

PREVENTING HEAVY ALCOHOL USE AMONG GIRLS & YOUNG WOMEN

PRACTICAL TOOLS & RESOURCES FOR
PRACTITIONERS & GIRLS'
PROGRAMMERS



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Nancy Poole and Ginny Gonneau
British Columbia Centre of Excellence for Women's Health

Outline

1. Quick overview of our research on girls and alcohol
2. Practical tools and resources for prevention workers and girls groups leaders - Ginny Gonneau
3. Questions and answers - with panelists

Note:

Slide deck and recording will be at www.coalescing-vc.org in the “girls” section

Updated resource list will be there too



PREVALENCE / TRENDS / HEALTH IMPACTS / KEY INFLUENCES

Girls' and young women's drinking

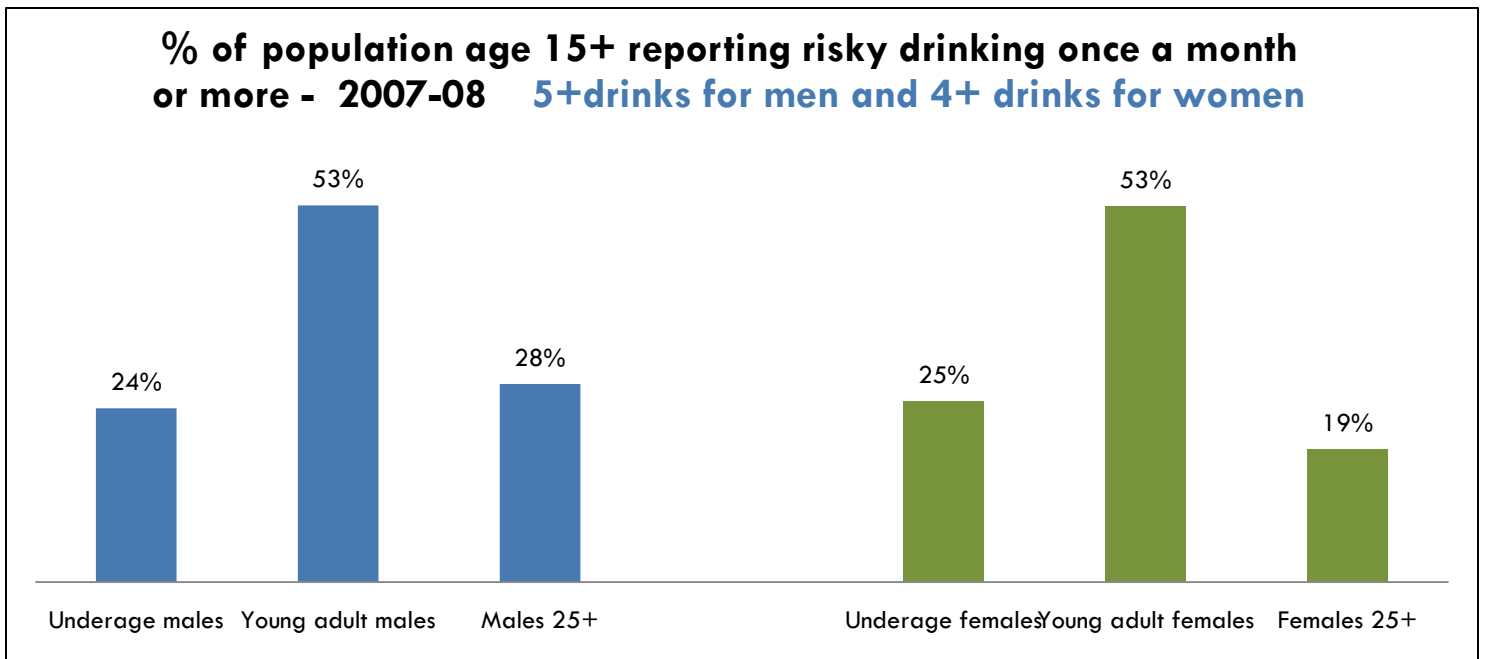
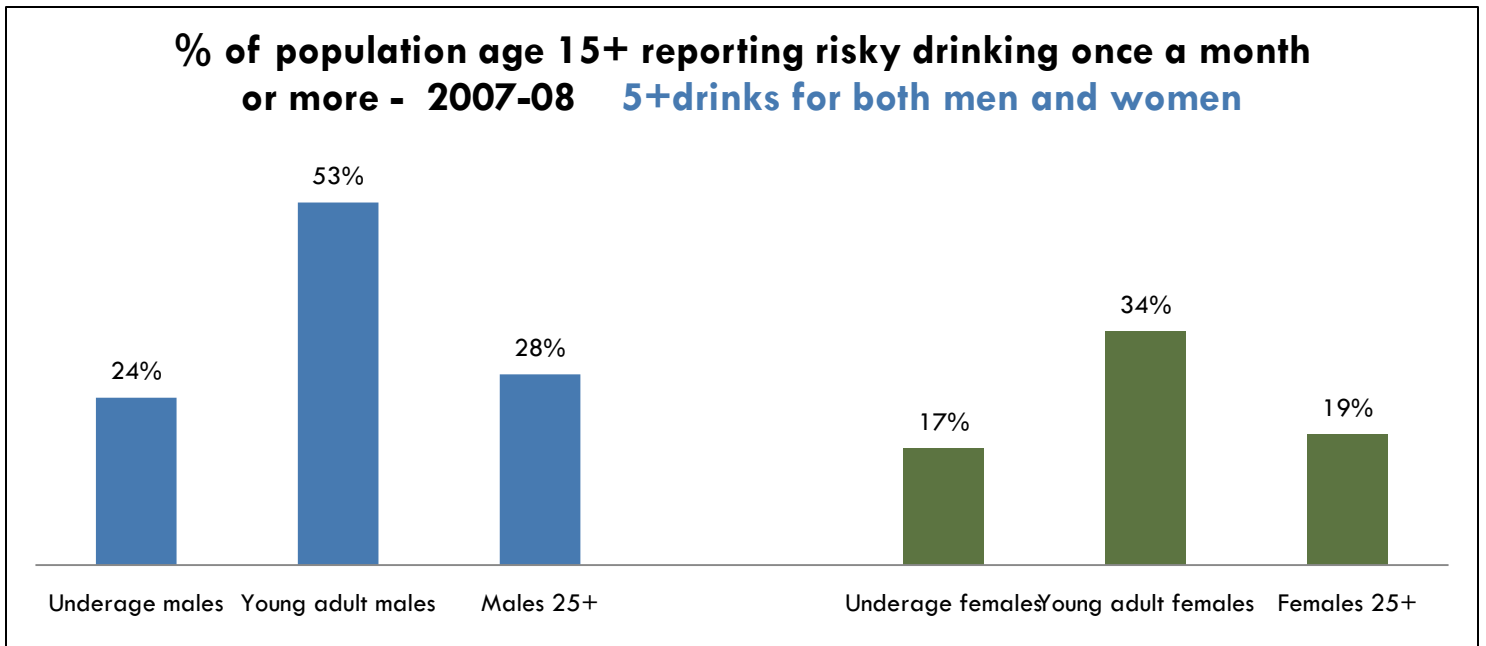
Prevalence and Trends

