Women & Substance Misuse:

Alcohol & Women's Health in Ireland

The **Women's** Health Council
Comhairle Shláinte na mBan

CONTENTS

1. Introduction 3

2. Prevalence 4
2.1. Binge drinking 5

3. Factors Affecting Women's Drinking Behaviour 6
3.1. Education & socio-economic status 6
3.2. Age 6
3.3. Family status 7
3.4. Sexual orientation 8
3.5. History of abuse 8

4. Consequences of Alcohol Misuse for Women 9
4.1. Physical 9
4.2. Mental/Emotional 11
4.3. Social & interpersonal consequences 12
4.4. Drinking during pregnancys 13
4.5. Drinking & driving 14
4.5. Effects of others alcohol misuse on women 14

5. Treatment Services in Ireland 16
5.1. Services available in Ireland 16
5.2. Treatment approaches 18

6. Alcohol Policy and Legislation in Ireland 20
6.1. Alcohol policy & strategy 20
6.2. Alcohol legislation 21

7. Recommendations 22
7.1. Gender sensitive policy 22
7.2. Health Promotion 22
7.3. Research 24

8. References 25

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1. Introduction

Ireland has always been stereotypically portrayed as a nation of heavy drinkers, and it is true that alcohol plays a central role in Irish culture. Alcohol is generally an integral part of Irish leisure activities and life events, with the pub acting as a hub of social life. It is perhaps unsurprising to learn, therefore, that Ireland has one of the highest levels of alcohol consumption in Europe – in 2007 in Ireland, 13.37 litres of alcohol were consumed for every person aged over 15 (Carew et al., 2009). Ireland's alcohol related problems cost in excess of €2.65 billion in 2003, a figure that has risen since (Department of Health & Children, 2004a, Fanagan et al., 2008). Traditionally women in Ireland did not drink as much as men, but this pattern now appears to be changing, particularly among women in younger age groups.

The Women's Health Council, in line with its statutory instrument, identified the need for a paper specifically on women and alcohol due to the gender differences in alcohol consumption habits but also the gender differences in the effects of alcohol. Research has shown that alcohol has specific, negative effects for women's health, of which it is essential that women be aware. This paper will investigate current trends, examine the particular circumstances that lead to and result from problematic drinking among women, and draw out the particular effects of alcohol on women's health and well-being. The Council envisages that the paper will be of interest to policy and strategy makers, as well as health service providers and those with an interest in women's health.

2. Prevalence

Alcohol is among the most widely misused substances in Ireland. A recent Eurobarometer study found that less than a quarter of Irish people (22%) said they had not drunk any alcoholic beverage during the last twelve months. Of those who had consumed alcohol in the past 30 days, most Irish people said they only drank once a week (41%), but 2% said they drank daily (European Commission, 2007). Alcohol Action Ireland has reported that while alcohol dependence is estimated to affect between three and five percent of the population in Europe, hazardous and harmful drinking can affect up to 40% of the population (Alcohol Action Ireland, 2006).

Internationally, lifetime abstinence is more common among women than men. This is certainly the pattern in Ireland, where 23% of women reported never drinking alcohol in the previous 12 months, compared to 15% of men (Morgan et al., 2008). Overall, men drink more heavily and more frequently than women. In Europe, 53% of men report consuming alcohol more than twice a week, compared to only 34% of women (European Commission, 2007). In Ireland, 34% of men report drinking two to three times a week, compared to 25% of women, and overall, drinking over the recommended units of alcohol per week was lower for women than for men (Morgan et al., 2008). According to recent figures published by the National Advisory Committee on Drugs (NACD), men in Ireland are more likely than women to report lifetime, last year and last month use of alcohol. However, in three[1] of the ten Regional Drugs Task Forces (RDTF) areas, women's lifetime use of alcohol was found to have increased in recent years (NACD & PHIRB, 2008).

Regarding the type of alcohol consumed, it has been found that female students are more likely to consume wine or spirits as their preferred drink than their male counterparts. Beer is the most popular choice among 87% of male and 47% of female students (Hope et al., 2005a).

[1] Midland, North Eastern and North Western RDTFs

2.1. Binge drinking

The HSE, following the World Health Organisation's approach, has defined binge drinking as an occasion on which six or more standard[2] drinks are consumed (HSE, 2008a). Ireland has been found to have the highest level of binge drinking in Europe. While in most European countries, the majority report having one to two drinks on an occasion where they consume alcohol (59%), in Ireland the largest proportion (36%) claimed to drink three to four drinks on one occasion, and further 34% said they had five or more drinks in one sitting (European Commission, 2007). Both men and women in Ireland reported high levels of binge drinking: only 7% of men and 16% of women said they had never drunk five or more drinks on one occasion (European Commission, 2007). Responding to the SLAN study, 17% of women and 38% of men reported consuming six or more drinks on one occasion at least once a week. Among women, those in the youngest age group (18-29 years) were the most likely to consume six or more drinks on one occasion at least once a week (Morgan et al., 2008). Binge drinking seems to be the norm among college students in Ireland; the 'Health of Irish Students' study found that out of every 100 drinking occasions, 60 were binge drinking occasions for female students and 76 for male students (Hope et al., 2005a). The most recent ESPAD report commented on the narrowing gender gap in binge drinking among Irish school age children, with 42% of boys and 44% of girls reporting binge-drinking during the previous month in the study (Morgan & Brand, 2009).

[2] A standard drink is defined as one containing 'about 10 grams of pure alcohol' (the limit in the UK is 8g). Examples include a pub measure of spirits (35.5ml), a small glass of wine, half pint of beer, one 275ml alcopop (HSE, 2008).

