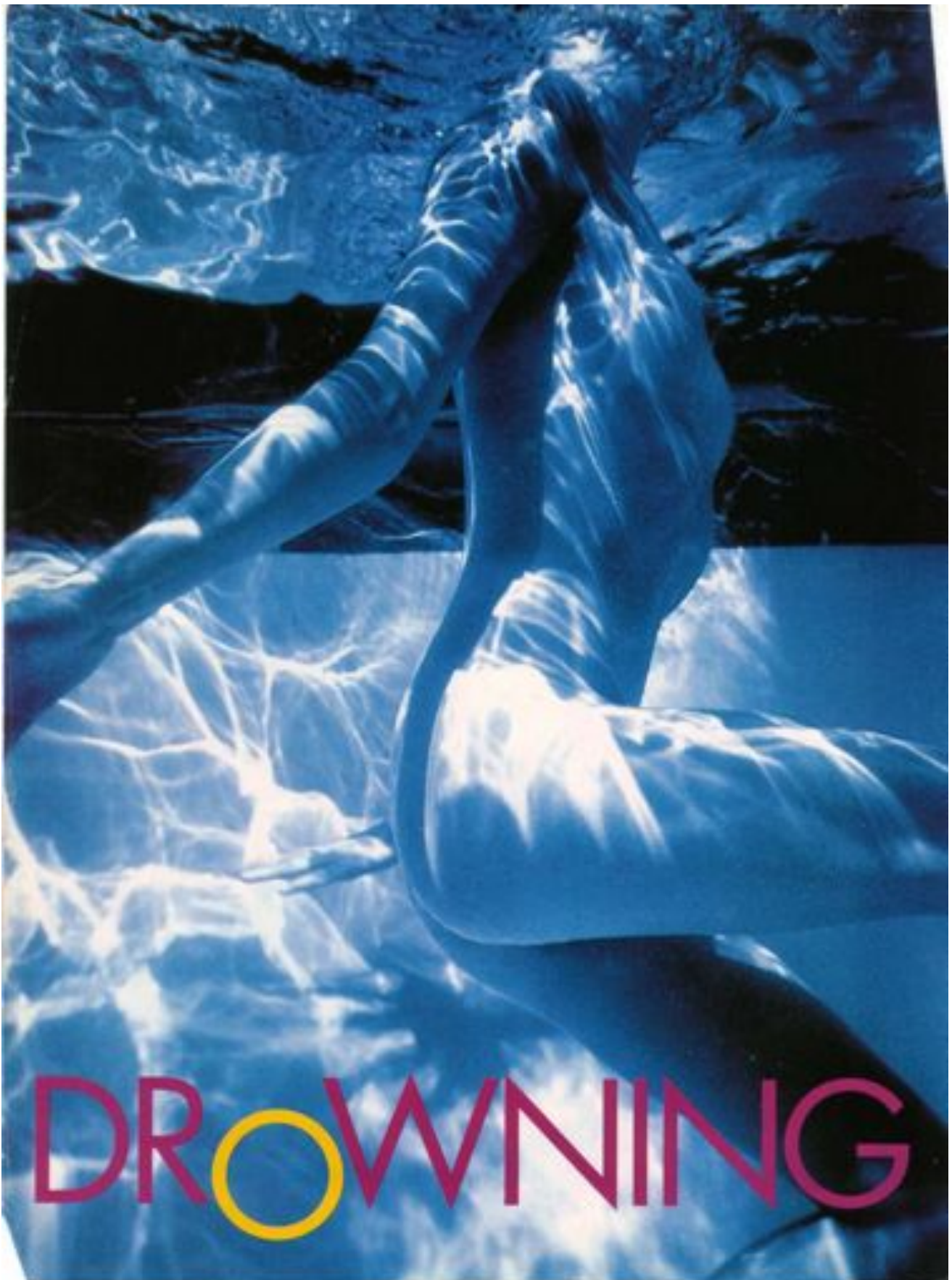


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Women and Alcohol

IN OUR CULTURE, WHERE IT'S STILL "UNLADYLIKE" TO GET DRUNK, IT'S NO WONDER THAT ALCOHOLIC WOMEN ARE TRYING DESPERATELY TO KEEP THEIR HEADS ABOVE WATER. MONICA DAVIDSON REPORTS.

They were an eclectic group of women, but not unusual. A pretty blonde working in medicine, a vivacious brunette with a Carol Channing voice, and a quiet, bespectacled lady in a tracksuit. They ranged in ages, careers and sizes, and if any one of them walked past you in the street you would not think twice. They are all alcoholics in the detoxification program at St Edmund's Hospital, Sydney.

