PLEASURE AND POISON: THE MEANINGS AND PRACTICES OF ALCOHOL USE IN WOMEN’S EVERYDAY LIVES

A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy

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## Amendments

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<thead>
<tr>
<th>Amendement</th>
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<td>(i)</td>
<td>52</td>
<td>12</td>
<td>Insert in the sentence starting with, “The statistical tests performed were ...”, the words, a <em>backwards stepwise logistic regression</em>... so as to read - <em>Chi Squares, a backwards stepwise logistic regression</em>...</td>
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<td>(ii)</td>
<td>88</td>
<td>2-3</td>
<td>Add to the end of the sentence beginning, “After separating out...” the words - <em>general population.</em></td>
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<td>(iii)</td>
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<td>Replace “Table 3.28” with <em>Table 5.28</em></td>
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<td>(iv)</td>
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<td>Replace “Table 5.26” with <em>Table 5.29</em></td>
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<td>(v)</td>
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<td>Add the word <em>often</em> to the sentence beginning “In addition ...” so as to read - <em>students drank quite often in groups of...</em></td>
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<td>(vi)</td>
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<td>3</td>
<td>Replace “...10-30 people” with the words - <em>11-30 people.</em></td>
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<td>(vii)</td>
<td>136</td>
<td>4</td>
<td>Replace the second sentence with - <em>According to this method of conversion 62% of women drank less than 7 standard alcohol drinks a week, 26% of women drank 7 to 13.9 glasses, 8% drank 14 to 20.9 glasses per week and 4% drank 21 or more glasses.</em></td>
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<td>(viii)</td>
<td>137</td>
<td>6</td>
<td>Add to the end of the sentence which begins, “When tabulated as in Table 6.3...”, the words - <em>but this may mainly reflect the larger numbers of younger women in the sample.</em> Add the following sentence to the end of the paragraph - <em>While there are only small numbers of women in the older age groups, quite high proportions of them are in the hazardous and harmful categories.</em></td>
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<td>(ix)</td>
<td>156</td>
<td>19</td>
<td>Replace paragraph 3 with the following - <em>In order to test the strength of these associations simultaneously a backward stepwise logistic regression was performed on the variables discussed above (age, marital status, preferred partner, dependent children, place of birth, education level, occupation and religious choice). The only variable which remained in the final model was marital status. Compared with married women, women who were living with a partner, women in a relationship and single women all had a statistically greater likelihood of a positive AUDIT score OR 5.2 (95% CI 2.5, 11.0) OR 4.3 (2.1,8.8), OR 2.4 (1.1, 5.0) respectively.</em></td>
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<td>(x)</td>
<td>173</td>
<td>6</td>
<td>Replace the word “that” with the word - <em>than</em></td>
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<td>(xi)</td>
<td>191</td>
<td>1-2</td>
<td>Delete the first 2 lines of the page beginning with the word “contribute ...” through to the word “time”.*</td>
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<td>(xii)</td>
<td>192</td>
<td>1</td>
<td>At the beginning of line 1 insert the words - <em>The structure of women’s lives as told through their narratives shows differences which may reflect their socio-economic status and their reasons for living in Carlton at...before the words “the time of the interview.”</em></td>
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ABSTRACT

Within Australia, research on women and alcohol has been predominantly focussed on either large scale surveys of women’s consumption or on alcohol problems studied within treatment populations. Such research mainly draws upon the biomedical understandings of the body and the disease model of alcoholism. In contrast, this study examines the meanings and practices of alcohol use within the social contexts of women’s everyday lives. Alcohol is viewed as a part of life rather than as an excess or problem.

The suburb of Carlton, with its concentration of drinking venues and its comparatively high population of young women, provides a community research setting in which alcohol is readily accessible and where women’s consumption is readily visible. Using ethnographic field work, I document and analyse the discourses about alcohol produced by women of different ages and life stages. The meanings and practices of women’s everyday use of alcohol are examined in women’s narratives about drinking and the analyses of several sets of data on measurements of women’s consumption.

Measuring alcohol consumption is frequently used as a tool of alcohol research and forms part of the base from which health promotion and policy is developed. Within the community of Carlton, different ways of collecting alcohol consumption data illustrate the complexities of alcohol measurement and definitions of “risky” drinking. The debates, contradictions and complexities exemplified by these data are generally not acknowledged in the production of information about alcohol consumption for the general population.

Women’s narratives describe the many ways in which they, and others, use alcohol and the meanings they make from its use. Research in a community rather than a treatment setting, draws upon the wide range of functional, pleasurable and dangerous
experiences which women incorporate into their discourses about it. While these discourses vary according to the circumstances of women's lives, gender is a pivotal feature to the meanings they construct about alcohol and, conversely, alcohol may define and mediate gender relations and social identities. Women in this study mainly thought of alcohol as a social resource, which they used to facilitate access to information, status, and identity making, and to escape from gender roles and the expectations and demands of everyday life.

Women absorb elements of expert advice into their meaning making about alcohol. This study situates the social practices of women's alcohol use within the wider discourses about alcohol in the academic, professional and public health field. I argue that there are problematic and often competing discourses around alcohol consumption similar to other competing discourses within the broader context of public health. The multiple symbolic, social and cultural meanings and practices that alcohol has in women's lives are generally ignored or downplayed in expert discourses produced for public consumption which concentrate on notions of risk, assessed by measurement of consumption, to long term health. Health promotion messages that advise women to limit their intake of alcohol ignore the constructions of alcohol as a social resource, and thus, fail to build upon women's, often positive, experiences of alcohol in their everyday lives.
ACKNOWLEDGMENTS

As many researchers have down before, I would first like to acknowledge the assistance, the support, the time and the effort that participants gave to this study thus enabling it to reach completion. Others, both men and women, associated with Carlton in diverse ways, also deserve thanks for the time and assistance they have contributed to this study.

To my supervisors Associate-Professor Margaret Hamilton, Dr Sandra Gifford, and Dr Dorothy Broom, I offer my grateful thanks for their advice, guidance and encouragement over the course of this study and especially during the writing up period. Each one has particular skills and perspectives which have been of enormous benefit to this thesis. In addition, I would like thank Dr Gifford for her support and friendship extending well beyond the bounds of supervision and Dr Broom deserves particular thanks for stepping into the breach and welcoming me into her group activities in Canberra. In addition, thanks go to Robin Attewell for statistical advice and to Di Piper, for her willing assistance in the ADCA library.

While based in the Department of Public Health and Community Medicine I was fortunate to make many wonderful friends. I would like to thank Meredith Temple-Smith and others for their comradeship and the benefit of their research experience. My particularly heartfelt gratitude goes to Mary O’Brien for her contributions to the survey, to John Fitzgerald for reading and commenting on a draft of this thesis, and to them both for their generous friendship and their continued telephonic support since I have moved to Canberra.

The National Centre for Epidemiology and Population Health (NCEPH) has played a significant part in the production of this thesis which has been written since moving to Canberra. Through its generous maintenance of me as a ‘visitor’ I have had access to computing advice, ANU libraries, and intellectual stimulation, all of which has helped me enormously to complete this document. I would like to thank Professor
Bob Douglas for the opportunity to be a ‘visitor’ and the staff and students of NCEPH at the centre for their acceptance of me in centre activities.

Finally, but most importantly, I would like to thank my family, Athel, Kaye and Martin who have assisted with proof reading, childcare and support. James and Jeremy deserve mention for their ability to provide frequent, but welcome, distractions.

This study was undertaken with the financial assistance of a Public Health Research Development Committee Fellowship. A grant from the Victorian Health Promotion Foundation funded the Carlton Women’s Survey. I thank them both for their generous support.
Declaration

I declare that, to the best of my knowledge, the material presented in this thesis represents the result of original work carried out by me, except where acknowledged, and has not been presented for examination for any other degree. This thesis is less than 100,000 words in length, exclusive of tables, maps, bibliographies, appendices and footnotes.

Signed

10 April, 1997
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PART 1: BACKGROUND AND THEORETICAL ISSUES
Chapter 1: Introduction to the Study

There has been a long history of interest in alcohol problems although until the 1970s alcohol research focussed mostly on men. During the 1970s and 1980s, mainly, researchers in the United States and elsewhere began drawing attention to the lack of alcohol research that either included women, was focused on women, or was analysed by gender. Similarly, within Australia, it was possible a decade ago to show that little research had been done in the area of women and alcohol. Over the last few years though, a growing interest in the subject has been shown, evidenced by the production of an increasing body of research and supporting literature such as the recent bibliography on women and substance abuse by the Alcohol and Drug Foundation (1992). While there has been recognition and action to address the neglect of women and alcohol, this research has largely focused on women with alcohol problems who were frequently drawn from treatment settings rather than on the use of alcohol by women in the general population (Hands, Banwell et al. 1995).

The population based research of the last decade supports the need for continued monitoring of changes in patterns of alcohol consumption. For example, research in New Zealand has found that women’s attitudes to the use of alcohol are changing (Park 1987; Banwell 1988). Furthermore, there is evidence that consumption of alcohol by young women may have increased over the last decade (Bungey and Winter 1986; Corti, Blaze-Temple et al. 1989; Corti and Ibrahim 1990). As women are considered to be more vulnerable than men to the long term health problems associated with ‘hazardous’ and ‘harmful’ alcohol consumption, including liver damage (Shaw 1980; Norton and Batey 1983) and breast cancer (Willet, Stampfer et al. 1987), and they are affected by Foetal Alcohol Syndrome (FAS) this possible increase has caused concern (Wodak 1990).

What women say within a community setting about alcohol consumption may make a useful contribution to the picture already gained through surveys and clinical research. Other types of harm that may arise from women’s ‘normal’ alcohol consumption, as defined by women themselves, may well be equally important in the public health
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debate. Generally, lack of information about what is considered 'normal' drinking by women in the community setting may hamper alcohol policy at each stage of the prevention and treatment spectrum (Edwards, Chandler et al. 1972; Hamilton 1986). A need has been identified for studies that bridge the gap between the findings of treatment studies and the broad-based general population surveys (Taylor and St. Pierre 1986).

Within this framework, this study examines the meanings and practices of alcohol use within the social contexts of women’s everyday lives. Alcohol is viewed as a part of life rather than as an excess or problem. Women in this study mainly thought of alcohol as a social resource which they used to facilitate access to information, status, identity making, and as an escape from gender roles and the commonplace demands of life.

The study situates the social practices of women’s alcohol use within the wider discourses about alcohol in the academic, professional and public health field. I argue that there are problematic and often competing discourses around alcohol consumption similar to other competing discourses within the broader context of public health. Health promotion messages advising women to limit their intake of alcohol rarely acknowledge the social constructions of alcohol as a social resource, and thus fail to build upon women’s own, often positive, lived experiences of alcohol.

AIMS OF THE STUDY

This thesis evolved out of the following concerns: first, the general neglect of women’s use of alcohol as a topic of interest; second, the lack of research in community settings on ‘normal’ drinking, on the place of alcohol in women’s lives, and the meanings that women attach to alcohol, and finally, whether women’s drinking is increasing within a specific community in line with reported increases elsewhere in Australia. This study, in response to these concerns, aimed to gain an understanding of the place of alcohol in the lives of women by examining women's
patterns of consumption and their attitudes and behaviours in relation to a range of alcohol-related experiences in the context of a community setting.

The objectives were to collect detailed data; firstly, on women’s consumption of alcohol, secondly, on their understandings and perspectives of alcohol use in their own lives and thirdly on how they saw it impacting on women in general. Multiple methods within a broadly anthropological framework were used to access the detail of women’s lives and experiences within the context of a specific locale, to focus on participants’ understandings and also to address questions of how generalisable such research would be to the wider community.

At another level, the motivation for embarking on this research stemmed from the experience of working on a project in New Zealand on women and alcohol. This study was a large scale project aimed at understanding the place of alcohol in New Zealand women’s lives. It involved researchers working in a number of locations and with different groups of women across New Zealand. As one of the researchers who worked both in a geographic location (Kumeu) and with several groups of women (Cook Islands women and Office Workers) I was keen to continue this research direction and to explore similar issues with women in Australia.

**Overview of the Thesis**

The study took place between 1990 and 1994 in Carlton and North Carlton, an inner city area close to the centre of Melbourne, the capital of the State of Victoria, in Australia. It consisted of the Carlton Women’s Survey (CWS) and a qualitative component, in which individual interviews, group discussions and beverage diaries were collected.

This thesis is presented in four sections. The first contains this introductory chapter and a second chapter in which I summarise the historical and professional background to the topic. In the third chapter the research design and methods are described and in the fourth the location in which the research took place. The second section
"Measuring and Counting Alcohol" is concerned with discourses about women's drinking based on the measurement of alcohol consumption. Chapter 5 describes the collection of alcohol consumption data using a two week prospective beverage diary which was distributed through a non-random sampling strategy. Chapter 6 focuses on the Carlton Women's Survey, a random sample general population survey which contained quantity/frequency questions about alcohol consumption as part of the Alcohol Use and Disorders Identification Test (AUDIT) and a 7 day retrospective diary of alcohol consumption.

In the third section which consists of three chapters, women's narrative accounts of alcohol, from group discussions and life story interviews are presented. Their experiences of alcohol over the life course are described using cross sectional data. Women of different life stages and ages, socio-economic backgrounds and personal backgrounds have different experiences of alcohol. As Hunt and Satterlee pointed out (1987), much of the material on women and alcohol has treated women as a uniform group. Drawing upon themes that occur in their discussions about alcohol, I discuss the common elements and the differences in women's discourses about alcohol.

The fourth and final section contains the concluding chapter of this thesis, which links material from women's discourses about alcohol with broader theoretical concerns. It brings together issues of measuring alcohol and talking about alcohol in the context of theorising about women's bodies, notions of risk and their relevance to alcohol education and health promotion.

Within this thesis the terms expert and lay discourses have been used to describe the various forms of talk produced about alcohol. Discourse, "a patterned system of language and practices, ... is a useful way of understanding the production and reproduction of meaning" (Lupton 1992). The analysis of discourse may incorporate both the study of the structure of talk or text, as well as the study of the context of the text (Lupton 1992). Women's talk about alcohol does not stand outside the scientific
and social structures that shape the way the world can be known. Discourses about alcohol form what Good describes as “human knowledge which is culturally shaped and constituted in relation to distinctive forms of life and social organisation” (Good 1994). Historically, medical and health discourses have dominated alcohol discourse. Institutionalised in academic journals, government policies and legislative frameworks, medicine and health have shaped women’s experience of alcohol consumption. These discourses are embedded, however, within changing social, cultural, economic and political conditions. Recent changes in our understanding of the very systems and language through which we understand knowledge production in public health has caused us to rethink the relationships between lay discourses (or experience) and expert discourses (knowledge) (Lupton 1995). Increasingly, the distinction between lay and expert discourses on women and alcohol have become blurred, making way for a more complex set of intertwining relationships between women’s experience of drinking and expert accounts of alcohol consumption.

The purpose of this thesis has not been to analyse medical and public health discourses on alcohol. However, it is concerned with the relationship between experience and institutional discourses. Much of the latter is derived from the measurement of alcohol consumption which forms the basis for population and risk estimation, the establishment of social trends and the definition and separation of ‘normal’ from ‘hazardous’ drinking behaviours. The importance of such measurement technologies is that the very substance of ‘normality’ is at stake. Experts located with institutional discourses such as medicine and public health mediate between authorities and individuals. They shape conduct “not through compulsion, but through the power of truth, the potency of rationality and the alluring promises of effectivity” (Miller and Rose 1993).

While not focussing specifically on the relationship between the individual and expert alcohol discourse, this thesis contains examples of disjunctions between alcohol consumption measurement techniques and women’s experiences of drinking. I argue that increasing sophistication and accuracy of measurement techniques may contribute to the privileging of some forms of knowledges over others. A central issue in this
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thesis therefore, is how consumption is constructed, both in narratives of women’s experiences and the quantitative techniques of public health.

The resultant interplay between institutional discourse, social change, gender relations, and women’s corporeal experiences of alcohol is the substance of this thesis. This multidisciplinary, cross-sectional examination of the ways in which women’s alcohol consumption is constructed necessarily has gaps and blind spots, and is itself driven by an ideology of privileging women’s experiences. It is concerned with the complexity of how alcohol consumption is understood and what it means for women.

To set the scene, the following chapter illustrates the representations of women and of alcohol that are intertwined in Australian history and have been moulded by various cultural, social, historical, political and economic forces since colonisation.
Chapter 2: Contextualising the Discourses on Women and Alcohol

A BACKGROUND TO WOMEN AND ALCOHOL IN AUSTRALIA

Since Summers (1975) wrote the title to her book in 1975, the notion that Australia’s women have been stereotyped as “Damned Whores” or “God’s Police” has taken a strong hold among Australian women, including academics and feminists, not the least for the colourful imagery conjured by these labels and by its resonance with their own lived experiences. Though alcohol received little discussion in the book it is intrinsic to the meaning conveyed by both these labels. The view that prostitutes were drinkers, and often described as drunken, and that alcohol consumption was the first step on the road to a life of prostitution and crime, was widespread. God’s Police as described by Caroline Chisholm (Summers 1975) were the women who were keepers of society’s virtues and morals. The figure that springs to mind as the most obvious and public guardian of society’s morals were the women crusaders of the temperance movements. Thus in the presentation of these two stereotypes of Australian womanhood with their associations with alcohol is the reminder of two early moments of Australian history.

This chapter is not an exhaustive examination of historical records but rather an overview which draws upon published interpretations of early Australian colonial history. Such texts rely heavily on men’s voices to provide the historical record. It may be that if women’s voices were not absent to such a degree a different story would be heard. In this broad overview, representations of women do not include distinctions in their age, sexual preference, family background or other details. The important subject of alcohol and aboriginal women is also not covered.
Chapter 2

The Convict Days

The "damned whores" of Summers's title were the female convicts brought to Australia by the second fleet in 1790 (Summers 1975). She argues that though women were not transported to Australia for prostitution, they were almost uniformly treated as prostitutes by all levels of colonial society, including officialdom who encouraged the transportation of women convicts to supply the demands of male colonists, to the convicts themselves who could take women as they chose (Summers 1975:272). The strength of the stereotype in the patriarchal hierarchy of the colony meant that women were compelled to whoredom once they were transported to the colony and were considered as such for the rest of their lives. Women were not able to be rehabilitated as men were once they had served their sentence as they were considered to be beyond redemption (Hughes 1987). They were pictured in the harshest of terms by their colonial masters. James Mudie giving evidence for the Molesworth Report on transportation in 1837, for example, described female convicts as 'the lowest possible ... they all smoke, drink and in fact, to speak in plain language, I consider them all prostitutes' (quoted in Summers 1975:272). In the same report, it was said of the female convicts;

....they are all of them, with scarcely an exception, drunken and abandoned prostitutes; and even were any of them inclined to be well-conducted the disproportion of the sexes in the penal colonies is so great, that they are exposed to irresistible temptations (Summers 1975:274).

Hughes (1987) disagreed with Summers that all female convicts were compelled to prostitution putting the proposition that various forms of marriage and other long terms relationships were dismissed as "concubinage" which was much the same as prostitution in the eyes of respectable colonists who described it as such (Hughes 1987:246). Nevertheless, he too paints a picture of women who were the "prisoners of prisoners", who could be sold like slaves on Norfolk Island (Hughes 1987:259-260) and yet were considered worthless and incorrigible.

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1 Hughes (1987:628 footnote 4) contests Summers attribution of the remark to Lt Ralph Clark as he claims that Clark was on Norfolk Island at the time of the arrival of the second fleet.
Chapter 2

In the vivid descriptions of the chaos of early colonial life, alcohol and women feature, often together, in scenes of "debauchery". The arrival on shore of women convicts from the first fleet was such an occasion. The sailors requested an extra ration of rum "to make merry with upon the women quitting the ship." Then the drunken sailors and convicts pursued the women and a night of "debauchery and riot" followed (Hughes 1987:88-89). Hughes (1987:290) argues that for all levels of society, men and women, were "addicted" to rum as a wide variety of spirits were called particularly between the years of 1790 and 1820. William Bligh stated,

the thirst after spirits was so very strong that [the settlers] sacrificed everything to the purchase of them, and the prices were raised by that monopoly to so high a degree that it was the ruin of many of those poor people (Hughes 1987:290).

This was the time of the infamous Rum Corp, the New South Wales Corps who formed a cartel to purchase all spirits, among other goods, brought into the colony and then to sell them again for enormous profits. Through their monopoly of this valued substance they became extremely powerful and influential thereby furthering their own fortunes. Apart from reselling spirits for profit, rum was used as a substance for barter and was used to pay for the overtime work of convict labourers, labour being the other necessary commodity for development of wealth in the new colony (Hughes 1987:110-111).

Descriptions of women drinking during this time abounded (Powell 1988:13). Lepailleur a Canadian convict in 1840 wrote, "It is incredible to see so many drunken women in this country. The roads are full of women drunkards." (Hughes 1987:262) The Australian (16 March 1826) noted that "there were nests of noisy brawling drunken women walking the streets (of Sydney) using such foul language that no decent modest woman could venture forth without her modesty being shocked" (Powell 1988:14). While there were a few more reserved views, the general picture drawn at the time was of a debauched society in which drinking by women was a common occurrence. Hughes utters a note of caution about accepting the contemporary descriptions of Australia's female population consisting of whores, arguing that they not only reflected the stereotypes and the use of language of the time.
but also were used by the abolitionists and evangelicals to strengthen their arguments supporting their own agendas (Hughes 1987:264). The same may be said for the descriptions of drunkenness by women and indeed the two appear hand in hand frequently. Indeed, it may be that descriptions of women behaving in a drunken and debauched manner were perhaps the most potent symbol of the moral chaos and degeneracy of the colony and therefore frequently employed.

Powell, using the figures provided by historians Dingle (Dingle 1978) and Butlin (Butlin 1983) has attempted to quantify the per capita consumption of alcohol in the period 1800 to 1820. He suggests that the colonists were drinking 8.8 to 9.1 litres of absolute alcohol per year and yet more in the 1830s. He argues however, that when adjustments are taken into account for the amount drunk by women and children and other factors that, although heavy, Australian colonists’ consumption was not as heavy as that in the UK or in the USA in the 1800s to 1820s. In the USA in colonial times not only was drinking heavy but women were more involved with alcohol not only as drinkers but also as workers in taverns (Lisansky Gomberg 1982). In the 1830s consumption in Australia possibly increased to a greater amount than in the UK but was still less than in the USA (Powell, 1988:8-12). Powell works on the assumption that women, as a group averaged half the consumption of men, because although there was much obvious binge drinking by women there were also many women in the colony who drank nothing (1988:9). Reports of public drunkenness of men and women continued throughout the 1820s and 1830s, and then drinking decreased during the depression of the 1840s only to increase again with the gold rush of the 1850s (Powell 1988:15-16).

Colonial Australia and the Temperance Movement

The advent of God’s Police, that is ‘respectable’ women (Summers 1975), and temperance crusaders (Windschuttle 1979), occurred in the period of the 1830s to the 1850s. Caroline Chisholm, who coined the phrase, worked hard to protect women immigrants from destitution and encouraged them to marry the many bachelors in the
Chapter 2

colonies thereby acting as “God’s Police” their mission being to civilise the country through the creation of families, domestic tranquillity and the transmission of family virtues.

People such as Isabella Dalgarno, an English Quaker missionary, came to Australia to lecture and form a temperance society in Hobart in 1832 (Windschuttle 1979:7 and passim). By 1845, 3,000 people had signed the temperance pledge in Sydney alone. Towards the end of the 1830s there was movement away from moderation to abstinence so that by the middle of the century temperance meant teetotalism. Women in particular, were encouraged to join the movement by worthies such as Governor George Gipps and to form and their own temperance societies. The success of the movement can be judged by the fact that in 1854 in Hobart when women organised a petition to the Legislative Council seeking prohibition 4,100 women signed in comparison to 3,057 men.

Speeches by Governor Gipps illustrated the two sides of the coin, the notion of God’s Police civilising the country through the banishment of alcohol, and the particular loathing and disgust with which drunkenness by women was regarded.

Ye wives, mothers, and daughters, can hasten the day of liberation to your country from the disgraceful thraldom of drunkenness. You can at once purify and illuminate the circle in which you move ...lead your husbands, sons, and fathers, to league with you against intemperance ...[to] prevent the future ruin of families, the future increase of crime, the loss of human life, and the perdition of immortal souls. (“Ladies’ Corner”, Temperance Advocate 14/10/40 in Windschuttle 1979:3)

That woman should herself be guilty of the bestiality of drunkenness; but this indeed could hardly be, for e’er it can arrive, the creature is unsexed, the soft and endearing name of woman shall no longer be applied to her; call her fiend-fury-hecate or invent some new term of insult in the language; to designate a thing so fallen, and so vile. There is nothing in the whole catalogue of crime, so thoroughly revolting as drunkenness in a women; there is no object of disgust or horror that offends the sight of God or man, so entirely loathsome as a drunken women. (Temperance Advocate 24/4/41 in Windschuttle 1979:18).
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The temperance movement was quite clear in its understanding of the connection between prostitution and alcohol consumption - prostitutes drank alcohol, they worked and gathered in hotels and they were led down the path to prostitution through the evil influence of alcohol (Windschuttle 1979:12).

Most temperance women were members of the socially mobile skilled working class, lower middle class or middle class (Windschuttle 1979:17). The strength of feeling against both alcohol consumption by women and prostitution, while held by temperance members world wide may have had particular resonance in Australia where the last of the convict transportation occurred in 1840 in New South Wales (Hughes 1987:588) and later up till 1868 in other parts of Australia (Hughes 1987:580) where emancipists and children of convicts were endeavouring to throw off the "Stain" of their convict past and free settlers did not wish to be tainted. The association between women convicts, prostitution and drunkenness may have encouraged a particular fervour in the temperance movements in the colonies during the mid-19th century. However, the temperance movement also provided women with a vehicle to learn how to organise and politicise themselves. They campaigned for women’s suffrage, among other causes.

In the 1850s gold was discovered in New South Wales and Victoria, attracting a flood of men, usually unaccompanied by women, to the diggings. They slaved to make their fortune and then often spent their earnings on alcohol (Powell 1988:20). The literature is full of examples of lavish and profligate booze-ups by contemporary writers. Women did not feature largely in these accounts as comparatively few went to the goldfields. The goldfields allowed the continuation of the tradition that had already been established by workers in the bush of mateship, that is of men working and living together and then bingeing when the opportunity arose. The sale of alcohol was banned and hotels prohibited on the Victorian goldfields in 1851 in response to the powerful temperance lobby. Instead sly grog shops flourished along with vice and corruption (Powell 1988:22). Mention is made of one woman who ran such a business and "spent the day selling and drinking spirits" (Keesing 1967:34 in Powell 1988:21). How common it was for women to run such shops is not clear. During the
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1850s, the demand for spirits rose and then slowly declined over the rest of the century (Powell 1988:26) while beer drinking increased. Such periods of heavy drinking were times of “high levels of masculinity” (Dingle 1980:240).

