

WOMEN & ALCOHOL

AUSTRALIAN WOMEN'S ALCOHOL CONSUMPTION

The majority of Australian women consume alcohol. The 2016 National Drug Strategy Household Survey found that 74.6% of women aged 14 and over had consumed alcohol in the previous year. Of these, 10.3% drank alcohol in a way that places them at risk of lifetime harm and 16.8% consumed alcohol in a way that places them at risk of short term harm at least monthly. This data is consistent with 2013 data.

Men's drinking exceeded women's in all age groups (daily, weekly or less than weekly) except for the very young. Of those aged 12-15, 9.1% of females drank alcohol compared to 6.7% of males and in 16-17 year-olds, 44.5% of females drank compared with 42.7% of males.¹

YOUNG WOMEN AND ALCOHOL CONSUMPTION

There has been a significant increase in the numbers of young people not drinking at all, with the greatest change occurring among teenagers. Abstinence rates of females aged 12-17 have increased from 54.7% in 2007 to 80.2% in 2016.

Women who are older are more likely to be weekly drinkers than younger women, 39.2% of women aged 40-49 drink weekly compared to 25.2% of 18-24 year olds. Additionally, women in their 50s are also more likely to drink weekly, with 38.3% of women aged 50-59 drinking weekly compared 28.6% of 25-29 year olds.

ALCOHOL AND PREGNANCY

The National Health and Medical Research Council (NHMRC) *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* recommend that for women who are pregnant, planning pregnancy or breastfeeding, not drinking alcohol is the safest option.²

Despite this, one in four women (25%) consume alcohol after becoming aware of their pregnancy.³

Women who are older (over 36 years) and from higher socio-economics are more likely than other women to continue to drink during pregnancy. For women under 25, 90% stopped drinking once they became aware of their pregnancy, compared to 50% for those aged 36 and older.⁴

No amount of alcohol during pregnancy has been proven as safe. The harmful effects of alcohol exposure to the fetus occur throughout pregnancy.⁵ The evidence is clear, when a pregnant woman drinks:

- alcohol passes freely through the placenta and within an hour or two, the fetus has a blood alcohol concentration nearly equal to that of the mother
- the fetus has minimal ability to metabolise alcohol and relies on maternal metabolism
- the amniotic fluid retains alcohol, which prolongs the fetal exposure time to the alcohol.⁶

The risks from alcohol consumption during pregnancy are associated with:

- a three-fold increase in miscarriage and six-fold increase in stillbirth⁷
- premature birth and low birthweight⁸
- Fetal Alcohol Spectrum Disorder (FASD), a lifelong disability.

When pregnant, or thinking about conceiving, women need to be informed of the risks of consuming alcohol. Despite the evidence, only one in three women say they are⁹ informed of the risks and supported by their health professionals. 97% say they want health professionals to talk to them about alcohol consumption during pregnancy.¹⁰ Health professionals should feel reassured and know that conversations with women about alcohol consumption during pregnancy are wanted, welcome and worth their time. Women trust their health professionals and are likely to make changes if advised to do so.¹¹

Training and support on how to have conversations about alcohol consumption and pregnancy is available at www.alcohol.gov.au under the Women Want to Know section.

RANZCOG training: www.ranzcog.edu.au

Free resources for women and health professionals can be ordered through: www.alcohol.gov.au

ALCOHOL AND HEALTH HARMS

Alcohol is associated with significant health harms. Alcohol is a drug that has a depressive effect on the central nervous system, it is also a Group 1 carcinogen and a known cause or component in more than 200 health conditions such as stroke, ischaemic heart disease, bowel cancer and liver cirrhosis.^{12,13}

Women are disproportionately affected by alcohol-related health problems compared to men.¹⁴ This is due to differences in body composition with women's bodies having less water to dilute alcohol. Women reach intoxication quicker, become alcohol dependent sooner, and develop alcohol-related problems faster than men with similar drinking patterns.¹⁰

1 in 5 breast cancers are caused by alcohol.

A dose response has been found with the increase of breast cancer increasing 6% per standard drink per day.¹⁵

Unfortunately, most people are unaware of the link between alcohol and breast cancer.¹⁶ Raising awareness about these links is critical reducing the incidence of breast cancer in Australia.

