

## Women and alcohol – A cause for concern?

In the last 20-30 years the issue of women's alcohol consumption has become an "*area of special concern*" (1 – Thom 1997) for both researchers and practitioners in the alcohol field. This interest reflects the changing social and economic roles of women and related patterns of consumption. Periodically interest in this issue has been fuelled by media coverage, which has recently focused on areas such as the "ladette culture", healthy lifestyle features or the alcohol excesses of current celebrities.

Researchers at the Alcohol Concern conference on Women (July 2000) point to the dangers of being sucked into a "moral panic" (2– Plant, 2000) at the rise in women's drinking. Betsy Thom in her 1997 literature review highlights the need for "better understanding of issues specific to women's use of alcohol" to maintain 'sensible drinking' behaviour among women. (1- Thom, 1997)

This factsheet examines how much women are drinking, recent trends in women's drinking and focuses on the key issues relating to women's drinking.

### How many women drink?

In 2001 86% of women over 16 report drinking alcohol, while 14% claim they never drink. This compares with 93% of men drinking and 7% of men who never drink. (3 - Lader & Meltzer, 2002)

How much do women drink and how much is too much?

There are a number of ways of measuring alcohol consumption based on self-reporting and statistics of per capita alcohol sales. The most recent edition of the General Household Survey (GHS) (4 – Office for National Statistics, 2002) uses 3 measures:

- **mean weekly consumption** – the mean consumption for women is 6.8 units per week compared to 16.8 units per week for men
- **frequency of drinking** - 59% of women drink at least once a week (compared to 47% in 1998) and 13% drink at least 5 days per week.
- **consumption on the heaviest drinking day last week** - 37% of women drink up to 3 units of alcohol at least once a week and 22% drink over 3 units at least once a week.

However, the authors of the GHS that it is difficult to obtain reliable information based on self-reporting as people often under-estimate quantities drunk, particularly in relation to home drink measures. HM Customs and Excise

estimate adult consumption (aged 15 and over) **at just over 18 units a week per adult.** (5 – Brewers and Licensers Retailers Association Statistical Handbook (BLHA) 2000)

fig 1

#### **Sensible drinking guidelines**

**Until 1995, the recommended levels were 14 units a week for women and 21 units for men. The government's report "*Sensible Drinking*" (4 DoH 1995) advised changing this to a daily basis: 2-3 units for women and 3-4 units for men. These guidelines are intended to draw people's attention to limits for daily drinking by identifying a safe level for moderate regular drinking and help people to decide how much to "drink on a single occasion" and "avoid drunkenness". Consistently drinking more than 3 units per day for women or 4 units for men is inadvisable because of the progressive health risk it carries.**

**The GHS in common with many other surveys still retains a weekly measure so as to provide a basis for comparison with previous years.**

#### **How many women drink too much?**

In 2001:

13% of adult women aged 16 and over (3.2 million) reported drinking at least 5 days per week.

15% of adult women (3.6 million) reported drinking over 14 units per week including 3% (over half a million) drinking at very risky levels – over 36 units per week

22% of adult women recorded that their maximum daily intake of alcohol exceeded the daily benchmark (3 units) and 10% recorded drinking twice the number of units recommended for safe drinking on one day. (4 - ONS 2002)

#### **Are women drinking more?**

The proportion of women drinking in excess of 14 units per week has increased from 10% in 1988 to 15% in 2001, a 50% increase that applies across all age groups.(fig. 2) In comparison the proportion of men drinking over 21 units per week has remained constant at about 27% (6 million men). Closer analysis of the figures helps to identify specific demographic groups of women whose drinking patterns place them at risk.

- **Geographical location** – Women living in the North West are more likely to have exceeded the daily limits than those in the South East, with 28% of North West women drinking over 3 units at least once in the previous week and 13% drinking over 6 units, compared with 20% of women in the South East who drink over 3 units and 7% who drink over 6 units on one day. Although women in Scotland are least likely to exceed weekly limits,

13% of them would have drunk over 6 units on one day in comparison with 9% of women living in England. (4 – ONS 2002)

