

FACTS ON WOMEN AND ALCOHOL

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In virtually all societies that permit the use of alcohol, women as well as men are permitted to drink socially, although women generally drink less frequently and in lesser amounts than do men. In the United States, epidemiological studies show that the percentage of women who drink has remained stable over the last several decades. There are differences, however, in patterns of female drinking in the general population, varying with age, education, marital status, income, employment, race and the drinking status of the woman's spouse or lover. The changes in alcohol use by women over time indicate a trend toward higher rates of heavy/frequent drinking among young women; women in their twenties now show a higher rate of heavy drinking than other cohorts who were measured at the same age in the past. Young women appear more frequently in the drinking-and-driving statistics than they used to. Still another reflection of this trend appears in the lower average age of women now entering treatment facilities for alcohol-related problems, an average age lower than has been true in the past.

Attitudes toward female intoxication remain generally negative and a double standard prevails: an intoxicated woman is perceived as "worse" than an intoxicated man. This disapproval, which has persisted despite other changes in women's status (e.g., more women in the workplace, more sexual freedom) may be based on impairment

in nurturant behavior, perceived greater sexual availability, or perhaps the greater likelihood of overtly expressed anger. Despite some recent shifts in sexual stereo-



types, overt expression of anger or sexuality by women is still frowned upon. Whatever the reason, negative attitudes toward female drunkenness persist.

Why do some women develop alcohol abuse or alcohol dependence? Theories about etiology include: genetic endowment, inadequate personality mechanisms to cope with life stresses, depressed affect, problems in impulse control, traumatic events and losses, and heavy drinking persons (parent, husband, sibling, friend) in the social environment. Depression has long been associated with alcoholism in women but it is unclear whether depression precedes or follows the drinking. There is some research evidence, albeit retrospective, that women who develop alcohol prob-

lems as adults are more likely to have depressed feelings of being unloved and deprived, in childhood and adolescence, than women who do not develop drinking problems.

Alcoholic women are a heterogeneous group, differing by age at onset of drinking, ethnicity and social class, sexual orientation, use of other drugs, availability of social supports, and accompanying psychiatric symptomatology. Comparing the alcohol-dependent woman with the alcohol-dependent man, there are some commonalities, e.g., alcohol-related medical problems. There are also male/female differences. Among women with drinking problems:

- (a) Positive family history is reported more frequently by women;
- (b) The process of becoming an alcoholic is of shorter duration;
- (c) The woman's spouse or lover is more likely to be a heavy/problem drinker than is true of the spouse or lover of the male alcoholic;
- (d) Marital disruption is more likely;
- (e) The combination of alcohol and psychoactive medication is more usual although the use of illegal drugs is less than among males;
- (f) Dual diagnosis patterns show a higher frequency of neurotic disorders; among male alcoholics, anti-social personality (ASP) is more frequently the other diagnosis;

(g) Drinking is more likely to occur in private places and is more likely to be solitary drinking;

(h) Hepatic disorder appears proportionately more frequently among women while delirium tremens and alcohol-related accidents occur more frequently among male alcoholics;

(i) There is a risk of fetal effects of heavy drinking and, interestingly enough, the question of fetal effects of the male's heavy drinking has also been raised; and

(j) Barriers to seeking help and to staying in treatment are thought to be greater.

Barriers to seeking help for women include financial problems, child-care responsibilities, social stigma, and family pressures. There are few gender comparisons in treatment outcome studies, but it is generally believed at this time that prognosis is similar for both sexes. Families may be supportive or nonsupportive; where they are supportive, reconstruction of familial and other social networks is a priority. Alcoholic women may also need help with health problems, job training, effective parenting, and in establishing social networks which discourage return to alcohol. Women with alcohol problems who are members of ethnic minorities will probably benefit from ethnic-sensitive counseling.

Prevention of heavy drinking and alcohol problems among women may be linked either to antecedents (primary prevention) or to consequences (secondary prevention). Prevention strategies for women directed toward moderate drinking are needed.

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