

Gender Impact Assessment

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1. Introduction

Alcohol plays a complex role in Australian society, contributing significantly to Australia's burden of death, disease and injury¹. Most Australians are consumers of alcohol^{1,2}. While many Australians drink at levels associated with few adverse effects, a large proportion of people drink at 'levels that increase their risk of alcohol-related harm'¹. Regular excessive consumption of alcohol over time places people at increased risk of cancers, hypertension, chronic pancreatitis, cirrhosis of the liver, injuries, violence³ and brain atrophy⁴. Moreover, alcohol-related harm is not limited to disease or injury of individual drinkers⁵, but 'has relevance for families, bystanders and the broader community'¹.

Research reveals gender differences in alcohol consumption and in associated health concerns⁶. This paper provides an overview of some of those differences, including how alcohol and age of women interact. It also discusses the impact of alcohol on pregnancy, the relationship between alcohol and diverse population groups, and issues related to alcohol. It also provides highlights of research that incorporate gender analysis. The second half of the paper is a section on the alcohol-related policy context in Australia and Victoria.

2. Issue

The *2007 National Drug Strategy Household Survey* found that almost ninety percent of Australians aged 14 years or older had tried alcohol at some point in their lives². Almost eighty-three percent had consumed alcohol within the twelve months prior to the survey². Between 2004 and 2007, the proportion of daily alcohol drinkers dropped from 8.9 percent to 8.1 percent, while the average age for people's first full serve of alcohol remained at seventeen years². High-risk and risky drinkers were found more likely than low-risk drinkers or abstainers to experience high or very high levels of psychological distress². The study found that sixty-eight percent of men and fifty-one percent of women consumed alcohol in the week prior to the *2007-08 National Health Survey*. Seventy-nine percent of these adults consumed alcohol at a low health risk level⁷. Thirteen percent consumed alcohol that placed them at 'significantly increased health risk', if their consumption patterns continued⁷. Among adult men, high risk age groups were 25-34 and 55-64 years. For women it was 45-54 and 55-64 years, though more adolescent girls aged 15-17 years consumed alcohol at high risk levels than adults⁷.

Generally women are found to drink less alcohol than men^{6,2}. However, differences exist for women and men around alcohol related behaviours and across factors that include age. It is increasingly evident that general alcohol consumption and high-risk drinking is on the rise among females, particularly young women⁸.

2.1 Young women

Research conducted with representative samples in Australia, North America and Europe show that thirty to forty percent of young people 'are binge drinkers'⁸. Binge drinking was

defined as 'men who consumed more than six standard drinks on any single occasion and women who consumed more than four standard drinks on any single occasion'⁸. The difference in quantity of alcohol consumption that defines binge drinking is indicative of women's reduced capacity for alcohol intake than men. One of the issues with changes in women's drinking behaviours is that attempts to keep up with men's drinking in social settings can have adverse effects on women. One Australian study found that almost thirty percent of people surveyed, aged 16 to 24 years, were 'binge drinkers'⁸. Other research has found a greater change among proportions of Australians aged 14 years and older abstaining from alcohol⁹. Between 2004 and 2007 abstaining increased from 9.3 percent to 10.1 percent with more men changing to abstaining behaviour than women⁹. This is in line with Australian research that shows an increase in the proportion of young women consuming alcohol at risky levels and increases in rates of binge drinking by young women¹⁰.

The *ABS* found that 16 percent of 15-17 year old girls and 24 percent of boys had consumed alcohol in the week prior to the *National Health Survey*. More girls drank in that period at a risky or high risk level than boys (6.6 percent compared with 5.9 percent of boys)⁷. This is consistent with earlier research by the Australian Institute of Health and Welfare. The *2007 National Drug Strategy Household Survey* found that the proportion of teenagers drinking at least weekly was around 22 percent². More than a quarter of 14-19 year olds exposed themselves to short-term alcohol-related harm at least once a month in the previous 12 months, with higher proportions of young women (28.3 percent) than young men (24.5 percent)².