As increasing numbers of women came to Australia and married in the second half of the 19th century thus becoming ‘respectable’, Summers (1975) argues that the ‘damned whore’ stereotype became reserved for women who worked as barmaids and prostitutes. While these women were beyond the pale they earned more than twice as much as women who held a respectable job and of course they had more economic independence than a woman who worked at home raising a family. As Summers (1975:313) expressed it “Thus, while the women who fulfilled the God’s Police role were idealised and given a token status, they had no economic independence.” In the 1880s under the guise of concern about the long working hours and poor conditions of barmaids, the ‘Royal commission on Employees in Shops’ (in Victoria) recommended the abolition of employment of barmaids. The justification given for banning barmaids was:

The girls were employed as decoys, selected for their youth to attract male drinkers. As soon as a girl gets faded in one house she goes to a house of a lower grade, and down and down until no publican will have her; and next time you find her knocking about Lonsdale or Little Bourke Streets, and then she goes among the Chinamen, then to the hospital and then into the grave. The ranks of fallen women in the metropolis are largely recruited from the class of women who serve in bars ....some hotels are brothels in disguise (quoted in (Best 1990).

There was an attempt in 1885 to stop the employment of barmaids allowing only the female licensee or the male publican’s wife or daughters to work in hotels. The bill was amended to prevent barmaids under the age of 21 being employed or working more than an 8 hour day but it was defeated. However, five years later a bill was passed that prevented barmaids under the age of 21 from being employed in hotels (Phillips 1980:251).

During the second half of the 19th century the cities of Melbourne and Sydney grew at an enormous rate (Powell 1988:28) and urban sprawl developed. While the wealthy
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sometimes moved further out to avoid the smells and the overcrowding, many poorer people remained in the inner suburbs where they could easily get work. Among the poverty and overcrowding of the inner city suburbs, drunkenness was the refuge of women as well as men according to Cannon (Cannon, 1975:271 in Powell 1988:29) and the New South Wales Legislative Assembly reports in 1875-76 (page 594 cited in Powell 1988:39). However, as Powell points out drunkenness was not only the province of the poor. The middle class and the very wealthy also indulged in drinking sprees. Women, however, were not mentioned in these descriptions. One commentator attributed heavier drinking to immigrants than those born in the colonies (Gould, 1986:116 in Powell 1988:38).

In the inner working class suburbs of Melbourne, such as parts of Carlton, hotels were common. The 1880s and 1890s were boom times for Melbourne and for the liquor industry as well. In the centre of Melbourne and Carlton alone, there were 384 hotels and during this time some grocers also had licenses to sell bottled alcohol (Best 1990). Hotels provided a venue for drinking and socialising and were seen as places where prostitutes worked. The 1887 Drink Inquiry (cited in Powell 1988:36) describes hotels that were dirty, badly run, centres for illegal activities and sold poor quality contaminated or adulterated spirits. They were however, the main venue where people who lived in the nearby overcrowded cottages could socialise especially as no public places of entertainment had been provided for them. After this inquiry there was a reduction in the number of licenses issued for public houses. These Australian public houses show similarities to those in England in that they were also concentrated in the city centre rather than the suburbs and tended to follow 19th century commuter thoroughfares and areas of working class housing (Harrison, 1973 in Smith, 1983). Similarly, English urban pubs were described as working class refuges and places of entertainment, sexual license, and crime (Smith 1983).

The temperance movement became more influential in the latter half of the 19th century. The Women’s Christian Temperance Union (WCTU) was established in 1882 and was prominent among the various temperance organisations. It campaigned for the prohibition of alcohol by legislation but was concerned also with women’s
votes. The local WCTU was bolstered by visits from members of the WCTU from abroad. The movement was concerned with alcohol consumption and poverty seeing the latter as a result of the former. Although they fought unsuccessfully to close public houses completely they succeeded in having them closed on Sundays. This piece of legislation was extremely difficult to enforce. Windschuttle (1979:17) argues that in the first half of the 19th century women of the temperance movement and businessmen had the same aim in mind, that is, the provision of reliable hard working female domestic servants and male labourers. This is likely to have applied to the second half of the century as well.

Changes in Alcohol Legislation and Women’s Access to Work in the Alcohol Industry

The temperance movements campaigned for local option polls to allow residents to determine the number of public houses in the vicinity. Three local option polls were held and resulted in the closure of 12% of NSW hotels between the 1907-1913 (Summers 1975:340). Temperance movements continued to campaign actively into the 1920s. They supported the six o’clock closing bill which was introduced during the First World War in 1916, firstly in South Australia followed by some of the other states and New Zealand (Phillips 1980). During the war there was a public campaign of self-denial as part of the war effort. King George V pledged himself to ‘total abstinence for the duration of the war’ (Phillips 1980:251) and set an example to be followed. The 1900s saw the introduction of 6 o’clock closing for shops and six o’clock was chosen so that hotels were brought into line with shops, the argument being that it was inappropriate that staples such as bread could not be obtained when alcohol could. Drunkenness of uniformed soldiers became an issue that lent strength to the early closing movement. For example, there were complaints about prostitution and drunkenness on the outskirts of the Broadmeadows military camp in Melbourne (Phillips 1980:260). The temperance movement continued to campaign for total prohibition after winning the battle for early closing inspired by the prohibition in the United States (Summers 1975:392). In 1916 a registration system
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passed legislation disallowing the employment of new barmaids except those already working as barmaids three months before the legislation was enacted. Wives, daughters and sisters of publicans could continue to work behind the bar (Best 1990:112).

However, with the achievement of 6 o’clock closing in most states the temperance movement reached the pinnacle of its success. In Victoria, the number of hotels was reduced by the Licensing Reduction Board which worked to improve the facilities of hotels (Lewis 1992:73). Between 1906 and 1918 the Board closed 1,183 hotels (Best 1990:126). During the 1930s attempts by groups in the liquor trade to extend hotel trading hours were defeated. Similarly though, attempts by the temperance movement to reintroduce local option polls and prohibition were unsuccessful (Lewis 1992:73). Women were reputed to have been active in the campaign against extended trading maintaining their role as “moral guardians” (Waterhouse 1995:205). Through the depression years a number of hotels were closed by bankruptcy and those that survived sometimes did so through their association with SP bookies (Starting Price Bookmakers) and the ‘after hours’ trade (Best 1990:143).

While women were active in restricting access to alcohol women’s access to work in the liquor industry was also restricted. The Licensing Act of 1928 decreed that no woman could hold a victualler’s licences unless over 25 years of age, except if transferred from a spouse or male relative (s219); no license could be held by the wife of a public servant if she was living with him (s.25); and no female could be employed in any capacity or be permitted to serve in any capacity in or about a bar-room while open for sale of liquor unless she be the wife, sister or daughter of the licensee, the licensee herself, or a registered barmaid (s207) (cited in Perry 1991:13).

During World War II, alcohol and the conditions of hotels entered the public consciousness again because of high levels of public drunkenness and illicit liquor trading (Lewis 1992:76). A referendum in NSW to extend drinking hours was defeated and 6 o’clock closing remained in force. The hotel trade was considered non-essential during the Second World War and therefore was faced with severe staff
shortages. In SA the last barmaids were registered in 1909 and in 1919. When there was a call to reintroduce them in South Australia Playford claimed that the introduction of barmaids was “morally retrograde” (Lewis 1992:78). Nevertheless, a Federal Law was employed to overturn the South Australian Law (Best 1990:166). In Victoria, employment of new barmaids was permitted only if they were over the age of 35 (Best 1990:166). Once the war ended and the National Security Regulations were no longer in place the prewar prohibition on barmaids took hold again. However, hotels were not anxious to lose their female bar staff who were popular for their “courtesy and efficiency”. Also the bars where females were employed had not, as anticipated, become immoral. Barmaids continued to work in hotels, but in all states except Victoria their pay was reduced to 76% of a male barworkers’ (Best 1990:175).

In Victoria, during the 1950s and 60s, a gradual liberalisation of drinking laws took place as well as a move to encourage moderate drinking by improving drinking environments (Lewis 1992:81). It coincided with a boom period for hotels and the construction of many new ones. More women started patronising hotels, which was catered for by the construction of “Ladies Lounges” (Best 1990:188). Bolte, the Premier of Victoria at this time, was reputed to be in favour of 10 o’clock closing but nervous about the “wowser” vote. He had been defeated over the issue in a referendum in 1956 (Best 1990:203). Carlton was one of the 6 Victorian electorates that voted in favour of ten o’clock closing. Government policy required a referendum to change the licensing laws regarding closing times. In 1963 an inquiry into liquor laws was held and the resulting report favoured 10 o’clock closing which was introduced subsequently in 1966. With the introduction of 10 o’clock closing and the renovation of hotels more women started drinking in hotels causing publicly expressed concern about the abandonment of children (Waterhouse 1995:206). In Victoria, a further revision of licensing laws occurred in 1968 followed by continuing liberalisation with a freeing up of hours of trading, and the issuing of licenses to a wider variety of outlets (Lewis 1992:82).

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2 This is an Australian slang term meaning “fanatical puritan; spoilsport, killjoy; teetotaller.” according to the Australian Pocket Oxford Dictionary 1976.
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Once again in Victoria, a major review of licensing laws by Niewenhuyen, an economist, took place again in 1987 the purpose of which was to "permit a more civilised approach to alcohol consumption and - perhaps - less abuse" (Lewis 1992:89). The other Australian states also followed a path of liberalisation with the same aim of introducing civilised drinking. Lewis argues that these moves were accompanied by an increasing interest in the "defective person" with emphasis on their treatment, rather than as in the past on "the demon drink" (Lewis 1992:95).

Women's Access to Alcohol in Public Space in the 20th Century

The notion that respectable women had no place associating with the sale or public consumption of alcohol remained potent through the first two thirds of this century. Perry (1991), Summers (1975), and other women commentators, have observed that examinations of Australian culture by men emphasised the separation of spheres of activities for the sexes, including the consumption of alcohol. Men's activities and interests were idealised and mythologised so that the hard drinking, unfettered male for whom mateship was the ultimate relationship became the stereotypical Aussie male (Lake 1986) while women's interests and activities were confined to the margins. Indeed, in descriptions of Australian popular culture, such as (Ward 1958; Conway 1971) Australian women barely figure. However, while this picture of the 'Aussie male' has endured, around the turn of the century men became more "domesticated". More of them married and settled down in the suburbs of Melbourne and Sydney (Lake 1986). Lake has viewed the alcohol reform movement as a feminist push with anti-drink as its central platform. McConville argues instead that the reform movement was not truly feminist in that it worked to restrict the freedoms and opportunities of women, particularly young women (McConville 1987). At the end of the 19th century, the pub in the cities, were used more widely by women than has been acknowledged. McConville cites in evidence, the "170 women who held hotel licences" and reports of women drinking in pubs or buying jugs to take home (McConville 1987). By the turn of the century, new hotels were being built which contained "segregated bar spaces, with a public bar and a series of parlours which segregated decorous from disreputable drinkers" (McConville 1987:434). By the 1920s public bars had become the domain of men. The closing of many Victorian
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pubs under the 1906 Licensing Reduction regulations restricted urban working class women’s use of public space and their enjoyment. “Temperance campaigns helped confine women within the home. They reduced opportunities for women’s employment. They also reinforced an insulting and sexist imagery used to ridicule the minority of women who persisted in visiting hotels” (McConville 1987:435).

One of the few accounts of women drinking in public locations is provided by Caddie (Caddie 1981), in her autobiography of her life as a Sydney barmaid in the 1920s and 30s. She described the legal and social standing of women drinking in hotels.

I was twenty-four when I got my first job in a Sydney hotel bar, not from choice, but because I was broke and needed the money to support myself and my two young children....It was the first time in my life that I’d been in a bar. In 1924, not only was it forbidden by law for women to drink in a bar, but no woman who valued her reputation would have dared put her nose even into a Ladies Parlour. To most respectable Australians a barmaid was beyond the pale (Caddie 1981:1).

In this passage she emphasises her desperate need for a job to support herself and her children. Her statement about women valuing their ‘reputation’ once again hints at the association between the ‘disreputable’ occupations of barmaid and prostitute. She makes it clear that she is determined to retain her “respectability” by maintaining a strict code of behaviour. Nevertheless her uncertain reputation gave male patrons permission to swear and tell rude jokes in her presence on her first day, something she had been taught was not the way in which men behaved in front of a lady. The notion of the “respectable” was vague but powerful ideal invoked in many aspects of Australian life at the end of the 19th and the early decades of the 20th century (McConville 1987:439).

Caddy’s job entailed looking after the Ladies Parlour. Her description of it suggests that its location and its decor reflected the low regard in which its patrons were held. It was

two back rooms well away from the bar, specially fitted out with tables and chairs for those females who like their drop. It was necessary to pass through the room nearest the street to enter the second which, lacking windows, was always musty and stifling. This latter I was to discover was, by some
unwritten law, the special reserve of the older women who drank mainly wine and spirits, having reached the stage, apparently, where nothing weaker could give them the necessary kick. The other room was the haunt of the younger women, the beer and gin drinkers, and the passing trade - strangers dropping in for a drink. Most of the drinkers were young girls and occasionally a pregnant woman (Caddie 1981).

Caddie describes how these women “repelled [her], with their alcohol-laden breath, their meaningless profanity, the carelessness of their appearance.” On her first day at the hotel a fight erupted in the Ladies Parlour and “women were biting and scratching in one mad mix up” (1981:4-5). Initially, her disapproval of these women was not softened by her own entry into this world. Indeed, her disapproval, which perhaps reflected remnants of temperance discourse, was heightened by her determination to keep her social and moral distance in an attempt to maintain her respectability. A similar “cultural double standard” was held by some women who drank in hotels in the later part of the century (Perry 1991:15). Caddie reported that she eventually “even got used to the ‘Ladies Parlour’ and found that the women who drank there nearly “all had a tale to tell” (1981:66) a statement suggesting that their presence there was forgivable because of their difficult lives.

Women who worked, owned or drank in hotels had to overcome more than the disapproval, hostility or sexual harassment of the male patrons. In addition there were the legal discouragements to an association between women and hotels in some states. For example, during World War II in Victoria a recommendation was made, in a report on the control of alcohol, that there be a prohibition on “lounge drinking” because young girls were drinking heavily there. A recommendation was made under National Security Legislation that liquor not be sold or supplied to females in the bar room of any licensed premises (reported in the Argus 11/8/42:2 cited in Perry 1991:12). Some other states were more liberal, however. Perry argues that the regulation of women was a key to wider social which was part of “national survival”. This was motivated by the notion of ‘population ideology’ which was that a “racially pure” population was necessary for Australia’s progress. Intemperance could lead to promiscuity.
Even after the war the separation of the sexes was still part of the public drinking scene. These were the days when women and/or children sat in the car while men drank together inside the hotel (Morgan 1987:27) or if the women were pub regulars they knew that they had their space separated from men's.

Johanna: That was absolutely no...not no man's land, it was no woman's land. Some intrepid females occasionally went in. They were immediately asked to leave and come around to my bar - the Saloon Bar. It was just not on. I think perhaps the reason for that was that males swore and used bad language, which I think is fairly normal. To some extent it was protection for the fair white maidens so they wouldn't be outraged by vulgarity, obscenity and profanity (Perry 1991:37).

During the 50s and 60s the stereotypes of the “damned whores” and “gods police” remained alive with women who drank publicly still associated with sexual license while other women drank nothing or only in limited contexts (Park 1990). In the mid 70s many of the older hotels in the inner city areas still had Ladies Lounges and enforced the separation of the sexes by the strength of disapproval that women met when they ventured out of the Lounge and into the bar (Summers 1975:82-83). Nevertheless, in the late 60s and 70s changes started to take place. Four women were arrested in Manly when they attempted to “desegregate” a hotel. Around this time “non-conformist” groups such as university students ignored traditional constraints on mixed sex drinking (Summers 1975:83).

Since the 70s, along with the changes and liberalisation of the licensing laws there has been an increasing move by women into drinking environments that were once the province of men. With these moves have come considerable changes to hotel environments. In areas such as Carlton that contained hotels built in the last century, the internal layout of many of the older hotels has been altered to removed the divisions between the public bar and the lounge, creating larger drinking areas containing tables and chairs. In some of these pubs much greater emphasis has been placed on the serving of food and non-alcoholic drinks such coffee. Differences between hotels, restaurants and cafes have become blurred. Often such changes are described as “yuppification” or “trendification” and are bemoaned by the older
drinkers who no longer feel comfortable in the changed environments. In many ways they can also be described as feminised, for in the new look pubs, the emphasis is on the appearance of the decor, and eating features as much as drinking. Women, often in groups, are just as likely to patronise such places as men. This trend was likely to have been motivated by the search for profits for many old style hotels were not doing well financially. These latter changes have occurred during the drinking history of some of the participants in this study.

Summary

Although alcohol consumption in Australia may not have been as heavy as in the US and the UK at times, it has been an icon in Australia's history; something intrinsic to Australia's colonial past and its national culture. It is central to the mythology and stereotype of the Australian male, mateship, leisure and pleasure. The picture painted in historical records of Australian drinking has always been high and linked with public drunkenness, particularly by men. Throughout Australian history since colonisation, there have always been attempts to control alcohol availability. Since the colonial period Australia has moved from an era when alcohol was readily accessible, to the first half of this century when access to alcohol was restricted by six o'clock closing and a host of other legislative controls, to greater availability in the last third of this century. 3

While accounts of women's private use of alcohol are limited, the public representation of women and alcohol has either been of drunken, immoral women or of abstinent, respectable women safeguarding the country, and the family through their sobriety and moral rectitude. In the sphere of alcohol consumption in particular, there has been a tradition of separate activity between men and women. The relationship between gender, life stage and alcohol is enshrined in Australian history through legislation that controlled the liquor industry. Legislative controls on women's access to alcohol have reinforced and fed into the myth and culture of

3 The history of Aborigine's access to alcohol is different from this account.
alcohol as a masculine domain. The availability of alcohol has been regulated not just physically, economically and symbolically but legally as well.

The historical argument is not simply that women are invisible or have been left out. This may well be true and is evidenced by their comparative absence from the historical record. More significantly, historically women been placed at the margins. Their positioning thus is a potent argument for investigating the centrality of alcohol in women’s lives and the centrality of women in the historical configuration of alcohol in Australia.

THE GROWTH OF EXPERT DISCOURSES ON WOMEN AND ALCOHOL

The following section presents an overview, rather than a comprehensive review, of the trends in research discourses on alcohol and where women fit into them. They are discussed in two groups: the alcohol school which has concentrated on studies of alcohol problems from a medical, psychological and population-based approach in Western countries. In an alternate expert discourse derived mainly from social anthropology, alcohol use has been studied from indigenous and non-western perspectives, sometimes cross-culturally. Within this discourse a view of alcohol use is presented in which some of the concepts about alcohol, deriving from the mainstream alcohol movement, can be seen as cultural constructs.

The Alcohol Movement

Expert, including academic interest, in alcohol came to prominence in the 40s and 50s under the dominance of E.M. Jellinek and the Yale Centre of Alcohol Studies in the US which promoted the concept of alcoholism as a “disease entity” (Room 1983). The disease concept argued that alcoholism was a chronic degenerative non-curable
disease, which according to some may be genetic in origin. An individual with the disease could control it through abstinence. The disease concept of alcoholism was intended to reduce the stigma attached to alcoholism and put its study on a scientific basis. This approach to alcohol problems counteracted earlier perspectives derived from the temperance and prohibition movements which saw drunkenness as a moral problem, although some argue that the morality inherent in the temperance ideology remains influential in the alcoholism field (Heather and Robertson 1985). Another key aspect of much of the research growing from this alcohol movement was its placement within the positivist paradigm, and its adherence to a scientific approach whether it operated at the clinical or population level.

The researchers of 40s and 50s were predominantly men and their work usually ignored gender. For example, Jellinek, a founder and promoter of the modern disease concept of alcoholism and the “new scientific approach to alcoholism” (Room 1983:49) developed his theories of types of alcoholism (Jellinek 1960) without reference to gender (Ahlstrom and Haavio-Mannila 1989). He did however, generate a sex ratio of alcoholism of 5 or 6 men to 1 woman. These ratios have since been criticised for their underestimation of the number of female alcoholics and the suggestion has been made that Jellinek’s underestimation was influenced by his attempt to steer a middle road between the policies of prohibition and alcohol availability or the camps of the so-called “wets” and “drys”. The proposed sex ratio was this middle road approach (Fillmore 1984). Jellineks’ influence on the direction of alcohol studies, with its devotion to the definition and prevalence of alcoholism, as a “politically acceptable approach” spread beyond the United States via the World Health Organisation in the 1950s (Room 1981:116).

Women’s alcohol problems were more of a barometer of the social effects of alcohol than men’s supposedly because of women’s role as moral guardians and the keepers of the home and hearth. Fillmore (1984) in her discussion of the background to the interest in women and alcohol argues that the reporting of research findings on the topic has been influenced by the political and social climate of the time. In the 50s, 60s and 70s where women’s alcoholism was reported it was regarded as a more
“deviant” behaviour than men’s alcoholism (Fillmore 1984:12). The idea that women alcoholics had “step[ped] out of their feminine roles” was maintained from 19th century to the 1970s. Women drinkers continued to be associated with prostitution and promiscuity (Fillmore 1984:11). Later in the history of the modern alcoholism movement, the view of the woman alcoholic changed from that of the prostitute to closet drinker (Fillmore 1984:12). A similar but more sophisticated explanation from this period was that alcoholic women suffered “sex role conflict” which led to their inability to juggle feminine and masculine roles (Fillmore 1984:14).

Generally however, until the 70s alcohol research paid little attention to women. Apart from the endemic blindness of the time to women and issues of gender, the concentration on “alcoholism” rather than alcohol problems or even alcohol use exacerbated this blindness. The disease concept of alcoholism, which was linked closely with Alcoholics Anonymous (AA), referred predominantly to men’s problems. Marty Mann, a female member of AA in its early days, was an exception (Roman 1988). Discussion of, and treatment for, alcoholism was based on a male model and women were generally not considered or they were presumed to be like men (Johnson 1991). The disease concept of alcoholism was gendered from its inception.

In the 1960s in the US and elsewhere with a rise in general population research women began to be included in some, but not all, surveys. To include enough women in surveys to permit statistical analyses, the definitions of alcoholism, alcohol problems and heavy drinking were broadened considerably (Thom 1994). Even so, it was difficult to find enough women who reported alcohol problems or who drank enough to comply with the definitions of heavy drinking, to undertake statistical analyses (Fillmore 1984). While general population surveys suggested that women with alcohol problems were rare, studies in clinical populations increased and contributed to a sense that the ratio of women to men with alcohol problems was smaller than that suggested by Jellinek. Fillmore, argues that in response to the political and social climate of the time, the prevalence of alcohol problems in women was "minimised" until the mid 1970s and “maximised” after that. It appears that at this time in the US, growing political support for interest in women and alcoholism
was in response to "heavy demands from this growing women's constituency for leadership and guidance" (Committee on Labor and Public Welfare 1976:10 in Fillmore 1984:17).

Posing a similar question to that asked by Fillmore in 1984, Thom (1994) examined the fall and rise of women as a "risk group" within alcohol research in the UK. She argued that the revival of interest in the "female alcoholic" occurred in the mid 70's in the UK, somewhat after the US and attributes it among other factors to the rise of grass roots feminism and which was modelled on the feminist critique of the medical relationship with women and the activism with which they reclaimed control of their bodies. This coincided with the movement within professional alcohol circles to broaden definitions of alcoholism and alcohol problems so that it included many people whose drinking would previously not have attracted attention (Thom 1994). In contrast to the US where the establishment of NIAAA (National Institute on Alcohol Abuse and Alcoholism) was important in the growth of a professional and vested interests in women and alcohol, in the UK it was a grass roots movement that arose out of perceived increase in the number of women with alcohol problems in need of services (Thom 1994:39) although it was driven among other things by American research on women and alcohol (Thom 1994:40). The Camberwell Council on Alcoholism and DAWN (Drug and Alcohol Women's Network) were the creations of this movement and they functioned to maintain an interest in the topic and a demand for services for women.

When the history of women and alcohol is examined from a broader perspective, the rise in expert interest can be seen to have coincided with the growth of alcohol consumption in the Western world during the 70s, concern about women as agents of socialisation and reproduction, and the rise of feminist research (Ahlstrom and Haavio-Mannila 1989). These authors argue that in general population surveys, and other forms of research, women were always examined in relation to men, with men seen as the taken-for-granted norm. It was only in the area of Foetal Alcohol Syndrome (FAS) that women were seen to deserve research interest in their own

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4 The Boston Women's Health Book Collective is a well known example of this approach.
right, although it was the effects of women's drinking on the foetus that really was the object of the research. The rise of feminist research contributed to an interest in women's culture in and of itself (Ahlstrom and Haavio-Mannila 1989). It was also around this time that women were recognised as a market by alcohol manufacturers and advertisers (Morrissey 1986).

The increase in research on women and alcohol was part of a general growth in alcohol research. While some Nordic countries and Canada developed research institutes in the 50s and 60s there was an enormous growth in institutes devoted to alcohol studies particularly in the United States in the 1970s and in other parts of the world in the 1980s including Australia. The research supported by the early institutes in Finland and Norway, the United States and Canada has been influential although generally, the United States has perhaps had the most influence on alcohol research in other western countries (Babor 1993).

During the 1980s and early 1990s there was an enormous growth in all areas of research on women and alcohol. Many of the features of research under the "maximisation" phase described by Fillmore, remained part of the research scene in 1990s. Concerns about heavy drinking young women and the stereotypical hidden alcoholic housewife stemmed from the 1970s. Along with the decline of interest in the 'wet-dry' battle, the vested interests of the alcoholism movement, treatment agencies and health insurance and bureaucratic bodies, such as the NIAAA in the US, contributed to the "maximisation" of alcohol problems and the inclusion of women and children as problem drinkers (Fillmore 1984:20). Fillmore, argued that women's drinking was of particular concern because any drinking by women was still seen as deviant and that scientific and research interest in women's drinking was a way of resisting women's movement out of traditional female roles (Fillmore 1984:22).

In general population research the lowering and broadening of the definitions of alcohol problems for women and heavy drinking continued. Researchers pursued the question of whether women were drinking at harmful levels at some stage in their lives, what proportion of women were doing so, and identifying the antecedents and

Much of the research activity continued to be dominated by an overwhelming interest in alcoholism usually or alcohol problems from within the positivist paradigm and during the 70s and 80s the issues of separate treatment, prevention, education and research for women were articulated (Fillmore 1984:17). There was also an outgrowth of self-help treatment literature and a broadening of definitions of problems so that women married to alcoholics and their children were seen as suffering from co-dependency (Harper and Capdevila 1990). Interest in these topics has been disseminated from the specialist area and into the public or lay domain (for example Beattie 1987).