"I would say that alcoholism is fairly indiscriminate," says Jim MacLaine, program director of alcohol and drug therapy services at St Edmund's Hospital. "Recently, one of the first studies on women and alcoholism came out, and it showed strong evidence of a genetic pre-disposition towards alcohol abuse."

Put simply, this evidence means that alcoholism is a disease that can afflict anyone, but particularly those with a family history of alcohol abuse. It is a great leveler, affecting people from all backgrounds, of all ages and all occupations.

This does not mean, however, that you are automatically a candidate for a detox program if a family member is, or has been, an alcoholic. The genes, in combination with cultural and social upbringing, can cause a cycle of drinking which ultimately becomes alcoholism. And, as drinking for women becomes more socially acceptable, levels of the incidence of alcoholism amongst females is rising.

"As culture changes and more young women have a lifestyle that includes a bit of binge drinking here and there, then

more of those that are susceptible are likely to develop alcoholism," says MacLaine.

Marg is a 37-year-old science officer who is in detox for the sixth time. "Before I came into my first detox, I didn't know alcoholism existed," she says. "I thought alcoholics were drunks — morally weak, dirty and hopeless. That's how I regarded my father, who was an alcoholic. I didn't regard him as having a disease."

There is a marked difference between a heavy drinker and an alcoholic. Apart from the genes involved, a heavy drinker knows when to draw the line. "Lifestyle heavy drinkers are quite capable of moderating when they recognise the need to," says MacLaine. "The people who need help are those who get into trouble and then can't stop. Or if they do stop, they start again

and the whole thing cycles around."

Alcohol is second only to tobacco as the major cause of death in Australia. In March 1991, the National Campaign Against Drug Abuse funded a one day national census of clients attending drug treatment agencies. The results revealed that 55 per cent of clients were receiving treatment for alcohol problems — double that for any other drug. On the same day, 74 per cent of the relatives or friends of a drug-abuser in attendance were there because of the stress of living with an alcoholic.

These figures should not come as a surprise. Abuse is relatively easy as alcohol is freely available, totally accessible, and socially and legally accepted. Although females make up the dominant proportion of low-risk drinkers, women still consume a lot of alcohol per head. According to a 1989 survey, 85 per cent of the women participants had a low consumption of alcohol, 11 per cent rated medium, and three per cent were at high risk from alcohol intake. "High risk" indicates an average daily consumption of three to eight (or more) alcoholic drinks. The statistic transition

"I'LL PROVE I'M NOT A PROBLEM DRINKER"

The following is a list of questions designed to help people recognise if they have a problem with alcohol. If the answers are mostly "yes", this may be an indication as to what extent alcohol has taken control.

1. Do friends, colleagues or family complain about your drinking?
2. Do you neglect obligations to friends, family or employer because of your drinking?
3. When drinking with others, do you sneak extra drinks when nobody is looking?
4. Do you promise yourself you'll cut down or stop for a period, and then find yourself drinking heavily again?
5. The morning after, do you find it difficult to remember what happened the night before?
6. Have you had accidents, injuries, illness or trouble with police which might have been caused by drinking?
7. Do you sometimes drink to relieve shakiness, hangovers, sweating or rapid heartbeats?
8. Do you often end up drinking a lot more than you intended to?
9. Do you often worry that there may not be a drink available when you need one?

BY NUMBERS

Women and Alcohol

lates roughly to mean that over 500,000 Australian women are "high risk drinkers".

Women are also at the mercy of stereotypes and advertising clichés when it comes to alcohol. Many advertisements present drink as a tool for making a man's life richer, whereas women are portrayed as elusive models or in discreet scenarios. This double standard only helps reinforce the denial many alcoholic women feel.

Because of the stigma attached, an alcoholic woman is often discouraged from trying to seek help, and when she does she is often treated for depression or mental problems, ending up with a prescription for tranquilisers. The alcohol abuse is ignored.

This stigma was evident to the three women at St Edmund's. Anna, a 30-year-old woman working "high in the medical profession", recounts: "I think a lot of people believe that alcoholism affects a lady between 40 and 55, who's unhappy in her marriage, doesn't go to work, sits at home watching the soaps, and drinks wine or vodka or something out of the closet, and then sprays perfume before her husband gets home. That used to be my idea of an alcoholic woman. And if you look in here at St Edmund's, there's professionals, there's girls that are 21 or 22, guys that are 20..."

The effect that alcohol has on the mind is powerful and deceiving. "So much of our personality works by our deeper images of ourselves," says Jim MacLaine, "and alcohol seems to have this affect — very strongly — on the parts of the brain that look after our self-image. An example is when someone's been at a party and had more than a couple, and you can see them change in front of your eyes. The reason is that, through its effect on brain functioning, it's altering their self-image. It can give people the illusion that they are witty and wonderful. A good way to think of alcohol is as a drug of illusion, in higher doses."