- **Gender and socio-economic group** – Women from professional households are more likely to drink regularly than women from unskilled manual households, with 71% of women from professional households compared to 51% having drunk alcohol in the previous week. In addition 30% of full-time working women drink 3 or more units at least once a week compared to 21% of women who are economically inactive. (4 – ONS 2002).
- **Ethnic origin** – Ethnic origin combined with specific religious and cultural values is a factor that determines whether or not women drink alcohol. Research into Irish communities shows that Irish women are more likely to abstain from alcohol than English or Welsh women. (5 – Harrison and Carr-Hill 1992) New research in the UK indicates that “*not drinking is the choice of four in five Hindu women, three quarters of Sikh women, nine out of ten Pakistani women and five in six Bengali women*” (7 – Aquarius Action Projects 2000).
- **Age** – This is probably the most significant factor and influences both levels of consumption and patterns of drinking. The mean weekly consumption of women aged 16 to 24 years is 14 units, an increase from 10.6 units in 1998, compared to 3.6 units for women over 65 years. Young women (16-24) tend to cram their drinking into heavy drinking sessions with 49% consuming their alcohol over one to three days. They are also more likely to exceed the daily benchmark with 27% drinking over 6 units at least one day in a week. While most interest focuses on young women’s drinking patterns, problem drinking is clearly not restricted to this group as older women tend to drink more regularly with 11% of 25 to 44-year-olds and 17% of 45 to 64-year-olds regularly drinking 5 or more days per week. A significant proportion of these also exceeds daily benchmarks. (see fig. 3) (4 – ONS 2002)

While official statistics on women’s drinking indicate general trends of increased drinking among women, overall they still drink far less than men.

### **What do women drink and where?**

There are clear differences in the purchasing habits of men and women. Overall, men are twice as likely to buy drinks in a licensed bar - 45% of men compared to 21% of women do so.

While 45% of women aged 16 to 24 buy their drinks in licensed bars, this proportion drops significantly among older women with only 26% of women aged 25 to 44 buying drinks in bars. This compares with men of this age who are twice as likely to continue to buy alcohol in licensed bars. Overall, women tend to buy alcohol in a supermarket with 22% purchasing alcohol there. Figures indicate that women of different ages have different alcohol preferences as beer accounts for 45% of alcohol consumed among young women (aged 16 to 24) and only 12% of

alcohol drunk by women over 65 years. (8– ONS Drinking: Adult's behaviour and knowledge in 1998)

### Why do women drink?

- Women who work can often afford to drink more, but heavy or frequent drinking may be linked to the difficulties of juggling work and heavy domestic responsibilities or it can be associated with established patterns of socialising around the workplace. (9 - Manilla 1989).
- Alcohol is a heavily marketed product. The drinks industry is increasingly targeting women as consumers of alcohol through advertising and the development of 'women-friendly' attractive drinking venues.
- Positive expectancies about the effects of alcohol include improved confidence and ease of making friends which increases through the teens and early twenties together with increased consumption. (10– Thom 1997)
- Drinking to cope with stressful life events.
- Low self esteem among women, particularly young women who have experienced sexual or physical abuse, may be a trigger to heavy drinking

Further large-scale longitudinal studies on patterns of women's drinking are needed to establish whether heavy social drinking in one's twenties and thirties leads to *problem drinking* at a later stage. British studies indicate that frequency and level of consumption at 16 is an indicator of heavy drinking at 23 but there is no evidence of whether this carries through to later decades. Research from the US suggests women in their twenties and thirties move in and out of problem drinking reflecting changes in drinking contexts, partners or social roles (11- Wilsnack 1994) Practitioners in the field recognise a number of social and psychological risk factors that trigger ***problem drinking*** in women including:

- a history of drinking within the family
- childhood problem behaviours related to impulse control
- early use of nicotine, alcohol and poly-drug use
- poor coping responses to stressful life events
- depression as a cause not just result of drinking
- drinking as a result or cause of separation or divorce
- heavy drinking patterns – often as a result of working in a male orientated environment
- sexual problems – eg only being able to engage in sexual activities after drinking alcohol (12 - Jane Marshall : Women and Alcohol - a cause for concern 2000)

Studies suggest that women are highly responsive to the emotional and social contexts in which they drink and it is possible to identify a number of key

situations where women are vulnerable and at risk of developing problem drinking. These include:

- **The family** - Women in their role as mother or carer can use alcohol as a prop to cope with exhaustion, anxiety, isolation and possibly feelings of loss of role when children leave home. (10– Thom 1997)
- **Employment** –. Studies suggest a range of factors that influence drinking including stress created by having to balance home obligations and intense competition at work (13 - Parker and Harford 1992). For women working in male dominated occupations, an existing heavy drinking culture is an additional risk factor. (3- Manilla 1989).
- **Partnerships** – Heavy drinking by partners whether male or female contributes to the start of heavy drinking and equally the loss of a partner can trigger harmful drinking (10– Thom 1997)
- **Social scene** – Women’s consumption is responsive to pressure from other women so women who regularly socialise and drink together tend to develop compatible drinking habits and experience similar negative consequences. Lesbian women who socialise within the gay ‘scene’ revolving around bars, clubs etc are particularly vulnerable – findings from a recent Manchester survey found that a significant number of young gay women had an alcohol problem. (14- Jane Britton 2000).

Research suggests that individual triggers play a greater or lesser role at different stages in a woman’s life cycle (10- Thom). Understanding of these risk factors is essential to developing appropriate forms of treatment targeted at women.