An Alternate Expert Discourse: Social Anthropology

Some researchers have tended to remain broader in their outlook by not focussing solely on alcoholism but writing instead about alcohol use and alcohol problems (Room 1983:80-83). While it is impossible to link specific research disciplines to approaches to alcohol it has tended to be from among the ranks of anthropologists (and sometimes sociologists) that one finds the alternative perspectives on alcohol that I will discuss here. Since the 1980s, some researchers have taken a constructivist approach, that is seeing alcohol problems not as a disease that exists as a “Platonic entity” but rather a “human construction” situated in a particular time and place (Room 1983). This approach has led to critiques (Fingarette 1988; Stein 1990) of the disease model of alcoholism and an analysis of the political and social contexts that contribute to the way in which alcohol and alcohol problems are conceptualised. Another feature of alternative expert discourses is that many have been non-positivist in approach, often drawing on the ethnographic tradition.

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5 As a generalisation, psychologists, for example, have tended to be problem and treatment oriented.
6 Other critiques of the disease model have arisen with other approaches such as harm reduction.
More specifically within social anthropology, there has been since the 1940s (eg Bunzel 1940) an interest in alcohol use both across and within cultures. There has been a focus on alcohol from a socio-cultural perspective to understand forms of alcohol consumption with reference to history, and social movements, as well as geographical, political and cultural contexts. Anthropology, generally has adopted two approaches to the study of alcohol. One is the in-depth, ethnographic reporting on drinking in a particular culture and the other is the cross-cultural comparison of alcohol use looking for correlations between characteristics of cultures and drinking behaviours (Marshall 1979; Park 1985). Such literature counters the ethnocentricity of alcohol movement literature by describing alcohol use in non-Western countries and by presenting other perspectives on concepts such as normal drinking, alcoholism, and drunkenness.

In the anthropological discourse on alcohol, where the focus has been on drunkenness, explanatory frameworks have relied on socio-cultural contexts, such as kin groups, social cohesion, or societal levels of anxiety (Mandelbaum 1979). However, drunkenness as Mandelbaum points out is different from pathological, abnormal and compulsive intake of alcohol and drunkenness can be ‘normal’ in a society. Another major contribution from anthropology to ideas about drunkenness is that it is a learned behaviour ((MacAndrew and Edgerton 1970) and that the many outcomes of alcohol use are mediated by cultural factors rather than chemical, biological and or other pharmaco-physiological factors alone. The anthropological tradition has been criticised for paying too little attention to alcohol problems (Room 1984). This point runs counter to the claim that anthropology’s chief contribution to alcohol studies is that “alcohol-related problems are really rare even in many societies where drinking is customary, and drunkenness is commonplace” (Heath and Cooper 1981:19). Overall, anthropological research has contributed to the notion that there is much that is culturally constructed in many of our ideas about alcohol.

Critical medical anthropology has contributed a perspective which argues that alcohol problems can be explained also by reference to the working of global market processes and the underlying structures which shape our beliefs, behaviours and
expectations of drinking practices (Singer 1986). For example, a case can be made that the temperance movement and the subsequent adoption of the disease model of alcoholism have focussed attention on the problems of individuals rather than on issues of industry promotion of alcohol and availability (Meyer 1992).

Within anthropology, as well as the other disciplines, there was a great increase in interest and in outputs of academic work on alcohol during the 70s and 80s. However, the primary focus until recently, as in other disciplines, was on men’s use of alcohol. In a bibliography on alcohol use (Heath and Cooper 1981) 19 citations can be found which include “detailed information specifically on women and girls” in a book containing 1349 citations of completed work and a further 49 pieces of research in progress. Heath (1991) asserts however, that “although the emphasis was never on women’s drinking, the widely scattered corpus of ethnographic descriptions of cultures throughout the world is a surprisingly rich source of relevant information”. Marshall generalised about gender differences in alcohol use across different cultures by stating that males not only usually drink more alcohol and drink more frequently than women, their drunken behaviour is usually more exaggerated and potentially more explosive than females, regardless of relative ethanol consumption (Marshall 1979:455). Heath (1991) offers several examples that contradict these statements, including those of Malay and Chinese women using wine daily. In general, women were less visible in much of the general anthropological literature until the 70s (Ardener 1972; Rosaldo 1980) as well as the anthropological alcohol literature (Ahlstrom 1995). Douglas’s book (1987) while providing a showcase of the perspectives that anthropology can offer on alcohol has little in it that is focussed on women.

It is likely that the same forces that contributed to the rise of research on women and alcohol within the alcohol movement contributed to the recent increased output on the same topic from an anthropological perspective. For example, the anthropological research project with which I was involved in New Zealand, consisting of a series of ethnographic studies in New Zealand on women and alcohol was funded in 1985 by a dedicated alcohol institute (Alcoholic Liquor Advisory Council and the Social
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Sciences Research Fund Committee). Heath’s articles on cross-cultural perspectives on women and alcohol was published in 1991 and 1993 and many of the articles he cites as examples of earlier research on women and alcohol are from the mainstream American alcohol research on alcoholism and alcohol problems among women. Since 1991 several other compilations of work on gender and drugs, including alcohol, from a cultural and social anthropological perspective have appeared (Gefou-Madianou 1992; McDonald 1994).

Expert Discourses within Australia

Generally, the expert discourses on alcohol have followed similar patterns to those in countries such as the United States. For example, in Australia, the growth of the disease concept of alcoholism, encouraged the treatment of alcohol problems as a medical and condition usually within psychiatric hospitals but during the 1950s and 60s there was a rise in interest in the treatment of alcoholism outside hospital settings (Lewis 1992:120; Palmer and Short 1989:201). It was also during the 1960s that organisations were established in the states which were concerned with treatment, education and development of professional knowledge about alcoholism and drug dependence (Lewis 1992:133). For example, the Victorian Foundation on Alcoholism and Drug Dependence was established in 1959 and declared itself an adherent of the 1952 WHO definition of alcoholism. In 1967 an Australian Foundation was established and helped promote national awareness of alcohol related problems.

A national conference on alcoholism was held in 1960 and from 1966 the Summer School of Alcohol Studies was held annually at St Vincent’s hospital in Melbourne (Lewis 1992:133-134). The 60s saw an increasing activity in the sphere of treatment and research on alcohol problems with support from bodies such as the National Health and Medical Research Council (NHMRC) and the Medical Advisory Committee of the Victorian Alcohol Foundation (Lewis 1992:137). Despite calls in the early 70s for work on prevention in the alcohol field only small amounts of
research money went into research on alcohol problems with most official interest being shown in illicit drugs (Lewis 1992:174; Palmer and Short 1989). One of the deterrents to making changes in policy towards legal drugs was the vested interests of the liquor and advertising industries, Australia being a major producer of wine and beer, (Lewis 1992:175-6) as well as strongly negative power of the “wowser” label in Australia (Room 1988).

The move towards a public health approach to alcohol, based on the consumption-harm model of Ledermann (1950s) with reference to social and economic determinants of alcohol consumption was promoted by Kettil Brun, an influential alcohol researcher who visited Australia in the early 1970s. This approach argued that as per-capita alcohol consumption in a population rises so does the proportion of problems associated with alcohol and conversely as consumption decreases, problems follow. This view was refined by Kreitman (1986) who suggested that most of the problems associated with alcohol result from alcohol consumption by non-dependent drinkers. Consequently, the public health approach, which became influential during the 80s, was to advocate a general reduction in consumption over the whole population. This included a range of measures associated with monitoring alcohol availability, pricing, taxation, advertising etc. and disseminating public health education, as well as treatment and research initiatives.

Professional Interest in Women and Alcohol in Australia

Just as it is likely that Australia’s movement towards a public health model of alcohol consumption was influenced by overseas sources such as the US and Scandanavia so can the concern with women’s consumption be seen to reflect overseas influences from countries such as the United States. With the adoption of the disease concept in Australia, in the middle part of this century interest in women was concentrated on identifying women alcoholics. An early study of 231 patients presenting for alcoholism at St Vincent’s hospital, Melbourne in 1966-7 reported a ratio of 4 males to 1 female. The women had started drinking at a later age than the males and drank
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for a briefer time before coming for treatment (Lewis 1992:143). The ratio of 4 to 1 or 5 to 1 males to females with alcohol problems were reported in several other Australian studies in the early 70s. In the 1970s there was a slow increase in women presenting for treatment and the use of women’s groups in traditional mixed-sex treatment settings. Since the 1970s there has been a move towards considering women’s needs in various types of treatment and assessing differing forms of treatment for women, including specialist women’s services (Quality Assurance Project 1993; Swift, Copeland et al. 1995).

During this time it was difficult however, for researchers to gain a broader picture of women’s patterns of alcohol consumption because the surveys that were first used in the late 60s in Australia were drawn from various population bases and there was a lack of consistency in the methods and sampling strategies used (Norton 1983). By the 1980s, women were included in more surveys and a few specifically concentrated on women.

The formation of the National Campaign against Drug Abuse (NCADA) in 1985 made available money for research into licit drugs, including alcohol (Lewis 1992:183).7 A number of conferences on women and drugs since 1985 were held including 4 national conferences with NCADA contributing funding. Women are considered a target group for NCADA (Chang 1994; Dept of Health 1985:4) and have been set guidelines for low risk drinking (supported by NHMRC and NCADA ) with advice in particular recommending abstinence during pregnancy (Pols and Hawks 1992).

Women’s Patterns of Alcohol Consumption in Australia

During the 1970s and 1980s a number of community surveys were conducted to determine the prevalence of alcohol problems, some of which reported consumption by women. A series of repeated and consistent surveys in Sydney indicated that women who were current drinkers increased from 50% to 70% while women who

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7 Now the National Drug Strategy
drank at least once a week increased from 46% to 54% from 1975 to 1981 (Norton 1983). However, the percentage of women drinking daily decreased from 21% to 15%. The amount of alcohol that women consumed on any one occasion also increased over the same time period for all women except those who drank daily. Women’s drinking was becoming more like men’s in that more women drinking were drinking and some women were drinking more (Norton 1983). Analysis of levels of female and male alcohol-related cirrhosis mortality suggested that alcohol consumption among women rose over this time period but did not support the hypothesis that rates or alcohol consumption in men and women were converging (Norton 1983).

Room’s summary of Australian Bureau of Statistics (ABS) survey data from 1977 and 1983 suggest slight increases in the percentage of women drinking, and in the proportion of women drinking heavily (Room 1988). Another series of statistics suggested that there was a decline in frequent drinking by both men and women from 1980 to 1983 (Room 1988). As in the United States during the 70s and 80s, the search for alcohol problems in the population was widened to include groups such as the young, school students, and specific ethnic groups.

Even though research suggested that alcohol consumption peaked in the 1970s in Australia and other Western countries, continued or even increased concern was expressed about women’s drinking. Between 1977 and 1983 in South Australian a significant increase in consumption was reported among young women (Bungey and Winter 1986). The results of two national samples in 1985 and 1988 suggested that there had been a decline in daily consumption of alcohol for both sexes with more women in 1988 reporting that they drank less often or never but there was no decline in consumption by young women (Makkai and McAllister 1990).

Examining ABS data for some Australian states from 1977 to 1983 and 1985 Corti and Ibrahim (1990) came to the conclusion that despite an overall decline in consumption since the 70s in Australia there had been an increase in average daily consumption by women in South Australia and Western Australia and a significant
increase in the proportion of women drinking at hazardous levels in all states that were included in the surveys. The most dramatic change was the significant increase in the average daily consumption by younger women in the 18-24 year old age bracket. There was a significant increase in the average daily consumption of wine across all age groups, as well as an increase in the consumption of spirits among the 18-24 year olds (Corti and Ibrahim 1990). The 1991 National Campaign Against Drug Abuse (NCADA) household survey reported that 1 in 3 female drinkers consumed alcohol at hazardous or harmful levels at least once. However, since 1991 there appears to have been a slight decline in the women regularly drinking 9 or more drinks per day (7% in 1991 to 4% in 1993). Another indication of a possible decline is that in 1991 12% of women usually consumed 4 or drinks but 11% reported doing so in 1993. In 1993 one quarter of women drinkers reported drinking hazardously once a week rather than 30% in 1991. Reviewing the 1993 and 1995 data on hazardous and harmful drinkers, the authors observe a "statistically significant decrease" in women (and men) drinking at low risk levels and an improvement in the percentage of women drinking at hazardous levels in the last 12 months (Commonwealth Department of Health and Family Services 1996:24-26). Comparisons of the 1995 Victorian Drug Strategy Household Survey with the 1993 and 1991 data also indicate there had not been a significant increase in the proportion of men and women drinking at risky levels since 1991 nor had there been significant differences in patterns of very high consumption by women (4% of women had drunk more that 8 standard drinks per day in 1995) since 1993 (Department of Human Services, in press).

Research Interest in Women and Alcohol

In Australia in general during the main period of growth in alcohol research in the 1980s most attention was focussed still on males. Between 1983 and 1985, 159 projects were concerned with alcohol, 10 included women among the keywords although 30% of the studies contained female subjects (Sanson-Fisher, Redman et al. 1987). Those studies that explicitly included women, (indicated by women or female in the keywords) had in the main, either a biomedical focus, or were on treatment
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populations and problem drinking. In addition, in many of the abstracts of the other 159 studies there was no mention of sex/gender and so it was not possible to determine if women were included (Hands, Hamilton et al. 1993).

A later review of research projects (Byne and Belford 1990) indicated the growth in alcohol research with 323 alcohol projects listed for the years of 1986 to 1989. Of these 25 were explicitly concerned with women and alcohol. Fifteen of these studies were about treatment issues or used treatment populations and in 5 alcohol use during pregnancy was examined. There were four community studies, however, that included women’s use of alcohol.

During the period of 1983 to 1989 covered by these reviews there was an increase in alcohol research but only a slight increase in the proportion of research from 6% during the 1983 to 1985 period to 8% in the following years till 1989 that was focussed specifically on women. It has been stated by Australian researchers (Redman, Webb et al. 1990) as well as those overseas (Taylor and Pierre 1986) that there was an overemphasis on studies conducted in laboratory and treatment settings during the 80s and a neglect of those focused on defined population groups or on interventions recommended by researchers as well as a need for a broader focus and creative methodologies to add to the women and alcohol knowledge base (Wilsnack and Wilsnack 1990).

A survey of 738 professionals in 1992-1993 who were either interested in drug and alcohol issues in Australia, or were thought to be collecting alcohol related data and/or were involved in the provision of services for women resulted in the identification of 101 research projects that involved the collection of data on the consumption of alcohol by women, 29 of which were specifically on women, alcohol and/or drug use. Of the studies devoted solely to women and alcohol, 43% obtained their subjects from treatment populations and described client demographics and a range of other factors. Some of these studies evaluated treatment facilities or attempted to identify client needs. In summary, the emphasis on treatment populations and issues still remained strong in the field during the early 1990s (Hands, Hamilton et al. 1993).
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The recently established Australian Women’s Longitudinal Health Survey includes questions on women’s consumption of alcohol.

THEORETICAL DIRECTIONS IN RESEARCH ON WOMEN AND ALCOHOL

Since the 70s, much research has been based on an exploration of gender differences in alcohol consumption (Fillmore 1987) or on women’s specific drinking patterns (Wilsnack, Wilsnack et al. 1994). Across cultures, there was evidence that women drink less than men (Marshall 1979; Fillmore, Hartka et al. 1991) although this has been disputed in a few instances (Heath 1991), that they usually consume different drinks, they are more likely to be abstainers, (Ahlstrom 1989; Heath 1991) and that when they have difficulties with alcohol (and other drugs), they occur at different times over women’s life course (Lisansky Gomberg 1994). Physical, emotional, health and social problems have been reported to appear earlier in women’s drinking careers than men’s and are usually explained by women’s greater biological susceptibility to alcohol than men (Johnson 1991). Women’s problems with alcohol are different thus requiring different and sometimes separate treatment strategies (Swift, Copeland et al. 1995).

Various authors have made a link between alcohol (and other drug use) and social power (Sargent 1979; Sargent 1991) with dominant groups restricting other groups access to substances in various ways. The issue of women, alcohol, power and control has contributed to an interesting although not widespread debate in the literature. There has existed in the women and alcohol research field an ongoing tension and ambiguity between the interests of some types of feminism and alcohol research. As Fillmore (1984) pointed out alcohol research and epidemiology (and other forms of research) are influenced by the social and political climate not only in what gets proposed or is thought to be interesting, but also for what gets funded, and how the results are interpreted and disseminated. In the alcohol field there has been much research describing the need for women’s treatment requirements, for more research
on women, including special populations of women, and concern about increasing prevalence of problems among women. While this research stems in the main from a concern for women and an interest in women, some may be used as an excuse for discouraging of preventing women from stepping out of traditional roles (Fillmore 1984).

The Foetal Alcohol Syndrome (FAS) and Foetal Alcohol Effects (FAE) areas, in particular, typifies the dilemmas with which women researchers, feminists included, have responded to alcohol research (Morrissey 1986). Within biomedical research literature on the subject there is contradictory evidence about what levels of alcohol consumption may contribute to FAS and FAE and a growing body of literature reporting on the claims and counter claims in this field (Plant 1985; Bell, Lumley et al. 1987; Little and Wendt 1993). Responding to the lack of clarity in research findings, public health policy makers in countries such as Australia have advised total abstention from alcohol during pregnancy. Before such advice was widely disseminated, there was concern expressed, and some evidence (Park 1987:268), that women did not have access to information that was crucial to their well being and that of their unborn infant. A more recent response is to see to some FAS health advice and literature as controlling and mysogynistic. It perpetuates the notion that women are important predominantly for their roles as childbearers and service providers and may discourage pregnant women with alcohol and drug problems from seeking treatment (Ettorre 1992; Keane 1995).

One area of alcohol research that has not been much subject to a feminist critique is biomedical research on women’s physiological responses to alcohol. While women with alcohol problems are less likely now, than in the past, to be seen as more “deviant” than men they are instead often described as getting sicker, quicker. They are considered more vulnerable to the effects of alcohol (see Johnson 1991; Swift, Copeland et al. 1995 for summaries). Research has suggested that this vulnerability is due to women’s higher proportion of body fat to fluid than men, their changing hormonal levels which result in less predictability in blood alcohol levels per dose than men (Ghodse and Tregenza 1980) and metabolising less alcohol in the gastric
metabolism phase of alcohol absorption into the bloodstream (Frezza, di Padova et al. 1990). The literature reports that women achieve higher blood alcohol levels for the same amount of alcohol ingested as men, and may become more intoxicated and more quickly intoxicated. The long term consequences of these physiological differences are linked to women suffering health problems, such as liver disease and a host of other physical damage more quickly and more seriously than men (Ghidose and Tregenza 1980; Hill 1984). In addition, more recent research has suggested that consuming alcohol may increase the chances of contracting breast (Willet, Stampfer et al. 1987) and a range of other cancers (Hill 1984; Swift, Copeland et al. 1995). While some researchers suggest caution in accepting many of these studies because of methodological issues and ambiguous results (Thom 1994; Corti 1989) such findings have been employed, as in Australian guidelines for “low risk” drinking (Pols and Hawks 1992), to advise lower drinking levels for women than in the past and lower drinking levels than men’s. Although fewer women than men contract alcohol problems, it has been reported that they suffer damage more quickly and sometimes more seriously and sometimes different types of damage, thereby justifying research activity, access to services and a share of the health dollar. The debate about whether women’s drug (including alcohol) use should have as many resources devoted to it as men’s erupted recently in Australia (Wodak 1992) and led to a call for an alternative approach to a “reductionist dichotomy” by incorporating gender into all attempts to reduce drug related harm (Broom 1994).

Morrissey (1986:66) locates problems in the discourses on women and alcohol within, what she calls, liberal feminist ideology and its acceptance of the symbolic link between access to alcohol and access to power - a link which is made explicit and is promoted by the alcohol industry. The liberal feminist agenda is described as wanting “access to the same choices as are available to men” (Lee in Morrissey 1986) and has accepted the existing research questions that were defined by male research models before the 70s. Such research has focussed on the concern about rejection of non-traditional female roles or links between female biological functions (such as pregnancy and childbirth) and alcohol use. This has resulted in conflicting definitions of alcohol conveyed to women in American society and open political conflict between women within and outside the alcoholism field. In addition, she critiqued
radical feminists for their silence on the discourse of women and alcohol (Morrissey 1987). The woman and alcohol discourse has been described as problematic because it is apolitical, individualistic and stems from either the disease model or the updated disease model, the alcohol dependence syndrome (Ettorre 1986; Ettorre 1992). However, while criticising the overwhelming interest in the women alcoholics, Ettore devotes much of her recent book on women and substance use to focussing on women with problems.

Anthropological and historical studies have contributed to a broader perspective on gender and alcohol. For example, women sometimes are the producers and the retailers of alcohol in places where the global economy has not penetrated deeply such as Latin America and sub-Saharan Africa. This has provided a source of income typically for widows, unwed mothers and wives left by husbands (Heath 1991:180). In Sweden it was mainly women who ran the illegal taverns in Stockholm in the 19th century (Salmose 1989) while in Saxon times in England, it was mainly elderly women, known as “hucksters” or “alewives” who worked in the alehouses, in which beer was brewed and sold (Popham 1978:15). In Greece, women produce the sweet wine which is offered to their husbands to ensure procreative continuity (Gefou-Madianou 1992). Even in Western capitalist economies, greater availability is not an easy explanation for men’s drinking in comparison to women’s, as barwomen, airhostesses, and other women who serve alcohol have not shown a greater prevalence of alcohol problems (Heath 1991:180).

A more sophisticated version of the generalisation about the differences between the amounts and types of alcohol beverages consumed by men and women (Marshall 1979) is that men and women differ more in the frequency of consumption of their society’s traditional beverage type than in the frequency of consumption of novel beverage types (Ahlstrom 1995:401). If beer is accepted as the traditional Australian drink then there would be bigger differences between the percentage of women in comparison to men drinking beer than other alcoholic beverages. Another version is that it is not so much that men drink and women don’t, but that men get
intoxicated more than women, and are allowed more access to socially sanctioned “time out” (Heath 1991:180).

The association of women’s drinking with private venues (usually their own or other women’s homes) has been made frequently (Ahlstrom 1995). The topic of women’s “informal influences” or control have also appeared in the anthropological and sociological literature with writers reporting that women in a number of cultures have produced accounts of women moderating men’s drinking (Jarvinen 1991).

Summary

In many Western countries, and particularly the United States, research on women and alcohol has burgeoned, especially during the 80s. The expert alcohol domain, including that devoted to women is breathtakingly broad, though the mainstream has been dominated by medicine and behavioural psychology (Hamilton 1992b).

A number of useful reviews and summaries of the literature have been included in documents on women and alcohol from Australia and overseas (Camberwell Council on Alcoholism 1980; McConville 1983; Roman 1988; Corti, Blaze-Temple et al. 1989; Alcohol and Drug Foundation 1992; Gomberg and Nirenberg 1993; Swift, Copeland et al. 1995). They cover the major areas of interest including patterns of use, the epidemiology of alcohol problems, aetiology of problems, including physical and psychological problems, foetal alcohol syndrome, and treatment issues. This literature provides the background for this thesis which is based on the argument that alcohol consumption among women must be understood within a combination of “contemporary political and social circumstances and ... ideas concerning gender and women’s position in society, rather than in any ‘neutral’ or ‘scientific’ evidence of women’s misuse of alcohol’ (Ahlstrom quoted in Thom 1994).

The development of the subject in Australia, as well as in other countries, stemmed from the exclusion of women until the 70s, and the growth of interest in the topic from a feminist perspective which related to concerns about women’s changing position in society. This move, linked with the growth of professional bodies in
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Australia, connected through conferences and research literature to similar bodies overseas, funded research, education, and treatment, and broadened the definitions of alcoholism and alcohol problems to include more sectors of the community. Australian researchers, drawing upon local experience and overseas literature have reached similar conclusions about the invisibility of women and the assumptions and stereotyping of women that have featured in much early alcohol research. They have raised issues of the needs of women in treatment (Bailey 1990) or the need to compensate for previous gender biases and omissions (Stevens 1991; Broom 1994). Nevertheless, in the last decade, in Australia, as elsewhere, attention has been concentrated on men and the research on women has been mainly in the area of alcohol problems and treatment populations. By drawing upon the theory and methods of medical anthropology, public health, women’s health research and alcohol research, in the configuration of alcohol in women’s lives this study responds to overseas (Taylor and St. Pierre 1986) and local calls for a broader and more contextualised approach to women’s use of alcohol (Beckwith 1987).
Chapter 3: Methods

Data for this thesis was collected by means of two broadly different methodological approaches, each of which is associated with different ways of making sense of the world. In this chapter I describe the methods used to collect these data, the theoretical perspectives with which these are associated and their links with various expert discourses.

OVERALL DESIGN

Increasingly in the public health arena and in alcohol research more specifically, research designs are drawing upon a combination of what are generally described as qualitative and quantitative paradigms and/or methods. Quantitative paradigms are described as those that focus on efforts to verify (positivism) or falsify (postpositivism) a priori hypotheses, most usefully stated as mathematical (quantitative) propositions or propositions that can be easily converted into precise mathematical formulas expressing functional relationships (Guba and Lincoln 1994).

Qualitative, in contrast “implies an emphasis on processes and meanings that are not rigorously examined or measured (if measured at all) in terms of quantity, amount, intensity or frequency” (Denzin and Lincoln 1994). Quantitative methods have been listed as “the techniques of randomised experiments, quasi-experiments, paper and pencil “objective” tests, multivariate statistical analyses, sample surveys, and the like” while qualitative methods include “ethnography, case studies, in-depth interviews and participant observation” (Reichardt and Cook 1979).

A recent editorial in Addiction (McKeeganey 1995) on the need for both quantitative and qualitative research in the addictions, an area traditionally dominated by the quantitative paradigm, can be taken as an acknowledgment that the debate over the
relative virtues of each approach has now gained prominence in drug (including alcohol) research. It has been simmering, however, at less exalted levels for a number of years. For example, the 1991 Women and Drugs Conference in Melbourne held a workshop on women’s research in which one of the central themes was the need for acceptance of “new paradigm” research (Astbury, Frank et al. 1991). A parallel move has occurred in the public health arena, also dominated by quantitative research, where over the last decade there has been an increasing use of qualitative methods (see (Rossman and Wilson 1985; Willms, Best et al. 1990; Murphy, Cockburn et al. 1992) for examples). Despite the move in drug and alcohol research to recognise the value of mixed methods from both sides of the “quantitative/qualitative divide” (McKeganey 1995) the social sciences still play a subordinate role to biomedical science in this field of research in Australia (Manderson 1994).

This thesis comes mainly from an anthropological tradition which has shown a greater acceptance of multiple and mixed methods particularly in alcohol research (Bennett 1988). In this study, as recommended by Simpura (1991) specifically for alcohol research and by Patton (1990) for research in general, a variety of data sources, theoretical approaches and methods have been used. While a range of qualitative and quantitative methods was employed, the aim was not to ‘triangulate’ (Denzin 1978) in the older sense of the term which suggested that there was a fixed point to be found or one true answer. Rather, the use of multiple methods seeks to provide a range of perspectives on the topic. The intention was to use “triangulation” as it has been more recently defined as “not a tool or a strategy of validation, but an alternative to validation. ....The combination of multiple methods, empirical materials, perspectives and observers in a single study is best understood then, as a strategy that adds rigour, breadth, and depth to any investigation” (Denzin and Lincoln 1994).

