

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. 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
Calculation: Description	Population estimates are based on weighted survey responses to reflect the total population. Place of residence Percentage or proportion None Not applicable
Calculation: Geographic Assignment	
Calculation: Type of Measurement	
Calculation: Adjustment Applied	
Calculation: Method of Adjustment	
Denominator	Description: 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.
Numerator	Description: 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 . <i>American Journal of Epidemiology</i> . 2007. Statistics Canada. Health trends . Accessed January 22, 2018.

References

Canadian Institute for Health Information. *Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm*. 2017.

Centers for Disease Control. *Fact sheets — Binge drinking*. Accessed January 22, 2018.

Canadian Centre on Substance Abuse. *National Alcohol Strategy: Reducing Alcohol-Related Harm in Canada*. 2007.

Winnipeg Regional Health Authority. *Indicator: Binge Drinking*. 2013.

Statistics Canada. *Canadian Community Health Survey — Annual component (CCHS)*. Accessed January 22, 2018.

Canadian Research Data Centre Network. *The Canadian Community Health Survey: What's New in the 2015 Cycle?* [PPT presentation]. January 25, 2017.

Availability of Data Sources and Results

Data Sources

CCHS, Statistics Canada, Statistics Canada, CANSIM Table 105-0509: Canadian health characteristics, two year period estimates, by age group and sex, Canada, provinces, territories and health regions.

Type of Year:
Calendar

First Available Year:
2015

Last Available Year:
2016

All provinces/territories
National, Province/Territory, Region

Available Data Years

- Geographic Coverage
- Reporting Level/Disaggregation
- Result Updates
- Update Frequency

Every year

Web Tool:
Your Health System: In Depth

URL:
[Accessing Indicator Results on Your Health System: In Depth](#)

Not applicable

Indicator Results

- Updates
- Quality Statement

Data for the Canadian Community Health Survey (CCHS) is collected yearly from a sample of approximately 65,000 respondents. CANSIM Table 105-0509 presents estimates from 2-year combined data and features estimates for all provinces and territories as well as for health regions. The 2-year combined data has higher precision (less variability) than annual estimates; annual CCHS estimates are not available at the health region level.

Caveats and Limitations

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:

- 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 Region and Terres-Cries-de-la-Baie-James Region

Altogether, these exclusions represent less than 3% of the Canadian population age 12 and older.

As a result of a redesign in 2015, the CCHS has a new collection strategy and sample design. For this reason, Statistics Canada does not recommend making comparisons with CCHS data from 2001 to 2014.

In addition to the 2015 CCHS redesign, 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.

Trending Issues

- In the CCHS, a "drink" refers to 1 of the following:
- 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

This indicator is calculated based on 2 years of pooled data from 2015 and 2016.

Data for Ontario's local health integration networks and British Columbia's regional health authorities was received from Statistics Canada through custom tabulation requests:

Comments

Source: Statistics Canada. Selected CCHS Indicators for Ontario by Local Health Integration Network, 2015–2016. February 27, 2018. Reproduced and distributed on an "as is" basis with the permission of Statistics Canada.

Source: Statistics Canada. Selected CCHS Indicators for British Columbia by Regional Health Authority, 2015–2016. March 12, 2018. Reproduced and distributed on an "as is" basis with the permission of Statistics Canada.