



Standing Committee on Health: Women's Health Brief

Submitted to the Standing Committee on Health in October 2022.

Who we Are

The Canadian Centre on Substance Use and Addiction (CCSA) is the only national organization with a legislated mandate to reduce the harm of alcohol and other drugs on people in Canada. Created by an act of Parliament almost 35 years ago, CCSA provides national leadership by harnessing the power of research and providing evidence-informed guidance to decision makers, curating knowledge and bringing together diverse perspectives to galvanize individual and collective efforts.

Calls to Action

1. CCSA brief the Standing Committee on Health on taking an evidence-based approach to providing substance use health care within the continuum of care of women's health.
2. The Standing Committee on Health includes substance use health and addiction as part of the continuum of care of women's health by improving research, public education, awareness and prevention.
3. The Standing Committee prioritize the data collection and research to include all women to improve all women's health across the gender and sex spectrums.

Background

CCSA welcomes the opportunity to provide a brief to the Standing Committee on Health's focus on women's health. Sex and gender are essential in understanding the role substance use plays in human health, risks of diseases and conditions, personalized clinical and consumer advice, and effective health promotion.

It is important for practitioners and policy makers to consistently reflect on sex- and gender-based evidence to tailor their approaches to substance use and addiction health, promotion, prevention, treatment and policy issues. Therefore, the impacts of substance use on health are important considerations within the women's health sphere.

As sex and gender can be broken into several components, this brief provides input from our research that examines the impact on the female sex-related factors (e.g., genes, hormones and enzymes, physiology and anatomy, neurobiology) and the cisgender females' existence (e.g., identity, roles, relations and institutions). In Canada, alcohol and cannabis are the most common psychoactive substances used by the general population and by those who are pregnant. As such,



we have provided evidence on these two substances to show why it is important to include substance use and addiction health within women's health.

Lastly, CCSA acknowledges substance use is an important consideration for all women and that women's health includes all women, not just those who are cisgender. However, there is a lack of data available to do so extensively.¹ To improve health for all women in this country, there must be improved availability and access to data that is inclusive.

Canada's Low-Risk Alcohol Drinking Guidelines

Women are particularly susceptible to alcohol-related harms because of both sex (biological) and gender (social) factors. Biological factors enhance the effect of alcohol, causing more harm and faster intoxication with lesser amounts in females. Social factors, including alcohol marketing tactics, gender roles, attitudes and expectations increase girls' and women's vulnerability to many harms from alcohol use. CCSA's recent update of [Canada's Low-Risk Alcohol Drinking Guidelines](#) (LRDGs) includes evidence-based sex- and gender-specific advice. It addresses reproductive health, which is also compromised by alcohol use.

Canada's first LRDGs were originally published by CCSA in November 2011 (Butt et al., 2011). On Aug. 29, CCSA released an update of the LRDGs for public consultation. An important part of this revision is addressing factors and influences related to alcohol consumption for women.

Psychological differences between men and women do not significantly impact lifetime alcohol related death risks. However, women are at greater risk than men of health harms from alcohol consumption above low levels (two standard drinks a week). This is because biological factors increase the impacts of alcohol on the female body, including faster intoxication, increased disease risk (including breast cancer) and long-term harms. Biological factors impact the processing of alcohol and are affected by sex-related factors, including enzymes, genes, body weight and size.

Women's health includes reproductive health, which is another component impacted by alcohol consumption. While there is mixed evidence on the impact of alcohol on pregnancy and delivery, alcohol is a teratogen. This means that alcohol can cause malformation of the fetus. Drinking alcohol while expecting can cause brain injury, birth defects, cognitive problems, learning disabilities, behavioural problems and other health problems with lifelong effects. Both short-term exposure of high consumption levels (more than six standard drinks a week) and low levels of exposure have resulted in these effects. This is why, during preconception and pregnancy, it is safest not to drink at all.