The use of multiple methods, qualitative and quantitative arose from an interest in developing as broad a perspective as possible, on the women’s use of alcohol in Carlton. Firstly, this relates to the notion that women’s use of alcohol even in a bounded area such as the study site, is not a single phenomenon. Women may be understood as individuals and as constituents of social groups categorised by labels
such as age, ethnicity, culture, class etc. Their perspectives on alcohol relate to their individual experiences as well as their participation in their community as social identities which may partially reflect such group associations and labels. Alcohol use may be studied as a product of individual behaviour, and as a social, cultural, and political institution. Secondly, it relates to an interest in the association between research methods/paradigms or different ways of making sense of the world and expert discourses which contribute to the production of knowledge about women and alcohol.

In-depth life history interviews and group discussions based on an interview schedule of open-ended questions about alcohol use form the basis of the qualitative approach. The two week prospective beverage diaries intersect the qualitative/quantitative divide by counting and measuring alcohol consumption while at the same time eliciting respondent supplied categories. They were distributed through ‘snowball’ techniques and theoretical sampling.

These methods correspond closely to those developed and used in the “Place of Alcohol in the Lives of New Zealand Women” project. I used them firstly, because they were developed specifically for the subject of the research. After an intensive review of the literature, Park (1985) adapted, developed and trialed methods that could be used in the New Zealand context and would be suitable for the aims and purposes of her research undertaking. Secondly, having worked on this project, I was familiar with the use of these research methods and thought they would be appropriate to use in the Australian context. Thirdly, the Carlton study was intended to replicate the New Zealand study in an Australian context. Alcohol research, particularly studies of consumption and drinking patterns, is frequently criticised for not duplicating previous studies making it difficult for researchers to compare drinking patterns across populations and countries (Roman 1988).

After piloting these methods in Australia, and making minor changes to adapt the study to the Australian context, (mainly in the use of drink sizes that correspond to Australian standard drinks), the study followed the procedures developed in New
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Zealand. This did not entail adhering to a rigid set of prescriptive guidelines. The research methods developed in the New Zealand study were open-ended and were used flexibly and reflexively to cover the different geographic, cultural and social complexities existing in that country. This New Zealand project was conducted in 6 different geographic locations and with 10 ethnic, work based and age organised groups of women (Park 1991a). In addition, as part of these sub-studies, different ways of working with participants were developed, ranging from the researcher being the major data gatherer, to participants becoming actively involved as researchers themselves or a group of participants taking primary responsibility for the research. However, this project’s feminist approach entailed that the research was conceptualised as a partnership between the researchers and the participants (Park 1992).

A random sample survey of Carlton women (the CWS) was added to the research methods previously described. ¹ This arose out of an interest in different methods used to collect alcohol data generated, in part, by the critiques of qualitative research from the public health arena. Having been exposed to epidemiology and public health research, I wanted to explore the contribution these methodological approaches could contribute to my alcohol data collection. Figure 3.1 illustrates how the research components of the study fit together. The data, described under the heading “talking about alcohol” consists of qualitative interviews and are supported by participant observation. Under the heading “measuring alcohol” I discuss the beverage diaries which bestride qualitative/quantitative divide and the Carlton Women’s Survey (CWS) and the wine glass survey which was an offshoot of the CWS. ²

¹ The study was commenced in 1990, but interrupted for 9 months when I went overseas in 1991. The survey was conducted in late 1992 and early 1993 and was reported on to the funding body VHPF in late 1993. All fieldwork was completed in early 1994.
² The qualitative study of women and alcohol in Carlton was funded by a PHRDC fellowship and was the result independent work, in consultation with supervisors, in the anthropological tradition while the Carlton Women’s Survey (CWS) in contrast was funded by the VHPF and was carried out with the assistance of Research Assistants (R A) and a project manager.
Figure 3.1
The research components of the study

<table>
<thead>
<tr>
<th>ETHNOGRAPHIC STUDY</th>
<th>CARLTON WOMEN’S SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN DEPTH (LIFE STORY) INTERVIEWS</td>
<td>SURVEY</td>
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<td>GROUP DISCUSSIONS</td>
<td>Audit quant/freq consumption measures</td>
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<tr>
<td>BEVERAGE DIARIES 2 week prospective diary</td>
<td>1 week retrospective diary</td>
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<tr>
<td>participant observation</td>
<td>(wine glass survey)</td>
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<tr>
<td>Talking about alcohol</td>
<td>Measuring alcohol</td>
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<tr>
<td>QUALITATIVE / QUANTITATIVE</td>
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MEASURING ALCOHOL

I now report on the three methods used for measuring alcohol consumption in this study thereby providing triangulation on this one subject. The purpose was also to use methods of measurement that were comparable with other studies and upon which an examination of the construction of consumption could be based.

**Beverage Diaries**

A two week retrospective beverage diary was used to collect detailed information about the consumption of alcohol and other beverages by Carlton women who were identified through theoretical and snowball sampling techniques. The diary keepers were recruited predominantly through personal networks such as those based on work
and friendship. Some community groups, such as organisations for senior citizens, church groups and playgroups were issued with a general invitation to take part in the research but very few people chose to do diaries when approached in this way. This type of recruitment procedure was more likely to attract women who took part in group discussions or life history interviews. Advertisements placed in Carlton shop windows asking for participants were not a successful means of recruitment. Diaries were also distributed to 24 first year psychology students who chose to participate in the study to fulfil the requirement of their psychology course that they be research subjects. Most of them lived in Carlton in student houses except for 11 who were residents of University Colleges. The women who agreed to fill out a diary cannot be considered to be a representative sample of Carlton women. The diaries provide a valuable detailed picture of some Carlton women's consumption patterns.

Women were requested to record their consumption of alcoholic and non-alcoholic drinks prospectively over a two week period (see Appendix III for sample pages). On each day the participants recorded everything that they drank in chronological order, the time they drank, their activity, whether they were eating, who they were with, where they were and how many other people were present. At the bottom of the page spaces were provided for diary keepers to record their mood when drinking alcohol, whether the day had been unusual and whether alcohol-related events at which they may not have been drinking had occurred. Often the boxes at the bottom of the page were used by diary keepers to expand upon the events they had recorded in the diary.

The diaries were personally delivered to the participant and the purpose of the research, the diary's place within it were briefly explained. The instructions and the sample page were shown to participants and they were encouraged to fill it out each day if possible. A small plastic jug, was distributed with each diary. The jugs, obtained from FSE laboratory suppliers, show gradations of 5 mls to 250 mls. Women were asked to measure their consumption of alcohol with the jug. It was suggested that they measure the glass they usually drank from so that they did not need to use the jug each time they had an alcoholic drink at home. Women were not
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expected to measure their alcoholic drinks when they were at other people's homes or in public venues, (unless they wanted to) and non-alcoholic drinks were not measured.

Diary keepers were contacted a month or so after they had first received the diary to make an appointment to collect it. They were visited at home, the diaries collected and a brief questionnaire about their socio-demographic characteristics was administered. This provided an opportunity to talk to diary keepers about their alcohol consumption.

Beverage diaries contain both qualitative and quantitative information. They were designed to provide a detailed record of what women drink over a two week period, with women encouraged to measure the alcohol they consumed. However, the diary also supplies contextual information about when, where and with whom women drank and opportunities for women to chronicle their feelings and mood when drinking. As non-alcoholic as well as alcoholic drinks were noted, the diaries could also be used to examine the sequencing and mixing of types of beverage. The analysis of the beverage diaries was undertaken using Microsoft Excel. Because the diaries were not administered through a random sample their analysis is confined to descriptive statistics.

The Carlton Women's Survey (CWS)

The survey came about as a result of discussions and debates with other researchers in the public health domain who were critical of the methods used in the collection of the qualitative data. The major critique was of the theoretical sampling and snowballing techniques raising questions about the generalisability of the diary. Rather than compromise the method and theoretical underpinnings of the ethnographic study, I took the opportunity of expanding the study to a multi-method design. It was intended that the earlier more ethnographically focused study and the random sample survey (CWS) would stand as independent pieces of research but would enable an

3 Mary O'Brien, who had some previous experience and training in survey research, was appointed for 9 months to manage the CWS. Approval was obtained from the University of Melbourne to include this piece of investigation in my PhD research.
examination of the interplay between the two methods of data collection. The two studies provide an opportunity to compare and contrast the different ways alcohol consumption can be measured. This mix of qualitative and quantitative methods is increasingly used in public health research adding depth and meaning to the one and wider generalisability in the other.

**Rationale**

The aim of the CWS was to provide a description of the range of women’s alcohol consumption patterns within a community which could be compared with existing surveys conducted in other Australian states. It also included questions focused specifically on women’s experiences with alcohol and consequently they differed from those usually asked in mixed sex surveys. Furthermore, a community based survey such as this was designed to bridge the broad based surveys of the type collected by the National Heart Foundation, the Australian Bureau of Statistics (ABS) the National Campaign Against Drug Abuse (NCADA) and treatment based research. Questions about alcohol consumption, while often included in large scale general population surveys are not usually the primary focus of the survey and the data gathered are removed from the context in which they are gathered.

The questionnaire was developed by drawing on the research literature on women and alcohol and other surveys on women and alcohol from within Australia and overseas. The survey questions also incorporated some of the themes emerging from the ethnographic components of the study.

Households were randomly selected using systematic household sampling within ABS collectors districts (CDs) Within each household individual women, were randomly selected and invited to participate in the study. Research assistants (RAs) were employed to deliver the questionnaire to the eligible women and to collect it on completion. Multiple call backs were employed both to personally contact the selected woman and to pick up the completed questionnaire. It was anticipated that
the personal contact and the incentive offered would improve the response rate. The questionnaire itself was self-administered to ensure greater anonymity although assistance was offered to women if they felt they needed it.

The only exclusion criteria for women participating in this study was that for practical (and ethical) reasons young women under the age of 18 were excluded. Women from non-English speaking backgrounds (NESB) were not excluded, but the study did not have the resources to offer questionnaires in languages other than English. We did however, verbally offer women the opportunity to have their written responses translated.

For the purposes of this thesis a descriptive account of the use of alcohol by women in Carlton and North Carlton was required. This involved running descriptive statistics on the CWS database using SAS and SPSS/PC version 5.0. The statistical tests performed were Chi Squares, The Mann-Whitney U Test and Spearman’s Correlation. The 1 week prospective diary section, contained within the CWS collected information on the number and size of alcoholic drinks consumed by respondents over a 7 day period and was analysed using Excel version 5.0. I have concentrated on reporting on the alcohol consumption data.

**TALKING ABOUT ALCOHOL**

In-depth interviews (Fontana and Frey 1994), group discussions (Blumer 1969), life histories (Bertaux 1981), participant-observation (Atkinson and Hammersley 1994) and background research were used to provide an ethnographic description of Carlton

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4 A completed and returned questionnaire gave a respondent automatic entry into a raffle, which had as its prizes, goods that could be obtained from any of the shops, including the supermarket, at the local shopping centre. The winning ticket was drawn by Rhonda Galbally, the CEO of VHPF the funding body.

5 A detailed description of the methodology employed in this survey is supplied in Appendix II while a brief overview is provided in the following paragraphs.
women and the role of alcohol in their lives. These methods focus the research predominantly on women's experiences of the social, cultural, political and economic institutions associated with alcohol use and draw upon them to explore the relation of gender to alcohol use. In common with other qualitative approaches, this research emphasises the "socially constructed nature of reality", and relies on the "intimate relationship between the researcher and what is researched" (Denzin and Lincoln 1994).

**Sampling**

Participants for the group discussions, life story and other interviews, and the prospective beverage diaries were obtained using theoretical and snowball sampling techniques. Employing such sampling approaches enables the research to be focused on depth and richness of data allowing the researcher to gain an understanding of the phenomena rather than describing how prevalent or generalisable it is. Such approaches lend themselves to perceiving human behaviour in relation to context. Events as well as people were self-consciously sampled to draw comparisons (Agar 1980:124). For example, drinking occasions at many of the hotels in Carlton were sampled, sometimes at night and all hotels were visited during the study of glass sizes. Various other community events were also visited where alcohol was available. The research within one particular group of people or network was halted when "saturation" was reached or in other words when no new information was being gained (Agar 1980; Bertaux 1981). Snowball sampling involves collecting from participants the names of others who might be interested in taking part in the research, thereby facilitating the exploration of social networks (Patton 1990:76). While findings from qualitative research using non-probability sampling methods cannot be generalised, they can be extrapolated to situations in which similar but not identical conditions exist (Patton 1987:168).
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Group Discussions

The initial formulation of group discussions as a method for accessing information about women and alcohol was developed by Liban and Smart (Liban and Smart nd) see Park 1985:148) and revised by Park. Audio-taping was used to record discussion and the discussion schedule revised to make it open ended and allow the participants to draw upon the full range of their knowledge and experience rather than the researchers preconceived ideas of what they should know. The group discussions, as they were used in this research, recognised and drew upon women’s expertise on their own social world (Blumer, Sutter et al. 1967; Blumer 1969). They differed from focus groups as commonly described in the literature (Murphy, Cockburn et al. 1992; Fontana and Frey 1994) in that they were more fluid in their composition and in the techniques used for recruitment. (See Appendix V for a description of the composition etc of the groups interviewed for this thesis and the group discussion schedule).

However, they were very similar to focus groups discussions in that they were focused on a topic (alcohol) and they relied on the interaction of group participants to produce data in response to the directions of a moderator/interviewer. As a research method, group discussions are considered to be “inexpensive, data rich, flexible, stimulating to respondents, recall aiding, and cumulative and elaborative, over and above individual responses” (Fontana and Frey 1994:361-376).

In this study the participants within discussion groups were fairly similar in terms of common socio-demographic characteristics such as marital and maternal status, age, and employment status. In addition, they frequently shared a common interest that brought them together, such as membership of a particular group. This approach to group composition contrasts with the use of focus groups in market research where participants usually do not know each other and may be different over a number of socio-economic variables. Variability in women's experiences and consumption of alcohol was expected to be more visible between groups rather than within them. Alcohol as a topic, is heavily value laden and potentially associated with moral stances. Strongly differing attitudes about alcohol within groups could effectively

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6 This was my experience when taking part in a market research focus group.
mute some participants despite efforts to prevent this by the interviewer/moderator. By holding groups in which the participants were similar, knew each other and possibly had socialised together contributed to the consensual construction of a picture of alcohol in the lives of women similar to those in the group and but allowed women to discuss the differences between them in a non-threatening way.

**Description of the Groups**

Table 1 (in Appendix V) shows the groups of women taking part in discussions organised by age and ethnic composition. While there are many ways in which groups of women such as these could be categorised, eg. on the basis of marital and maternal status, income, residence, and membership of an interest group, age was used as the primary method of stratification to allow comparability, in a non-statistical sense, with other alcohol data. In national surveys, such as the National Household Survey (National Campaign Against Drug Abuse 1993) women’s drinking patterns and beverage choice change between age groups over 25 and those younger. Consequently, group discussions and life histories are grouped for older women, (over 65), women in their middle years, (between 25 and 65) and younger women (25 and under).

Within each of these categories there is some variation in other common demographic variables such as marital status, income and number of children and even within groups, that is some groups contained a range of ages and a mixture of married and unmarried women, mothers and childless women. Indeed, it is likely that whether women have children or not may be, as far as they are concerned, of greater influence on their drinking patterns and views of alcohol than their age (Park 1987:102). However, stratifying by age usually entails some similarities in other variables that reflect life stage ie. marital status and children. The greatest variation in such demographic variables is apparent in the group of women in their middle years.

The college women who took part in discussions were students who were resident at the University of Melbourne colleges. They were all under 25, and most of them were
under 20. While they shared many similarities with other young women, particularly other students they are frequently discussed in this thesis separately because the colleges have a "college culture" of their own to which resident students may conform to some degree. The colleges are also different from the rest of Carlton in that they were part of the Melbourne City Council boundaries of Carlton, and North Carlton (until 1994) but were not within postcodes 3053 and 3054.

The other discussions are with women from non-English speaking backgrounds (NESB). While, I have not attempted a cross-cultural analysis of the place of alcohol in women’s lives, one of my starting points in this study is the position that alcohol use and the meanings that people attach to it are culturally mediated. These groups were conducted a little differently from the others. Firstly, an interpreter was used. Secondly, they were not as comprehensive in the material covered. Thirdly, they were not audio-taped, sometimes because the women were reluctant to talk on tape and also most of the discussion occurred in the participants’ first language. These groups, which already were active community groups, varied considerably in size and in the age composition of the women attending, although they all contained a major proportion of women over 25. The texts resulting from these groups discussions are a synthesis of my notes of comments in English by the participants and the interpreter and my fieldnotes.

**Life Stories**

Long, unstructured interviews with women about their lives and about alcohol was used as a method for eliciting individual experiences, cultural understandings, and for examining the interaction between the “individual and society” (Personal Narratives Group 1989). They were based on the method as described by Bertaux (1981) and (Langness and Frank 1981) in which each woman’s life was not only of interest in itself but also in relation to other women’s stories. Life stories include the context of women’s lives because “women’s lives to be understood, ha[ve] to be thoughtfully situated in time and space (Personal Narratives Group 1989:12). With regard to the question of fact, the Personal Narrative Group suggested that examining women’s
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experiences as narrated in their life stories reveals "truths, [which is] a decidedly plural concept meant to encompass the multiplicity of ways in which a woman's life story reveals and reflects important features of her conscious experience and social landscape" (1989:14).

Women were interviewed once and were encouraged to reflect firstly on their lives and then on alcohol. All women had reflections and comments on alcohol and it's place in their lives, some of the most emphatic being women who did not drink. In all the methods used in this research except the beverage diaries non-drinkers were included and were encouraged to feel that they had as much of a contribution to make as others. Many, women chose to recount their life stories in something like chronological order, covering their parental background, childhood and adolescence, upbringing, schooling, and adult experiences.

The interviews, which lasted about 2 hours, were usually conducted in women's homes, although one occurred at my workplace. They were tape recorded and later transcribed. Notes were taken as well which were written up later. During the interview, a woman was asked to talk about her life as she wished, in a fairly non-directed manner, and I asked specific questions to clarify points and to explore issues related to alcohol. Some interviews were more directed than others. Women were occasionally uncomfortable about talking about their lives, expressing the concern that they could not see what help their life story could be. There were occasions when women raised extremely sensitive topics, such as the death of a child or someone very close. If they then changed the topic I did not pursue it, feeling that if they did not appear keen to talk about the topic I had no right to probe further.

Transcripts of the life stories were returned to women to keep as well as to make further comments or changes upon on the basis that the research process is one in which the researcher and the participant work together to produce knowledge. One woman responded by the expressing the need for reassurance about anonymity and another went to some pains to add to her story, providing information about parts that
were unclear. Participants were informed that their anonymity was protected and that could withdraw material if they wished.

Women were contacted either through visits to a community organisation, such as a church group, or community house, or through networks of friends, colleagues and associates within Carlton. An attempt was made to draw upon different social networks, age groupings and life experiences.

In the life stories, I show how women’s narratives about their lives relate to their ideas, attitudes and practices to do with alcohol and how they give meaning to their experiences. Through narratives people construct identities (multiple and changing), experience is constituted and people make sense of what has happened or is happening to them by attempting to assemble these happenings within narratives (Somers 1994). However, these interviews are not ‘representative’ of the lives of all women in Carlton. For example, there are no interviews with women from Non English Speaking Background (NESB). My limited contact with NESB groups for group discussions did not result in volunteers for life story interviews. I also did not manage to develop any networks into some of the major ethnic groups that have passed through Carlton as immigrants to Australia.

Nevertheless, an attempt was made to interview women from a range of ages, backgrounds and experiences. To broaden the range of women who took part in interviews, agencies were contacted, such as hostels, where women would have been likely to have had some major difficulties in their lives, (but not necessarily with alcohol) with limited success. In hindsight, my initial concerns that the agency through which they were contacted would dominate any attempt to establish a research relationship were justified and in some cases these interviews were different from the others (see the section on young women).

Researchers (Park 1987; Banwell 1988) have observed that talking about alcohol creates an expectation among participants that alcohol problems should be the focus. Women were not selected because they had experience of alcohol problems in their
lives although as will be become apparent, this was the case for quite a number of the contributors. However, I tried to create the expectation that I wanted to discuss alcohol practices and experiences as well as alcohol problems. A number of the women in the interviews had experienced either personally or through others’ use of alcohol both aspects of alcohol consumption.

Pseudonyms have been used to protect the anonymity of participants, but when discussing particularly sensitive material women are frequently referred to as "a woman" or "a participant." For the same reason some excerpts from transcripts are not sourced. I have also omitted details that I think might identify a participant.7

**Participant-observation**

This method is a cornerstone of ethnographic research (Atkinson and Hammersley 1994). It involves a "commitment to adopt the perspective of those studied by sharing in their day-to-day experiences" (Denzin 1978). It is defined as a field strategy that combines document analysis, respondent and informant interviewing, direct participation and observation, and introspection. Such a definition describes my activities in Carlton during data collection.

Apart from the more formalised methods described above, informal and opportune interviewing took place in everyday situations. Frequently, when I described my occupation as a researcher on the topic of women and alcohol, people would tell me of an experience with alcohol or their views on the subject. These informal interactions would be recorded as fieldnotes and while they have not been incorporated into this thesis as formal data they have contributed to my general knowledge and understanding of the topic. Such informal interactions have also been part of my snowballing strategy and have contributed to identification of informants and groups for interview, events and places to explore, and have contributed ideas and

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7 Quotations from transcripts of participants direct speech is shown in italics throughout the thesis.
insights that were then able to be incorporated into conversations, interviews and discussions to be ‘tested’.

More formal interviews also took place with key informants who were frequently providers of care and support in the community. They included such people as maternal and child health nurses, church leaders and social and community workers. These people helped me make sense of data, by providing background information on local politics or policy. They also gave me introductions into networks or leads to follow up.

I attended some public occasions and places such as school fetes, the Lygon Street Festa, hotels, restaurants and cafes self-consciously in my role as participant-observer. As a resident of the suburb, I attended a similar set of occasions and places and in addition, private events in people’s houses. However, an event would frequently occur which would eject me from one category to another. (For example, I might be observing an alcohol occasion when I would meet a friend or neighbour and revert back to my role as resident or a I would be attending an event as a resident when my attention as participant-observer would be drawn by an event of comment to do with alcohol or women’s lives in Carlton.

Finally, the collection of documents and pictures relating to Carlton as an area and to the subject of women and alcohol took place throughout the research. A useful source of information was the local newspaper, which encompassed Carlton and other inner city suburbs and ran articles on local events, local politics, and reviews of restaurants and pubs. It was also used as a way of reporting on the study. Once again much of this information, with the exception of that reported on in the literature sections on women and alcohol in Australia and the history of Carlton has not been formally quoted or presented in this thesis but forms part of the background to the research.
Chapter 3

Analyses of Qualitative Material

Group discussions and life story interviews have been analysed using standard qualitative procedures including thematic analysis and ethnographic content analysis (Tesch 1991). Both types of interviews were read intensively a number of times and then coded. The codes used arose partly from the group discussion schedule and the major areas covered in the life story interviews and while arose out of my readings of these texts. Themes, patterns and relationships were identified and those that appeared in the earlier interviews were further explored in later ones. In the life stories the sections where alcohol or alcohol-related events were discussed, were coded. As these interviews were relatively unstructured, and because their lives and experiences were different, women approached the topic in a number of different ways. This is apparent in the variability of headings under which alcohol has been discussed. A chronological form of analysis has been used to group the women and also to organise their experiences of alcohol but beyond that framework there is some variability in the topics under which alcohol experience is discussed. Field notes have been used as a resource for the more formal methods. Ideas that were recorded in fieldnotes were incorporated into interviews and discussions and vice versa. The coding and analyses was done manually rather than using a computer programme.

Summary

This thesis weaves together a number of different perspectives and approaches. Each of the research methods is associated with conventions of presentation which have been adhered to in this thesis. The maintenance of the separation of the research methods is an acknowledgment that each research method is associated with a view of the world and way of knowing. While each method can contribute to the subject they cannot be totally integrated. The use of multiple methods is not only for reasons of "rigour, breadth, and depth" (Denzin and Lincoln 1994) but to gain a better understanding of the place of alcohol in women’s lives by drawing on anthropology, feminist research and public health knowledge.
Chapter 4: History and Culture of Carlton

The following section outlines why Carlton was selected as the study area and provides a brief historical and cultural description of the area. It is an inner city suburb of Melbourne, in Victoria (Australia) and as one of the older suburbs it has a rich and diverse history.

SELECTION OF STUDY AREA

Carlton was selected as a research location because it was similar to Mt Eden, an inner city suburb of Auckland, which was one of the 6 geographic locales selected in the New Zealand study on women and alcohol. They are similar in size with 15000 residents in Carlton compared to 18,675 residents in Mt Eden. Both have ethnically, socio-economically mixed populations living in a mixture of rental and owner occupied housing which makes them somewhat different from suburbs further from the centre of the city (Park 1987:14).

Carlton, in comparison to the Melbourne Municipal Average contains:

- A higher proportion of youth and young adults 15 -24 years old
- A higher proportion of labour force unemployed
- Same proportion of families earning less that $12,000 pa.
- A higher proportion of residents born overseas
- A higher proportion of single parent families

(City of Melbourne 1992)

Because both are inner city suburbs they contain a wide range of services catering to a larger population than residents alone. A university and major hospitals were located in Carlton and the suburb abutted the Melbourne Central Business District. Similarly,
Mt Eden is close to the Auckland Hospital and the University of Auckland. Carlton, like Mt Eden "derived part of its identity from tertiary education" (Park 1987) because of the numbers of staff and students living in the area. One major difference was that Mt Eden was "dry" at the time of the research. It had no hotels or liquor outlets, while Carlton had many hotels, liquor outlets and licensed clubs.

To do research in the suburb in which I worked and lived meant that fieldwork could be facilitated throughout the entire study period without travelling large distances. Researching in one's own culture is very different from working in a culturally and geographically different location and has its own pitfalls and advantages. The delineation of self and other, object and subject, and the need for reflexivity, responsibility to informants and the political, social and policy implications of doing anthropology at home are just a few of issues that have been raised (Jackson 1987; Hunt, Mellor et al. 1988). However, while I was still clearly an Australian living in Australia, I had only resided in Carlton for two years when I started the research and I left the suburb shortly after I finished fieldwork there. In one sense, I came into the field and left it again in a somewhat similar way to that of anthropologists doing fieldwork away from home. While living in the research area I experienced a blurring of the boundaries that are commonly supposed to exist between the researcher and the researched in some of the more positivist research disciplines.

A BRIEF HISTORY OF CARLTON.

As one of Melbourne's older suburbs, Carlton has a rich and varied history that merits a thesis on its own account. Indeed, part of its history warranted an exhibition entitled "Bridging two Worlds: Jews, Italians and Carlton" held at the Museum of Victoria in 1993 (Museum of Victoria nd). As a resident of Carlton, I attended the exhibition and like others there I searched a map of the early allotments of land to locate my house. The exhibition contained model street scenes showing a collection of shops typical of Lygon Street in earlier days. I noticed several groups of people in which the older members where explaining to younger members that they or their family had lived in the area or had owned one of the shops included in the street
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scene. The Carlton exhibition provided an opportunity for Melbourne families to review their own history as well as that of the area.

