Alcohol is the most commonly used drug in Australia. Alcohol consumption increases the risk of health problems including cancers, brain damage, liver disease and heart disease.

While men are more likely to drink at ‘risky’ levels than women, women’s rates of alcohol use and related harms are catching up with men. Women start to experience alcohol-related health problems sooner and at lower drinking levels than men. This is due to women having less of the enzyme dehydrogenase which breaks down alcohol, a higher percentage of body fat and a lower percentage of body water than men, which affects how fast alcohol is absorbed.

Some subgroups of women are at a higher risk of alcohol related harm. Age is a significant factor; women aged in their 50s are most likely to drink at risky levels (more than two standard drinks per day or over four drinks in one occasion once per month), followed by 18–24 year olds. Lesbian, gay and bisexual women initiate alcohol earlier and are more likely to report daily alcohol consumption than heterosexual women.

Compared to non-Aboriginal women, Aboriginal women are more likely to abstain from drinking alcohol. Since 2007, the proportion of women consuming alcohol during pregnancy has declined and the proportion abstaining has increased, and most pregnant women tend to change their drinking behaviour once they find out they are pregnant. No ‘safe’ level of alcohol consumption during pregnancy has been established and hence the Australian government recommends that not drinking while pregnant is the safest option.

While the literature tends to focus on the harms of women’s drinking, there is a lack of research on their motivations for consuming alcohol. However, it is reported that stress plays a critical role in women’s maintenance of alcohol use. Once drinking occurs on a regular basis, this can lead to alcohol dependence. Women who have experienced abuse are more likely to use alcohol as a coping mechanism.

Alcohol use disorders also have a high comorbidity with anxiety and mood disorders in women (although the nature of the relationship is unclear). Amongst subgroups, higher rates of alcohol use among young lesbian and bisexual women and trans people is associated with psychological distress and sexual-orientation/identity-based victimisation. Mid-aged women report using alcohol to achieve ‘time out’ from their caring responsibilities and to assert their identity beyond their mothering role.

Overall, increases in women’s alcohol consumption have also been attributed to changes in gender roles and women’s increasing workforce participation and wage earning.
Different expectations apply to men and women in relation to alcohol consumption. While men’s behaviour is more likely to be excused, women are judged more harshly on behaviour and appearance if they have consumed alcohol. The relationship between alcohol and women’s experience of violence is complex. Heavy alcohol use can increase the prevalence and severity of men’s violence against women in intimate partner relationships. One in eight Australians believe that if a woman is sexually assaulted while she is drunk or affected by drugs she is at least partly responsible.

Women are underrepresented in the Australian drug and alcohol treatment system. Barriers women face in accessing treatment include social stigma, childcare concerns, fear of losing their children and the lack of gender-sensitive treatment programs. More gender-sensitive research, health promotion and treatment services are needed.

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