3. Factors Affecting Women's Drinking Behaviour

When looking at patterns of female drinking, it is important to acknowledge that women are not a homogeneous population – they come from diverse backgrounds, with different socio-economic circumstances, ethnicities, religions, ages, and sexual orientations. These charactaristics can affect how they use/misuse alcohol. American research suggests that, in general, women who drink more heavily are likely to have an advanced level degree, to have never married, to be separated or divorced, to have no children and to be employed in a male dominated occupation (National Institute on Alcohol Abuse and Alcoholism, 1990).

3.1. Education & socio-economic status

Overall, people with higher levels of education and those in employment are more likely to consume alcohol than those working within the home and those who finished their education by age 15 (European Commission, 2007). Results from SLÁN 2007 showed that a higher percentage of those in social classes 1-2 reported drinking alcohol two to three times a week or more often, and that women from social class 1-2 were more likely to consume more than the recommended amount of alcohol per week than those in the other social classes (Morgan et al., 2008). It has been suggested that the increased opportunities for women in society have lead to women having more opportunities to drink than they did previously and to the greater acceptability of women's drinking (Institute of Alcohol Studies, 2008). Although women with higher levels of education are more likely to drink at least occasionally, paid employment does not consistently raise the likelihood that women will drink heavily (twelve or more drinks per week) (Wilsnack &Wilsnack, 2002, Gmel et al., 2000).

3.2. Age

In Europe overall it has been found that younger people tend to drink less often than their older counterparts. A recent Eurobarometer study, for example, found that 31% of respondents aged 15-24 reported consuming alcohol more than twice a week compared with 58% of respondents aged over 55 years (European Commission, 2007). In Ireland, however, although 45-64 year olds are the group most likely to drink two to three times a week, among women, those in the youngest age group (18-29 years) were found to be the most likely to consume six or more drinks on one occasion at least once a week (Morgan et al., 2008). The Coombe Women's Hospital study found that women in the younger age groups reported the highest levels of alcohol consumption during pregnancy (Barry et al., 2007). The National Institute on Alcohol Abuse and Alcoholism in the US has found that younger women (aged 18-34) report higher rates of drinking-related problems than do older women, but that the incidence of alcohol dependence is greater among middle-aged women (National Institute on Alcohol Abuse and Alcoholism, 1990). The Health Research

Board in Ireland has expressed particular concern about the consequences of alcohol use among young women (aged under 17 years), as alcohol-related hospital discharge figures for this group are proportionally much higher than for other groups of women. This may be indicative of a trend for increased alcohol-related morbidity among middle-aged women in the future (Mongan et al., 2007). Most recently, the Irish ESPAD report found that girls are now drinking almost as often as boys, and more girls (29%) than boys (25%) reported being drunk during the previous month (Morgan & Brand, 2009).

3.2.1. Alcohol advertising

Although the alcohol industry claims that advertising functions primarily to increase a producer's market share and to promote brand loyalty, research has found that alcohol advertising does have an effect on use of alcohol, particularly by young people (Snyder et al., 2006). A number of studies have found that increased exposure to alcohol advertising and promotions, for example on television, in print media and in shops, results in increased alcohol consumption among adolescents (Pasch et al., 2007, Ellickson et al., 2005, Robinson et al., 1998). A recent systematic review of longitudinal studies concluded that alcohol advertising and promotion increases the likelihood that that adolescents will start to drink, and will drink more if they are already using alcohol (Anderson et al., 2009). It has further been argued that the use of cartoon or animal characters (such as the Budweiser frogs) is particularly appealing to younger viewers (AAFP, 2004). Indirect forms of advertising, especially sponsorship of sports events and teams by alcohol producers, may also have an influence that should not be ignored. For this reason, the action proposed in the second report of the Strategic Task Force on Alcohol, to enact legislation to control the promotion of alcohol by restricting advertising, sponsorship and sales promotions, is essential.

3.3. Family status

Research has shown that, contrary to popular belief, single women (whether never married, divorced or separated) are more likely to drink heavily and experience alcohol-related problems than married or widowed women (National Institute on Alcohol Abuse and Alcoholism, 1990). The multiple roles of women with families appear to have a protective effect when it comes to alcohol misuse, and young, professional, single women who typically have high disposable income and few family responsibilities are more at risk of developing problems with alcohol (Institute of Alcohol Studies, 2008). Role deprivation, however, where a women loses the role of mother, wife or worker, has been linked with alcohol-related problems.

Women's family background also influences their use of alcohol in other ways. A woman's drinking habits have been found to closely resemble those of her parents, husband, siblings or close friends (National Institute on Alcohol Abuse and Alcoholism, 1990, Corrigan & Butler, 1991). This means that having a family background of heavy drinking may predispose some women to developing problems with alcohol (Institute of Alcohol Studies, 2008).

3.4. Sexual orientation

Lesbians have been consistently identified as being at a greater risk for alcohol misuse than heterosexual women, and research has found that lesbians are more likely to consume alcohol and report alcohol-related problems than their heterosexual counterparts (Sickler, 1998, Gruskin & Gordon, 2006). It has been suggested that misuse of alcohol by lesbians is the result of cultural and environmental factors associated with being part of a stigmatised and marginalised population (Hughes, 2005).

3.5. History of abuse

A further factor that has been found to predispose women to having problems with alcohol is a history of sexual abuse. Women who reported being sexually abused in childhood were more likely than other women to have experienced alcohol-related problems and to have one or more symptoms of alcohol dependence (Wilsnack et al., 1997). Physical abuse during adulthood has also been associated with problematic use of alcohol among women (National Institute on Alcohol Abuse and Alcoholism, 1999).

4. Consequences of Alcohol Misuse for Women

Alcohol is the third highest risk factor for premature death in the European Union, and it has been linked to more than sixty diseases and conditions, affecting nearly every organ in the body (Hope, 2008). Misuse of alcohol can cause both health and social problems, including chronic ill-health, violence, mental health difficulties, and relationship problems, as well as indirect effects on those around the drinker. As adults in Ireland consume more alcohol per drinker and have higher levels of binge drinking than in other European countries, we also experience higher levels of harm than people in other European countries (Ramstedt & Hope, 2005). Research has shown that although women on average consume less alcohol than men, the impact of alcohol on their health is often disproportionately high.

