klimek's kitchen table, hearing her tell of the progression of addiction. Oleniuk captured an extra dimension of the story, and for that I am grateful.

Most of all, I owe a huge debt of gratitude to the wonderful Atkinson Foundation, the *Toronto Star* and the Honderich family for granting me a year of exploration and discovery. This fellowship in public policy has been one of the highlights of my career: the gift of 12 months in which to ask questions, travel, learn.

The Atkinson Fellowship has affirmed all that I hold dear about journalism: offering me the opportunity to try to make a difference, to influence public thought, and to touch hearts in the process. In short, it has changed my life. ■

Damning judgment a major challenge

In our society, would you rather be known as an alcoholic or a person who suffers from depression? This was the question I posed to dozens of women over the past year, as I researched the Atkinson series on Women and Alcohol.

Not one woman chose alcoholic. They felt the stigma was too profound. Turns out, their instincts were right. As comments poured in, there were two schools of thought.

One was laudatory, empathetic to the stories of addiction and recovery. The other, judgmental. My mailbox overflowed with moving personal stories and positive messages: the series "should be required reading in every school in the country… Don't stop writing!"

Online, the two sides duked it out. "Alcoholism is a disease, and it can break the strongest people," wrote one reader, having absorbed Beata Klimek's story.

This was a red flag to many. "Addiction is not a disease," wrote another. "It's a personal lifestyle choice… people need to be held accountable for the choices they make… let's stop pampering them and justifying their behaviour by putting nice little disease labels on it." "Stop calling it an illness!" agreed another.

"That's total bunk designed as a crutch for the weak… and this recovering rubbish is more bunk."

"Alcohol and drugs are the means for people who lack intestinal fortitude to face trauma," wrote someone else. "Stop

glorifying addictive personalities and making excuses for lack of courage."

Yet another wrote: "Alcoholism is not a disease. "Cancer, diabetes, those are diseases. Alcoholism is self-inflicted. Grow up, take personal responsibility and learn to say NO."

More than one reader argued back: "So, you say alcoholism isn't a disease? So it's the alcoholic's fault? We would love to be able to enjoy a drink or two responsibly without any incident. Unfortunately, this is not the case… Ignorance may be bliss, but it is definitely counterproductive."

Is alcoholism a disease? Peter Thanos says yes. A neuroscientist at the U.S. Department of Energy's Brookhaven National Laboratory on Long Island, N.Y., Thanos is blunt: "We have known for more than 20 years that alcoholism is a chronic, relapsing brain disease. Science supports this truth."

Patrick Smith, former vice-president of clinical programs at the Centre for Addiction and Mental Health and new CEO of Toronto's Renascent treatment centre, is also clear: "The jury is in. The Canadian Medical Association calls it a disease. The American Medical Association calls it a disease."

Smith believes social drinkers have a difficult time understanding the physiological realities of alcohol dependence. "It's not part of their lived experience," he says. "Still, no one says: 'Just because I don't have diabetes, it doesn't exist.' "

Like mental health, the issue of addiction is deserving of an anti-stigma campaign

Why do so many still see addiction as a moral failure? Why such stigma? Says Nancy Black, director of concurrent disorders at St. Joseph's Care Group in Thunder Bay: "Addiction is viewed as an issue of bad choices, wilfulness or lack thereof. Mental health has had national leadership on anti-stigma, and addiction needs a similar national response. But the voices are silent."

She's right. When it comes to leadership, mental health has had any number of prominent advocates, most notably former federal finance minister Michael Wilson. For years, Wilson has spoken about the death of his son, Cameron, by suicide. Over time, many families have joined him with their own stories of loss.

Addiction needs the same advocacy: prominent individuals who are willing to own the issue. What were T. J. Harrison's wishes? "I hope that your series of articles spares future generations the anguish of ever having to try to recover from an intractable condition, and spurs thoughtful discussion of — and enlightened action on — a complex topic."

Enlightened action? We're long overdue for an anti-stigma campaign. The gap between what we know about addiction and our perceptions of it? A national embarrassment. People overcome addiction. They get well. They need to speak up, and they need to be heard.

Who will play the Michael Wilson role? Who will play the supporting roles? I invite all of you to ask yourselves: Who will lead the way?

I look forward to profiling that person and the ones who follow. With a convergence of voices, so much could be won. ■

National Resources

Women and Alcohol: A Women's Health Resource ..... www.bccewh.bc.ca

The Motherisk Helpline Information for Alcohol and Substance Use
Monday to Friday 8 am - 8 pm (EST)
Toll Free: 1-877-327-4636

Kids Helpline: 1-800-668-6868

Yukon Resources

Yukon Alcohol and Drug Information Referral Service Helpline
24/7 Anonymous, Multilingual
Toll Free: ..... 1 -866-980-9099

Yukon communities:

The Yukon Family Violence Resource Directory contains contact information for a variety of resources, including counselling, in all Yukon communities.
www.womensdirectorate.gov.yk.ca/pdf/wd_yfrd.pdf

Whitehorse:

Alcoholics/Narcotics Anonymous (24hours a day) 668-5878

Adult Services Unit (Social Services) 667-5674

Alcohol and Drug Services 667-5777

ADS Detox Services 24/7 (collect calls accepted) 667-8473

Blood Ties Four Directions 633-2437

Bringing Youth Towards Equality (BYTE) 667-7975

FAS Society of the Yukon 393-4948

Kaushee's Place Women's Transition Home 668-5733

Kwanlin Dün First Nation 633-7800

Les EssentiElles 668-2636

Many Rivers Counselling and Support Services 667-2970

Many Rivers Youth Outreach Counselor 334-1443/334-9551

Mental Health Services 667-8346

No Fixed Address Outreach Van 334-1647

Parents and Friends of Lesbians and Gays 332-2330

Salvation Army 668-2327

Seniors Services/ Adult Protection Unit 456-3946

Skookum Jim Friendship Centre 633-7680

Skookum Jim Youth Emergency Shelter:
From 9 pm to 9 am 335-1216
From 8:30 am to 4:30 pm 335-1217

Ta'an Kwach'an Council Health and Social Program 668-3613

Victim Services Family Violence Prevention Unit 667-8500

Victoria Faulkner Women's Centre 667-2693

Women's Directorate 667-3030

Whitehorse Aboriginal Women's Circle 668-7532

Youth of Today Society — Angel's Nest Youth Centre 633-9687

Yukon Aboriginal Women's Council 667-6162