




Women and Alcohol in Aotearoa/New Zealand

Setting the stage for informed conversations to reduce alcohol harm.



Why focus on women?

- Lived experience as well as biology of women and men is different
- Effective health responses need to be sensitive to gender
- Gender based analysis examines intersection of sex and gender with other identity factors that influence health outcomes
- CEDAW- lack of gender mainstreaming in national plans and policies



Why focus on alcohol?

- Third leading risk factor for premature deaths and disability in the world
- In Aotearoa/New Zealand estimated to cost 5.3 billion dollars annually in health and social costs, at least a 1000 premature deaths every year and significant morbidity.
- Alcohol harms include the drinker and those around them.
- Lack of national plan to address alcohol harms.



Research questions

- What are the patterns of drinking among women, have these changed over time and if so how?
- What harms result for women from their own and others' drinking?
- Is the impact of alcohol on women's health, either through their own drinking or that of others, a growing problem?
- If so, what are the major influences on women's drinking or the harm to women from others' drinking?
- What is currently working to prevent or reduce harm to women from their own or other people's alcohol consumption?



The research

- Literature review
 - priority to more recent systemic reviews and meta-analyses and to last decade
 - Peer reviewed articles and research reports from a range of agencies
- Focus groups
 - Six focus groups and two key informant interviews
 - Māori focus group (Hapai Te Hauora Tapui)
 - Fono Talanoa
 - Mixed focus groups with community agencies and service providers
- Research limitations
 - Time constraints meaning certain aspects of the topic were sampled only thinly and the review should not be considered definitive, e.g. did not include children
 - Some sectors not represented in focus groups, e.g. prisoners, sex workers or immigrant community.

How are women drinking



- Understanding trends in women's alcohol consumption over time is difficult due to inconsistent and insufficient data
- This makes it difficult to be unequivocal that women's drinking is converging with men's
- There are signs that the way women are drinking is changing across age groups and among women under 24 years in particular who are likely to socialise with alcohol harmfully
- More Māori and Pacific women are non-drinkers than Pākehā but are more likely to use alcohol harmfully

What are women drinking



- Women drink a range of types of alcohol but there are patterns of choice of alcohol type by ethnicity and age
- Strong evidence of appeal of ready to drink pre-mixed drinks (RTD's) to young people

Harmful effects of alcohol on women



- Harmful effects of alcohol on women include:
 - Increasing inequalities
 - Violence against women
 - Cancer
 - Poorer sexual health
 - Fetal Alcohol Spectrum Disorder
 - Injuries
 - Alcohol abuse, dependence and mental illness
 - Economic impacts

Major influences on women's harmful alcohol use



- The harmful use of alcohol is not simply the result of individual choice.
- Need to look at a combination of environmental, social, cultural and economic factors.

Influences include:



- Violence against women
- Social and other inequalities
- Liberal policy environment
- Biological differences
- Changing gender roles
- Family influences

Preventing or reducing the harmful effects of alcohol on women



- Harmful effects of alcohol on women result from a combination of environmental, social, economic and individual factors.
- This means single prevention or harm reduction strategies are inadequate & ineffective
- Need sustained combination of evidence-based policy and community measures.

Levels of intervention



- Population level interventions
 - Alcohol specific
 - Social inequalities
 - Violence against women
- Community and family interventions
 - Kaupapa Māori programmes effective
- Individual level interventions
 - Screening and brief interventions
 - Identifying and responding to FASD
 - Treatment

Intervention gaps



- Alcohol interventions can be ad hoc in the short term.
- Few interventions that specifically address the needs of women.
- Evidence supports gender specific policies and interventions.
- Primary prevention interventions particularly for Māori and Pacific women are rare.
- Evaluation of current strategies to reduce alcohol consumption or to treat problem drinking have tended to lack evaluation by gender.

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