4.1. Physical

All the evidence shows that alcohol in general has more negative than positive effects on a person's health. Over the period 1992-2002, 14,223 people died in Ireland from conditions related to alcohol consumption – alcohol-related cancers, alcohol dependency, chronic liver disease and cirrhosis, acute alcohol conditions and suicide associated with alcohol consumption (Department of Health & Children, 2004b). In 2002, alcohol-related death and disability accounted for 9.2% of the burden of disease in Europe, with only tobacco (12.2%) and high blood pressure (10.9%) causing more harm (Rehm et al., 2004).

Women appear to be more vulnerable than men to many adverse health consequences of alcohol use. Women's biological make-up is partly responsible; since women have a proportionally higher ratio of fat to water than men they are less able to dilute alcohol within the body, and will therefore have a higher concentration of alcohol in their blood than men after drinking the same amounts of alcohol (Institute of Alcohol Studies, 2008). This means that women are significantly more impaired than men after drinking equivalent amounts of alcohol. Women's hormones also affect how much and how quickly alcohol is absorbed. Hormonal levels during ovulation and the premenstrual period in some women mean alcohol takes longer to be metabolized; thus blood alcohol concentrations are higher and more prolonged, and women may be more affected by alcohol during those times. Oral contraceptives delay the absorption of alcohol into the blood stream, so women on the Pill may not become drunk as quickly as they would otherwise (Institute of Alcohol Studies, 2008).

Women have been found to develop alcohol-related health problems earlier in their drinking careers than men (Mongan et al., 2007). A recent study carried out in Denmark found that the risk of developing alcoholism for women increased significantly with even low intakes of alcohol (1-7 drinks per week), whereas risk for men only increased significantly with the

consumption of more than 21 drinks per week (Flensborg-Madsen et al., 2007). Drinking above the guidelines of more than 14 standard drinks per week for women is therefore considered risky, and it has been linked to increased risk of long-term harm, such as high blood pressure, cancers, cirrhosis and alcohol abuse (Ramestedt and Hope, 2005).

4.1.1. Liver

Women have been found to be more prone to liver damage from alcohol than men. Women develop alcohol-related liver disease, such as cirrhosis or hepatitis, after a shorter period of time and after lower levels of drinking than men, and they are more likely to die from these conditions that are men (Institute of Alcohol Studies, 2008, Poole & Dell, 2005, National Institute on Alcohol Abuse and Alcoholism, 1999). Women who drink 40 or more grams of alcohol per day have been found to have a 13-fold increase in the risk of cirrhosis of the liver (Hope, 2008). In Ireland, figures from the National Cancer Registry have shown that cancer of the liver had the highest increase in cancer rates between 1994 and 2002, with a higher rate of increase among women (10.7%) than men (7.4%) (National Cancer Registry, 2006).

4.1.2. Heart

There is some evidence to suggest that low to moderate alcohol consumption may have a protective effect against coronary heart disease in women. Evidence from the US Nurses' Health Study showed that the risk of dying from heart disease was halved only in women who drank between one and three drinks a week; the women who benefited were over fifty, had high blood pressure and had a family history of heart disease (Fuchs et al., 1995, Stampfer et al., 1988). However, research has also found that even at low levels of consumption (less than 20 grams of alcohol per day for women) the relative risk of hypertension, cardiac arrhythmia, and heart failure increases. High levels of alcohol consumption further increase the risk of ischaemic stroke, hypertension and cardiomyopathy (Poole & Dell, 2005, National Institute on Alcohol Abuse and Alcoholism, 1999).

4.1.3. Cancer

Over-consumption of alcohol has been linked by research to the development of upper gastro-intestinal cancer, liver cancer, oral and oesophageal cancer, and possibly colorectal cancer (Cummings & Bingham, 1998, Ames et al., 1995, Women's Health Council & National Cancer Registry Ireland, 2006). Specifically affecting women, many studies have also found that even moderate alcohol consumption can be associated with a raised risk of breast cancer (Poole & Dell, 2005, Zhang et al., 2007, Institute of Alcohol Studies, 2008, National Institute on Alcohol Abuse and Alcoholism, 1999). Daily consumption of 10 grams of alcohol (roughly one drink) has been found to be significantly associated with a 9% increase in risk of invasive breast cancer. Risk increases with increasing amounts of alcohol, so consuming more than 30 grams per day is associated with a 43% increase in risk (Zhang et al., 2007). However, it has not yet been proven conclusively that alcohol directly causes breast cancer, so alcohol should be regarded as a predisposing factor until the evidence demonstrates otherwise (Institute of Alcohol Studies, 2008).

4.1.4. Brain damage

Women who drink heavily are at higher risk of brain shrinkage and impairment (Poole & Dell, 2005). Using magnetic resonance imaging (MRI), researchers found that a brain region involved in coordinating multiple brain functions was significantly smaller among alcoholic women compared with both nonalcoholic women and alcoholic men, suggesting that women's brains may be more vulnerable to alcoholic damage than men's (National Institute on Alcohol Abuse and Alcoholism, 1999). Misuse of alcohol by adolescents can be particularly damaging, as this is the time when the brain develops rapidly and research has found that alcohol use at this stage can irrepairably damage the prefrontal cortex (responsible for self-regulation, reasoning, judgement, and problem-solving) and the hippocampus (involved in learning and memory) (U.S. Department of Health & Human Services, 2007, Hope, 2008). This finding is of particular concern given the increasing numbers of young women misusing alcohol in Ireland and the younger ages of initiation reported - 17.3% of Irish female students said they started drinking before the age of 14, and 48.6% said they started drinking at 15-16 years (Hope et al., 2005a).

