

From Lady to Ladette? Women as an 'at risk' group

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Women's alcohol consumption

- **More women drink alcohol**
- **Women's drinking has become more visible**
- **More women drink at levels defined as harmful**
- **Research indicates women are physiologically more vulnerable**
- **BUT women drink less and less harmfully than men**

WHO Global Health Atlas

<http://www.who.int/globalatlas/default.asp>

Heavy / Hazardous / High Risk Drinkers

- Canada M: 28.3% F: 11.2%
- Australia M: 8.5% F: 5.3%
- N. Zealand M: 33% F: 20%
- UK M: 12.1% F: 10.5%
- Spain M: 3.4% F: 2.1%
- Austria M: 17.3% F: 7.0%

So, why are women often categorised as an 'at risk' group?

OR is it that they are seen AS a risk

The Concise Oxford Dictionary

The ladette:

“a young woman who behaves in a boisterously assertive or crude manner and engages in heavy drinking sessions”

‘Ladettes and ‘Modern Girls’: ‘troublesome’ young femininities

Fears and claims about the behaviours of contemporary young women have similarities with past concerns about women’s drinking / related behaviours

- UK: ‘modern girls’- 1920’s**
- Ireland: ‘modern girls’ – 1920’s**
- USA: ‘mean girls’ and ‘Queen Bees’ – from 1995**

Social construction of 'bad girls': Stereotypical images

- **Linked to social expectations of women's roles – notions of femininity and acceptable feminine behaviour – women as social and moral guardians**
- **Health concerns - Ladettes at high risk of heart disease (sexual dysfunction, shrunken breasts, infertility.....) – costs to the nation**
- **Crime and disorder – 'drunken fights'**

What are the consequences for women?

- **Re-inforce 'traditional' female roles**
- **Stigma**
- **Restrict consideration of reasons**
- **Barriers to help seeking**
- **Fears of consequences of exposure**
- **Delay / prevent help seeking**
- **Influence professional attitudes / behaviours**

Harm reduction approaches: **individual**

Brief interventions: opportunistic brief interventions (primary care, A&E)

- Sub-group of 8 RCTs – confirmed benefit for men but not for women
- Future trials should focus on women and on delineating the most effective components of intervention

- Kaner, Dickenson, Beyer et al. Effectiveness of brief interventions in primary care populations (2007) The Cochrane database of Systematic Reviews

**Possible pointers for
intervention?**

Periods of life change – pregnancy; injury

- **Manwell et al., (2000) USA: sig. reduction in 7 day use and in binge drinking**
- **Blow et al., (2006) USA: younger women (19-22) attending emergency department most likely to decrease 'binge' drinking**

A holistic, lifestyle approach

- **O'Connor et al. (2007) USA: Women in BI were 5 times more likely to report abstinence (nutritional programme)**
- **Kelly et al. (2000) Australia: sig. improvements drinking/ relationships/ depression**
- **Snow et al (2002) USA: 29% decrease in use alcohol for stress (workplace)**

Susceptibility to peer influence

- **Smith (2004) USA: Females sig. more likely report drinking less – college students, social norm intervention.**

Internet, self-help approaches

- **Cunningham et al. (2005)**
USA/Canada: high 58% users were women and most (88%) were first-time help seekers
- **Saitz et al. (2004) high proportion women visiting web sites:**
anonymity, accessibility,
minimal professional contact

Community based harm reduction

- **Targets whole communities (not individuals)**
- **Aims to change harmful drinking cultures/ norms**
- **Uses multi-agency, community mobilisation, multi-component programmes**
- **Attempts to influence policy and change systems which create/ sustain problem drinking**

Examples:

- Design of public houses / drinking venues:
food, noise levels, access to bar/toilets, seats, staff training
- Environmental: street lighting, CCTV
- Access to transport
- Media awareness campaigns
- Policing

Conclusions

- Insufficient research on harm reduction for women
- Need to take account of culturally defined gender roles, the effects of 'global standards' and changing role expectations
- Need to tackle continuing negative stereotypes of women
- Need to consider community intervention as well as individually targeted measures