Trends in alcohol use by girls/ young women

BC

- The 2008 BC Adolescent Health Survey found that male and female students surveyed in grades 7 through 12 were similarly likely to have ever tried alcohol (53.8% and 54.8% respectively) and equally likely to binge.
- Female students aged 15 or younger had a higher rate of binge drinking in the past month than their male counterparts 13.4 % compared to 11.8%.

Using sex specific criteria for risky drinking
(CCHS data)



Trends in alcohol use by girls/ young women

Internationally

- Study of trends in the prevalence of monthly alcohol use and lifetime drunkenness in 20 European countries, the Russian Federation, Israel, USA and Canada found drunkenness rates rise strongly between the ages of 13 and 15 in all countries
- Girls appear to be catching up with boys in some countries. Canada was 1 of 5 countries where there were cases of rates of drunkenness more common among girls than boys (Canadian girls 13yr and 15yr)

Simons-Morton, et al. (2009). Gender specific trends in alcohol use. *International Journal of Public Health*, 54(2), 199-208.

Sub-groups of girls at risk

- Compared to heterosexual youth the same age, bisexual females were two times more likely to report binge-drinking.;
- Among bisexual females , the rate of binge-drinking rose from **12%** in 1992 to **37%** in 1998 to **43%** in 2003. Among bisexual males, the rate of binge-drinking rose from 22% in 1992 to 32% in 1998 and remained at this rate in 2003.

McCreary Centre Society. (2007). *Not Yet Equal: The Health of Lesbian, Gay, & Bisexual Youth in BC*. Vancouver, BC: McCreary Centre Society.

Health impact of drinking for girls

Health impacts of alcohol for girls/young women

- Hypertension
- Compromised bone quality
- Reproductive health problems
- Benign breast disease
- Vulnerability to STI's
- Pregnancy- unplanned/ fetal harm
- Accident and injury



Girlie Drinks...

women's diseases.

brain damage

STDs

heart problems

liver disease

menstrual disorders

A third of all girls older than 12 have tried a popular new alcoholic beverage. Known as "girlie drinks" or "alcopops," their sweet fruity flavor can't conceal the negative health consequences. Companies market these "starter drinks" to appeal to girls and young women. Don't be taken in.