Breastfeeding can also be negatively affected by alcohol because it can lead to decreased milk production, early discontinuation of breastfeeding and changes in infant sleep patterns. Because alcohol can enter breastmilk, a breastfeeding infant can be exposed to alcohol but will not be able to metabolize it. For this reason, it is best not to drink alcohol while breastfeeding.

Sex, Gender and Alcohol

CCSA commissioned a report entitled [Sex, Gender and Alcohol: What Matters for Women in Low-Risk Drinking Guidelines?](#) (Greaves et al., 2022). The report was written for practitioners, policy makers and scientists who work in the substance use field and who design alcohol-related policies or

¹ For example, in our Sex, Gender and Alcohol report, no systematic reviews were found specifically related to alcohol and gender identity. However, several studies indicate potential gender influences on drinking for young people identifying as transgender, such as the links between alcohol use and risky sexual behaviour, and identity formation as college students (Emslie et al., 2017; Hotton et al., 2013; Tupler et al., 2017;).



research. The authors review the evidence on how sex- and gender-related factors can determine the effects and impacts of alcohol use, with a focus on women and women's health. The report also explores the evidence on sex, gender and reproductive health, and how this informs understanding of alcohol use and fertility, pregnancy and breastfeeding.

The key findings of this report include:

- Sex and gender both affect the use, impact and health effects of alcohol.
- Sex-related factors enhance the impact of alcohol on female bodies, causing more harm from lesser amounts of alcohol.
- Gender-related factors contribute to the negative impacts of alcohol consumption, especially for women [for example, perpetrators of sexual assault often target someone who has been drinking alcohol or is intoxicated].
- Sex, gender and factors such as trauma and poverty interact and make dependence on alcohol and recovery more difficult for women.
- Females need to know that their bodies can be more damaged by drinking compared to males.
- Practitioners need to recognize that both biological and social factors affecting alcohol use create differential impacts on, and require tailored responses for women, men and gender diverse people (Greaves et al., 2022, p. 1).

Cannabis Use During Pregnancy and Breastfeeding

A growing body of evidence suggests that cannabis use can negatively impact people's lives, including mental and physical health and pre- and postnatal development among children. In CCSA's *Clearing the Smoke on Cannabis: Cannabis Use During Pregnancy and Breastfeeding* report, we explored the effects of prenatal cannabis exposure on offspring, including birth outcomes, neurodevelopment processes, behaviour and mental health of children (Renard & Konefal, 2022). This is an important part of women's health and those who can get pregnant as the science is emerging and requires facilitation to ensure pregnant or breastfeeding parents are informed.

The key findings of this report include:

- Elements of cannabis can pass through the placenta and affect the fetus's development. Frequent cannabis use during pregnancy is associated with low birth weight and is part of a cluster of risk factors related to other adverse birth outcomes.
- There are also affects on behaviour in children and young adults, including attention deficits, emotional disturbances, increased hyperactivity and impulsivity, sleep disorders, and increased likelihood of substance use...
- Elements of cannabis can pass into breastmilk during lactation, which the infant absorbs and metabolizes.
- The effects of cannabidiol (CBD) use during pregnancy or breastfeeding are unknown. Both clinical and preclinical studies are urgently needed to evaluate the safety of CBD use during pregnancy.



- Younger age, polysubstance use, lower socioeconomic status and history of mental illness were factors associated with cannabis use during pregnancy. Concomitant use of tobacco, alcohol or both were risk factors for cannabis use among pregnant women.
- Information on the effects of cannabis use during pregnancy is essential to help healthcare providers advise patients about the effect of cannabis use and improve the health and well-being of patients and their children.
- Pregnant or breastfeeding parents should have informed discussions with healthcare providers about the potential adverse effects of cannabis use during pregnancy to help them better understand the potential risks and help them make informed and healthy choices (Renard & Konefal, 2022, p. 1).

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CCSA was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.

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