4.1.5. Fertility

Problematic drinking can cause sexual and reproductive health problems including infertility and miscarriage (Poole & Dell, 2005, Homan et al., 2007, Royal College of Obstetricians & Gynaecologists, 2006, Guerrini et al., 2009). Studies have also found that even moderate amounts of alcohol, for example fewer than eight drinks per week, can affect a woman's menstrual cycle and her fertility, and can increase the risk of miscarriage (Institute of Alcohol Studies, 2008, Jensen et al., 1998, Hakim et al., 1998, Guerrini et al., 2009). These findings have been disputed, however, and further research in the area is needed (Mette et al., 2002, Gill, 2000).

4.2. Mental/Emotional

Alcohol is a depressant drug. A strong link has been found between misuse of alcohol and depression; all the features of depression can be induced by alcohol, and people with depression may turn to alcohol in a mistaken bid to relieve their symptoms (Ashworth & Gerada, 1997). In addition, it has been found that alcohol can facilitate suicide by increasing impulsivity, changing mood and deepening depression (Hope, 2008). In Ireland, the National Suicide Research Foundation (NSRF) has highlighted the strong association between alcohol consumption and suicidal behaviour; in 2006-2007 there was evidence of alcohol consumption in 38% of female episodes of deliberate self-harm. The NSRF has also drawn attention to the fact that the numbers of people presenting in hospitals with deliberate self-harm generally peak at times coinciding with the times when people traditionally consume higher amounts of alcohol - in the hours around midnight, with one-third of all presentations occurring on Sundays and Mondays (National Suicide Research Foundation, 2008). In research carried out in a general hospital, it was found that six percent of those with alcohol-related injuries reported their injury was intentional and self-inflicted (Hope et al., 2005b).

In addition, women's mental health may suffer as women often experience more stigma because of their drinking than their male counterparts. There is still a double standard around drinking that judges women's drinking more harshly than men's, particularly if the woman has children. This greater stigma attached to women's drinking can result in greater guilt and shame for women and for their families, and may lead to women being reluctant to seek treatment (Wilsnack & Wilsnack, 2002).

4.3. Social & interpersonal consequences

In addition to the physical consequences, alcohol misuse can also affect a woman's relationships and her personal life. In the U.K., for example, it has been estimated that alcohol consumption contributes to one in three divorces (Ashworth & Gerada, 1997) and, here in Ireland, marriage counselling services report that alcohol misuse is the primary presenting problem in up to 25% of cases (O'Connell et al., 2003). In a general population survey published by Alcohol Action Ireland, 57% of Irish people said they had been concerned about someone else's use of alcohol (Alcohol Action Ireland, 2006), and many reported experiencing harm as a result of their own or someone else's drinking. The CLAN survey produced similar findings; over half of female students (55%) said that they had experienced at least one harm, most commonly verbal abuse (25%), arguments with friends (21%), and relationship difficulties (16%) as a result of alcohol consumption (Hope et al., 2005a). Young women have been found to be more likely to suffer negative experiences than their older counterparts, with misuse of alcohol particularly harming their work and friendships, and causing them to get into fights and have accidents (Department of Health & Children, 2004b).

4.3.1. Unintended pregnancy/STIs

Irish research has highlighted an undeniable link between the over-consumption of alcohol and risky sexual behaviour. The Irish Contraception and Crisis Pregnancy study found that over a quarter of women respondents (26%) and 45% of men said that drinking alcohol had contributed to them having sex without using contraception, and 41% of women and 55% of men reported alcohol or drug use at the time of conception of a crisis pregnancy (Rundle et al., 2004). A Well Woman Centre study found that women who had been drinking were more likely not to use contraception than those who had not – 42% of those requesting emergency contraception said they had been drinking when unsafe sex occurred compared to 28% who said they had not consumed alcohol (Loxley et al., 2005). In addition, in a survey of college students, 11% of males and 9% of females gave 'impaired judgement due to alcohol' as a reason for not always using condoms to protect against STIs and pregnancy (Hope et al., 2005a). Research on sexuality and Irish teenagers also found that many mentioned a link between intoxication and first penetrative sex (Hyde & Howlett, 2004). It is vital that sexual health promotion campaigns highlight the risks involved in over-consumption and binge drinking.

4.4. Drinking during pregnancy

Alcohol use during pregnancy can have potentially damaging effects on brain development in the foetus, and high intakes of alcohol have been strongly associated with congenital birth defects (teratogenesis) (Whittaker, 2003, Guerrini et al., 2009). The umbrella term used to describe the effects of heavy alcohol use during pregnancy is Foetal Alcohol Spectrum Disorders (FASD). These disorders have been found to include behavioural, intellectual and physical difficulties such as learning difficulties, poor language skills, poor memory skills and attention problems (Department of Health & Children, 2007). Children affected by FASD often have a low birth weight, reduced head circumference and brain size and can have characteristic facial abnormalities (short eye openings, thin upper lip, flattened midface and indistinct philtrum) (Whittaker, 2003). Alcohol consumption during pregnancy has also been associated with an increased risk of miscarriage, particularly in the first trimester (Poole & Dell, 2005, Homan et al., 2007, Whittaker, 2003, Royal College of Obstetricians & Gynaecologists, 2006, Guerrini et al., 2009).

In a study by one of Dublin's three maternity hospitals, 63.2% of all pregnant women between from 1999-2005 reported consuming alcohol during pregnancy (Barry et al., 2007). Irish and UK born mothers in the study were found to have a lower likelihood of reporting that they were non-drinkers, and were also more likely than women from other European or non-European backgrounds to report consuming more than six to nine units of alcohol per week. Women in the younger age groups reported the highest levels of alcohol consumption during pregnancy, with the 18-24 year age group reporting the highest percentage of those drinking more than ten units of alcohol per week. The authors of the report concluded that systematic measures must be put in place in Ireland as a matter of some urgency in order to properly address the area of alcohol use during pregnancy (Barry et al., 2007).