Results from the *Australian Longitudinal Study on Women's Health* also revealed younger women's drinking risks¹¹. Findings revealed that women aged 18-23 years were the least likely to abstain from alcohol consumption than women of other ages, and more likely to drink higher quantities. Sixty percent of younger women had three or more drinks in one occasion, compared with nineteen percent of women aged 45-50 and 70-75 years¹¹.

2.2 Older women

Women's alcohol consumption and heavy drinking has been found to decrease with age, and patterns of drinking among older women differ to those of younger women¹¹. Research has found a decrease in the rate of very high-risk drinking among older women¹². Older women have been found to drink more often than younger women, but young women drink more heavily at each episode. Longitudinal research shows that women aged 45-50 are more likely than women aged 18-23 years to drink frequently¹¹. The *2007 National Drug Strategy Household Survey* also found that adult women aged 40-49 were 'more likely than their male counterparts to consume alcohol at risky or high-risk levels for long-term harm'². However, consistent with research mentioned in the previous section, the gap between females and males drinking rates is widest among teenagers⁷. This supports research that has found a decrease in the rate of very high-risk drinking among older women but an increase in rates of risky drinking for younger women¹². Based on this, researchers advocate for early interventions and prevention initiatives¹².

2.3 Diverse groups of women

Research into alcohol use among women from diverse population groups, such as women with disabilities, same-sex attracted women, women from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander women, is limited. While sex disaggregated data is often available, alcohol studies rarely include sex disaggregated data for diverse groups. Information that is available is often minimal or dated. This section highlights two areas where some research can be found: same-sex attracted women and Aboriginal and Torres Strait Islander women.

2.3.1 Same-sex attracted women

Recent research shows that same-sex attracted women report significantly higher levels of drug use than the general population¹³. This includes cigarettes and alcohol, commonly used illicit drugs such as marijuana and ecstasy, and heroin¹³. An earlier study found that same-sex attracted women who frequented lesbian bars reported the benefits of community, feelings of safety, and developing of sexual identity, but also reported harmful drug and alcohol use¹⁴. The authors of the study suggest that public health interventions need to be guided by a harm minimisation philosophy in this context. Such an approach 'concedes that alcohol is the "lure" of the lesbian bar and strives for ways to minimize the negative consequences of alcohol abuse while retaining the positive consequences of the bar for its patrons'¹⁴. The researchers suggest that health educators and service providers could work with bar owners to educate about reducing harm from alcohol in the lesbian community¹⁴.

2.3.2 Indigenous women

Early research has shown that fewer Indigenous women consume alcohol than non-Indigenous women¹⁵. However, young Indigenous women consume more than their non-Indigenous peers¹⁵. This is consistent with later research, which revealed more Indigenous people likely to abstain from drinking alcohol, but with higher levels of consumption among those who did drink than their non-Indigenous counterparts¹⁶. Also consistent with recent research is that young Indigenous women of high school age, between 14 and 17 years, have been found to drink alcohol at more harmful levels than their male peers¹⁵. Authors of this study suggest that further research needs to be conducted to determine whether the delivery of health education and prevention messages needs to be different for Indigenous women, adolescent women, young professional women, pregnant women and women in mid-life or older¹⁵.

2.4 Pregnancy and Fetal Alcohol Spectrum Disorder (FASD)

Fetal Alcohol Spectrum Disorder (FASD) is a term used to describe a range of disabilities and effects that may arise from prenatal alcohol exposure leading to birth defects and brain damage in children¹⁷. The National Organisation for Fetal Alcohol Syndrome and Related Disorders (NOFASARD) states:

Alcohol exposure during pregnancy can cause damage to the structure and function of the developing brain. Children who have been exposed

to alcohol may develop more slowly and have a difficult time learning and controlling their behaviour. For example, they may appear to learn how to do a new task one day, and not remember the next¹⁷.