Recognising the need for help is one of

the hardest steps an alcoholic can make, and marks a crucial turning point in a long process that begins with a developing obsession with drinking. Jim MacLaine acknowledges this: "One of the signs is an increasing interest in being able to drink."

For example, rather than a young woman looking forward to Friday night at the pub so she can see her friends, she looks forward to the alcohol there. Everything else becomes secondary. Similarly, rather than awaiting the chance to relax when she gets home from work, she may instead be anticipating her usual glass of wine.

"And then it gets to five or six glasses," MacLaine continues, "and perhaps the occasional fuzziness. That's an indication of a build-up of an alcoholic pattern. Even while that's happening, another part of her will be saying: 'Oh no, I'm not over-interested in drink.'"

Marg's association with alcohol came from a troubled upbringing: "I had a very traumatic childhood, through being the child of an alcoholic and also the child of someone diagnosed as paranoid schizophrenic, and every so often I slip back into the horror of my childhood. I'd have flashbacks, and when that happened I developed the habit of drinking to control emotions. For oblivion, just to wipe myself out."

"I didn't acknowledge my alcoholism. What I acknowledged was my Valium dependence. I went to a counsellor at work, because of my problems coping, and she suggested that my experiences as a child were incest. The doctor I had seen previously had denied that, and said that all drunk men do 'that' to their daughters. So the counsellor referred me to the incest centre. Then I got suicidal and homicidal and I knew that I could act on it, so I rang up Lifeline. They said: 'Why don't you try hospital detox'. I went in, they introduced me to the fellowship of Alcoholics Anonymous, and I heard stories. [It by bit I identified with, for example, the depression and the anxiety that could be caused partly by the alcohol. I realised that my drinking

wasn't normal."

Anna also came to the traumatic conclusion that she needed help. "I think I had an inkling about two years ago, but to be honest I think I only really admitted it in the last five or six months. It's pretty cunning. Because I function very well at work, in a very high-level job, and because I've maintained a certain standard of dress and social appearances, I thought that I was okay. My friends and family noticed and they started the nagging comments: 'Don't you think you've had enough?' or 'You look a bit funny today', and I'd always say: 'Oh, I had a terrible day at work' or 'I've got a headache' or 'I'm tired'. But I knew full well that I'd been drinking."

"Last year I was raped, and I think that's what started me thinking. I'd only had three drinks, and it was by someone I knew, but I started to question my behaviour when I was drinking. Maybe I'd asked for it, and maybe because I'd had the alcohol I was easy prey, although I wasn't legless," says Anna.

Simone is a 49-year-old woman in detox for the first time. Like many alcoholics, she says she had to be pushed to take the first step. "I created so much havoc in my family — I probably wrecked a whole lot of that relationship. Then someone stepped in and told my husband about St Edmund's. He would never have acknow-

PROFESSIONAL WOMEN AT RISK

As women make more and more inroads into high paying, high stress occupations, they are more likely to be at risk from the effects of heavy drinking. The Victorian Occupational Health and Safety Commission recently investigated the complications and stresses involved for these women. The study found that over 20 per cent of women employed as specialist managers and sales representatives were drinking at hazardous levels. Others engaging in hazardous alcohol consumption included women working in very competitive jobs such as business and social professionals, and managing supervisors. Flight attendants rated the highest.

DRINKING-RELATED PROBLEMS

Police attest that alcohol is a factor in 90 per cent of investigated domestic violence cases, with the victims of this abuse mainly female. Similarly, alcohol has a part to play in suicides. Although more men than women commit suicide in Australia, in 1968 a survey by the Bureau of Crime Statistics and Research found that 18 per cent of female suicides were found to have alcohol in their blood at the time of death. Aspects that may tag a person as "suicidal" may also apply to an alcoholic — feelings of isolation, loneliness, depression and anxiety.

WHERE TO GET HELP

ALCOHOLICS ANONYMOUS

(toll free) 008 442 947
Sydney: (02) 799 1199
Melbourne: (03) 429 1833
Brisbane: (07) 210 0162
Perth: (09) 325 3566
Adelaide: (08) 346 3255
Darwin: (089) 819 216
Hobart: (002) 346 711
Canberra: (06) 249 1340

AL-ANON FAMILY GROUP

(Support for family and friends of alcoholics)

Sydney: (02) 264 9255
Melbourne: (03) 329 0105
Brisbane: (07) 229 2501
Perth: (09) 325 7528
Adelaide: (08) 231 2969
Darwin: (089) 271 975
Hobart: (002) 234 244
Canberra: (06) 248 8651