Various aspects of Carlton's history have been compiled from primary sources by The Carlton Forest Project a group of interested residents including Pat Grimshaw, a professor of history at the University of Melbourne. In the booklet, Carlton's Early Beginnings (The Carlton Forest Project 1988a) the transition of the area from one populated by the Wurrundjeri clan of Woiworung people to an affluent suburb in the 1860 and 1870s is documented. During the 1870s and 1880s, Drummond and Rathdowne Streets two of the larger streets in Carlton were particularly popular residential locations. Then as now, close proximity to Melbourne was an important factor in Carlton's popularity as a suburb.

During the last two decades of the nineteenth century, Carlton became more of a working class suburb, with the larger houses that had been built a few decades earlier being converted into boarding houses while workers' cottages were built on vacant land. The influx of people attracted by the gold rush resulted in a shortage of housing. The depression of the 1890s contributed to the decline of the suburb with owner/occupiers of Carlton houses moving out and letting their properties.

The development of North Carlton, somewhat further from the centre of Melbourne, took place in the 1870s, a decade or so later than that of Carlton proper. Developers and speculators subdivided average blocks into ones up to ten times smaller and workers cottages were built on these tiny blocks. Parts of Carlton and North Carlton became a slum, poorly drained and overcrowded, smelly and disease ridden and remained so until the 1930s (The Carlton Forest Project 1988a). The difference in the socio-economic status between Carlton and North Carlton first appeared in the late 19th century. While residents left the inner suburbs in search of work there was an increase in jobs in North Carlton (The Carlton Forest Project 1988a:13).

Reports were made in the 1920s and 1930s by various official bodies, of overcrowding, unsanitary conditions, poor lighting, ventilation, and rat infestations in Carlton dwellings (The Carlton Forest Project 1988a:8). The dense population of Carlton was drawn to the suburb's proximity to the city, industrial areas and the
Victoria Markets. During the 1880s, 1890s and the beginning of the 20th century slum areas of inner Melbourne in the North East of the city were cleared and a major attempt was made to close the brothels in the area. The prostitutes in these brothels moved from the city to nearby suburbs such as Carlton and Fitzroy (McConville 1980). In the early part of the new century Carlton contained expensive brothels while poorer women operated out of rooms in terraces such as those on Victoria Street. The presence of prostitutes in the area was a symbol of the degradation of the inner suburbs of Melbourne (McConville 1980:95).

In the late 19th century, the first of the Jewish immigrants arrived in Carlton, many escaping the pogroms of Eastern Europe and increased in numbers until the 1920s. Waves of Jewish immigrants continued to arrive in the suburb before and after World War II (Museum of Victoria nd:8). Jewish schools and the Kadimah on Lygon street were built (The Carlton Forest Project 1988:21). Early in the 1900s Italian immigrants also began moving into the area and continued to do so until after the World War II. Carlton became a multi-cultural suburb before the word was coined with the commercial properties in the area reflecting its cultural diversity. Italian and Jewish grocers, butchers and bakers catered to Carlton’s immigrant communities. Religious and cultural centres, clubs and activities were established, some of which remain today (Museum of Victoria nd:24-25). It was after World War II that Carlton became strongly associated with Southern European migrants, particularly Italians and Greeks and was known in the 1960s as Little Italy (Logan 1985:30).

The suburb’s reputation as a “slum” allowed it be targeted for demolition and redevelopment by the Victorian Housing Commission (VHC) (Logan 1985:34). During the 1960s large areas of Carlton were demolished and high rise flats were built by the VHC. The demolition and redevelopment of Carlton was resented and resisted by many members of the Carlton community on the grounds that the VHC bulldozed their way over the wishes and rights of Carlton’s citizens. In addition, the Carlton architecture was becoming appreciated in its own right. A resident of Carlton in the 60s reported that the migrants felt that the demolition of Carlton was targeted at them, because they were “second class citizens, ‘wogs’ and ‘dagos’” (The Carlton Forest Project 1988:6). The VHC was able to declare a house unfit for human habitation with the result that it had to be immediately vacated. The owner
was required to demolish the house or the housing commission would demolish it and send the bill to the owner. Residents of houses targeted for demolition could be evicted by the police. Owners were payed an insubstantial amount for their properties. The activities of the highly vocal and politically astute Carlton association, along with the black bans imposed by Norm Gallagher and the Builders’ Labourers Union, was crucial in saving large areas of Carlton from “redevelopment” (The Carlton Forest Project 1988d:9).

The process, discussed by Logan (Logan 1985) under the term of “gentrification” or “trendification”, of Melbourne’s inner suburbs began in the 60s and gained momentum in the 70s. With the prosperity of the 1950s, many families from the inner city areas moved to more spacious houses in the outer suburbs. A number of professional people moved to Carlton either as student tenants, and remained in the area to eventually purchase their own houses, or they acquired jobs in the area and bought a house and resisted the “redevelopment” or they bought properties as redevelopment activities forced many people out of the area.

The Carlton Association, described at the time as the “most powerful local action group,” was formed in the 60s and was successful in fighting the redevelopment plans, the F19 Freeway, the preservation of the Railway land and the improvement of local services and institutions such as the schools. Other Carlton landmarks such as the Victoria Markets and the City Baths were saved. In the 60s and 70s, Carlton also was a centre of student life, counter culture, experimentation, social revolution and drug use (The Carlton Forest Project 1988d) and featured in books such as “Monkey Grip” (Garner 1978) and in descriptions of bohemian and intemperate pub life such as “A Pot of Air Conditioning Fluid” (Dickins 1996).

Living in Carlton

By the mid 80s, Carlton was something less of a hotbed of the counter culture and more of a “yuppified” inner city suburb than a decade earlier. It retained however, a
mix of students, professionals, and remnants of all the other waves of residents who had lived in the area. In the 8 years I lived in Carlton, three sets of elderly neighbours died or moved out and were replaced by younger and middle aged people. House prices were high and speculation took place but unrenovated smaller properties were still within the range of younger people without large financial reserves.

The housing commission flats of Carlton continued to be a clearing house for waves of immigrants to Australia. Over the course of the late 80s and early 90s, Spanish speaking South Americans, middle Easterners, Vietnamese, and Africans from the Horn of Africa (see Stevenson, Fitzgerald et al. 1996 for discussion about the latter group) were visible as distinct immigrant groups. This along with the continued high population of students in the area made Carlton an interesting place to live, a place in the heart of Melbourne where things happened.

It was a suburb that derived its atmosphere from its history, its geographic locale and its selfconscious appeal as non “suburban”. However, to maintain this atmosphere residents who lived in the suburb managed without some amenities suburban residents take for granted. If they had cars, most residents parked them on the street. Many houses had small backyards, steep stairs if two story, narrow passageways, small rooms, and little light. Renovation and restoration were continual activities in Carlton residential streets, allowing residents to overcome some of the difficulties of living in Victorian cottages (if they could afford it). However, these difficulties were part of the character of the inner city suburbs, and were positively espoused as virtues. To be unmaterialistic enough to not worry about keeping one’s car on the street, was one way in which middle class Carlton residents could positively affirm their non “suburban” choice.

When couples moved into Carlton and then had children the dilemmas of an urban lifestyle became more acute. With small backyards and restricted interior area, there is little room in many Carlton houses for the clutter that accompanies children. Nevertheless, in the 80s the number of children in Carlton began to grow again, according to a local maternal and childhealth nurse. The local parks were always busy on weekends with parents and children using the play equipment. Many Carlton residents walked to the local shops, library, cafes and parks. However, despite these advantages and the identification expressed by some Carlton residents with non-
suburban values, families sometimes moved out of the area when they had more than one child or as the children became older. The idea that children need a large area of outdoor space where they can be relatively unconstrained seems to be an enduring aspect of Australian culture. This did not necessarily apply to the residents of the housing commission flats, who had less choices available to them. However, some residents of the flats said that they preferred the difficulties of the high rise apartments to life in the suburbs where, with no car they would be dependent on suburban public transport.

Because the Melbourne public transport system tends to concentrate in downtown Melbourne the inner city suburbs were well supplied with public transport. Many Carlton residents have a short walk in one direction to a tram which travels past one of the major blocks of housing commission flats, the university and into town or in the other direction to a bus that also went to the centre of Melbourne. Five minutes away outside one of the major blocks of housing commission flats is a cab stand where a cab could always be found.

From most parts of Carlton or North Carlton, including the housing commission flats, it is possible to walk to Lygon Street, the heart of Carlton. This street encapsulates and reflects the history of Carlton. It has, in the past, included Italian and Jewish food shops, counter-cultural shops and exhibition spaces but at the time of the research it was a highly commercialised area. Carlton’s largest supermarket was in Lygon Street, as well as a number of clothes and specialty shops, banks, a cinema complex, several Italian delicatessens, a wine merchant, several hotels and the famous Jimmy Watson’s wine bar. In addition, Lygon Street contained innumerable restaurants, pizzerias, cake shops and cafes many of which reflected Carlton’s Italian heritage in both the provision of Italian food and the tradition of sidewalk dining. Some people felt that Lygon street had become too commercial, with the opening of chain stores and with many of the restaurants employing spruikers to tout for business. Tourists visit Lygon Street as one of the more colourful centres in Melbourne, local residents, including students from the University of Melbourne use the supermarket, and other facilities, including the hotels and eating places and residents from all over Melbourne come to Lygon Street as a place of entertainment. Particularly on summer nights,
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Lygon Street is a popular place to buy gelato and to promenade for Melbourne’s Italian and non-Italian residents alike. However, the main streets of Fitzroy and St Kilda among others compete successfully with Lygon Street for the people who prefer a less commercial atmosphere.

Not only is the suburb well supplied with places to eat, it contains numerous venues at which alcohol can be obtained. As the topic of alcohol is central to this thesis, I will say little more about this at this point except to add that drinking venues are just one of the suburb’s easily accessible facilities and were seen as a positive feature of life there. In addition, there were a number of alcohol shops operating in the suburb, where wine and spirits were sold. These shops according to the staff with whom I talked, sold alcohol to local residents, to outsiders coming into Carlton to eat at the Bring Your Own (BYO) restaurants nearby and to people who worked in Carlton or other inner city areas who bought alcohol on their way home.

Services available in Carlton

At the time of the research Carlton was part of the City of Melbourne Council. The Council published a substantial and comprehensive booklet on community services and activities. By the time that fieldwork on this project was finished (1994), Carlton had been divided, with North Carlton cast out of the City of Melbourne and amalgamated with the adjacent Fitzroy Council, while South Carlton remained part of the Melbourne City Council. Changes to the City Council itself had left many residents of North and South Carlton feeling aggrieved and uncertain about their voice in local government and about the level of services that would be available to them. Many residents also objected to the destruction of Carlton as an historic entity within the city of Melbourne.

The following pages describe Carlton as it was during the major portion of the time it was the research location for this study (before the separation of North Carlton from the Melbourne City Council).
Health and Community Services

Carlton was well supplied with health and community services. There were numerous general practitioners in the area with a concentration, rather like the hotels, near the large housing commission blocks, as well as a community health centre. However, a number of other medical practices were scattered throughout the suburb. A fine library, (a branch of the city of Melbourne Library system) existed in North Carlton, close to a popular park and restaurant. The historic Carlton Baths had been renovated in the late 80s into a very pleasant swimming pool and community centre and situated over the road from one of the housing commission blocks. Once again it was well used and during very hot days the swimming pool provided little more than standing room.

Maternal and Child Health nurses were easily accessible. In addition, a number of major hospitals, research institutes, as well as the University of Melbourne were concentrated in South Carlton allowing residents to easily access emergency facilities and outpatients services. A collection of specialists rooms, pathology and diagnostic services were close to the hospitals. Carlton, because it was close to the city, was an ideal location for these types of establishments. People from all over Melbourne could catch public transport to the centre of the city and then it was an easy tram ride to Carlton. If they drove cars they had a better chance of finding a parking area in the suburb than they would if they in the centre of Melbourne. Probably for the same reasons, a number of welfare agencies, and self-help groups operate in the area for the benefit of much larger populations than that of Carlton alone.

Parking was difficult in Carlton with residents not only competing for parking spaces among themselves but also with non-Carlton residents. Those resident in South Carlton had to contend with the influx of visitors to Lygon Street, the major hospitals, the university and the Exhibition gardens, while in North Carlton residents were affected by crowds visiting the Princes Park Football grounds or the local restaurants. In the busiest areas in South Carlton, parking meters controlled the time that cars could be left and raised revenue for the city council.

A number of maternal and child health centres existed in North and South Carlton but during the early 1990s the service underwent a number of changes and its accessibility
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was restricted by reducing the number of centres and the hours of opening. This was resisted by some of the nurses themselves, supported by some local mothers, who argued that the population of children in the area was increasing.

There were a number of creches and pre-schools in the area. A high demand for various forms of childcare was testimony to the number of women with young children who had paid employment. The childcare available in Carlton, like other services in the area, however, catered to more than the local population. Non-residents who worked in Carlton, sometimes sought creche and schooling for the children close to where they worked.

A choice of state-run primary schools was available to Carlton residents; two in North Carlton, one attached to one of the housing estates and another in South Carlton, making it possible for many local children to walk to school as all parts of the suburb were close to a school. At one stage in the mid 1990s, when many schools were being closed or “rationalised” there was discussion about closing one of the schools but nothing eventuated possibly due to the active involvement of parents who made submissions to the state about the need to retain all the schools in the area. Some children from other suburbs attended the Carlton schools because of their proximity to work places. High school children could either attend a high school in the northern part of the suburb or a high school in an abutting suburb that had an accelerated programme for bright children. There were very few private schools in the Northern part of the city but a number of children in Carlton attended private schools which were mainly located in suburbs south and east of Melbourne, using the tram and bus routes that ran through the city for transport.

After-school and holiday programmes were much in demand. While Carlton was well endowed with these programmes, the most popular programmes during the holidays were quickly booked out. The council organised a holiday programme in several venues, and the university had a programme that had started, collapsed and later started again. Working parents expressed concerns about getting into programmes and then once their children were accepted worried about the level of supervision and the suitability of activities for their children. For many working parents school holidays were times of increased stress as they tried to adapt to holiday routines.
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The council also supported two community houses with programmes for local residents, while the largest of the housing estates was the venue for a residents' association while a number of other resident associations in various parts of Carlton existed to safeguard the interests of residents in their immediate environment.

Some of the churches in Carlton were active in providing support and assistance to local residents. The most active of these were located, like the previously mentioned general practitioners and hotels, around the edges of the large housing estates and drew many of the clients from the estate. There were a number of other churches in the area that reflected Carlton's past, its prime location as an easy meeting place and its continuing multi-cultural flavour. For example, a Mosque, a Greek Orthodox church, a Chinese Church of Christ, a Serbian Orthodox Church, a Maronite Rite Catholic Church, as well as Anglican, Catholic, Baptist, Uniting Churches and a Salvation Army Temple were scattered through Carlton and North Carlton. Some of these churches did not appear to have active local congregations and were used mainly for special occasions such as weddings, funerals, baptisms and holy days because of their central location. The most active Catholic church in the vicinity that drew most Carlton residents to it was located just out outside the boundary of Carlton. The Mosque, however, (officially named the Albanian Australian Islamic Society in the Community Directory) had a large and active congregation, from Carlton and other inner city suburbs. Many of the congregation arrived by tram or bus or in cars. Some of the churches had attracted large and active congregations in earlier times but as waves of emigrant populations moved in and then out of Carlton, they fell into comparative disuse.

Just as Carlton residents benefited from the provision of services for suburban Melbourne, they also enjoyed access to a wide range of services that were close to Carlton, either in the centre of the city or in one of the other inner city suburbs. These ranged from community activities, occasional care centres for children, information services for young people, veterinary and hospital facilities for animals, family planning and sexual health, drug and alcohol services, women's refuge and an aboriginal health service. It is also possible for Carlton residents to get quickly and easily to the central business and shopping area of Melbourne, to the Queen Victoria Markets, (an enormous food and clothing market that draws huge crowds from all
over Melbourne), to the Melbourne Zoo and to the arts and entertainment centre of Melbourne on the Yarra river.

Recreational Facilities

The proximity of Carlton to the centre of Melbourne made it an ideal location for a number of recreational facilities. Like many of the older Australian cities, Melbourne is well endowed with formal gardens and parks close to its centre. Some of these parks, which had been created in the early days of the suburb’s development and had a long and varied history (The Carlton Forest Project 1988b), were heavily used by local residents and visitors. Bridal parties have their wedding photographs taken around the university or in some of the inner city parks, the Exhibition Gardens and the Exhibition Building, an enormous Victorian edifice, was the location for a number of special exhibitions and events. There were several lawn bowling clubs in Carlton, some of which suffered the same fate as the churches in the area though they had active memberships in times past. At the time of the research lawn bowls was not a popular sport with Carlton residents and one of the clubs reported that most of their members now came from other suburbs but that in the past it had been different (The Carlton Forest Project 1988b). The tennis club in North Carlton appeared to be well patronised with the courts frequently in use.

Many of the playing fields round Carlton were close to the university and university colleges and were frequently used for sporting matches of various sorts. In addition, on the university grounds a wide array of sporting facilities were available to students, some of whom were Carlton residents and to outsiders who were willing to pay. Consequently, the university extended the range of sporting facilities for Carlton Residents.

A major, rather controversial sporting venue was the Princes Park Oval, (renamed at the time of the council changes) which was home of the Carlton Football Team (The Carlton Forest Project 1988b). The oval and stands were dilapidated in places but they catered to large crowds during football matches and the occasional event such as an outdoor production of Aida (complete with animals). Residents in nearby streets complained about lack of parking, crowds and noise from the oval. When North
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Carlton was separated from the Melbourne City Council. Princes Park remained within the council boundary intensifying the fears of nearby residents who now felt that their ability to influence the management of Princes Park would be seriously curtailed.

The club building at Princes Park contained a bar with “pokies” (poker machines or “one armed bandits”) which was open to the general public. This was a somewhat larger and more serious drinking and gambling venue than some of the others in Carlton but there a large number of hotels in the area and some of them contained a few poker machines. Carlton also contained several well known and controversial night clubs. One was well known because of its association with violence to its clients and the other advertised itself as a venue for participatory exhibitions of sadomasochism. Tourists, a club worker said, were bussed all the way from Queensland to visit. There were also several obvious brothels in Carlton (red light out the front and bars on the windows). Lygon Street, while a shopping street, was also a place of recreation, with its numerous restaurants, bars, hotels, poolrooms, a cinema complex, icecream shops, bookstores and tourist shops.

Commercial Activities

Carlton was also home to a number of small businesses, legal offices, accountants, and the like, who were based in the larger terrace houses of South Carlton that had been converted into offices. The headquarters of the Melbourne Inner City News was also in the suburb. While this free or throw away paper covered all the inner city suburbs it could be relied upon to report major events and debates that were relevant to the suburb, and to some extent reflect the opinions of at least some of Carlton’s residents. The Melbourne Times, contributed to the creation of and maintenance to the notion of a distinctive and urban as opposed to suburban culture. Part of the paper and part of the culture was a section devoted to alcohol, mainly wine, by a well known writer. It also reported on licensing disputes, changes in licensing regulations, complaints from local residents about drinking and other aspects of alcohol consumption, including an article on a section of the present research.
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Alcohol in Carlton

Carlton with its background of European and particularly Italian influence of wine consumption, outside drinking and the large number of hotels, many built during the Victorian era, was a particularly “wet” environment. The commercial venues at which alcohol consumption took place benefited from the Newenhausen report of the mid 80s which pushed for the liberalisation of alcohol sales and consumption.

Hotels, many of them in old Victorian buildings, were placed on street corners throughout the suburb, including residential areas. In this way, Carlton differed from outer urban suburbs where usually, there are fewer hotels, which are located close a commercial area. Many residents could walk to at least 1 hotel, and often more, within 5 to ten minutes. In 1992 there were 26 establishments (hotels and bars) holding general licenses in Carlton and North Carlton. Liquor could be bought to take away from 8 stores holding packaged liquor licenses. Several of these were small shops in North Carlton, while others were large liquor stores in commercial areas, such as Lygon Street. One of the major packaged liquor sellers in the metropolitan area was King and Godfree’s on Lygon Street, (Liquor Licensing Commission Victoria 1993) where a large range of alcohol was sold as well as delicatessen items, such as cheeses, sausage and bread. Alcohol was permitted in many of the restaurants and cafes in Carlton and patrons could either buy it there or ‘BYO’ (Bring Your Own”). Sixty-three establishments had “on premises” licenses, meaning that liquor could be sold on the premises in association with providing meals or some other entertainment (Liquor Licensing Commission Victoria 1993). A pizzeria in Lygon Street was among the top fifty “on premises” retailers of alcohol (Liquor Licensing Commission Victoria 1993). That both these establishments were on Lygon Street indicates that this area catered to a far wider population that just Carlton residents. Apart from these major types of liquor licence categories, there were a small number of clubs, residential hotels, distributors etc holding licences in the Carlton area.

Some hotels in the area were reputed to be heavy drinking venues. Several were student haunts while others were aimed at diverse markets. One particular venue aimed at the student market advertised that patrons should come to “get out of
control” playing on links between drinking heavily and control along with references to an old television programme called “Get Smart” (see Appendix I).

There was not much visible evidence of the notion that women and children were separated from alcohol. One of the local schools held a large fete annually, at which various stalls were set up. Quite a number of these stalls either sold alcohol, gave wine tastings or distributed alcohol as prizes. Private social events where children attended did not exclude alcohol. At children’s birthday parties when parents attended they would often be offered a glass of wine or champagne. Nowhere, in Carlton were there hotels, as in the outer suburbs, with children’s play rooms attached to the dining area so that adults could eat and drink while watching their children play in specially constructed play grounds.

A few hotels fostered an association between women and alcohol. One hotel, situated on the boundary of high rise public housing, advertised “topless barmaids” as lunchtime speciality. It closed down in the late 1980s however. Yet another hotel on the southern boundary of the same high rise block of public housing, set aside a space that catered to a lesbian clientele on Friday nights. While the hotel continued in business during the course of this research, the women’s only area did not last long. Hotels and clubs within Carlton and elsewhere sometimes reduced the price of drinks for women specifically, or reduced the price of cocktails (typically viewed as young women’s drinks) to attract more women and the men that were expected to follow them.

Particular public events in Carlton were associated with boisterous drinking and drunkenness was not unexpected (although not necessarily approved of). One was at the beginning of the year during what was known at the University of Melbourne “O Week” when much of the week’s festivities for first year students involved drinking. However, the event that produced the most visible drinking in Carlton was the student pub crawl when students would visit a number of hotels around the university, stopping off for a drink at each one. Generally, most of the hotels around the university were full during O Week. There were various other university and college events during the year that filled the hotels that were particularly favoured by students.
On St Patrick’s day one hotel in Carlton with a strong Irish association, (Irish music was performed there and it had an Irish name) would draw an enormous clientele that would spill out onto the nearby lawn and sometimes even onto the very busy road that ran past its door.

The Lygon Street Festa, held towards the end of the year was yet another such event. It took place over a weekend and involved a number of performances on specially constructed stages, street theatre, side shows and other entertainments. It was managed by a special committee which included many of the Lygon Street businesses. As many of these businesses were owned by Italians or those of Italian descent, the Festa retained an Italian flavour such as performances by Italian singing and folk dance groups, but this was sometimes almost swamped by the inclusion of other businesses and entertainment. Many of the businesses in Lygon Street, which was closed to traffic for the weekend, would set up stalls on the street, selling food, drink, clothing etc. The hotels in Lygon Street, like the other food and drink outlets, extended their business area further into the street, set up more tables and sold alcohol. However, people also bought cans of alcoholic beverages and could be seen drinking as they walked. Many Carlton’s residents attended the Festa but it was an event that drew crowds from all over Melbourne. During the Festa, large Italian speaking groups which were perhaps associated with Carlton in the past returned to the suburb.

Alcohol Treatment Services

Carlton’s position close to the centre of Melbourne made it an ideal location for some treatment services. Attached to the Royal Women’s Hospital located in South Carlton was a Chemical Dependency Unit, which managed women with drug and alcohol problems through pregnancy and childbirth. This facility was housed in a terrace house, which looked much like the surrounding terraces, close to the hospital. St Vincent’s Hospital, which was just on the boundary of Carlton but was located in Fitzroy contained a detoxification unit, and was also the venue for a weekly meeting of Women For Sobriety (WFS). Alcoholics Anonymous (AA) held a meeting in
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Carlton, that like the WFS meeting in nearby Fitzroy catered to as many outer Melbourne residents, as it did to inner city dwellers. Other AA and NA meetings were held nearby in Melbourne itself and in some of the surrounding inner city suburbs. There were a number of other treatment programmes for women located in nearby suburbs but I was not able to determine what proportion of participants came from Carlton.¹

A number of welfare agencies in the area identified people with alcohol problems and referred them elsewhere. The general response from Carlton agencies when asked about women and alcohol was that women with alcohol problems were not commonly seen. A Chemical Dependency Unit staff member thought that far more women with drug than alcohol problems came to them. A staff member of CASA (the Centre Against Sexual Assault) when asked if she had noticed any association between her clients and alcohol, strongly denied any interest in the role of alcohol in sexual assault arguing that it was used as an excuse and that it deflected attention away from the major concern which was the violence of men towards women. An analysis of Victorian Inpatient Public Hospital Morbidity Data (1992) attributed 0.76% of all separations for females over the age of 15 to alcohol and 0.75% to females over the age of 18 from postcodes 3053 and 3054 (Carlton and North Carlton) to alcohol.

Women from Carlton were not understood to be a group with a high prevalence of alcohol problems by the agencies I contacted. The few indicators available also support this picture. However, what is more significant is the difficulty of obtaining systematic local indicators of women in alcohol treatment. This contributes to the invisibility of women with alcohol problems and allows existing discourse about women and alcohol to remain unquestioned. Most importantly, it does not permit the linking of specific social contexts, and the locally specific experiences of women and alcohol, including experiences of problems and treatment. This study is intended to fill this gap by linking social contexts and women’s experiences of alcohol.

¹ I made enquiries about a database, run by the Victorian government which monitored the client records of the treatment agencies. I was told that a search of the data base had found one female client from Carlton or Carlton North. The data base was reputed to have problems and later underwent major reworking.
PART II: RESULTS
MEASURING AND COUNTING
ALCOHOL DRINKS
Chapter 5: Diaries of Dinners, Dates and Drinks

Much of the expert public health and clinically based discourses about alcohol and alcohol problems hinge on the measurement of alcohol consumption. Increasingly, health promotion advice about alcohol is expressed in terms of measured quantities. The general population is being asked to recognise and understand such terms as "standard drinks" which involve concepts of measurement and standardisation across different types of alcohol, different measurement units, and between men and women. Such approaches have stemmed from, and contributed to, increased emphasis in research on improving alcohol measurement techniques.