Alcohol use during pregnancy has been linked with a range of serious health consequences for the foetus, and the current advice of the Chief Medical Officer is that pregnant women and women wishing to conceive should avoid consuming alcohol altogether (Department of Health & Children, 2008). That being said, it is important to recognise that pregnancy is often a time of new beginnings for women with alcohol misuse issues, and a prompt that encourages them to tackle their drinking (Guerrini et al., 2009). Therefore it is important that efforts be made to educate women about the effects of alcohol use during pregnancy and to encourage them to reduce their intake in a supportive, non-judgemental way.

4.5. Drinking & driving

Under the Road Traffic Act 1994, it is illegal to drive if you are under the influence of alcohol. In Ireland, the permissible blood alcohol level (BAC) is 0.8 g/l - above the recommended level of 0.5g/l that has been adopted in most other European countries. It has been found that at BAC levels between 0.5 to 0.8g/l, drivers are at more than twice the risk of being involved in an accident than a sober driver (European Commission, 2007). The Road Safety Strategy 2007–2012 recommended that a reduced BAC be introduced, although the exact level was not specified (Road Safety Authority, 2007b).

In Ireland, alcohol was found to be a contributory factor in 37% of road fatalities in 2003 (Bedford et al., 2006). In 2005, there were 11,646 arrests for drink driving which resulted in 4,410 convictions (CSO, 2006). In July 2006 random breath testing was introduced in Ireland, and there were 20% fewer fatalities than in the same period in 2005 (Mongan, 2008). In 2006, 82 fatal collisions, killing 99 people, took place between the hours of 9.00 pm and 3.00 am, the hours most strongly associated with drinking and driving. These crashes made up 27% of all fatalities in 2006 (Road Safety Authority, 2007a). Women are less likely to drive while under the influence of alcohol than men and are also less likely to be involved in fatal crashes than men. It has been found that 90% of the drivers involved in road accidents are male and alcohol is a factor in half of all fatal crashes involving men aged under 35 years (Mongan, 2008). Where women do drink and drive, however, it has been found that women have a higher relative risk of driver fatality than men at similar blood alcohol concentrations and it has been suggested that there may be gender differences in how alcohol affects the performance of driving tasks (National Institute on Alcohol Abuse and Alcoholism, 1999).

4.5. Effects of others alcohol misuse on women

As well as the direct effects of a woman's drinking on her own health and well-being, women are also indirectly affected by the alcohol consumption of others. Research has found that women, together with younger people and people with higher alcohol consumption, are most likely to suffer harm as a result of someone else's drinking (Anderson & Baumberg, 2006). The indirect effects of alcohol manifest themselves in several ways.

4.4.1. Violence

Women have been found to have a higher chance of being harmed by others who are drinking and, in some cases, a woman's own drinking may leave her more vulnerable to violence/attack (Poole & Dell, 2005). A study conducted in the Accident and Emergency Departments of six major acute hospitals in Ireland found that, of those presenting with alcohol related injuries, over one-third were injuries inflicted intentionally by someone else. The harm was most likely to be caused by another drinker, which was not surprising since most injuries occurred near the drinking venue, and the person's spouse/partner was twice as likely to have inflicted the alcohol related injury in comparison to other injuries (Hope et al., 2005b). A national study in domestic abuse, carried out by the National Crime Council, found that among those who had experienced severe domestic abuse, 34% said that alcohol was a potential trigger for abusive behaviour. In one-quarter of severe abuse cases, alcohol was always involved (Watson & Parsons, 2005). Alcohol has also been linked to the incidence or sexual assault and rape, with some studies estimating that 52% of men convicted of these offences had been using alcohol prior to the attack. Often, the victims of the attack were themselves under the influence of alcohol at the time (Institute of Alcohol Studies, 2008)[3]. Overall in Ireland, a general population study found that 44% of people reported that they had been injured, harassed or intimidated as a result of someone's use of alcohol (Alcohol Action Ireland, 2006).

4.4.2. Burden of care

As the Women's Health Council pointed out in *Promoting women's health; A population investment for Ireland's future,* although more women are now taking part in the paid labour force, women are still primarily responsible for providing care to the members of their families and others in their communities (Women's Health Council, 2002). This means that, for the most part, it is women who assume responsibility for the care and management of substance misusers in the family. This can place women at risk of violent and abusive behaviours, and it can also mean that they have to assume sole financial responsibility for the family. The negative implications for the physical and mental health of women in these situations are clear.

[3] In any discussion of sexual assault, it is crucial to note that while substance misuse can increase a woman's vulnerability, this should not deflect attention or blame from the perpetrator, suggest that the perpetrator's responsibility for the assault is reduced in any way, or suggest that the woman is somehow to blame for the attack.

5. Treatment Services in Ireland

Although it has been found that around one third of people who seriously misuse alcohol recover without any professional intervention (Ashworth & Gerada, 1997), treatment services are essential for the majority of problem drinkers. The Health Research Board reported that 5527 people received treatment for problem alcohol use in 2005, according to the National Drug Treatment Reporting System (NDTRS), while in 2007 the total number of cases treated for problem alcohol use increased again from 5,876 cases in 2006 to 7,312 in 2007, although this may also have been attributable to the increase in the number of treatment centres participating in the NDTRS in 2007 (Mongan et al., 2007). In 2005, there were 2995 admissions to psychiatric units or hospitals for alcohol-related conditions, of whom 962 were treated for the first time (Daly et al., 2006). Alcoholic disorders accounted for 13% of all and 14% of first admissions to psychiatric units and hospitals in 2007; alcoholic disorders had the second-highest rate of first admissions, at 19.1 per 100,000 population (Daly et al., 2008). Further, 21% of admissions to private hospitals in 2007 had a diagnosis of alcoholic disorder, compared 14% to psychiatric hospitals and 10% of admissions to psychiatric units in general hospitals.