Information about consumption of alcohol in pregnancy on the NOFASARD website and in the Australian Government guidelines on alcohol drinking is aligned. In 2009 the National Health and Medical Research Council (NHMRC) released the publication *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*¹⁸. These guidelines are intended as an evidence base for policy making and community materials as well as a guide for individuals about reducing health risks that arise from alcohol drinking. Guideline 4 of the publication is called 'Pregnancy and Breastfeeding' and provides information specific to women who are planning to get pregnant, who are pregnant or who are breastfeeding. It refers to the 'potential harms of alcohol for the developing fetus and for young babies during the breastfeeding period'¹⁸. The authors cite limited available evidence as their reason for not discussing harm to women from alcohol consumption during pregnancy, other than the harm of adverse pregnancy outcomes¹⁸.

The national guidelines state that 'although the risk of birth defects is greatest with high, frequent maternal alcohol intake during the first trimester, alcohol exposure throughout pregnancy (including before pregnancy is confirmed) can have consequences for development of the fetal brain'¹⁸. Having said this, the NHMRC states that the available evidence is insufficient to set 'safe' or 'no-risk' alcohol consumption levels to ensure no harm to the foetus. They state that low-level drinking—one or two drinks a week—has low risk to foetus. Nevertheless, the NHMRC recommends that 'not drinking alcohol is the safest option'¹⁸. The Australian Medical Association (AMA) advises no level of alcohol consumption by pregnant women¹⁹.

The NHMRC states that research varies as to levels of alcohol consumption that may harm the foetus¹⁸. Health professionals have also been found to differ on approaches and knowledge around alcohol consumption and pregnancy²⁰. In one Australian study only 45 percent (n=659) of health professionals caring for pregnant women asked about alcohol consumption and just 12 percent (n=1143) were able to identify the four diagnostic features of foetal alcohol syndrome disorder²⁰. Health professionals in this study identified the need for educational resources for themselves and clients. These findings are supported by more recent research, which reports under-diagnosis of foetal alcohol syndrome by paediatricians²¹. Authors of this study state that the incidence of foetal alcohol syndrome is under-estimated in Australia, and note the lack of prevention policy and programs particularly in high-risk populations, such as Indigenous²¹. Ongoing research will help with identification of predictors and risk²², resource allocation, and in the development of prevention measures^{21,22}.

3. Related Issues

3.1 Unwanted sex

When women consume high levels of alcohol, they are more likely to experience some type of sexual aggression, including unwanted sexual contact, sexual coercion, attempted rape

and rape²³. The ABS survey on safety found that 40 percent of the incidents where women who had been physically or sexually assaulted, alcohol was consumed by the victims and/or the offenders²⁴.

Young women under the influence of alcohol are particularly vulnerable to unwanted sex. Young women who think alcohol enhances their sexual experience or allows them to be less inhibited are most at risk of alcohol-related harm including sexual assault²⁵. A national survey of Australian Secondary School students found 32 percent of sexually active Year 10-12 female students having experienced unwanted sex²⁶. One of the main reasons given for having experienced unwanted sex was that they were too drunk or too high²⁶. Another Australian study found alcohol use and being 'drunk' influenced adolescent girls' decisions about sexual activity. The study reported that 'being drunk or "tipsy" at first intercourse was a common experience'²⁷. Comments from young women included: 'when you're drinking you just don't really care'; 'I didn't even think about it, it just happened'; and 'I really don't remember...'²⁷.

3.2 Violence and homicide

The influence of alcohol on men's violence against women presents a serious concern. While alcohol is understood to be a trigger of violence rather than a cause^{28,29}, there is evidence that it contributes to the severity of the violence inflicted and the injuries sustained³⁰. Women whose partners drink excessively are more than twice as likely as other women to experience physical abuse, and more than one-and-a-half times as likely to experience psychological abuse³¹.

Alcohol is associated with 44 percent of intimate partner homicide cases in Australia³², and 92 percent of cases in Indigenous Australian population³³. The majority (75 percent) of intimate partner homicides cases involve males killing their female partners³⁴. While women are far less likely to kill their intimate partners, data reveals they are more likely to commit intimate partner homicide when alcohol is involved (consumed by victim and/or offender)³².