Within alcohol research discourses, issues of measurement of consumption are central. A large body of literature exists on the technical aspects of various methods employed to measure alcohol consumption and which of these measures provide the most 'accurate' results. Within alcohol research, respondents are assumed to under-report their alcohol consumption because measurement of alcohol consumption data based on sales or production is usually much higher than those based on surveys of drinking. This contributes to the idea that any measurement method that produces more alcohol is more accurate (Room 1990). While it is acknowledged that there are various reasons for the difference in the results of these two approaches to determining alcohol consumption, there is no discussion about the possibility that there may be differences between sectors of the population on their under-reporting. For example, do women under-report to the same extent as men, or do any groups over-report? The best and most accurate consumption measurement methods are considered to be those which capture the largest quantities of consumed alcohol. Research that requires individuals to recall their alcohol consumption involves the researcher in decisions about the most appropriate units of measurement to utilise, taking into account such factors as current health messages about alcohol, existing knowledge about consumption and comparative data from other surveys, both national and international.
In this chapter I report on alcohol consumption data collected from Carlton women using two week prospective beverage diaries. The socio-demographic features of the women who participated in the study and various measures of the alcohol consumption are described. The diaries are then analysed by diary keepers' ages and their status as child raisers. The measurement of alcohol consumption using this diary method is followed by the measurement of alcohol consumption within the CWS, a random sample survey, in the following chapter. Both these chapters are discussed in the context of the production of expert discourses about alcohol consumption.

BEVERAGE DIARIES

Prospective two week diaries in which participants recorded their alcoholic and non-alcohol beverage consumption, were distributed through snowballing techniques to women resident in Carlton or in university colleges (see Chapter 3 for a detailed description and Appendix III for a sample page of a diary).

Of the 109 diaries distributed to Carlton women 87 diaries were returned by 86 women. ¹ Diaries with entries for at least a week were included in the study. Twenty-two diaries were not returned or were not useable because they did not contain enough entries. Most of these diaries were taken by women who thought their friends might be willing to do one and later found that this was not the case. Usually, once a woman agreed to keep a diary, after I had explained its purpose to her, it was completed. Several diaries were lost by participants. One diary was ineligible as the woman was not resident in Carlton. I lost contact with two diary keepers who lived in the one dwelling despite numerous phone calls and their diaries were therefore lost to the study.

In the following section the diaries of college students have been included with other diaries in the first analysis and later examined and discussed as a sub group. Eleven college students most of whom were resident in Parkville (3052) rather than the post

¹ One woman filled out 2 diaries as she felt that the time during which she kept the first diary was atypical and the second period during which she filled out a diary, which was about a year later was a better reflection of her usual pattern of alcohol consumption.
code areas 3054 (North Carlton) and 3053 (Carlton) contributed diaries which were collected because firstly, the university colleges are an important and integral feature of Carlton culture, and secondly, the students living in them use many of the shops, restaurants and hotels of Carlton. The Melbourne City Council map of the council area shows the colleges on College Crescent to be part of Carlton rather than Parkville according to Melbourne City Council neighbourhood boundaries (MCC 1989) even though they are included in postcode area 3052. Consequently, a small number of women students from these colleges have been included in the general analysis of diary keepers and separately as well.

**Socio-Demographic Profile of the Diary Keepers**

The socio-demographic characteristics of the women, resident in the study area who filled out beverage diaries are summarised in Tables 5.1 to 5.8. While the diary keepers ranged in age from 18 years to 69, 45% of them were under the age of 30 with 24% clustered in the 20 to 24 year old group and another cluster (14%) in the 50 to 55 year old range (Table 5.1). The majority of the diary keepers were single (62%), the next largest group being married women (29%). Only 8% of women were in de facto relationships, widowed or divorced (see Table 5.2).

The largest group of diary keepers (40%) had completed secondary schooling but many of these women were students who were enrolled in undergraduate courses at the time of the study (see Table 5.3). Consequently, a large proportion of diary keepers were, or had been, involved in tertiary education with 38% of women holding a graduate diploma or bachelors degree and a further 10% with Masters degrees or PhDs. This reflected the active recruitment of students to the study and the proximity of the University of Melbourne and other tertiary institutions to Carlton.

Most diary keepers were either employed (40%), or were undergraduate or postgraduate students (43%) at the time of the research (Table 5.4). Of those women

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2 One woman was not sure of the educational level she had attained and consequently was not included in Table 5 (65 entries).
who were in paid employment, the largest group (50%) were categorised as professional. The comparatively high number of women in the sales and personal services category (19%) could well reflect many students’ practice of taking part-time jobs in local hotels, restaurants, cafes and nightclubs (Table 5.5). The remaining women (those not shown in Table 5.5) who were not in paid employment, nor seeking employment were likely to be students or women who performed home duties. Graduate students on scholarships were categorised as being in paid employment, unlike undergraduate students, because they received an income and their conditions of work were similar to others in paid employment. The largest group of participants (37.2%) were in full-time work with a further 33% working part time. The smallest group of women were those not in paid employment (31%).

Many of the women who were not in paid employment, noted that they had an income. Some of them received a pension and others were students on Austudy. Forty-three percent of diary keepers had incomes in the two lowest income categories (Table 5.6). Many of the students who worked part time during the year were also in these categories. Overall the $3001-$8000 category contained the largest proportion of diary keepers (33%) while the category containing the next largest group of women (19%) was $35,001-$50,000.3

Most diary keepers were born in Australia and considered themselves to be Australians (Table 5.7). Ethnic identity and birthplace have been separated in this table as women may have been born overseas but identified themselves as Australian or alternatively be born in Australia but consider themselves to be of another ethnic identity.

Most diary keepers (74%) did not have dependent children, that is children that they were supporting financially and in other ways (Table 5.8). Of the 22 women with children, 6 had a preschool child. No women had more than 1 preschooler at the time

---

3 Two women stated that they did not know what their income was.
of the research. Sixty-eight percent of the women who were either currently married or had been married had children.

Tables 5.1 to 5.8 Socio-demographic Profile of The Study Group

### Table 5.1
**Age**

<table>
<thead>
<tr>
<th>Age</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-19</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>20-24</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>25-29</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>30-34</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>35-39</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>40-44</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>45-49</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>50-54</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>55-59</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>60+</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### Table 5.2
**Marital Status**

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>25</td>
<td>29</td>
</tr>
<tr>
<td>Living together</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Divorced/separated</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Single</td>
<td>54</td>
<td>63</td>
</tr>
</tbody>
</table>

### Table 5.3
**Educational Status**

<table>
<thead>
<tr>
<th>Education</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some primary school</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Completed primary</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Some secondary</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Completed secondary</td>
<td>34</td>
<td>40</td>
</tr>
<tr>
<td>Trade or other certificate</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Diploma</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Grad. Dip or Bachelors</td>
<td>33</td>
<td>38</td>
</tr>
<tr>
<td>Masters or Doctoral</td>
<td>9</td>
<td>11</td>
</tr>
</tbody>
</table>
Table 5.4
Occupation

<table>
<thead>
<tr>
<th>Occupation</th>
<th>No n=86</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home duties</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Retired</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Unemployed</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Student (undergraduate)</td>
<td>31</td>
<td>36</td>
</tr>
<tr>
<td>Employed</td>
<td>34</td>
<td>40</td>
</tr>
<tr>
<td>Pensioner</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Postgraduate student</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 5.5
Employment Status

<table>
<thead>
<tr>
<th>Employment</th>
<th>No n=64</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managers/Administrators</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Professionals</td>
<td>32</td>
<td>50</td>
</tr>
<tr>
<td>Para-professionals</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Tradespeople</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clerks</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Sales/personal services</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td>Plant &amp; machine operators</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Labourers/related workers</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Retired/pensioners</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 5.6
Income

<table>
<thead>
<tr>
<th>Income in $'s</th>
<th>No n=86</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>0-3001</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>3001-8000</td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td>8000-16000</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>16001-25000</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>25000-35000</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>35001-50000</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Don't know</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
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Table 5.7
Birthplace and Ethnic Identity

<table>
<thead>
<tr>
<th>Birthplace</th>
<th>No</th>
<th>%</th>
<th>Ethnic Identity</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=86</td>
<td></td>
<td></td>
<td>n=86</td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>74</td>
<td>86</td>
<td>75</td>
<td>87</td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Italy</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>New Zealand</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Yugoslavia</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

Table 5.8
Diary Keepers with Dependent Children

<table>
<thead>
<tr>
<th>Number of children</th>
<th>No of Women</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>64</td>
<td>74</td>
</tr>
<tr>
<td>One child</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Two children</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Three children</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Partners' Socio-demographic Data

Tables 5.9 to 5.11 indicate the employment, educational status and income of diary keepers' partners. Most diary keepers (67%) did not have partners \(^4\) and many of the partners of the remaining 33% of diary keepers were employed in the professional

\(^4\) Several women provided details of a "partner" even though they were not living with this person. These women were categorised as single in Table 5.2.
category, and had graduate diplomas, bachelor or other higher degrees. They were concentrated in the $35,001 to $70,000 income brackets.

Tables 5.9 to 5.11 Some socio-demographic Profile of Diary Keepers’ Partners.

Table 5.9
Employment Status

<table>
<thead>
<tr>
<th>Partner’s Employment</th>
<th>No n=86</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td>58</td>
<td>67</td>
</tr>
<tr>
<td>Managers &amp; Administrators</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Professionals</td>
<td>20</td>
<td>23</td>
</tr>
<tr>
<td>Para-professionals</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tradespersons</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clerks</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sales &amp; Personal Services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Plant &amp; Machine Operators</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Labourers &amp; related workers</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Retired/Pensioner/unemployed</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 5.10
Educational Status

<table>
<thead>
<tr>
<th>Partner’s Education</th>
<th>No n=86</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td>60</td>
<td>70</td>
</tr>
<tr>
<td>Some primary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Complete primary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Some secondary</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Trade or other certificate</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Diploma</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grad Dip or Bachelors</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Masters or Doctoral</td>
<td>12</td>
<td>14</td>
</tr>
</tbody>
</table>
Comparison of Diary Keepers with 1991 ABS Data on Carlton Women

Tables 5.12 to 5.16 compare diary keepers with Carlton women as described in the 1991 ABS data. After separating out the college students living in postcode 3052, it appears that there are some differences between the diary keepers and the Carlton women. It can be seen that a higher proportion of diary keepers were in the 20-24 and 50-54 year age categories than in the general population. The other major difference was that proportionally fewer women over 65 kept a diary than the proportion of women of this age living in Carlton (Table 5.12).

Almost twice the proportion of diary keepers had graduate degrees, diplomas and/or higher degrees compared to the female population of Carlton (Table 5.13). A slightly greater proportion of diary keepers were married than the general population but there were fewer divorced, separated and widowed women taking part in the study.
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However, more diary keepers were also single, or as expressed by the ABS census data "never married" (Table 5.14).

Table 5.15 is constructed from the 1991 ABS Table of the Labour Force Status of Women which describes whether women are employed part-time or full time, are unemployed or not in the labour force. Diary keepers who described themselves as home keepers, on a pension, retired or undergraduate students could be compared with the ABS category of women not in the labour force. However, some students also work part time. Postgraduate students could be considered to be employed on scholarships and fellowships but I have categorised them separately in this table. In other words, depending on how diary keepers are categorised the proportion of employed diary keepers could be seen to be much higher than is shown in this table.

Diary keepers were concentrated at the low end of the income scale and then again at the higher end (Table 5.16). This may reflect the concentration in two age groupings and the high numbers of students and professional women among the diary keepers. It would also explain the concentration of diary keepers' partners at the higher end of the scale. The diary keepers who were married tended to have partners who were educated at a tertiary level and were employed predominantly in the professions.

In comparison with the general female population of Carlton, more diary keepers were born in Australia (85.33% to 61.6%). A slightly higher proportion of diary keepers were born in the United Kingdom than the general population of women living in Carlton. The networking process of distributing diaries did not really tap into networks of women from non-anglo ethnic groups, although attempts were made to do this. For example, flyers were delivered to several of the Italian clubs that exist in Carlton and contact was made with Italian speaking community workers. None of these efforts produced results. However, as I have discussed elsewhere (Banwell 1986) keeping a diary is likely to be a research method particularly suited to women with good literacy and organisational skills. Among the newly arrived ethnic groups in Carlton women are still likely to be learning English and would have difficulty
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participating in a research method such as keeping a diary in written English. It was also apparent from the few focus groups held with women from NESBs that these women did not perceive questions about alcohol to be relevant to them. They considered research on alcohol should be problem focused. As they thought that alcohol was either an Australian problem or a man's problem they had little to say on the subject.

Tables 5.12 to 5.16 A Comparison of Diary Keepers with 1991 ABS Data on Carlton Women (3053 & 3054)

Table 5.12
Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Diaries</th>
<th>ABS</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-19</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>20-24</td>
<td>27</td>
<td>18</td>
</tr>
<tr>
<td>25-29</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>30-24</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>35-29</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>40-44</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>45-49</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>50-54</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>55-59</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>60-64</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>65+</td>
<td>4</td>
<td>9</td>
</tr>
</tbody>
</table>

(* As ABS data includes women from 15 and older this column and other tables containing ABS percentages do not add up to 100%.)

Table 5.13
Marital Status

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Diaries</th>
<th>ABS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>33</td>
<td>30</td>
</tr>
<tr>
<td>Divorced/separated</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Single/never married</td>
<td>59</td>
<td>50</td>
</tr>
</tbody>
</table>
### Table 5.14

Educational Status

<table>
<thead>
<tr>
<th>Education</th>
<th>Diaries</th>
<th>ABS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other qual/not qual.</td>
<td>41</td>
<td>58</td>
</tr>
<tr>
<td>Diploma</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Grad dip or Bachelors</td>
<td>44</td>
<td>20</td>
</tr>
<tr>
<td>Higher degree</td>
<td>12</td>
<td>6</td>
</tr>
</tbody>
</table>

### Table 5.15

Occupation

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Diaries</th>
<th>ABS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Duties</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td>Retired</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Pension</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Undergraduate Student</td>
<td>27</td>
<td>-</td>
</tr>
<tr>
<td>Total not in labour force</td>
<td>45</td>
<td>35</td>
</tr>
<tr>
<td>Employed</td>
<td>45</td>
<td>46</td>
</tr>
<tr>
<td>Postgraduate Student</td>
<td>8</td>
<td>-</td>
</tr>
<tr>
<td>Unemployed</td>
<td>1</td>
<td>8</td>
</tr>
</tbody>
</table>

### Table 5.16 Income Levels of Diary Keepers & Partners and the Female Population of Carlton & Partners

<table>
<thead>
<tr>
<th>Income</th>
<th>Women</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diaries</td>
<td>ABS</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>n=75</td>
<td></td>
</tr>
<tr>
<td>not applicable</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>&lt;3000</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>3001-8000</td>
<td>31</td>
<td>26</td>
</tr>
<tr>
<td>8001-16000</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>16000-25000</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>25000-35000</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>35000-50000</td>
<td>21</td>
<td>7</td>
</tr>
<tr>
<td>50001-70000</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>70000+</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Don't know/ not stated</td>
<td>8</td>
<td>10</td>
</tr>
</tbody>
</table>
Chapter 5

Socio-demographic Profile of College Students living in Post-code 3052.

The socio-demographic features of the college students resident in colleges in postcode 3052 are described separately so that they do not 'contaminate' the Carlton data, particularly for the purposes of comparison with ABS data on Carlton. These women's diaries have been included in the following analysis of the alcohol consumption of diary keepers but will be analysed separately.

The college students are a relatively homogeneous group in terms of their socio-demographic features. Ten of the 11 college student diary keepers were aged 18 or 19 and the remaining student was 20. All considered themselves to be Australian and only one student was born outside Australia. All were single and none had children.

They had completed their secondary schooling and were enrolled in undergraduate courses at university. Seven students worked part-time either during term time or during the holidays. They were employed in personal services or as labourers and related workers. The remaining 4 did not work. Five students earned less than $3000, while another 5 earned between $3001 and $8000 and one student did not know what she earned.

A Summary of the Socio-demographic Characteristics of Diary Keepers

Diary keepers were generally a little younger, more likely to be single and students with low incomes from part-time work than the general population in Carlton. The other major group of diary keepers were older, professional women with higher education and income levels than other women. Their partners, if they had them, were also well educated and well remunerated. The majority of diary keepers were Australian born English speakers. The non-English speaking women from other
countries that live in Carlton were under-represented in the study. Diary keepers were more likely to have tertiary qualifications than other Carlton women. They were either lower paid or more highly paid than the general population.

ALCOHOL CONSUMPTION BY ALL DIARY KEEPERS

Some Examples of Drinking over a 2 Week Diary Period.

To illustrate the flow of events that may occur in a two week beverage diary period as well as the qualitative features that were recorded in the diaries I have summarised the contents of a number of diaries. Alcohol consumption in the diaries is analysed by age, by college membership and by childraising status. The diaries described in the following passages were selected at random from each of these groups.\(^5\)

A College Student

Leanne was an 18 year old college student at the time of her research participation. She kept a diary for 13 of the 14 days. On the first day of her diary, which was a Friday, she recorded drinking 3 cups of tea and coffee, and a coke. She also noted drinking several sips of beer after tea while at a pub with some male relatives who were visiting her. She wrote that she felt happy. On Sunday, she had 2 glasses of Irish Cream with milk at 11 pm. She wrote that she was socialising at a relative's house with her relative and her 2 flatmates. She commented that she felt happy and that she was watching videos. The next day she attended a tutorial held at her tutor's flat, at 11 pm, with another student where she had 300 mls. of light beer. She wrote in her diary that her friends went to the pub around 11 pm to take advantage of cheap beer. She didn't go, writing in her diary I know it's terrible. It is not clear whether it was terrible

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\(^5\) All names used in this section and other parts of this thesis are pseudonyms. Here and elsewhere throughout this thesis I have used italics to represent the words of participants, either written by them or transcribed from audiotapes.
that she didn’t go or she thought it was terrible that they went to get cheap beer. They had 1 or 2 drinks.

The next day Leanne had 3 glasses of non-alcoholic drinks and no alcohol. Usually, she drank only a few glasses of non-alcoholic beverage, often having only water or orange juice. The following day (Wednesday) she attended a number of different occasions at which she had alcohol. The first was lunch at the hotel with friends. From comments she made at the bottom of her diary it appears they were celebrating a football grand final, which may have been a college event. Later they attended the theatre with a large number of friends where she had about 2 glasses of wine (approximately 250 mls. each) and finally she drank a pot of beer at a college event at 11 pm. The following day she had a glass of port in her room socialising with friends around 11.30 pm. Of the remaining 6 days in her diary, she only drank on the Saturday. That night she and her friends celebrated a friend’s 18th birthday party. They went out to dinner where Leanne had 1 glass (100 mls.) of white wine and then moved on to a hotel where she drank 3 pots of beer and then to a nightclub where she had 2 glasses of rum and coke and finally back at a friend’s room (presumably at college) she finished of her evening with 50 mls. of port. She records that she was in a very good mood. The next day she drank 3 glasses of water while recovering.

On the final day of her diary she wrote a note which said that she had never felt peer pressure to drink alcohol or the need to drink to have a good time. She was one of the students who took part in the group discussions where this topic was raised. Her diary was kept during May and did not include any special holidays.

A Young Woman

Beryl was a 24 year old single woman who worked in a health-related area and rented a flat in North Carlton. On most days she drank around 4 to 6 non-alcoholic drinks many of them coffee or water. On the first Thursday of the 14 day diary period she had dinner at her own place with a friend who brought a bottle of wine. Beryl drank 3 glasses of white wine that were 200 mls. each which she measured with the measuring
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jug provided for the study. She felt relaxed, talkative and pleased to see her friend. The following day she had 250 mls. of beer while out to dinner with her partner. On Saturday evening she went out to dinner at a restaurant with 5 friends where she drank 3 glasses of champagne (150 mls. each) and 3 beers (285 mls. each). She finished the evening at a friend's house with the same people by having a Kahlua and milk. She recorded that the day was not unusual and that she had felt relaxed, happy and had enjoyed her friends company. She had taken a bottle of alcohol to the dinner.

The next day (Sunday) she had a glass of white wine and a glass of red wine while having lunch with her family at her sister's house. She recorded that it was unusual to have alcohol at lunch but it was a relative's birthday. On the Monday she drank 250 mls. of white wine while having dinner with her partner. After a non-alcohol day, she went to meet friends for drinks at a hotel. She drank a wine, a beer and a gin and tonic between 5 pm and 7 pm but recorded that it was unusual to do this during the week. The next alcohol occasion was on a late Saturday afternoon with 3 friends when she had 4 glasses of beer at a pub while listening to a band. She was with 3 friends. Her final alcohol occasion was at a dinner with a friend at their house on Monday where she had 1 glass of white wine (150 mls.). Her diary was kept during April and did not record any special holidays.

A Woman with a Preschool Child

Genevieve, who was in her mid 30s and lived with her 2 children, drank mainly tea interspersed with the occasional glass of water or juice on days when she did not drink alcohol. She generally had about 6 or 7 non-alcohol drinks a day. On Wednesday, the 3rd day of her diary, she recorded that she had 130 ml. glass of wine at 6 pm while dining in the kitchen with her family. This pattern of one or two glasses of wine at night either with her dinner, or after dinner was repeated over the next 3 nights. She then missed 2 nights, a Saturday and Sunday, before having another meal at home
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with her family accompanied by a glass of wine, which was 250 mls. in size. The following night at dinner she had a large glass of wine followed by a beer of unspecified size, missed 2 nights and then had her last glass of wine, resting at home with her family. None of her alcohol occasions were away from home or with anyone other than her family. She reported no unusual events over the fortnight but on the occasions on which she drank alcohol she usually wrote that her mood was good or happy. Her diary was kept during August.

A Woman with Dependent Children

Frederika was in her 40s, married and had 2 dependent children. She and her partner were both professionals. She drank alcohol on every day of her diary, which was kept during December. Her non-alcohol drinks consisted usually of coffee or coffee substitutes, herbal teas and water. Her first alcohol occasion during the week (Wednesday) was a glass of wine with dinner when she was home with her children. The following day she drank 3 pots of low alcohol beer with work colleagues and friends. She again drank low alcohol beer, the next days when she was feeling thirsty and was having a break with a relative and a child in the late afternoon. Both days of the weekend were fairly social occasions. On Saturday she attended a lunch party where she drank 3 glasses of champagne with friends at a friend's house and then in the early evening she had half a can of low alcohol beer while watching a cricket match. At a party on Sunday in the mid afternoon she drank 3 glasses of champagne again in the company of a large gathering of friends (about 100) and then later had a small glass of wine (75 mls.) with dinner at home with her husband and children.

Monday night at a restaurant she reported that she drank much more than usual when having dinner with 25 friends and colleagues. Over the course of 5 hours she drank 5 glasses of white wine and 1 glass of champagne. It was an end of year work celebration. The following day she reported that she had a hangover. That night she went out to dinner with her husband and friends at a restaurant when she drank 1 stubby of beer and 2 glasses of wine.
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The next day was one in which she had 3 alcohol occasions. She had half a glass of champagne at lunch at a meeting at her child's school, half a glass of champagne while performing duties at a social function at her child's school in the early evening, a glass of wine later in the evening at a special event at her work place and then a light beer at a pub with colleagues after the work event. Frederika reported that this day was hectic and that she felt tired. The following day she again reported that she felt tired and did not go out but had 2 glasses of beer before and with dinner with her husband and children. The next day was the final day of work for the year which was marked by a work breakup at which she drank 2 stubbies of light beer. She felt tired and relieved at this event. That evening she drank 125 mls. of wine with dinner at home with her family. Saturday saw Frederika attending a party with 30 friends at which she drank 3 glasses of champagne after having her usual glass of wine with dinner. At a lunch party on the Sunday she drank 2 glasses of champagne and 2 glasses of wine with friends. On the next night she drank her usual amount of wine with dinner but on the last night of her diary she had a glass of wine with dinner which she followed with another glass and a half when friends visited.

When interviewed at the end of the diary period Frederika told how she had attended more alcohol occasions than usual and therefore drank more than usual. She attributed this keeping the diary at the end of the year period and to stressful events occurring at work. The few other women who kept diaries during the Christmas break or other periods of holiday or unusual special occasions also reported that they drank more than usual and many women reported that they drank more at times when they had frequent social occasions. In the overall analysis of diaries the influence of seasonal variation is unlikely to have much effect, but when the diaries are grouped by diary keepers' ages the effect of 1 or 2 women keeping a diary over a period such as Christmas could well be influential.
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An Older Woman

Letitia, who was in her mid 60s and widowed, lived in a flat by herself but had a busy social life as she was associated with a number of community groups and socialised with her neighbours. She was born overseas but had lived in Australia for many years. She commenced her diary on a Wednesday by recording 9 non-alcoholic drinks, mainly tea and water, and 175 mls. of white wine at lunch time when home by herself. She wrote that she felt relaxed. At an evening meeting where she knew a number of people she drank tea. This pattern was repeated the next day when she also had a glass of wine at lunch by herself and 7 glasses of tea and water during the day. Friday was a non-alcohol day but on Saturday she had 2 glasses at lunch, one the usual size and the other half as big. In the early evening she went out with a friend to a hotel where she drank two shandies. On Sunday, after attending church she drank her usual glass of white wine with lunch by herself at home. Two days passed before she drank alcohol again. During this time she travelled by coach to a holiday destination where she stayed at a hotel. On Wednesday, while staying at the hotel, she consumed a small glass of wine with other guests before dinner. The next day, instead of wine, she drank a can of beer before dinner while still at the hotel and the following day she drank 2 shandies during the happy hour at the hotel at which she was staying. The next two days were alcohol free but on the final day of her diary while still on her holiday she drank 2 shandies before dinner.

Generally, when drinking alcohol she recorded that she felt either relaxed or happy. Because she was on holidays for most of the diary period she thought that she had perhaps had drunk alcohol a little more frequently than usual. Her pattern of drinking was different from the other diary keepers in that she recorded quite a number of social occasions at which she did not drink alcohol and she drank by herself at home. She also tended to drink at lunch or before dinner rather than at dinner or after dinner. However, she also indicated that her usual pattern of consumption was altered by being on holiday.
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Measures of Alcohol Consumption for all Diary Keepers

In Table 5.17 the alcohol consumption measures of diary keepers, including the college students are summarised. The table indicates that, on average, women drank alcohol on 6 days of the 14 days or 45% of the time they kept a beverage diary. Several women’s diaries were not completed and their consumption was measured on the days in their diaries that they filled out.⁶

Diaries were distributed only to women who considered themselves to be current drinkers of alcohol. However, 4 diaries that were collected showed no alcohol consumption during the recorded period. The women who kept these diaries stated that they drank alcohol only a few times a year usually. These diaries have been included because they are part of the overall patterns of alcohol consumption by diary keepers and they explain the presence of the noughts in the minimum column in Table 5.17.

On average, the diary keepers drank a total of 20 standard drinks or 207 mls. of alcohol during the period in which they kept a diary. In accordance with NHMRC and the National Food Authority 10 grams of alcohol is considered to be a standard drink. As the alcohol recorded in the diaries was measured firstly in millilitres, using a measuring jug, then converted to grams of absolute alcohol and finally to standard alcohol drinks by dividing by 10, these standard drink measures should more closely approximate women's consumption than the more commonly used method of collecting alcohol data by which respondents are asked to estimate how many drinks which are presumed to be standard they have consumed. All the measures of standard drinks in the table below could be multiplied by 10 to give grams of absolute alcohol.

