

Heavy Drinking

Name	Heavy Drinking
Short/Other Names	Not applicable
Description	Heavy drinking is defined as men who reported consuming 5 or more drinks or women who reported consuming 4 or more drinks on 1 occasion at least once a month in the past year. It is calculated for the population age 12 and older.
Interpretation	High results are undesirable.
HSP Framework Dimension	Social Determinants of Health: Biological, material, psychosocial and behavioural factors
Areas of Need	Not applicable
Geographic Coverage	All provinces/territories
Reporting Level/Disaggregation	National, Province/Territory, Region
Indicator Results	Accessing Indicator Results on Your Health System: In Depth

Identifying Information

Name Heavy Drinking

Short/Other Names Not applicable

Indicator Description and Calculation

Description Heavy drinking is defined as men who reported consuming 5 or more drinks or women who reported consuming 4 or more drinks on 1 occasion at least once a month in the past year. It is calculated for the population age 12 and older.

Calculation: Description Percentage of the population age 12 and older who reported drinking 5 or more drinks for men or 4 or more drinks for women on at least 1 occasion per month in the past year

Population estimates are based on weighted survey responses to reflect the total population.

Calculation: Geographic Assignment Place of residence

Calculation: Type of Measurement Percentage or proportion

Calculation: Adjustment Applied None

Calculation: Method of Adjustment Not applicable

Description:
Denominator Population age 12 and older (based on weighted survey responses)

Exclusions:
Non-response categories (refusal, don't know and not stated) are excluded as of 2009.

Description:
Numerator Population age 12 and older who reported having 5 or more drinks for men or 4 or more drinks for women on 1 occasion at least once a month in the past year (based on weighted survey responses)

Background, Interpretation and Benchmarks

Heavy drinking has been associated with harmful health and social consequences, including increased risk of cardiovascular disease, hypertension, all-cause mortality, unintentional injuries, unprotected sex, drunk driving and illicit drug use.

Rationale The economic impact of alcohol-related harm in Canada is estimated to be \$14.6 billion per year. With the goal to reduce alcohol-related harm in Canada, a National Alcohol Strategy was put together that proposes renewed efforts in health promotion, prevention, treatment and enforcement in Canada.

Interpretation High results are undesirable.

HSP Framework Dimension Social Determinants of Health: Biological, material, psychosocial and behavioural factors

Areas of Need Not applicable

Targets/Benchmarks Not applicable

Yang S, Lynch JW, Raghunathan TE, et al. [Socioeconomic and psychosocial exposures across the life course and binge drinking in adulthood: Population-based study. *American Journal of Epidemiology*. 2007.](#)

Statistics Canada. [Health trends](#). Accessed September 9, 2016.

Canadian Institute for Health Information. [Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol](#)

References	<i>and Strategies to Reduce Alcohol Harm</i> . 2017.
	Centers for Disease Control. <i>Fact sheets — Binge drinking</i> . Accessed September 9, 2016.
	Canadian Centre on Substance Abuse. <i>National Alcohol Strategy: Reducing Alcohol-Related Harm in Canada</i> . 2007.
	Winnipeg Regional Health Authority. <i>Indicator: Binge Drinking</i> . 2013.
	Statistics Canada. <i>Canadian Community Health Survey — Annual component (CCHS)</i> . Accessed August 30, 2017.
Availability of Data Sources and Results	
Data Sources	CCHS, Statistics Canada
	Type of Year: Calendar
Available Data Years	First Available Year: 2003 Last Available Year: 2014
Geographic Coverage	All provinces/territories
Reporting Level/Disaggregation	National, Province/Territory, Region
Result Updates	
Update Frequency	Every year
	Web Tool: Your Health System: In Depth
Indicator Results	URL: Accessing Indicator Results on Your Health System: In Depth
Updates	Not applicable
Quality Statement	<p>Regional-level results for Nova Scotia are not available. In 2014, the <i>Health Authorities Act</i> passed by the Nova Scotia legislature consolidated the 10 district health authorities into 2 (1 provincial health authority with 4 management zones, and the IWK Health Centre). Canadian Community Health Survey (CCHS) data was not available for the new health authority boundaries.</p> <p>The data year reflects the CCHS survey cycle. Prior to 2007, data for the CCHS was collected every 2 years, involving a sample of 130,000 respondents. In 2007, the survey transitioned to a yearly collection cycle, involving a sample of 65,000 respondents.</p> <p>Some values have data quality flags that indicate "use with caution" or "suppressed" due to high coefficients of variation: health regions with small populations and results disaggregated by age group or sex within small regions.</p> <p>The 2-year combined data has higher precision (less variability) than annual estimates. Users should refer to the annual CANSIM Table 105-0501 as the source for 2014 yearly CCHS estimates, as well as to obtain data from previous years. However, where data quality flags indicate suppression (F) or higher variability (E), the 2-year CANSIM Table 105-0502 should be used. Self-reported data is subject to bias.</p>
Caveats and Limitations	<p>The CCHS covers the population age 12 and older living in the 10 provinces and 3 territories. Excluded from the survey's coverage are the following:</p> <ul style="list-style-type: none"> –Persons living on reserves and other Aboriginal settlements in the provinces –Full-time members of the Canadian Forces –The population of institutionalized persons –Persons living in 2 Quebec health regions: Nunavik Health Region and Terres-Cries-de-la-Baie-James Health Region <p>Altogether, these exclusions represent less than 3% of the target population.</p> <p>In the North, the frame for the CCHS covers 92% of the target population in Yukon, 96% in the Northwest Territories and 92% in Nunavut. Before 2013, coverage in Nunavut was 71%.</p> <p>A definition change was implemented in 2013 to conform to World Health Organization (WHO) and Health Canada guidelines for heavy drinking. The number of drinks for women changed from 5 to 4.</p>
Trending Issues	<p>In the CCHS, a "drink" refers to 1 of the following:</p> <ul style="list-style-type: none"> – A bottle or small can of beer, cider or cooler with 5% alcohol content, or a small draft – A glass of wine with 12% alcohol content – A glass or cocktail containing 1.5 oz. of a spirit with 40% alcohol content
Comments	Not applicable