Between 2004 and 2006, a total of 16,020 cases were treated for problem alcohol use in Ireland, 59% of whom entered treatment for the first time (Fanagan et al., 2008). Men are more likely to be treated for problem alcohol use than women; of those treated for the first time, it was found that 68% were men (Fanagan et al., 2008). The HRB estimates that the actual number of people being treated for problem alcohol use is probably much higher than the NDTRS figures suggest, as it has not achieved complete coverage of all alcohol-treatment agencies yet.

A complicating factor in providing treatment is that while a person may be accessing treatment primarily for alcohol misuse, s/he may also be misusing other drugs. This polysubstance use makes treatment more complex and is often associated with poorer outcomes. Fanagan et al (2008) report that 21% of the people treated for alcohol misuse between 2004 and 2006 reported polysubstance use, the most commonly misused drugs being cannabis (16%), cocaine (7%), ecstasy (7%) and amphetamines (2%) (Fanagan et al., 2008).

5.1. Services available in Ireland

Services providing treatment for problem alcohol use in Ireland are available in a range of private and public settings, including general and psychiatric hospitals, community-based services and residential centres. Public clinics are usually based in community health centres or local health offices, and addiction counselling is offered in many day hospitals. Community care services also offer therapy for families, couples and groups, as well as the individuals affected. Private treatment services, run by charities and private limitd companies,

are also available. Referrals to most residential programmes can come from a doctor, social worker, the courts and probation services, community nurses or workplaces, and costs for some private programmes are covered by the GMS or social welfare payments.

Although services still exist which provide treatment for problematic alcohol use alone, for the most part treatment services now deal with both alcohol and drug misuse (Health Promotion Unit, 2006). This is particularly the case in areas outside Dublin (Carew et al., 2009) where services are more likely to be integrated; within Dublin services are slightly more fragmented with a small proportion of services offering treatment for alcohol alone or drug misuse alone (a few organisations offer treatment services for alcohol and prescription drug misuse). There is wide variation in the numbers and types of treatment services across the country, with the greatest concentration of services in Dublin, as might be expected given its greater population density. A directory of drug and alcohol services published by the Health Promotion Unit in 2006 listed forty-two services for Dublin (not including HSE satellite clincs), whereas there were no dedicated services available in Leitrim (clients had to travel to Sligo town), Offaly (travel to Port Laoise) or Cavan (travel to Monaghan or Sligo) (Health Promotion Unit, 2006).

The ICGP's Alcohol Aware Practice Pilot Study 2002-2003 and the Alcohol Aware Practice Service Initiative 2005-2006, part funded by the HSE, found that intervention at primary care level made an improvement in two-thirds of cases of alcohol dependence, demonstrating the benefit to patients of management of alcohol problems in primary care using early intervention, brief intervention techniques and counsellors (Anderson et al., 2006). Work is ongoing on the initiative, and it has been piloted in some hospitals. The Health Service Executive (HSE) provides addiction counsellors and social workers as part of its community mental health services (Citizens Information Board, 2008).

The emphasis in alcohol treatment policy and practice switched in the early 1990s from inpatient services to community-based and special residential alcohol treatment services (Long, 2008). Although once widely used for the treatment of alcohol problems, psychiatric hospitals are now mainly considered inappropriate, and currently most people in Ireland are treated for alcohol misuse within the community as out-patients. Between 2004 and 2006, 54% of all treated alcohol cases attended outpatient treatment services, with 46% receiving treatment at residential centres (Fanagan et al., 2008).

For the future, the HSE Working Group on Residential Treatment & Rehabilitation (Corrigan & O'Gorman, 2007) has endorsed a four tier model of care for alcohol and drug treatment services, broken down as follows. Tier one services are aimed at those starting to experiment with drugs or alcohol and consist of drug-related information and advice, screening and referral to specialised drug treatment services. They are provided in general healthcare settings, education, social care or in criminal justice settings. Tier two services are provided

for people with problems resulting from drug or alcohol misuse and include drug-related prevention, brief intervention, counselling, and harm reduction delivered through outreach, primary care, pharmacies, criminal justice settings, and community- or hospital-based specialist drug treatment services. Tier three services are for those experiencing substantial problems as a result of drug or alcohol use and are mainly delivered in specialised structured community addiction services as above, as well as in primary care settings such as Level 1 or Level 2 GPs, pharmacies, prisons, and the probation service. Services consist of community based specialised drug assessment and coordinated, care-planned treatment including psychotherapeutic interventions, methadone maintenance, detoxification and day care. Finally, tier four services, for those experiencing severe problems as a result of drug or alcohol misuse, consist of intensive interventions through day or inpatient hospitals, including residential specialised drug treatment in dedicated inpatient or residential units/ wards, or in general psychiatric wards. Continuity of care and aftercare is important and it is recommended that treatment services be linked to residential rehabilitation units and halfway house accommodation (Corrigan & O'Gorman, 2007)[4].

5.2. Treatment approaches

Regarding the types of treatment available in Ireland, counselling is the most common initial treatment for problem alcohol use, recorded for 77% of all treated cases in 2006, this is followed by alcohol detoxification (28%), alcohol awareness programmes (25%), medication-free therapy (23%), family therapy (21%) and brief intervention (20%) (Fanagan et al., 2008).

Alcohol detoxification is aimed at removing the physical craving for alcohol that is a symptom of alcohol addiction. In most cases, detoxification takes place on an out-patient basis under the supervision of a GP (Citizens Information, 2008a). If alcohol dependence is severe, detoxification is controlled with an attenuation therapy (such as a benzodiazepine) since abrupt cessation of alcohol can induce withdrawal effects such as headache, nausea, vomiting, sweating, convulsions and delirium tremens. Inpatient detoxification is recommended for those at risk of suicide, lacking social support, or giving a history of severe withdrawal reactions including fits and delirium tremens (Ashworth & Gerada, 1997). Drugs may also be prescribed in the initial stages of treatment to help reduce cravings and stabilize mood in people addicted to alcohol. The costs of commonly used drugs Campral and Rev'Ia can be claimed back under the Drugs Payment Scheme (Citizens Information, 2008a).