### **The image of the drinking woman**

There exist several distinct images of women and drink in contemporary British society. Popular images include the **strong drinking image**, being one of the lads and also the **sophisticated glamour image**, often linked to smoking and sex, that is promoted through the media and advertising. Images of the female abstainer or sensible drinker are generally unappealing but apparently less negative than that of their male counterparts.

The more glamorous images are in strong contrast with perceptions of drunken women or women who jeopardise their accepted roles in society through excessive drinking. Both UK and US studies show that social attitudes are generally more negative towards intoxication and problem drinking among women than men. Some studies suggest that it is not the intoxication per se but aggressive or unruly (unfeminine) behaviour associated with intoxication (15 - Robbins and Martin 1993) that attracts condemnation. In addition women are stigmatised for drinking in the home as this conflicts with an ideology of women and motherhood as being self-denying and nurturing of both men and children.(16 – Waterson 1996) Sanctions are greater for women with chronic drinking problems and research shows that alcohol-dependent women are more likely than alcohol-dependent men to be deserted by their spouses. (17- Williams, C N and Klerman, L V 1984) The fact that a large proportion of women **believe**

that society is more disapproving of female problem drinking continues to act as barrier to women seeking help.

### **Alcohol and Health**

Between 1995 and 1997 the number of women dying from illnesses directly attributable to alcohol ranged from 1600 to 2000 deaths per annum compared to male deaths, which range from 2500 to 3000 per annum (18 -DoH 1999). However, the number of deaths in which alcohol is implicated is much larger. There is no consensus on either the figure or the best method of calculating it. However, Alcohol Concern uses an estimate of 33,000 per annum (19 -Godfrey + Maynard).

Hospital admission figures for alcohol-related illnesses are based on a specific diagnosis eg toxic effect of alcohol or psychotic disorder. However, one person may be admitted with multiple diagnoses. The total number of recorded admissions for female alcohol-related diagnoses is just over 50,000 per annum. This compares with over 100,000 per annum for men (18 -DoH 1999).

### **Physical health effects**

Men and women experience many of the same benefits and ill effects of alcohol. However, women's physical make-up affects the way that alcohol is processed in the body:

- Women's bodies have 10% more fat than men's and they have less fluid to dilute the alcohol so the concentration of alcohol in the body is higher
- The average woman (58kg) weighs considerably less than the average man (70kg) and has correspondingly less tissue to absorb alcohol
- women appear to have lower levels of alcohol dehydrogenase (AHD) in their stomachs so the alcohol stays longer in the system before being metabolised and so has greater effect.

Studies show that one in twenty-five adults in the United Kingdom is dependent on alcohol and one quarter of these are women. (20 – Office of Population Censuses and Surveys (OPCS) 1994) Alcohol dependency is associated with a whole range of physical and mental health problems. Many people mistakenly assume that these problems are only associated with alcoholism or dependency. In fact research shows that simply drinking above the recommended levels (see fig 1) increases the risk of incurring a wide variety of illnesses. While there are insufficient studies to confirm the advantages or disadvantages of alcohol to women as opposed to men (21 – DoH 1995) there are a number of diseases of specific concern to women including:

- cancer
- coronary heart disease and strokes
- obesity linked to hypertension (high blood pressure)
- osteoporosis
- digestive problems

- loss of cognitive function
- birth defects

(See Alcohol Concern's leaflet "A woman's guide to alcohol" for further information and advice and also Moira Plant's article on Fetal Alcohol Syndrome on page 1 of Acquire issue 27)

The media regularly feature results of studies on the benefits or ill effects of alcohol painting a confusing picture for the general public (22- Portman 2000). One reason for this confusion, is that studies often relate to specific demographic groups, and it is wrong to apply these findings across the whole population as is often implied by newspaper articles. Further work is often required to corroborate the new results and assess them in relation to previous and generally accepted findings.

### **Mental Health**

There is a close association between alcohol dependency and mental health problems. In a 12 month period over 72,000 people were admitted to hospital with a diagnosis of mental and behavioural disorder. Women accounted for 19,700 of these cases (18- DoH 1999). Heavy drinking is linked with psychiatric morbidity including clinical depression (23 –Health Education Authority (HEA) 1997) with alcohol being implicated in 40% of attempted suicides by women (21- DoH 1995). Research from the USA suggests that two thirds of women with alcohol problems have multiple mental problems including mania, major depression, phobic disorder and panic disorder compared to 44% of alcohol dependent men with secondary mental health problems (24 -Helzer and Przybeck 1988).

