

# Alcohol addiction/Introduction

In Germany, men drink alcohol more frequently and more heavily than women: for example, almost 16 percent of men and just under 13 percent of women report so-called risky consumption (which means that the body can suffer permanent damage). A particularly dangerous variant of alcohol consumption is binge drinking (also known as binge drinking). Binge drinking is practised by just under half of all men surveyed and by less than a quarter of the women surveyed. Abuse (about 5% of men and 1.5% of women) and dependence (about 5% of men and 2% of women) on alcohol is also significantly more common among men compared to women.[1] Alcohol dependence is most commonly diagnosed in young adulthood and declines steadily with age. Before the age of 18, the frequencies and severity of alcohol consumption tend to be the same for both sexes, i.e. the male dominance with regard to alcohol abuse and dependence only develops in adulthood.[2] Women show a higher susceptibility to alcohol abuse and dependence than men.

Women show a higher susceptibility to the toxic effects of alcohol consumption. This susceptibility is related, among other things, to the fact that women reach a higher alcohol level when drinking the same amount and that alcohol is broken down and metabolised more slowly in the female organism than in the male organism.[3] But even at comparable alcohol levels, women express significantly more complaints with regard to impaired perception, drowsiness and sleep disturbances, whereas men become more aggressive.[4] In addition, women are considered to have a higher risk of developing specific liver diseases (including chronic diseases such as cirrhosis of the liver). chronic diseases such as cirrhosis) and the heart is attacked more quickly by alcohol, as shown by the lower amount of alcohol women have drunk in a lifetime before alcoholic cardiomyopathy (heart muscle disease) develops.[4] The likelihood of developing certain forms of cancer also varies by gender:[5] Alcohol consumption increases women's risk of breast cancer in particular, while men are more likely to develop cancers of the mouth, throat and oesophagus.

Studies show that the mortality rate in women increases with a consumption of two and a half glasses per day, whereas this is only observed in men with a consumption of four and a half glasses per day.[6]

Special risks for women are found in the area of pregnancy, since alcohol consumption is associated, among other things, with spontaneous miscarriages or the development of fetal alcohol syndrome in the child (prenatal damage to a child caused by the mother's alcohol consumption).[4] Women are more likely to report problems with alcohol than men.

With alcohol, women more often cite problem solving as a reason for drinking, while men are more likely to cite fun as a motivation.[2] Heavy drinkers are also more likely to react to stress and social problems by craving alcohol ("craving") and relapsing, while men are more sensitive to cue stimuli that they associate with alcohol consumption.[7]

Therapeutically, men seem to benefit more from clear structures, such as those in Alcoholics Anonymous.[8] In these groups, personal influence on addiction is more likely to be rejected. In contrast, women seem to have a need for precisely this possibility of influence: Thus, for treatment success, women need groups in which emotions are worked on and skills such as self-confidence or self-efficacy are emphasised. For this reason, gender-homogeneous groups are also recommended for women, since they feel safer among women and topics relevant to them can be addressed better.[8] For women, social support is a factor that influences both the acceptance of therapy and the success of treatment more strongly than for men.[9] In addition, their partner's alcohol consumption has an increasing effect on their own consumption, which must definitely be taken into account in therapy.[2] The alcohol consumption of their partner has an increasing effect on their own consumption.

# Literature

Klicken Sie auf "Ausklappen" um die Literaturverweise anzuzeigen.

1. Pabst, A., Kraus, L., De Matos, E. G., & Piontek, D. (2013). Substanzkonsum und substanzbezogene Störungen in Deutschland im Jahr 2012. *Sucht*, 59(6), 321-331.
2. Kuhn, C. (2015). Emergence of sex differences in the development of substance use and abuse during adolescence. *Pharmacology & Therapeutics*, 153, 55-78.
3. Greenfield, S. F., Back, S. E., Lawson, K., & Brady, K. T. (2010). Substance Abuse in Women. *Psychiatric Clinics of North America*, 33(2), 339-355.
4. Agabio, R., Campesi, I., Pisanu, C., Gessa, G. L., & Franconi, F. (2016). Sex differences in substance use disorders: focus on side effects. *Addiction Biology*, 21(5), 1030-1042.
5. Roswall, N., & Weiderpass, E. (2015). Alcohol as a risk factor for cancer: Existing evidence in a global perspective. *Journal of Preventive Medicine and Public Health*, 48(1), 1-9.
6. Di Castelnuovo, A., Costanzo, S., Bagnardi, V., Donati, M. B., Iacoviello, L., & de Gaetano, G. (2006). Alcohol dosing and total mortality in men and women: an updated meta-analysis of 34 prospective studies. *Archives of Internal Medicine*, 166(22), 2437-2445.
7. Becker, J. B., McClellan, M., & Reed, B. G. (2016). Sociocultural context for sex differences in addiction. *Addiction Biology*, 21(5), 1052-1059.
8. Zenker, C. (2005). Sucht und Gender. *Bundesgesundheitsblatt Gesundheitsforsch. Gesundheitsschutz*, 48(4), 469-476.
9. Greenfield, S. F., Brooks, A. J., Gordon, S. M., Green, C. A., Kropp, F., McHugh, R. K., ... Miele, G. M. (2007). Substance abuse treatment entry, retention, and outcome in women: a review of the literature. *Drug and Alcohol Dependence*, 86(1), 1-21.

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