[4] Personal communication from Ms Alice O'Flynn, Care Group Manager - Social Inclusion, HSE, 20th April 2009.

Brief intervention is the approach favoured by the Irish College of General Practitioners (ICGP) and Alcohol Action Ireland, among others. It typically takes place in a community setting, and involves a doctor or other healthcare provider assessing a person's alcohol intake, providing information about the effects of alcohol, and giving advice on reducing consumption. It has been found to be effective in reducing problem drinking, with more than a 20% reduction in alcohol consumption among problem drinkers in some studies (Ashworth & Gerada, 1997, Mongan et al., 2007). Alcohol Action Ireland recommends brief intervention as it is low in cost and has proven to be effective for most alcohol problems (Alcohol Action Ireland, 2006). It may not be suitable for people with more serious alcohol dependence, however, and a Cochrane Systematic Review has found that its effectiveness is not completely clear yet for women (Kaner et al., 2007).

The UK National Treatment Agency for Substance Misuse has recommended an integrated model for treatment of alcohol misuse, which meets the needs of patients with a specialist multidisciplinary outpatient addiction team that supports the efforts of the GP and other primary care workers (National Treatment Agency for Substance Misuse, 2002). This team intervenes in cases of emerging alcohol problems, provides treatment to those with more serious problems and acts as a filter for patients who require specialist inpatient treatment due to the presence of more than one problem, for example, mental health issues (National Treatment Agency for Substance Misuse, 2002).

6. Alcohol Policy and Legislation in Ireland

6.1. Alcohol policy & strategy

The two most relevant recent documents on alcohol policy in Ireland are outlined below.

6.1.1. Strategic Task Force on Alcohol

The Strategic Task Force on Alcohol was established by the Minister for Health and Children in January 2002 to recommend specific evidence-based measures to Government to prevent and reduce alcohol related harm in Ireland. The Task Force was set up on foot on the Government's obligations under the European Charter on Alcohol (signed by Ireland in 1995) and a recommendation from the Commission for Liquor Licensing. It was made up of representatives of Government Departments, State agencies, the drinks industry and experts from the public health and alcohol policy fields. The Task Force published an *Interim Report* in May 2002 which recommended actively enforced regulatory approaches to the alcohol market, and the evaluation of approaches that acknowledge the realities of drinking and intoxication in society (Strategic Task Force on Alcohol, 2002). The Task Force's *Second Report* was published in 2004. Its recommendations focused on regulating availability; controlling promotion of alcohol; enhancing society's capacity to respond to alcohol related harm; protecting public, private and working environments; the responsibility of the alcohol industry; providing information and education; putting in place effective treatment services; supporting non-governmental organizations; research and monitoring progress (Strategic Task Force on Alcohol, 2004). Recommendations corresponded to the ten strategy areas for alcohol action outlined in the European Charter on Alcohol. Of particular relevance for women, the Task Force recommended that pregnant women and women who were planning to become pregnant be discouraged from alcohol consumption.

6.1.2. Government Alcohol Advisory Group

A Government Alcohol Advisory Group was set up in January 2008 by the Minister for Justice, Equality and Law Reform to examine the public order aspects of the law governing the sale and consumption of alcohol. The Group's membership included representatives from the Gardaí, HSE, and Department of Health & Children (Department of Justice Equality & Law Reform, 2008c). The Group presented its report to the Minister for Justice, Equality and Law Reform on 31st March 2008. The report examined the increasing numbers of off-licences being issued in Ireland, issues around the sale of alcohol, including below-unit cost selling and special promotions, the increasing numbers of special exemption orders permitting longer opening hours by licensed premises, and the use, adequacy and effectiveness of existing sanctions and penalties, particularly as they combat excessive and under-age drinking (Government Alcohol Advisory Group, 2008). The report recommended strengthening public order provisions to curtail alcohol consumption in public places, tackling the increased visibility and availability of alcohol through retail outlets with off-licences, and tightening the conditions under which premises such as late

bars and nightclubs can remain open beyond normal closing. It also recommended the development and implementation of an overall national strategy on alcohol, in order to ensure a consistent and coherent approach to alcohol-related matters across Government departments and other public bodies.

6.2. Alcohol legislation

The relevant Irish legislation relating to the serving of alcohol in licensed premises, the buying of alcoholic drinks in off-licences and drinking alcohol in public places are the Intoxicating Liquor Act 2008, Intoxicating Liquor Act 2003, Intoxicating Liquor Act 2000, the Licensing Act, 1872 and the Criminal Justice (Public Order) Act 1994 (Citizens Information, 2008b).

Under all the Intoxicating Liquor Acts, it is an offence to sell alcohol to anyone under the age of 18, to buy alcohol for a person aged under 18, or to pretend to be over 18 in order to buy or drink alcohol. Under the 2003 Act it became an offence to supply alcohol to a drunken person[5] and to admit a drunken person to a bar. Patrons of licenced bars and premises in Ireland are expected to behave at all times with due respect for others, and it is an offence to engage in disorderly conduct on a licenced premises in Ireland. Off-licence sales of alcohol is only permitted between the hours of 10.30 am and 10.00 pm on weekdays and 12.30 pm to 10.00 pm on Sundays. 'Happy hour' type promotions were made illegal in Ireland under the 2003 Act. The main penalties for offences under the Acts are fines, but temporary closure orders can be imposed for some offences. Under the Criminal Justice (Public Order) Act 1994, it is an offence for a person to be so drunk in a public place that he/she could reasonably be presumed to be a danger to him/herself or to anyone around him/her.