4. Gender Analysis

Increasingly more studies provide sex-disaggregated data for women and men's different alcohol consumption patterns and behaviours. Gender analysis, which makes use of that data and helps to identify the socially determined factors involved, can assist in understanding the complexity of issues related to differences in alcohol consumption by women and men. This section highlights aspects of the limited research available that has applied gender analysis to alcohol consumption by women.

Research has suggested that women in developed Western countries are more likely to drink than in other nations where women's social, political and economic empowerment may not be as developed³⁵. A change in traditionally-held social roles has in part been credited for this³⁵. One recent Australian study proposed that the increase in risk behaviours found in young women may be accounted for because they see themselves as able to do whatever "the boys" do, even if it has adverse health consequences⁸. Other research has found that

alcohol is used as an excuse not to deviate from the performance of gender roles. A recent study reported alcohol use by women as providing license 'to take risks, be more bold, assertive and in some cases, more aggressive in their social interaction and pursuit of romantic partners'³⁶. Women perceived that they had a reprieve from culturally constructed ways of performing femininity. This permitted them to be freer in what they said while they were drinking, and also allowed them to ignore the judgements of others³⁶.

Younger people are often more free of constraint with fewer responsibilities and greater disposable income for alcohol than people in later age³⁵. This, and changes in women's social and economic position over the last fifty years, has contributed to women's frequenting of pubs and clubs³⁵. Owners and managers of these venues have become increasingly aware of women's patronage as a growing source of income³⁵. It is often the case that some venues offer free entry or drinks at reduced prices to young women³⁵.

A recent article about Melbourne night-club drinking identified a change in contemporary venue management towards being more 'feminised' in order to cater for and to entice larger groups of female patrons³⁷. The author of this study argues that 'contemporary young women have greater access to night-time socializing than previous generations'³⁷. The report states that night venues in Melbourne generally have a ratio of 40:60 women to men, and venue operators who are aware of this, encourage women into the premises ahead of men.

Researchers have also found that drinking patterns within venues are gendered. Women tend to drink more wine than men, who drink more beer, and more women (87 percent) drink spirits than men (60 percent)³⁷. The report noted various ways that gender roles were reinforced in venues and through alcohol consumption for both females and males: 'Alcohol is central to the simultaneous performance of gender and class by young people drinking in Melbourne pubs and clubs'³⁷. The study also investigated 'class' in relation to gender and alcohol consumption and found differences between patrons of commercial venues and niche venues. In the former, traditional gender roles were more often played out, where women tended to enact stereotypical forms of femininity and men hegemonic masculinity. Groups of females and males were often separate in their drinking environments³⁷. However, in niche venues, greater gender egalitarianism was observed, where women were found to be 'building professional careers, and assuming equality with men'³⁷. According to this study, this had the effect of lowering alcohol consumption for men, but raising it for women³⁷.

It is a common theme in the research literature that women report using alcohol to challenge traditional gender roles³⁶. One study stated that the passivity expected of women was overturned with alcohol use, particularly when women were 'actively pursuing sexual or romantic partners'³⁶. Alcohol was seen as giving license to break social norms expected of women. Women also reported feeling good about themselves when behaving more actively rather than passively, and that feelings of low self-worth or self-confidence were boosted by alcohol use³⁶. Some researchers are concerned that this combination of alcohol induced confidence and activity can make women more vulnerable to sexual harassment and sexual assault³⁸.

Researchers looking at gender difference in alcohol consumption also stress the importance of analysing social factors rather than simply looking at consumption rates. A recent study into the social influences and stressors linked to heavy alcohol use by women and men raised the importance of investigating drinking behaviour separately to exposure to social influences and stressors³⁹. The researchers stated that where this wasn't done, studies might conclude that women's partner's drinking, family stressors and emotional distress contributed to increases in women's alcohol consumption. However, where separation of the variables is considered, findings show that women and men's alcohol use increases similarly during such experiences. The difference may be that women are more often exposed to such stressors than men³⁹. This places the emphasis on the social risk factors encountered by women rather than the coping behaviours of women.