American Medical Association

Physicians dedicated to the health of America



www.AlcoholPolicyMD.com

Pathways and influences

Gendered pathways to use

[The Formative Years](#) study documents how girls and young women use cigarettes, alcohol and drugs for reasons different from boys, that the signals and situations of high risk are different, and that girls are more vulnerable to substance use and its consequences.

- One of the gender-specific influences on girls drinking it documents is the influence of exposure to the entertainment media and alcohol and cigarette advertising - which shower girls and young women with unhealthy and unrealistic messages about smoking, drinking and weight loss.

National Center on Addiction and Substance Abuse. (February 2003). *The Formative Years: Pathways to Substance Abuse Among Girls and Young Women Ages 8-22*. New York, NY: CASA.

Influences on use – Misperceptions re social acceptance

Females overestimate the amount of alcohol males want their female friends, dating partners, and sexual partners to drink and this misperception was associated with their drinking behaviour.

“Women who drink like men do not do so because they want to be *like a man* (in terms of male power), but rather because they want to *liked by men*.”

LaBrie et al. (2009). What men want: The role of reflective opposite-sex normative preferences in alcohol use among college women. *Psychology of Addictive Behaviours*, 23(1), 157-1262.

CAMH – First Contact– A Brief Treatment for Young Substance Users

Influences on use – Experience of violence

- Adolescents and young women between the ages of 16 and 24 are at greater risk of domestic violence than any other age and gender group
- Girls who have been physically or sexual abused are twice as likely to smoke drink or use drugs as those who were not abused – also more likely to use substances earlier, more often and in greater quantities

Tjaden & Thoennes, 2000, *Extent Nature and Consequences of Intimate Partner Violence: finds from the National Violence Against Women Survey* and *The Formative Years* (2003)



Connections - Depression, anxiety, eating disorders

- Alcohol can be even more dangerous for young women with body image or weight concerns. For girls who may not eat properly or who have a low daily caloric intake, drinking alcohol can place them at higher risk of intoxication and in extreme cases, of alcohol poisoning

McCarty, C.A., et al., *Longitudinal associations among depression, obesity and alcohol use disorders in young adulthood*. *General Hospital Psychiatry*, 2009. 31(5).

Risk and Protective Factors

Early alcohol and marijuana use among 16 to 18 year old BC students

Females who started drinking at a younger age were more likely to report experiencing extreme despair (feeling so sad, discouraged or hopeless that nothing felt worthwhile) in the past month compared to those who waited until they were older (16% vs. 7%). This was not the case for males.

McCreary Centre Society (2010). What a difference a year can make: Early alcohol and marijuana use among 16 to 18 year old BC students

Study of risk and protective factors for substance use among early adolescent girls

Risks

- Unstructured activities after school
- Higher levels of depression
- Best friend uses substances
- Maternal alcohol use

Protective Factors

- Going home after school
- Positive body image
- Mother's knowledge of daughter's whereabouts
- Mother's knowledge of daughter's companions
- Girl's ability to always contact her mother
- Family rules against substance use
- Parents encouraged their children to abstain

Gender-specific risk and protective factors for girls and young women

Risks

- ❑ Low self-esteem
- ❑ History of trauma
- ❑ Depression, anxiety, eating disorder
- ❑ Early onset of puberty
- ❑ Lack of coping skills
- ❑ Teen pregnancy
- ❑ Poor relationships with family, peers
- ❑ Peer and parental substance use
- ❑ School transitions, frequent moving
- ❑ Marketing, media

Protective Factors

- ❑ Healthy self esteem
- ❑ Positive body image
- ❑ Religiosity/ spirituality
- ❑ Parent-child attachment
- ❑ Parents encouraged their children to abstain
- ❑ Peers with healthy attitudes toward risky behaviours
- ❑ School connectedness
- ❑ Social support
- ❑ Support during key transitions