### **Alcohol awareness – safe limits, the benefits and the risks**

The government strategy document "Saving Lives : Our Healthier Nation" (25 – DoH 1997) emphasises the need for people to drink sensible within DoH guidelines. Yet it's clear that among women knowledge of what constitutes 'sensible drinking' varies and that knowledge or awareness does not always match behaviour – awareness appears to increase with levels of drinking. A survey by the Office for National Statistics recorded the proportion of women who had heard of daily benchmarks for sensible drinking varied from 49% among those drinking up to 1 unit per week to 72% with high average weekly consumption (15+ units per week). However, only a minority knew what were the correct limits for women, and only a small proportion kept a check of units consumed – 18% of those drinking 8-14 units per week and 13% of those drinking over 15 units per week. (8 – ONS).

Women are aware that it is not good for them to drink heavily but can be slow to acknowledge a personal problem with alcohol. There are a number of reasons for this:

- There is a low awareness of the range of alcohol-associated health problems and an assumption that drinking only harms people if they are addicted
- A tendency to see alcohol as an issue which concerns society rather the self.
- Women obtain social and psychological benefits from drinking alcohol that appear to outweigh negative consequences.

The behavioural consequences of excess drinking among women are far less visible than in men, for example recorded drunkenness offences for women are far fewer (5,759 female offences compared to 47,828 male offences in 1997(5-BLHA 2000). Women's concerns over alcohol use relate far more to the private sphere such as hangovers, weight gain, arguments, un-planned sex (26- She magazine survey 1994). Other more serious implications include:

- **impaired performance at work** – 46% of UK company personnel managers face alcohol problems in the work force (27 -Feeney)
- **unsafe sex** – 1 in 6 (16%) women admit to having unsafe sex after drinking too much (22% of men admitted to unsafe sex after excess drinking) (28 – Durex Report 1999)
- **vulnerability to attack** – The British Crime Survey 1998 identifies a number of risk characteristics for violent attack. Young women aged 16-24 (7% of the adult population) are at a disproportionate risk of attack experiencing 13% of all violent crime. (29 –Home Office 1998) Equally regular drinkers at pubs and wine bars are three times more likely to be victims of violent attack. This suggests that, as in the case of young men, regularly drinking in public venues places young women at increased risk of attack.
- **increased mental and social problems** – certain groups of women experience major problems with alcohol misuse including:
  - **women offenders** - 36% of women remand prisoners and 39% of sentenced women prisoners have a history of hazardous drinking which is frequently linked to mental ill health (30- ONS Substance Misuse among prisoners in England and Wales 1999)
  - **homeless women** – around 30% of homeless people are problem drinkers. Studies show that 49% of homeless men and 15% of homeless women are high risk drinkers (31 - Harrison and Luck 1996)

More evidence-based data on risk-taking behaviour and women's perceptions of associated risks and the benefits related to alcohol is needed to feed into health promotion programmes.

## Seeking help

A census of alcohol treatment agencies (32 –Alcohol Concern 1997) found that women accounted for 34% of all those attending alcohol treatment agencies. The average age of women attendees is 41 and 46% of women were primarily concerned with their psychological health.

Research suggests that there are a number of factors that discourage women from seeking help for an alcohol problem:

- the stigma attached to admitting the problem appears to be greater for women and family pressure not to admit to the problem
- mis-diagnosis of the problem as women often attribute their drinking problems to underlying causes eg bereavement, and tend to seek help from agencies that fail to identify the alcohol problem
- fear of the consequences of making the problem public, eg loss of child custody
- practical problems of organising time to attend treatment

Practitioners in the field recommend that programmes to combat harmful drinking among women should contain two main elements:

- prevention programmes for women before the onset of severe alcohol problems or dependency
- alcohol screening processes routinely carried out at primary care level
- women focused services including varied treatment approaches and the provision of women only services where appropriate eg women only detoxification units. (1 -Alcohol Concern)

## Conclusion

Official surveys show that there is an increase in alcohol drinking among women. The statistics also indicate that a large number of women are drinking above recommended levels and a significant proportion of women regularly drink to intoxication, putting their health and personal safety at risk. Historically the issue of drinking among women has excited moral panic within society. While this type of knee-jerk reaction should be avoided, professionals working to reduce alcohol related harm do need to raise awareness of problem drinking among women and its implications. A coherent strategy is needed to combat harmful drinking among women which includes:

- a high profile health promotion campaign that both informs women about guidelines for sensible drinking and focuses on the benefits of moderation
- media campaigns designed to reduce the stigma surrounding women's drinking.
- evidence based data on women's drinking habits particularly in relation to risk taking behaviour
- prevention and screening programmes to intervene before the onset of severe alcohol problems
- women focused alcohol services.

Alcohol Concern has established a women's network group as a forum for discussion and sharing of good practice on issues relating to women and alcohol. If you wish to be involved in reference group meetings, please contact the NDN Team for details.

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