Another issue highlighted by gendered research is that alcohol services and support models designed for both women and men are inappropriate for women⁴⁰; women are found to respond better to female-only treatment programs, but greater research is required in the area⁴¹.

Overall, there are limited studies that provide in-depth gender analyses of alcohol consumption. Sex-disaggregated data often stands alone without analysis of the gender and social context. Researchers agree that there is not enough gender specific information to satisfactorily explain women's alcohol consumption behaviours, and further research is required^{38,35}. One researcher states:

We need ongoing qualitative observations of drinking cultures and contexts to understand changing drinking landscapes rather than continuing to rely on self-report questionnaires which currently dominate alcohol data collection and the literature. Drug and alcohol researchers, service providers, and health promoters need to become more savvy in the way we conceptualize alcohol as a commodity and start thinking, as alcohol marketers do, about the inextricable connections between drink choice and consumer type. Indeed, we should jump one step ahead and analyse and interrupt the way companies exploit young people in different social locations³⁷.

5. Policy Context

In Australia, alcohol policy varies between states and territories²¹. Victorian policy on alcohol use and harm reduction is influenced by a number of different committees and projects.

The Victorian Drug and Alcohol Prevention Council (VDAPC) was formed in December 2007 to provide advice to Government on alcohol and drug prevention issues⁴². The VDAPC developed a work plan that sets out the Council's priorities for action. While the current document provides sex disaggregated data for drug and alcohol use it does not acknowledge gender difference in its 'Priorities for Action 2008-2010'⁴².

Despite increasing evidence, the State Government's alcohol website, which provides information to both youth and adults regarding alcohol consumption and harm minimisation, does not address gender issues in alcohol use and misuse. The information provided is generalised to the population as a whole. Although inclusive and population wide information is important, the provision of gender responsive evidence would better facilitate the aims of the website.

The *Victoria's Alcohol Action Plan 2008-2013* also provides a range of sex disaggregated data and highlights the differences in women's and men's alcohol consumption patterns and behaviours⁴³. It draws attention to the relationship between alcohol consumption and the perpetration of violence. It advocates for cultural, age and gender-appropriate interventions and programs for 'restoring the balance for families', but is gender blind in its proposed actions⁴³.

The *National Alcohol Strategy 2006-2009* is sensitive to gender difference in that it too provides sex disaggregated data. Pregnant women are identified among those targeted under the action 'Support whole-of-community initiatives to reduce alcohol-related health problems'⁴⁴. However, the Strategy fails to recognise the impact of gender difference within population groups and does not take a gendered approach in its aims.

Significantly in terms of practice, the National Health and Medical Research Council's *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* identifies gender differences in patterns of alcohol use and response to treatment services and nominates gender responsive treatment guidelines¹⁸.

6. Conclusion

Much of the research into alcohol consumption and excess does not take a gendered approach and therefore less is known about the characteristics, needs and treatment outcomes of women with alcohol problems than men with similar issues⁴⁵.

Drinking behaviour is a complex phenomenon, influenced by a variety of individual, social and environmental factors. Clearly, there is a need for gender analysis to be included in evaluations of alcohol usage, harm reduction and treatment options. This is particularly important given the increase in young women's high risk alcohol consumption patterns.

The reviewed policy documents generally fail to recognise the impact of gender on alcohol usage. This is a major concern considering the increase of alcohol usage among women, particularly young women. The policy documents convey that government initiatives are addressing women's needs on a national level to a larger extent than on a state level.

Future treatment plans and preventative strategies may need to be gender specific. So too, health promotion that targets young women's alcohol intake needs to account for their demographics, living environments and beliefs. Continued research in the area will help to inform gendered treatment practices and models of service delivery for women.

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