The amount that women drink is influenced by those around her, particularly by her partner.¹⁷ Women are more likely to drink heavily if she has:

- a partner, parents and/or siblings who drink heavily
- a history of depression
- a history of childhood physical or sexual abuse.¹⁸

Unfortunately, heavy drinking also increases a woman's risk of becoming a victim of violence and sexual assault.¹⁹

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Only 15% of people in national polling are aware of the link between alcohol and breast cancer¹⁶

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ALCOHOL AND VIOLENCE AGAINST WOMEN

Women are more likely to experience alcohol-related harm perpetrated by those closest to them, such as a current or former spouse/partner or from another relative. Women are more likely to experience fear (20.3% compared to 5.0%), verbal abuse (27.6% compared to 9.5%) and physical abuse (32.2% compared to 11.1%) by a current or former partner than men.²⁰ Men are also affected by these incidents but are more likely to experience them from someone who is not known to them.

Also unlike men, these alcohol-related incidents are more likely to occur at home in a domestic setting than on the street or in a licensed premise.

Aboriginal and Torres Strait Islander peoples are disproportionately affected by alcohol-related family violence. Even though Aboriginal and Torres Strait Islander peoples are more likely to abstain from alcohol compared to other Australians, their level of risky alcohol use is about twice as high.²¹

The harms associated with alcohol use applies especially to family violence. Almost half (42 per cent) of Aboriginal and Torres Strait Islander peoples aged 14 years and over report having been victims of alcohol-related incidents such as physical abuse, verbal abuse or being put in fear, with between 30 to 40 per cent of these incidents being committed by a current or ex-partner or relative.²² The majority (87 per cent) of intimate partner homicides among Aboriginal and Torres Strait Islander peoples from 2000 to 2006 were alcohol-related.²³

For women alcohol is often used as a coping mechanism to self-medicate and to deal with the effects family violence such as isolation, lack of support and feelings of self-blame or shame.²⁴ However, the risk of family violence increases with increasing levels of alcohol consumption.²⁵ Alcohol use can impair women's judgement, reduce their capacity to implement safety strategies and affect their capacity to seek help from police or services.

Women who are experiencing family violence are almost six times more likely than other women to have problems with alcohol.²⁶

Unfortunately, alcohol misuse often excludes women from family violence services and women's refuges.

Women who seek support for their alcohol issues experience disproportionate barriers in accessing treatment. This includes financial pressures, medical costs, difficulty accessing social supports or services, low self-efficacy, a lack of residential facilities, a lack of childcare options and possible loss of custody of children.^{27,28} Her partner may also stall or prevent access to treatment to maintain control with research highlighting that women who are victims of family violence are less likely to complete substance misuse treatment than other women.²⁹



FARE's National framework for action to prevent alcohol-related family violence

The Framework proposes policies and programs that Australian governments can implement which will have a real and tangible impact on preventing and reducing alcohol-related family violence.

The Framework puts forward 20 actions to prevent alcohol-related family violence across four priority areas.

1. Introduce whole of community action to prevent family violence.
2. Assist people most at risk of family violence through early identification and support.
3. Provide support for people affected by family violence and protect them from future harm.
4. Continue to build the evidence-base by investing in data collection and evaluation.

The Framework recognises that implementing actions that address alcohol will also contribute to reducing family violence. We hope that Governments will embrace and introduce these evidence-based measures if we wish to prevent and reduce family violence in the days, months and years ahead.

For more information on the National framework for action to prevent alcohol-related family violence, visit www.fare.org.au/policy/family-violence.

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Foundation for Alcohol Research & Education

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol. Alcohol harm in Australia is significant. More than 5,500 lives are lost every year and more than 157,000 people are hospitalised making alcohol one of our nation's greatest preventive health challenges. For over a decade, FARE has been working with communities, governments, health professionals and police across the country to stop alcohol harm by supporting world-leading research, raising public awareness and advocating for changes to alcohol policy.

FARE is focused on the future and asks for your support to continue our vital work. Whether you are an individual, or represent an organisation, small business, or large corporation, we look forward to discussing ways we can work together to stop the harm caused by alcohol, which has an impact on too many lives every year. You can get involved by making a tax deductible donation, or stay in touch by subscribing to our newsletter, and connecting with FARE on Facebook and Twitter. You can also contact us by phone at 02 6122 8600, email at info@fare.org.au, or mail to PO Box 19, Deakin West, ACT 2600.