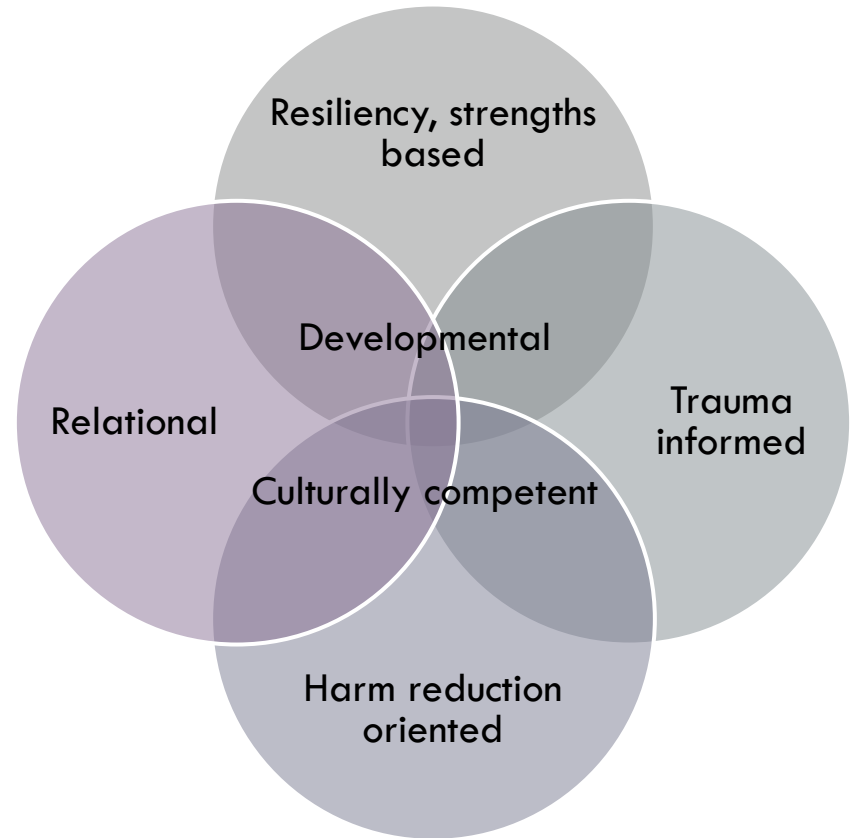


IMPLICATIONS



Prevention and health promotion lens

- Resiliency
- Relational
- Developmental
- Harm reduction oriented
- Trauma-informed
- Culturally informed / safe



Prevention using developmental tasks framework

- Achieve a competent gender-role identification
- Establish an acceptable body image
- Develop a positive self-image
- Develop satisfactory peer relationships
- Establish independence through responsible decision making
- Understand sexuality
- Learn to obtain and find access to resources
- Plan for the future

LeCroy, C. W. & Daley, J. (2001). Empowering adolescent girls: Examining the present and building skills for the future with the Go Grrls program. New York: W.W. Norton & Company.
<http://www.public.asu.edu/~lecroy/gogrrrls/body.htm>

Principles for Successful Programming/ Interventions for Girls & Young Women

- ***Increasing support during life transitions*** - healthy adolescent transition to adulthood; transition into secondary school and post-secondary and/or work
- ***Fostering resiliency*** - strength-based skill-building approach; build on protective factors; coping strategies; how to obtain help; access resources; plan for the future
- ***Establishing healthy relationships*** - increase social support; improve relationships with peers; intimate relationships; relationships with parents; family and community; strengthening relationships among girls and between girls and women

Blake, S.M., Amaro, H., Schwartz, P., Flinchbaugh, L.J., (2001). A review of substance abuse prevention interventions for adolescent girls. *The Journal of Early Adolescence*, 21, 294-324.

Principles for Successful Programming/ Interventions for Girls & Young Women

- ***Understanding and integrating gender identity*** - gender socialization and gender role-development; establishing a healthy female body image; sexuality; building critical thinking skills and addressing gender stereotypes; addressing unique challenges girls' face; focuses on girls' development; improving and maintaining high-self-esteem; building positive gender and cultural identity
- ***Listening to girls*** - hearing, understanding and supporting girls and young women; creating safe space



Move from
“fix a girl” to
“prepare a girl”
(Watkins)

For more information

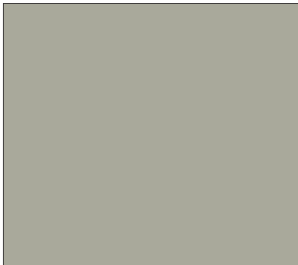
Girl-Centred Approaches to Prevention, Harm Reduction, and Treatment

In 2009 a national virtual Community of Practice (vCoP) provided the opportunity for a "virtual discussion" of issues, research, and programming related to girls' and women's substance use in Canada. The goal of the vCoP was to serve as a mechanism for "gendering" the *National Framework for Action to Reduce the Harms Associated with Alcohol and other Drugs and Substances in Canada*. Participants included planners, decision-makers, direct service providers, educators, NGO leaders, policy analysts, researchers, and interested women. The project was sponsored by the British Columbia Centre of Excellence for Women's Health (BCEWH) in partnership with the Canadian Centre on Substance Abuse (CCSA) and the Universities of Saskatchewan and South Australia.

This discussion guide highlights one of the topics explored in the vCoP. Its purpose is to stimulate further conversation on gendered approaches to youth prevention, harm reduction, and treatment.



Gendering the National Framework



Contact:

Nancy Poole

npool@cw.bc.ca

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www.coalescing-vc.org