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⁶ One person used two diaries to record her alcohol consumption at two different periods of time. Both diaries were entered under the one identification number and therefore show up as 28 diary days. Another person filled out two days on 1 page thereby keeping a diary for 15 days. These minor variations on the process of diary keeping explain the variation in the description statistics on the number of diary days.
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This has not been done apart from the first standard drink measure (to provide an example) for the sake of simplicity.  

On a day when they drank alcohol (described as a drinking day), diary keepers consumed on average 3 standard alcohol drinks (Table 5.17). Over the diary period they averaged 1.5 standard drinks per day. On average, the maximum number of standard alcohol drinks consumed on any single day was 6 drinks indicating that on occasions women were drinking well above the recommended amounts. Women drank on average 8 non-alcoholic and/or alcoholic drinks per day during the diary period and 18% of all their drinks, were standard alcohol drinks.

Alcohol consumption by alcohol occasion was also measured as women sometimes recorded more than 1 alcohol occasion on one day. As with other measures reported on in this section, a certain amount of interpretation was required by the researcher in deciding, in this case, when one occasion finished and another started. If women’s alcohol drinks were differentiated within the period of one day, by several factors, such as time, a change in location or drinking companions, or if they themselves indicated that this was the same occasion then it would be recorded by me as such. The type of situation which was difficult to interpret was when women had drinks in one location, then moved to another location with some of the same people but perhaps met some additional people as well. On average, women drank 2.1 standard alcohol drinks per alcohol occasion.

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7 Most diary keepers measured the amount of alcohol they drank using a measuring jug supplied to them or they drank from containers with a known volume such as cans or stubbies. Where there was no indication from the diary about the volume of alcohol they were consuming I assumed an amount that was constructed from all diaries for that type of alcohol.
Table 5.17 A Summary of Diary Keepers’ Alcohol Consumption Measures

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>St. Dev</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of alcohol days</td>
<td>6.1</td>
<td>3.6</td>
<td>0.0</td>
<td>14.0</td>
</tr>
<tr>
<td>No of diary days</td>
<td>14.0</td>
<td>1.6</td>
<td>10.0</td>
<td>28.0</td>
</tr>
<tr>
<td>% alc days / diary days</td>
<td>44.1</td>
<td>26.4</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total abs. alc. in gms.</td>
<td>206.5</td>
<td>177.3</td>
<td>0.0</td>
<td>759.0</td>
</tr>
<tr>
<td>Total std alc. drinks</td>
<td>20.6</td>
<td>17.7</td>
<td>0.0</td>
<td>75.9</td>
</tr>
<tr>
<td>Std alc. drinks / drinking day</td>
<td>3.3</td>
<td>2.4</td>
<td>0.0</td>
<td>15.5</td>
</tr>
<tr>
<td>Std alc. drinks / diary day</td>
<td>1.4</td>
<td>1.2</td>
<td>0.0</td>
<td>5.4</td>
</tr>
<tr>
<td>% of std alc. drinks / total drinks</td>
<td>18.0</td>
<td>13.7</td>
<td>0.0</td>
<td>57.1</td>
</tr>
<tr>
<td>Drinks / diary day</td>
<td>8.0</td>
<td>2.4</td>
<td>2.6</td>
<td>17.2</td>
</tr>
<tr>
<td>Max std alc. drinks on 1 day</td>
<td>5.8</td>
<td>4.0</td>
<td>0.0</td>
<td>18.9</td>
</tr>
<tr>
<td>Stand alc. drinks / occasion</td>
<td>2.1</td>
<td>1.7</td>
<td>0.0</td>
<td>12.6</td>
</tr>
</tbody>
</table>

The current NHMRC recommendation for low risk alcohol consumption for women in Australia is less than 140 grams a week (14 standard drinks), or 2 standard drinks a day. On average, Carlton diary keepers were half a glass day under this limit but as indicated by the range in the table, some diary keepers were considerably over this limit. Sixty-two diary-keepers (72%) were in the "low risk" category on average and drank 2 or less drinks. 20 (23%) were in the "hazardous" category (they averaged 2 to 4 drinks per day), and 4 women (5%) averaged over 4 drinks per diary day which placed them in the "harmful" drinking category.

**Alcohol Occasions: What’s Drunk, Where, and With Whom**

Diary keepers’ alcoholic drinks have been grouped according to the categories used in Table 5.18. Drinks categorised as wine included white wine, red wine and quite a range of wines, such as chablis, chardonnay, burgundy, sauterne, cask wine and Italian wines such as Lambrusco. The greatest diversity was shown in the categories of spirits and liqueurs. Spirits drunk included gin, brandy, whisky, rum, vodka, bourbon, ouzo, scotch. The Australian Pocket Oxford Dictionary (Turner 1984:401) defines liqueurs as "strong alcoholic liquor delicately flavoured for drinking in small
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quantities\(^8\). Using this definition as a guide, I included in the category of liqueurs Amaretto, Kahlua, Advocaat, Sambuca, Irish Cream, Curacao. Shandies, which were drunk rarely were included as beer. Women's consumption of fortified wines included port, sherry, muscat and toka'y.

Table 5.18 shows that more women drank wine (74\%) and women drank more wine (41\%) than other types of alcohol. Beer was the next most popular drink both in terms of the number of women who drank it (58\%) and the quantity of alcohol (21\% of all drinks) that women drank. It was followed closely by champagne and spirits. Given that in many alcohol surveys champagne is classified as wine, this table supports the popularity of wine as a broad category of drink. Although almost as many women drank spirits (45\%) as champagne (46\%), women consumed more spirits (14\% of alcoholic drinks) than they did champagne (9\%). The final column of Table 5.18 which shows the number of drinks divided by the number of women who drank them gives an indication (although very rough given that these are average figures) of how much of each type of alcohol women consumed.

Women frequently drank while dining and socialising (Table 5.19). The term socialising covers a number of activities that women described such as chatting, having visitors, or talking. It has been used where the main activity involved a social occasion with others involving alcohol. “Out” was another term used in some diaries which I have applied to a wide range of activities such as going to the pictures, to live performances, and to events such as award nights and openings of art exhibitions. “Special occasions” included birthdays and other special events at which women were drinking, that weren’t actually described as a party. Events that centred around work and were either held at work, after work or during working hours have been described as work. They included some work based Christmas events. In a similar manner, drinking after sport, which was the most usually practice by these women, while watching sport, or with members of a sporting team have been categorised as sport. While the pub or hotel is a location, some women used the word pubbing to describe drinking at the pub. More drinking occasions took place in hotels than is covered by

\(^8\) Generally the liquor industry lumps spirits and liqueurs together in its categorisation of types of alcohol.
this category, for example, some women had dinner at hotels or socialised at pubs but this presumably is a different activity from pubbing.

The "other" category included a diverse range of activities that women described while drinking alcohol. They included doing homework, reading, gardening, leaving for university, taking communion, being at a funeral, playing cards, playing pool, being sick in bed, tasting wine, and talking on the phone to give a few examples. Having carried out similar research in New Zealand (Banwell 1988) I think this list of activities shows more diversity than those listed by the New Zealand women I worked with.

To simplify the data, the multiple activities that women take part in while drinking alcohol have been lumped together while at, the same time, attempting to retain a flavour of the diverse activities in which alcohol consumption has a place in women's lives. These groups have been constructed according to the emphasis that women have placed on the occasions associated with alcohol. For example, the first 7 drinking activities in the table are associated with food, the next group emphasise social activity and special occasions. Pubbing and being out are both types of drinking associated with being in public places, relaxing and watching TV are both types of relaxation and so on. Most diary keepers' alcohol consumption is associated with meals, and then with social activities. The associations between alcohol and food and alcohol and social activities are supported in the other sections of this study and in the literature (Park 1990).

Generally, for many women drinking alcohol is just a part of shared eating occasions. This link is supported by the diary data (see Table 5.20). Far more drinks were taken with food (64%) than without (36%) but only a slightly larger proportion of women had alcohol occasions with food (86%) than without (78%). So while 78% of women took part in alcohol occasions without food only 13% of women did not record eating

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9 (As categories, they are not mutually exclusive and could easily be grouped in other ways but events recorded in diaries have only been entered once eg. if a woman recorded that she was having friends around and that food was served I would categorise this once as socialising rather than dinner).
at any of the occasions at which they drank alcohol. Often at an occasion women would have a number of alcoholic drinks but record that only some of the drinks were taken while eating.\(^\text{10}\)

As Table 5.21 indicates the most popular venues for drinking alcohol were at home, at pubs and hotels and at restaurants and cafes. The venue at which women consumed most alcohol, on average, was ‘outdoors’ although as this was a category which included very few women it is probably not very important overall. Homes and holiday accommodation were the other places at which women consumed most alcohol. Most holiday accommodation were beach houses or holiday houses, which could be considered as ‘home’ during the holiday period and so it is not surprising that they show similar amounts of alcohol consumed in them. ‘Home’ is important as a drinking venue because it is where most of these women drink and where they drank comparatively more than in other venues. While pubs and restaurants were other popular venues diary keepers as a whole did not appear to consume so much alcohol at them.

Sporting locations included a boathouse and a golf course, while the outdoors category included the beach and the park. The broadest category of "other" covered such venues as cinemas and theatres, a reception centre, the town hall, a conference centre, a farm shed, planes, and galleries and partners' places of work as the work category referred to the participants' own places of work. Relatives' places were most likely to be parents' houses. Where women worked in pubs and had drinks at work they were classified as work rather than the pub.

By grouping these categories, it appears that private locations, ie. homes and the equivalents of home, such as colleges or holiday houses, are a very important drinking location for women. Semi-public locations such as work sites and sports locations were not used by so many women whether they were drinking or not. However, the number of women drinking in public venues such as pubs, hotels, restaurants and night clubs is quite large.

\(^{10}\) This table only includes the women who drank alcohol during the time they kept a beverage diary.
Women drank alcohol with a wide range of people. In Table 5.22 this range has been collapsed. In many cases, women recorded drinking with a number of different categories of people, such as friends, housemates and boyfriend. Friends stands out as the group of people with whom most women drink (79%) and with whom they consume most alcohol (42% of drinks). It is apparent that on average women drank several more drinks when with friends than with any other category of companion. Partners were the other category with whom they consumed more alcohol than other groups (10.6% of drinks).11

Table 5.23 shows the number of people with whom women drank alcohol. Most women (78%) drank in groups of 3-5 people, counting themselves and also consumed most alcohol (33% of drinks) when in groups of this size. Several of the occasions were described as being in the 200 to 300 people range. Few women reported being in very large groups and they recorded drinking small amounts of alcohol.

Tables 5.18 to 5.23 Characteristics of Diary Keepers’ Alcohol Occasions

Table 5.18
Beverage choices

<table>
<thead>
<tr>
<th>Type of drinks</th>
<th>Standard Drinks</th>
<th>Women</th>
<th>Drinks/Wm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=877</td>
<td>n=86</td>
<td></td>
</tr>
<tr>
<td>Beer</td>
<td>184</td>
<td>50</td>
<td>3.6</td>
</tr>
<tr>
<td></td>
<td>20.9</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Champagne</td>
<td>82</td>
<td>40</td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>9.3</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Cider</td>
<td>19</td>
<td>10</td>
<td>1.9</td>
</tr>
<tr>
<td></td>
<td>2.1</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Cooler</td>
<td>2</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>0.2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Fortified wine</td>
<td>34</td>
<td>19</td>
<td>1.7</td>
</tr>
<tr>
<td></td>
<td>3.8</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Low alcohol beer</td>
<td>28</td>
<td>14</td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>3.1</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Liqueurs</td>
<td>38</td>
<td>21</td>
<td>1.8</td>
</tr>
<tr>
<td></td>
<td>4.3</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Spirits</td>
<td>124</td>
<td>39</td>
<td>3.1</td>
</tr>
<tr>
<td></td>
<td>14.1</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Stout</td>
<td>4</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>0.4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Wine</td>
<td>362</td>
<td>64</td>
<td>5.6</td>
</tr>
<tr>
<td></td>
<td>41.2</td>
<td>74</td>
<td></td>
</tr>
</tbody>
</table>

11 Partners were the terms I used to describe husbands, defactos and other descriptions of people with whom women indicated that they had a long term relationship and shared domestic arrangements. When women described a person as a boyfriend, I categorised them as such, as it suggested to me something different from a partner. But as in other aspects of these diaries, a fair amount of interpretation was required.
### Table 5.19
**Types of Alcohol Occasions**

<table>
<thead>
<tr>
<th>Occasions</th>
<th>Drinks n=866</th>
<th>%</th>
<th>Occasions n=638</th>
<th>%</th>
<th>Drinks/Occ n=86</th>
<th>%</th>
<th>Women n=86</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre lunch</td>
<td>6</td>
<td>0.7</td>
<td>6</td>
<td>0.9</td>
<td>2</td>
<td>2.3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>75</td>
<td>8.6</td>
<td>57</td>
<td>8.9</td>
<td>34</td>
<td>39.5</td>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td>After lunch</td>
<td>1</td>
<td>0.1</td>
<td>1</td>
<td>0.1</td>
<td>1</td>
<td>1.1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Pre dinner</td>
<td>53</td>
<td>6.1</td>
<td>51</td>
<td>7.9</td>
<td>25</td>
<td>29.0</td>
<td>2.1</td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td>303</td>
<td>34.9</td>
<td>217</td>
<td>34.0</td>
<td>64</td>
<td>74.4</td>
<td>4.7</td>
<td></td>
</tr>
<tr>
<td>After dinner</td>
<td>11</td>
<td>1.2</td>
<td>6</td>
<td>.94</td>
<td>6</td>
<td>6.9</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>BBQ</td>
<td>6</td>
<td>0.6</td>
<td>4</td>
<td>.62</td>
<td>4</td>
<td>4.6</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Socialising</td>
<td>133</td>
<td>15.3</td>
<td>94</td>
<td>14.7</td>
<td>45</td>
<td>52.3</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>Party/social</td>
<td>53</td>
<td>6.1</td>
<td>37</td>
<td>5.7</td>
<td>26</td>
<td>30.2</td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>Special occs.</td>
<td>54</td>
<td>6.2</td>
<td>25</td>
<td>3.9</td>
<td>23</td>
<td>26.7</td>
<td>2.3</td>
<td></td>
</tr>
<tr>
<td>Drinks</td>
<td>14</td>
<td>1.6</td>
<td>11</td>
<td>1.7</td>
<td>8</td>
<td>9.3</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>Pubbing</td>
<td>11</td>
<td>1.2</td>
<td>9</td>
<td>1.4</td>
<td>7</td>
<td>8.1</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Out</td>
<td>13</td>
<td>1.5</td>
<td>9</td>
<td>1.4</td>
<td>9</td>
<td>10.4</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Relaxing</td>
<td>19</td>
<td>2.1</td>
<td>16</td>
<td>2.5</td>
<td>11</td>
<td>12.7</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Watching TV</td>
<td>20</td>
<td>2.3</td>
<td>19</td>
<td>2.9</td>
<td>12</td>
<td>13.9</td>
<td>1.6</td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td>8</td>
<td>.92</td>
<td>5</td>
<td>.78</td>
<td>4</td>
<td>4.6</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>College</td>
<td>13</td>
<td>1.5</td>
<td>5</td>
<td>.78</td>
<td>4</td>
<td>4.6</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>Sport</td>
<td>15</td>
<td>1.7</td>
<td>13</td>
<td>2.0</td>
<td>10</td>
<td>11.6</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>58</td>
<td>6.6</td>
<td>54</td>
<td>8.4</td>
<td>35</td>
<td>40.6</td>
<td>1.6</td>
<td></td>
</tr>
</tbody>
</table>

### Table 5.20
**The Number of Alcohol Drinks and Alcohol Occasions with Food**

<table>
<thead>
<tr>
<th></th>
<th>Drinks n=855</th>
<th>%</th>
<th>Occasions n=888</th>
<th>%</th>
<th>Women n=82</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without food</td>
<td>305</td>
<td>35.7</td>
<td>178</td>
<td>30</td>
<td>64</td>
<td>78</td>
</tr>
<tr>
<td>With food</td>
<td>550</td>
<td>64.3</td>
<td>410</td>
<td>69</td>
<td>71</td>
<td>86</td>
</tr>
</tbody>
</table>
# Chapter 5

Table 5.21  
The Locations at which Diary Keepers Drank Alcohol.

<table>
<thead>
<tr>
<th>Location</th>
<th>Occasions</th>
<th>Drinks</th>
<th>Women</th>
<th>Drinks/Wm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=562</td>
<td>n=690</td>
<td>n=86</td>
<td>n=86</td>
</tr>
<tr>
<td>College</td>
<td>9</td>
<td>13</td>
<td>6</td>
<td>2.1</td>
</tr>
<tr>
<td>Home</td>
<td>244</td>
<td>284</td>
<td>65</td>
<td>4.3</td>
</tr>
<tr>
<td>Neighbour's place</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Relative's place</td>
<td>29</td>
<td>41</td>
<td>11</td>
<td>3.7</td>
</tr>
<tr>
<td>Friends place</td>
<td>96</td>
<td>128</td>
<td>39</td>
<td>2.4</td>
</tr>
<tr>
<td>Holiday accom.</td>
<td>29</td>
<td>34</td>
<td>8</td>
<td>4.2</td>
</tr>
<tr>
<td>Sports location</td>
<td>4</td>
<td>11</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>Work</td>
<td>21</td>
<td>21</td>
<td>11</td>
<td>1.9</td>
</tr>
<tr>
<td>Pub/hotel/bar/club</td>
<td>128</td>
<td>156</td>
<td>46</td>
<td>3.3</td>
</tr>
<tr>
<td>Restaurant/cafe</td>
<td>82</td>
<td>106</td>
<td>42</td>
<td>2.5</td>
</tr>
<tr>
<td>Outdoors</td>
<td>5</td>
<td>46</td>
<td>5</td>
<td>9.2</td>
</tr>
<tr>
<td>Other</td>
<td>33</td>
<td>46</td>
<td>24</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Table 5.22  
Drinking Companions

<table>
<thead>
<tr>
<th></th>
<th>Occasions</th>
<th>Drinks</th>
<th>Women</th>
<th>Drinks/Wm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=648</td>
<td>n=872</td>
<td>n=86</td>
<td>n=86</td>
</tr>
<tr>
<td>Alone</td>
<td>58</td>
<td>60</td>
<td>23</td>
<td>237</td>
</tr>
<tr>
<td>Boyfriend or fiancé</td>
<td>9</td>
<td>14</td>
<td>6</td>
<td>6.9</td>
</tr>
<tr>
<td>Boyfriend/others</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2.3</td>
</tr>
<tr>
<td>Colleagues</td>
<td>36</td>
<td>44</td>
<td>19</td>
<td>220</td>
</tr>
<tr>
<td>Colleagues/others</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>2.3</td>
</tr>
<tr>
<td>Ext family</td>
<td>15</td>
<td>22</td>
<td>14</td>
<td>16.2</td>
</tr>
<tr>
<td>Family</td>
<td>72</td>
<td>85</td>
<td>27</td>
<td>31.3</td>
</tr>
<tr>
<td>Family/friends</td>
<td>25</td>
<td>33</td>
<td>11</td>
<td>12.7</td>
</tr>
<tr>
<td>Friends</td>
<td>273</td>
<td>386</td>
<td>68</td>
<td>79.0</td>
</tr>
<tr>
<td>Friends/colleagues</td>
<td>8</td>
<td>17</td>
<td>5</td>
<td>5.8</td>
</tr>
<tr>
<td>Friends/others</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>6.9</td>
</tr>
<tr>
<td>Hhmembers</td>
<td>15</td>
<td>16</td>
<td>10</td>
<td>11.6</td>
</tr>
<tr>
<td>Others</td>
<td>24</td>
<td>34</td>
<td>16</td>
<td>18.6</td>
</tr>
<tr>
<td>Partner</td>
<td>65</td>
<td>93</td>
<td>22</td>
<td>25.5</td>
</tr>
<tr>
<td>Partner/others</td>
<td>37</td>
<td>54</td>
<td>18</td>
<td>20.9</td>
</tr>
</tbody>
</table>

107
Table 5.23  
Size of Drinking Groups

<table>
<thead>
<tr>
<th>Occasions</th>
<th>Drinks</th>
<th>Women</th>
<th>Drinks/Wm</th>
</tr>
</thead>
<tbody>
<tr>
<td>n=597</td>
<td>n=879</td>
<td>n=86</td>
<td></td>
</tr>
<tr>
<td>100+</td>
<td>14</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>51-100</td>
<td>11</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>31-50</td>
<td>9</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>11-30</td>
<td>56</td>
<td>88</td>
<td>30</td>
</tr>
<tr>
<td>6-10</td>
<td>127</td>
<td>205</td>
<td>56</td>
</tr>
<tr>
<td>3-5</td>
<td>216</td>
<td>295</td>
<td>67</td>
</tr>
<tr>
<td>plus one</td>
<td>112</td>
<td>178</td>
<td>51</td>
</tr>
<tr>
<td>alone</td>
<td>51</td>
<td>64</td>
<td>22</td>
</tr>
<tr>
<td>Don't Know</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Summary

Diary keepers were mainly wine and beer drinkers. Their drinking occasions were usually associated with meals or social occasions and often both. They drank mainly in private venues such as homes and in public venues such as hotels and restaurants usually with friends in groups of 3 to 5 people.

ALCOHOL CONSUMPTION OF DIARY KEEPERS GROUPED BY AGE

Throughout this thesis the age and life stage of participants has been used as an organising and analytical principle. In the following section this approach has been applied to women’s beverage diaries. The participants have been divided into college students (who are under 20), and residents of postcode 3053 and 3054 aged 18 to 25, 26 to 40, 41 to 59 and 60 and over.
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The Socio-demographic Profile of the Age Groups

There is little difference between the socio-demographic characteristics of college students and other younger women (Table 5.24). Indeed, like the college women, many of the younger women were students at the time of the research, indicated by the comparatively small percentage of young women in full-time work. The college students were 20 or under and the younger women were aged 18 to 25. The women in their middle years are by far the largest group. It contains the greatest diversity of women’s socio-demographic characteristics which is not apparent in this table of average figures. Only 4 women, 60 and over, kept a beverage diary. The small number of women in this group means the data displayed in the following tables should be treated with caution. The high level of education among participants in this study is apparent in both middle years and older women’s groups.

Table 5.24 Socio-demographic Profile of Age Grouped Diary Keepers

<table>
<thead>
<tr>
<th></th>
<th>College (&lt;20)</th>
<th>Younger (18-25)</th>
<th>Y/Middle (26-40)</th>
<th>O/Middle (41-60)</th>
<th>Older (&gt;60)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=11</td>
<td>n=27</td>
<td>n=24</td>
<td>n=20</td>
<td>n=4</td>
</tr>
<tr>
<td>Av. age</td>
<td>19</td>
<td>21</td>
<td>32</td>
<td>49</td>
<td>65</td>
</tr>
<tr>
<td>% currently married</td>
<td>0</td>
<td>0</td>
<td>25</td>
<td>80</td>
<td>75</td>
</tr>
<tr>
<td>% with dep. children</td>
<td>0</td>
<td>0</td>
<td>29</td>
<td>70</td>
<td>25</td>
</tr>
<tr>
<td>% Completed Sec. Educ.</td>
<td>100</td>
<td>96</td>
<td>87</td>
<td>85</td>
<td>100</td>
</tr>
<tr>
<td>% in full-time work (&gt;30 hrs)</td>
<td>0</td>
<td>22</td>
<td>58</td>
<td>60</td>
<td>0</td>
</tr>
<tr>
<td>Av. income bracket</td>
<td>&lt;$3,000</td>
<td>$3,000-8,000</td>
<td>$16,000-25,000</td>
<td>$16-25,000</td>
<td>$25-35,000</td>
</tr>
<tr>
<td>Partner’s av. income bracket</td>
<td>-</td>
<td>-</td>
<td>$35,000-50,000</td>
<td>$25-35,000</td>
<td>$25-35,000</td>
</tr>
</tbody>
</table>

Alcohol Consumption of Diary Keepers grouped by Age

In terms of overall consumption, the only group that differed markedly from the others were the college women, who, contrary to my expectations based on group discussion material with college students, drank about half the number of total standard drinks (11) than the other groups (Table 5.25). The other groups drank roughly the same
Chapter 5

number of standard drinks. The biggest difference was between younger and older middle years with the older women drinking an average of 24 standard drinks and the younger diary keepers drinking 20. The younger women and middle years women consumed a much greater proportion of their liquid intake as alcohol (17% to 20%) than the older women and college students (11% to 12%). While, acknowledging the limits of these data, it appears that there were different patterns of consumption among the groups of women with the college and younger women drinking less frequently and the college students consuming less alcohol overall. Younger women, in particular, drank larger amounts on the occasions when they did drink.

<table>
<thead>
<tr>
<th></th>
<th>College n=11</th>
<th>Younger n=27</th>
<th>Y/Middle n=24</th>
<th>O/Middle n=20</th>
<th>Older n=4</th>
</tr>
</thead>
<tbody>
<tr>
<td>% alc days/diary</td>
<td>22.5</td>
<td>34.8</td>
<td>44.9</td>
<td>61.9</td>
<td>64.0</td>
</tr>
<tr>
<td>Total std alc drinks</td>
<td>11.4</td>
<td>21.4</td>
<td>19.6</td>
<td>23.7</td>
<td>20.1</td>
</tr>
<tr>
<td>Std alc. drinks/drink day</td>
<td>3.1</td>
<td>4.2</td>
<td>2.9</td>
<td>2.5</td>
<td>1.9</td>
</tr>
<tr>
<td>Std alc. drinks/diary day</td>
<td>0.7</td>
<td>1.5</td>
<td>1.4</td>
<td>1.7</td>
<td>1.4</td>
</tr>
<tr>
<td>Max std. alc drinks on 1 day</td>
<td>5.3</td>
<td>7.3</td>
<td>5.2</td>
<td>4.9</td>
<td>3.3</td>
</tr>
<tr>
<td>% std alc drinks/total gls</td>
<td>11.2</td>
<td>18.2</td>
<td>17.8</td>
<td>20.8</td>
<td>11.9</td>
</tr>
<tr>
<td>Std alc drinks /occ</td>
<td>2.8</td>
<td>3.0</td>
<td>2.4</td>
<td>2.1</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Alcohol Occasions: What’s Drunk, Where and With Whom

Table 5.26 indicates that younger women drank larger quantities of beer than wine and more of them drank beer than wine in comparison with women in other groups (see Table 1, 3 for full table). Other research data in Carlton supports the importance of beer and wine in young women’s drinking in contrast to the general population of women reported on in the National Household Survey data (1993) which indicated that more women aged under 25 drink spirits than wine. Younger women as a group
differed from the college students (Table 5.26) who drank more wine than beer although their discussions focussed on the importance of beer in their usual drinking practices.