Most recently, the Intoxicating Liquor Act 2008 took effect on 30th July (Department of Justice Equality & Law Reform, 2008a). The new Act updated the previous legislation, made legislative reforms relating to the sale of alcohol, issuing of licenses, and extended opening hours, and gave effect to many of the recommendations made in the report of the Government Alcohol Advisory Group. The Act also contains measures to curtail drinking in public places, especially by those under 18, including allowing the Gardaí to seize alcohol. The Gardaí can also seize alcohol from any person (regardless of their age) when the consumption of the alcohol in a public place is causing, or is likely to cause, annoyance, nuisance or a breach of the peace (Department of Justice Equality & Law Reform, 2008b, Department of Justice Equality & Law Reform, 2008a).

[5] A 'drunken person' is someone 'intoxicated to such a degree that they may endanger themselves or other people'.

7. Recommendations

It is clear from the research that alcohol affects women and men in distinct ways. Alcohol has different effects for women both physically and emotionally, and women often drink for different reasons and have different drinking habits than men, although the gender gap may be closing for younger women. For these reasons, the Council has put forward the following recommendations regarding women and alcohol misuse.

7.1. Gender sensitive policy

The Health Research Board has noted that although Ireland has a number of alcohol policies, none has been implemented consistently, and some of the policies contradict each other. For that reason, they have recommended that an integrated alcohol strategy must be developed and implemented as a matter of some urgency (Mongan et al., 2007). After examining the research, the Women's Health Council has concluded that any policy or strategy being developed in the area must pay attention to gender. It is clear that alcohol affects women and men in distinct ways. A gendered policy/strategy response is therefore essential. Given the increasing trend of polysubstance misuse, the Council supports the recent decision by Government to integrate alcohol and drug misuse in a single policy/strategy on substance misuse.

Recommendation 1: The Women's Health Council recommends that an integrated, gendered alcohol and drugs strategy should be developed and implemented as soon as possible.

7.2. Health Promotion

The Women's Health Council believes it is essential that women are educated about the gender differences associated with alcohol use, particularly the differences in how men and women metabolise alcohol, and the fact that women suffer more negative health affects at lower doses of alcohol than men. Women must be made aware of the risks they may be exposed to while under the influence, including the risk of unintended pregnancy and/or sexually transmitted diseases. Equally importantly, women must be aware of the risks associated with alcohol use during pregnancy. Education on the particular effects of alcohol on women should take place in schools, as it has been found that age at initiation of alcohol use is key in determining outcomes. The Health Research Board has found that among those treated for problem alcohol use in Ireland, the median age at which new cases began drinking was 16 years, although 26% of new cases began drinking when they were under 15 years. There were also indications that alcohol and drug use initiation are linked, and the Health Research Board therefore highlighted the importance of delaying alcohol initiation among young people (Fanagan et al., 2008). Innovative approaches to conveying the information to adults will also need to be developed, perhaps in community settings.

Recommendation 2: The Women's Health Council recommends that education on the particular effects of alcohol for women should be included in the SPHE programme, as well as in education programmes for community settings.

Price may also be a key strategy in reducing the consumption of alcohol among younger people. A recent Eurobarometer study found that in Ireland the youngest respondents and students appeared to be the most susceptible to changes in the price of alcohol. Students (42%) and respondents aged 15-24 years (44%), more than any of the other groups, said that they would buy less alcohol if the price increased by 25% (European Commission, 2007). The Government Alcohol Advisory Group examined the sale of alcohol as part of its brief, and recommendation 15 of its report focused on pricing strategies. A similar strategy has been used in Scotland in its 'Changing Scotland's relationship with alcohol' document, which further decided to pursue the establishment of a minimum price per unit of alcohol through regulation (Scottish Government, 2009).

Recommendation 3: The Women's Health Council recommends that, in line with the Government Alcohol Advisory Group, alcohol promotions and price discounts should be prohibited.

Ireland has been found to have the highest level of binge drinking in Europe. Patterns of drinking, and the culture in Ireland around alcohol must be altered if the problems we experience in the area are to be resolved. It is essential that people living in Ireland are educated about the dangers associated with over-consumption of alcohol, and are aware of exactly how much alcohol constitutes the recommended levels. Part of the problem may be that people do not know how many units of alcohol their drink contains. The HSE's 'Little Book of Women and Alcohol' has gone some way towards addressing this issue by providing an illustration of the number of units contained in a variety of drinks (HSE, 2008b), but more should be done.

Recommendation 4: The Women's Health Council recommends that alcohol containers should be clearly labelled to indicate the number of units of alcohol that they constitute.

7.3. Research

Much research has already been carried out in Ireland covering the area of alcohol misuse. The Health Research Board, through the National Drug Treatment Reporting System (NDTRS), began collecting figures on treated alcohol misuse in Ireland in 2004 and the organisation is in the process of recruiting alcohol treatment services to the NDTRS to ensure full coverage. In addition, the National Advisory Committee on Drugs (NACD) has to date carried out two general population surveys on drug prevalence that included figures on alcohol use. All of the data currently being recorded by the HRB and NACD is disaggregated by gender.

One area on which the Women's Health Council could consider carrying out additional research is the area of binge drinking, given that Ireland has the highest level of binge drinking in Europe. The reasons for over-consumption as well as the consequences of binge drinking on the physical, mental and social well-being of women could be examined in more detail.

In addition, it could be interesting to examine attitudes to drinking among young women. Alcohol-related hospital discharge figures for women aged under 17 are proportionally much higher than for other groups of women, and women in the 18-29 year age group are the most likely to binge drink. Such figures represent a departure from the traditional model of drinking which should be investigated.

Recommendation 5: The Women's Health Council recommends conducting original research on the related areas of (i) binge drinking among women, and (ii) attitudes to alcohol among young women.

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