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Ann Dowsett Johnston

Beata Klimek 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. Read her story in the first of an important series on why women are driving a growth in alcohol consumption around the world.

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 gray-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, clear-eyed 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 seven months, 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 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 returned to Poland to say goodbye to two family members — 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,



A mother of two, Beata Klimek used alcohol as a "medicine," trying to drink herself to death. Now sober, she says: "This is a disease, and it's a fatal one."

Lucas Oleniuk/Toronto Star

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 (CCSA), 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 synch 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 postsecondary achievement, to say nothing of equal participation in the work force, 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 having 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 now in their 40s and 50s have a very high risk in terms of heavy drinking, and weekly drinking," says Katherine Keyes, a doctoral fellow at Columbia University in New York and co-author of a study to be published next month 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 alcohol 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 (CAMH). "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 CCSA, 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 healthcare 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 mobility 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 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.

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, and blissfully unaware of the more serious side effects associated with our favourite drug? It's a headscratcher, 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, convened by Health Canada with representation 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. Excellent visioning — with no hammer for implementation. Says one frustrated insider: "The Harper government has no political will to deal with this. The enemy is still illicit drugs"

Only two provinces have alcohol strategies: Alberta and Nova Scotia. No doubt, a strategy is 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."

For the past two years, experts from diverse backgrounds have been working on the shaping of Canada's first national low-risk drinking guidelines—the first priority of the 41 recommendations in the National Alcohol Strategy. These guidelines, long overdue, may see the light of day by the end of this month. This would be a major accomplishment, a benchmark by which all Canadians could measure their drinking.

Canada is blessed with more 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. (CARBC), who just returned from presenting to the Scottish parliament on minimum pricing. 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 see start seeing leadership on alcohol policy, our life expectancy will decrease compared to other countries." He cites a long list of others taking a wide variety of action: Sweden, Ireland, France, South Africa, 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 fall-out from fiddling with our favourite drug? No one, says CARBC's 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.

An award-winning journalist, Ann Dowsett Johnston is well respected for her expertise in higher education and public policy. The recipient of five National Magazine Awards, she pioneered a system of evaluating Canadian universities, overseeing the launch of the Maclean's university rankings in 1992, the bestselling annual Maclean's Guide to Canadian Universities in 1996 and the Maclean's University Graduate Survey in 2005. As a columnist, she developed a strong voice on educational policy. In 2006, she became vice-principal of McGill University, in charge of development, alumni relations and strategic communication.

*Beyond her focus on education, 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 grew up in northern Ontario, rural South Africa and Toronto, and is the mother of Nicholas Johnston, an artist who lives in Brooklyn. A graduate of Queen's University, she lives in Toronto.*