DIRECT LINE

(toll free) 008 136 365
(03) 416 1818

AUSTRALIAN DRUG FOUNDATION

(03) 690 6000

WEST ADD (Victoria)

(03) 689 1600 or (03) 689 5533

ALCOHOL AND DRUG INFORMATION SERVICE

(02) 331 2111

ALCOHOL AND DRUG COUNSELLING, SYDNEY

(02) 951 5566

ST EDMUND'S PRIVATE HOSPITAL

11 Clanshaine Street, Eastwood NSW.
(02) 858 5522

MOUNT WILGA PRIVATE HOSPITAL

2 Manor Road, Hornsby, NSW.
(02) 477 7011

LAWRENCE HARGRAVE HOSPITAL

72 Phillip St, Thirroul, NSW.
(042) 67 2811

BERKELEY VALE PRIVATE HOSPITAL

Lorraine Ave, Berkeley Vale, NSW.
(043) 88 4829

PERTH SURGICENTRE

38 Ranleigh Cres, Perth, WA.
(09) 367 4322

edged, I think, that I was so bad that I needed that sort of help. But he came home one night and said: 'You've got two alternatives. Either I tie you up and dump you at Kings Cross' — because the Cross is where the derelicts are, in his mind — 'or you go into detox'. And I really felt relieved, actually, in one way I didn't like coming, but in another way I couldn't get here fast enough. I had to look at what I'd done to my family."

Making the step towards recovery was, for all the women, a comfort in itself. Marg says quietly, "The big reason I stopped was that it would have been harder to keep going, what with the panic attacks and the severe depression and the anxiety. I was just dysfunctional. I couldn't do my own banking and shopping, I couldn't do anything. I virtually couldn't leave the house. And that was all the result of drinking. It's a lot more difficult to continue that way than to stop."

Anna agrees: "It was sort of a relief. I think the road up to it was pretty hard. My drinking started to interfere with my job, and that's just something that I can't have happen. So that was hard... The actual letting it out to somebody and saying I want to go to detox... well, that's a relief. You feel embarrassed, I mean, you don't go and put it in the Sunday papers that you've decided to detox, and you don't tell acquaintances. Some of my best friends don't even know I'm here. As far as they're concerned I'm off having a holiday. So, I'm still embarrassed to a degree but I'm relieved."

Once an alcoholic realises the need for medical and therapeutic assistance, choosing the right place to go is of the utmost importance. "If you don't go to the right place the first time it's 10 times worse. It's like Valley Of The Dolls revisited," says Anna.

ed," says Anna.

Marg and Simone both have first-hand experience of how bad sub-standard treatment can be. Marg relates: "I went through another detox and it was just hopeless. They sent me to meetings when I was having blackouts, they dismissed me after a week and I was having seizures at home."

Simone adds: "I saw a psychiatrist. Perhaps I wasn't committed enough, but I felt that he was no help. He just seemed to fire questions at me all the time. I was answering truthfully, but feeling dreadful about the answers."

The best kind of treatment is from a hospital or clinic that provides help for all areas of an alcoholic's life. It is vitally important that the clinic offers such programs as alcohol use assessment, a medically supervised detoxification program and perhaps self-help therapy of some kind. Also, assistance in dealing with past traumas, such as rape, incest or alcoholic parents. Reinstating relationships with family, friends and the workplace should be aided, as well as the comfort of working towards recovery at the patient's own pace.

It is also important for people to realise that alcoholism is overwhelmingly a genetic disease, not a self-inflicted misery for a weak and deserving fool. "Nobody would choose to become an alcoholic," says Jim MacLaine, "they are absolutely caught."

Anna, the youngest of the group and new to detox, finishes sadly: "We're very good at putting on masks. Alcoholics are like clowns, I reckon. They're the funniest people on the outside, but God there are some sad stories underneath. I think the public's image of alcoholics is that of derelicts, or ra-ra boys and girls whose morals aren't so crash hot. We're not like that. We're everyday people." ■

Thanks to Jim MacLaine and Dorothy Harding at St Edmund's Hospital, and to Marg, Anna and Simone for their stories.

WHAT IS A STANDARD DRINK?

The concept of a "standard drink" can be confusing, particularly if you're drinking at home or in an environment that is not controlled by a publican's measures (which can also be suspect). A standard drink contains around 10 grams of alcohol, and is equivalent to:

- A small (120mL) glass of wine or champagne
- A 30mL nip of spirits
- A middy or pot of full-strength beer

Remember that one can or stubby of full-strength (4.9 per cent alcohol) beer is equivalent to 1.5 standard drinks, while a can of light beer (less than three per cent alcohol) is equal to only 0.8 standard drinks.