All middle years women, as well as women over 60, showed a preference for wine followed by spirits. The Carlton diary keepers aged over 25 corresponded in their choice of wine and then spirits with the general population of Australian women reported on in the 1993 National Drug Household Survey. More younger middle years women (67%) however, drank beer than spirits (46%), though they consumed more alcohol in the form of spirits than beer.

| Table 5.26 Summary of Alcohol Preferences of Diary Keepers Grouped by Age |
|---------------------------------|---|---|---|
|                                | Wine | Spirits | Beer |
| % COLLEGE WOMEN (N=11)         | 63   | 27      | 45   |
| % Std Drinks                   | 47   | 3       | 26   |
| % YOUNGER WOMEN (N=27)         | 55   | 44      | 74   |
| % Std Drinks                   | 24   | 5       | 49   |
| % Y/MIDDLE WOMEN (N=24)        | 83   | 46      | 67   |
| % Std Drinks                   | 46   | 17      | 13   |
| % O/MIDDLE WOMEN (N=20)        | 95   | 65      | 30   |
| % Std Drinks                   | 62   | 9       | 9    |
| % OLDER WOMEN (N=4)            | 75   | 50      | 50   |
| % Std Drinks                   | 57   | 20      | 6    |

Many diary keepers, particularly women in their middle years, drank alcohol with dinner. Table 5.27 shows the two occasions at which most women drank alcohol. (see Table 2, Appendix III for the full table). Eighty-three percent of younger middle years women’s, and 95% older middle years women’s, alcohol occasions occurred while dining. Slightly more college students recorded drinking when "socialising" than any other type of occasion. However, if one looks at all the alcohol occasions that related to meals and all the alcohol occasions relating to social activities it appears they had similar numbers of each type of occasions and drank similar amounts. Younger
women however, had more occasions and more of them drank at social activities, such as "socialising", "party/social" and "special occasions". The group of older women is so small that it is clear that the drinking patterns of one or two women skew the data from this group. Dinner is important in this group but it is also the only group where more women (all 4 women) drink at another drinking occasion (pre-dinner) than dinner itself. In all groups, except the college students, quite large proportions of women drank at "other" activities.

Table 5.27 Two Alcohol Occasions of Diary Keepers Grouped by Age

<table>
<thead>
<tr>
<th></th>
<th>College</th>
<th>Younger</th>
<th>Y/Middle</th>
<th>O/Middle</th>
<th>Older</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Occs</td>
<td>Wm %</td>
<td>Occs</td>
<td>Wm %</td>
<td>Occs</td>
</tr>
<tr>
<td>Dinner</td>
<td>28</td>
<td>55</td>
<td>28</td>
<td>59</td>
<td>37</td>
</tr>
<tr>
<td>Socialising</td>
<td>26</td>
<td>64</td>
<td>23</td>
<td>56</td>
<td>11</td>
</tr>
</tbody>
</table>

Not unexpectedly, there was some variation shown between groups of women and the locations in which they drank alcohol. Table 5.28 shows the proportion of women drinking at various locations (see Table 5 Appendix III for full table). Only college students used "college" as a venue. For college students 'college' is equivalent to home although as can be seen from other data they tend to drink at particular college events, rather than at the equivalent 'at home' everyday occasions at which some women drink. However, college was used as drinking venue more often than the hotel. Younger women showed a similar pattern of consumption. Most women drank at hotels and the largest number of drinking occasions occurred there. This pattern changes with women in their middle years, most of whom drank at home and which is where the majority of their drinking occasions took place, closely followed by friend's places and then restaurants. Older women mainly drank alcohol at home.
Table 5.28 Three Drinking Locations of Diary Keepers Grouped by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>First Choice</th>
<th>2nd Choice</th>
<th>3rd Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>College Women</strong></td>
<td>Pub/bar/hotel/club</td>
<td>College</td>
<td>Other</td>
</tr>
<tr>
<td>% of Women (n=11)</td>
<td>82</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>% Occasions</td>
<td>36</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td><strong>Younger Women</strong></td>
<td>Pub/bar/hotel/club</td>
<td>Home</td>
<td>Restaurant/cafe</td>
</tr>
<tr>
<td>% of Women (n=27)</td>
<td>93</td>
<td>74</td>
<td>74</td>
</tr>
<tr>
<td>% Occasions</td>
<td>38</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td><strong>Y/Middle</strong></td>
<td>Home</td>
<td>Friends’ places</td>
<td>Restaurant/cafe</td>
</tr>
<tr>
<td>% of Women (n=24)</td>
<td>83</td>
<td>67</td>
<td>67</td>
</tr>
<tr>
<td>% Occasions</td>
<td>37</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td><strong>M/Middle</strong></td>
<td>Home</td>
<td>Restaurant/cafe</td>
<td>Friends’ places</td>
</tr>
<tr>
<td>% of Women (n=20)</td>
<td>95</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>% Occasions</td>
<td>45</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td><strong>Older</strong></td>
<td>Home</td>
<td>Pub/bar/hotel/club</td>
<td>Friends’ places</td>
</tr>
<tr>
<td>% of Women (n=4)</td>
<td>100</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>% Occasions</td>
<td>64</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

(* for this group pub/bar/hotel/club was also 46% when rounded up but a few points lower when not rounded up.)

Table 5.28 shows the categories of companions diary keepers drank with most often (see Table 4, Appendix III for full table). College students, whom one would expect not to have partners or colleagues, drank mostly with friends and family. Usually, it was their parents and siblings and such occasions took place when students went home for weekends or special events. Younger women drank most frequently with friends, followed by household members,\(^\text{12}\) while middle years women also drank frequently with friends, followed by their family, (partner and children) or just their partner. The younger middle years diary keepers drank with family less frequently than with their partners while the older group drank more frequently with their family. The difference may be related to the age of their children and whether they were present at drinking occasions. Older women drank most commonly with their partners, alone and with friends. Among the diary keepers, there is an increase with age of the proportion of women who drink alone. While drinking alone is sometimes an indicator of a drinking problem it may simply reflect a woman’s solitary living arrangements.

\(^{12}\) Household members are those people who are not family members, with whom these young women shared accommodation.
Table 5.29 Selection of Drinking Companions of Diary Keepers Grouped by Age

<table>
<thead>
<tr>
<th></th>
<th>1st Choice</th>
<th>2nd Choice</th>
<th>3rd Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COLLEGE WOMEN</strong></td>
<td>friends</td>
<td>others</td>
<td>family &amp; ext. family</td>
</tr>
<tr>
<td>% of Women (n=11)</td>
<td>73</td>
<td>45</td>
<td>27</td>
</tr>
<tr>
<td>% Occasions</td>
<td>45</td>
<td>22</td>
<td>8</td>
</tr>
<tr>
<td><strong>YOUNGER WOMEN</strong></td>
<td>friends</td>
<td>hh members</td>
<td>colleagues</td>
</tr>
<tr>
<td>% of Women (n=27)</td>
<td>85</td>
<td>26</td>
<td>19</td>
</tr>
<tr>
<td>% Occasions</td>
<td>66</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td><strong>Y/MIDDLE</strong></td>
<td>friends</td>
<td>alone</td>
<td>colleagues</td>
</tr>
<tr>
<td>% of Women (n=24)</td>
<td>79</td>
<td>42</td>
<td>33</td>
</tr>
<tr>
<td>% Occasions</td>
<td>47</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td><strong>O/MIDDLE</strong></td>
<td>friends</td>
<td>family</td>
<td>partner</td>
</tr>
<tr>
<td>% of Women (n=20)</td>
<td>80</td>
<td>70</td>
<td>60</td>
</tr>
<tr>
<td>% Occasions</td>
<td>24</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td><strong>OLDER</strong></td>
<td>partner</td>
<td>alone</td>
<td>friends</td>
</tr>
<tr>
<td>% of Women (n=4)</td>
<td>75</td>
<td>75</td>
<td>50</td>
</tr>
<tr>
<td>% Occasions</td>
<td>44</td>
<td>16</td>
<td>16</td>
</tr>
</tbody>
</table>

Table 5.30 indicates that all groups of women drank frequently in a group of 3-5 people including themselves (See Table 5 Appendix III for full table). In addition, the college students drank quite in groups of 6-10 and 10-30 people. They differed from the other groups because a number of them attended drinking occasions at which there were more than 100 people. Such large gatherings were likely to be student balls, other major college events, or large scale parties. Many younger women (78%) also drank in groups of 6-10. However, more women in their middle years and older women drank with one other person more frequently than drinking in larger sized groups. Among older women drinking with 1 other person occurred most frequently.
Table 5.30 Selected Size of Diary Keepers’ Drinking Groups by Age Groups

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1st Choice</th>
<th>2nd Choice</th>
<th>3rd Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COLLEGE WOMEN</strong></td>
<td>3 to 5</td>
<td>6 to 10</td>
<td>11 to 30</td>
</tr>
<tr>
<td>% of Women (n=11)</td>
<td>64</td>
<td>55</td>
<td>45</td>
</tr>
<tr>
<td>% Occasions</td>
<td>36</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td><strong>YOUNGER WOMEN</strong></td>
<td>3 to 5</td>
<td>6 to 10</td>
<td>plus 1</td>
</tr>
<tr>
<td>% of Women (n=27)</td>
<td>89</td>
<td>78</td>
<td>56</td>
</tr>
<tr>
<td>% Occasions</td>
<td>37</td>
<td>26</td>
<td>18</td>
</tr>
<tr>
<td><strong>Y/MIDDLE</strong></td>
<td>3 to 5</td>
<td>plus 1</td>
<td>6 to 10</td>
</tr>
<tr>
<td>% of Women (n=24)</td>
<td>75</td>
<td>67</td>
<td>54</td>
</tr>
<tr>
<td>% Occasions</td>
<td>36</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td><strong>O/MIDDLE</strong></td>
<td>3 to 5</td>
<td>plus 1</td>
<td>6 to 10</td>
</tr>
<tr>
<td>% of Women (n=20)</td>
<td>90</td>
<td>80</td>
<td>75</td>
</tr>
<tr>
<td>% Occasions</td>
<td>41</td>
<td>16</td>
<td>22</td>
</tr>
<tr>
<td><strong>OLDER</strong></td>
<td>plus 1</td>
<td>3 to 5</td>
<td>alone</td>
</tr>
<tr>
<td>% of Women (n=4)</td>
<td>100</td>
<td>100</td>
<td>75</td>
</tr>
<tr>
<td>% Occasions</td>
<td>40</td>
<td>19</td>
<td>15</td>
</tr>
</tbody>
</table>

Young women, as a group, appear to differ most from other women, in the amount they drank, in their patterns of consumption and in their choice of alcohol, drinking locations and drinking companions. Women in their middle years and older women tended to drink more frequently in private locations, although many also ate and socialised in pubs, cafes and restaurants.

**ALCOHOL CONSUMPTION OF WOMEN GROUPED BY THEIR STATUS AS CHILDRAISERS**

Women say that raising young children has a large impact on aspects of their lives (Park 1987:237), including their alcohol consumption and participation in social activities. A comparatively small numbers of diary keepers had children and even fewer had preschool children. Because there were only 6 women with preschoolers, they were grouped with other women caring for dependent children in the following series of tables.
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Sociol-demographic Profile of Diary Keepers Grouped by their Status as Childraisers

Women with dependent children included some whose children were in their late teens or early 20s and were financially dependent but may have lived fairly independent lives. The average age of these women which is higher than that of the women with no dependent children, indicates that this group included women whose children were likely to be in their teens or older. One woman, included with the women with dependent children because she was caring for a relative’s young child, was quite a lot older than the other women with young children. The smaller numbers of women with no dependent children in full time work reflects the numbers of undergraduate students in this group while the greater numbers of women with dependent children in full time work indicates again that some of them had older children.

Table 5.31 Socio-demographic Profile of Diary Keepers grouped by Childraising Status

<table>
<thead>
<tr>
<th></th>
<th>No Dependent Children</th>
<th>Dependent Children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=64</td>
<td>n=22</td>
</tr>
<tr>
<td>Av. age</td>
<td>28</td>
<td>49</td>
</tr>
<tr>
<td>% currently married</td>
<td>13</td>
<td>78</td>
</tr>
<tr>
<td>% Completed Sec. Educ.</td>
<td>95</td>
<td>82</td>
</tr>
<tr>
<td>% in full-time work (&gt;30 hrs)</td>
<td>34</td>
<td>45</td>
</tr>
<tr>
<td>Av. income bracket</td>
<td>16,000-25,000</td>
<td>8,000-16,000</td>
</tr>
<tr>
<td>Av. partner's income</td>
<td>25,000-35,000</td>
<td>25,000-35,000</td>
</tr>
</tbody>
</table>

Alcohol Consumption

Women with dependent children drank less alcohol overall than women without children, having a smaller total number of standard drinks, but they drank alcohol on more diary days. Women with no dependent children drank slightly more on a drinking day and more per occasion than the other group of women. In addition, a greater proportion of all their beverage consumption was alcohol. They were also more likely to drink a large amount on one day (6 standard drinks).
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Table 5.32 Alcohol Consumption by Diary Keepers Grouped by Childraising Status

<table>
<thead>
<tr>
<th></th>
<th>No Dependent Children</th>
<th>Dependent Children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=64</td>
<td>n=22</td>
</tr>
<tr>
<td>% alc days/diary</td>
<td>42.6</td>
<td>49.8</td>
</tr>
<tr>
<td>Total std alc drinks</td>
<td>21.2</td>
<td>17.3</td>
</tr>
<tr>
<td>std alc drinks/drinking day</td>
<td>3.6</td>
<td>2.1</td>
</tr>
<tr>
<td>std alc drinks./diary day</td>
<td>1.5</td>
<td>1.2</td>
</tr>
<tr>
<td>Max std alc drinks in one day</td>
<td>6.3</td>
<td>3.9</td>
</tr>
<tr>
<td>% std alc drinks/total drinks</td>
<td>18.2</td>
<td>16.0</td>
</tr>
<tr>
<td>Std alc drinks /occasion</td>
<td>2.8</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Alcohol Occasions: what’s drunk, where, and with whom

Table 5.33 indicates that women with no dependent children drank more wine (39% of their alcohol consumption) than other types of alcohol but this was followed closely by beer (30%), (see table 6 Appendix III for full table). Spirits was the third choice over champagne. Women with dependent children drank wine and champagne in much greater quantities than other types of alcohol (wine was 62% of their alcohol consumption. Their beer consumption was much lower that the other women’s.

Table 5.33 Alcohol Preferences of Diary Keepers Grouped by Childraising Status

<table>
<thead>
<tr>
<th></th>
<th>Wine</th>
<th>Spirits</th>
<th>Beer</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO DEP CHN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Women (n=64)</td>
<td>73</td>
<td>45</td>
<td>66</td>
</tr>
<tr>
<td>% Std Drinks</td>
<td>39</td>
<td>11</td>
<td>30</td>
</tr>
<tr>
<td>DEP CHN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Women (n=22)</td>
<td>77</td>
<td>45*</td>
<td>32</td>
</tr>
<tr>
<td>% Std Drinks</td>
<td>62</td>
<td>9</td>
<td>5</td>
</tr>
</tbody>
</table>

(* In this group more women drank champagne than spirits or beer).
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For both groups, dinner was an occasion at which most women drank alcohol and with which they had most of their alcohol occasions (Table 5.34, see Table 7, Appendix III for full table). Some women with dependent children also drank at lunch although a much greater proportion of their alcohol occasions were dinners. ‘Socialising’ was fairly commonly associated with alcohol for women with no dependent children. In general, most women’s drinking occasions were related to meals.

| Table 5.34 Selected Alcohol Occasions of Diary Keepers Grouped by Childraising Status |
|----------------------------------------|-----------------|-----------------|-----------------|
|                                       | 1st choice      | 2nd choice      | 3rd choice      |
| NO DEP CHN                            | dinner          | socialising     | lunch           |
| % of Women (n=64)                     | 73              | 52              | 31              |
| % Occasions                           | 32              | 17              | 7               |
| DEP CHN                               | dinner          | lunch           | pre-dinner      |
| % of Women (n=22)                     | 77              | 65              | 50              |
| % Occasions                           | 40              | 15              | 13              |

Among all groups the largest proportion of women drank at ‘home’, which is also where the largest number of occasions took place (Table 5.35 see Table 8, Appendix III for full table). However, for the women with no dependent children, the pub or hotel featured as a popular location with 65% of them having 22% of their alcohol occasions there. Women with dependent children, drank at restaurants and friend’s places frequently.

| Table 5.35 Alcohol Locations of Diary Keepers Grouped by Childraising Status |
|----------------------------------------|-----------------|-----------------|-----------------|
|                                       | 1st choice      | 2nd choice      | 3rd choice      |
| NO DEP CHN                            | home            | pub             | restaurant      |
| % of Women (n=64)                     | 75              | 65              | 49              |
| % Occasions                           | 32              | 22              | 12              |
| DEP CHN                               | home            | restaurant      | friends' places |
| % of Women (n=22)                     | 91              | 53              | 52              |
| % Occasions                           | 48              | 12              | 12              |

Most women with no dependent children, drank alcohol when they were with friends, and most drinking occasions occurred with friends (Table 5.36 see Table 9 Appendix
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III for full table). Women with dependent children drank almost as frequently with their families as they did with friends but they had a greater proportion of their drinking occasions with family rather than friends.

Table 5.36 Drinking Companions of Diary Keepers Grouped by Childraising Status

<table>
<thead>
<tr>
<th></th>
<th>1st choice</th>
<th>2nd choice</th>
<th>3rd choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO DEP CHN</td>
<td>friends</td>
<td>alone</td>
<td>colleagues</td>
</tr>
<tr>
<td>% of Women (n=64)</td>
<td>83</td>
<td>31</td>
<td>25</td>
</tr>
<tr>
<td>% Occasions</td>
<td>51</td>
<td>12</td>
<td>5.7</td>
</tr>
<tr>
<td>DEP CHN</td>
<td>family</td>
<td>friends</td>
<td>partner</td>
</tr>
<tr>
<td>% of Women (n=22)</td>
<td>65</td>
<td>68</td>
<td>55</td>
</tr>
<tr>
<td>% Occasions</td>
<td>31</td>
<td>17</td>
<td>15</td>
</tr>
</tbody>
</table>

Both groups of women had most drinking occasions when in groups of between 3 to 5 people, including themselves (Table 5.37 see Table 10, Appendix III for full table). A small proportion of women from each group drank by themselves and an even smaller proportion of drinking occasions were of this nature.

Table 5.37 Size of Drinking Groups of Diary Keepers Grouped by Childraising Status

<table>
<thead>
<tr>
<th></th>
<th>1st choice</th>
<th>2nd choice</th>
<th>3rd choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO DEP CHN</td>
<td>3 to 5</td>
<td>6 to 10</td>
<td>plus one</td>
</tr>
<tr>
<td>% of Women (n=64)</td>
<td>78</td>
<td>63</td>
<td>58</td>
</tr>
<tr>
<td>% Occasions</td>
<td>35</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>DEP CHN</td>
<td>3 to 5</td>
<td>6 to 10</td>
<td>plus one</td>
</tr>
<tr>
<td>% of Women (n=22)</td>
<td>82</td>
<td>73</td>
<td>68</td>
</tr>
<tr>
<td>% Occasions</td>
<td>40</td>
<td>27</td>
<td>16</td>
</tr>
</tbody>
</table>
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Women with young children commented on the changes in their drinking once they started raising children (Banwell 1988:71-73 and also Chapter 8). Because only 6 women with preschool children kept beverage diaries it was not possible to make statistical comparisons between them, and women with older children or women without children. The different set of experiences of women with young children cannot be expressed through a descriptive statistical analysis of their diaries, in this instance, because of the requirements of this particular method. In addition, the wide range of ages and experiences of the women with dependent children means that an analysis of their diaries does not produce a clear sense of their drinking as a group either. To adequately analyse the experiences of women with dependent children would require enough women to be grouped according to the age and stage of their children for statistical analysis. Such an approach would necessitate different sampling requirements which may mean, within the constraints of this type of research, that other groups of women would be under-sampled. When women talk about the way in which becoming a mother impacts upon their lives and their drinking they make comparisons not only with women they know without children, but also with the changes that have taken place in their own lives. To describe these changes statistically requires a longitudinal study. In this study, the use of statistics masks the alcohol experiences of women with dependent children that could be captured with other research methods, and illustrates how research methods may influence what knowledge is produced and what form it takes.

DISCUSSION

In this discussion these data are used in a number of ways. They are used to locate the diary keepers' alcohol consumption within the discourse on risky drinking and how this relates to lay categories of drinking. They are also used to discuss issues about techniques for collecting alcohol data.

13 While women with young children also took part in group discussions they were a difficult group to access for this study, in contrast to my experiences in New Zealand. I attribute it to the comparatively few women who raised young children while living in Carlton. Those who did frequently worked as well, so that they were not accessible through the usual means (eg playgroups) and they were busy doing two jobs.
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Risky Drinking

If the NHMRC guidelines of 2 or more drinks per day (20 gms or more) are used as an indication of "hazardous" or "harmful" drinking, 24 (28%) of the diary keepers' consumption was in this category. Nine of these women were 25 or under, 8 were aged between 26 and 40, 6 were aged between 41 and 60 and 1 was over 60. They drank on average of 66% of the diary days with none of them drinking less than 50% of the fortnight. Their average consumption of alcohol over the diary period was 3 glasses per day whereas their consumption on a day when they were drinking was 4.6 drinks. The average maximum number of standard drinks was 8.77 drinks. Each age category except that of women aged 60 or more, included a “harmful” drinker.

Six of the women in the youngest age bracket were mainly beer drinkers and four of them drank frequently in hotels. The remainder were mainly wine and champagne drinkers who drank in a mixture of private and public locations including hotels. The women in the older age groups were also wine and champagne drinkers, although several drank beer as well. The older women were more likely to drink in their own homes or at friends' places although several drank as much in hotels, restaurants, and at work-related occasions as at home. The women in the harmful category, had both a binge and a regular consumption pattern. The youngest of these women was predominantly a beer drinker in hotels and the other women tended to drink in a range of venues, including homes, restaurants, and hotels. They all drank in social situations rather than by themselves.

Seventy-five percent of these women were single, 21% married and 1 was divorced. The younger women were predominantly students while the women in their mid to late 20s were mainly from the professional or para-professional class. Almost all had a graduate diploma or bachelors degree. More than half of these women (58%) considered that their drinking was heavier than usual and three of them kept diaries over the Christmas period. The high level of education and the predominance of young and single women in the Carlton area and then particularly among this group of
diary keepers has already been commented on. These socio-demographic characteristics are very much apparent among this group of diary keepers.

Park (1991a) identified 3 categories of drinkers that participants in the NZ study identified as having problems with alcohol. They were ‘secret’ drinkers, ‘binge’ drinkers and ‘can’t leave it alone’ drinkers. Much of this study has replicated the approach and methodology of the New Zealand Women and Alcohol Project. In a sense, the Carlton study could be seen as the 7th localised study in the series. The consumption patterns of heavier drinking diary keepers have been examined to see if the NZ categories apply.

None of the women whose drinking was ‘risky’ in the Carlton study drank alone frequently. Several consumed alcohol while they were alone but mostly they drank in company and did not fit the picture of the ‘secret’ drinker. The younger women, in particular, conformed to Park’s definition of a binge drinker, that is someone who drinks more than 5 drinks on one occasion. Typically, these women had one or two nights on which they drank heavily during the diary period and then a number of other occasions when they drank less. Often the binge occasions would be special events, such as a birthday party or another less frequent occasion. Some women in the older groups also displayed this consumption pattern. Their binge drinking was less likely to be associated with beer drinking in hotels than younger women’s. Two diaries perhaps could be described as illustrating the “can’t leave it alone” category, showing frequent drinking, often on several occasions on many days. Both of these diary keepers reported that they kept diaries during unusually active social periods.

Thus, two major patterns of consumption are apparent among these heavier drinkers. There are those who drank heavily on some occasions (binge drinkers) and frequent social drinkers. Younger women’s and students’ discussions about alcohol, described later in this thesis, suggested that they thought an occasional big night was acceptable and even expected behaviour. The drinking described in these younger women’s diaries corresponds with their verbal descriptions of drinking. As Park (1991a) noted,

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14 It is important to note that there is a time difference between the Carlton study in which fieldwork took place in the early 90s whereas the New Zealand study fieldwork took place in the mid 80s.
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the other type of heavier drinker, the social drinker who frequently attended social occasions, is a drinker who would be unlikely to attract attention by her drinking. Both these patterns, when examined with the diaries of other women of the same age and social group, are a little heavier in terms of consumption but in other ways do not appear to be unusual.

One question raised by these data is whether the consumption reported in these diaries is atypical. A shortcoming with the diary keeping method for collecting alcohol consumption data is that diaries can be only be used for comparatively brief periods of time during which the diary keepers' drinking may be unusual. The diary keepers were asked if they felt that their drinking during the diary keeping period was typical. The largest response came from 40% of all women who thought that their alcohol consumption during the diary period was pretty much as usual while thirty-seven percent of women believed that they had drunk more than usual.

Women commonly said they had drunk more than usual during an exceptionally busy social period in their lives. Sometimes they were on holidays, they had visitors or it was during the Christmas period. One woman mentioned that she had drunk while attending a conference. A couple of women felt that their drinking had been unusual because their diary keeping period included a special occasion described as a big night, a party, a birthday, or a binge at which they had drunk heavily. Students recorded that they had unusual fortnights during exam periods when they either drank more because of stress or less because they were studying.

Among diary keepers who recorded that they drank less than usual gave as reasons exams, illness or that they were simply having a quiet time. The diaries raise the question of whether women realise how busy their lives have become. They have the perception that such socially active periods are unusual whereas when their activities are recorded it is apparent that they are perhaps more common than they realise.
Measurement Issues

There are many difficulties associated with measuring alcohol consumption including how to determine how much alcohol a person is consuming in each drink. Some surveys have included questions about alcohol consumption without determining what glass sizes or other containers respondents are referring to when describing their drinking. However, other studies such as that by Corti et al (1989) have attempted to overcome this problem by asking people to identify from pictures what size glass or other container they were using.

Because the diary keepers were asked to measure the amount of alcohol they drank rather than assuming they used a particular sized container, the data from the diaries makes a contribution to information about the size of drinks women commonly pour for themselves. (Carruthers and Binns 1992) pointed out that in a community sample in Perth that “red and white wine are likely to be poured in amounts well in excess of a standard drink when people are drinking in their own homes.” For research and health promotion purposes the term "standard drink" based on the NHMRC recommendation of a standard drink of 8 to 10 grams has been widely adopted in Australia. However, as Carruthers and Binns showed, people do not drink "standard drinks" when at home. To further confuse the issue the NHMRC definition of a standard drink of between 8 - 10 gms of absolute alcohol allows for some flexibility in what a standard drink consists of. During the time of the research there were a number of slightly different “standard drinks” in existence. For example, Victoria’s definition of a standard drink of wine is 90 mls. or 8.5 gms of alcohol while NSW’s definition is 120 mls. as is that of the Federal Office of Road Safety. 15 There has been a recent move to define a standard drink of wine at 100 mls. (Drysdale 1992) and attempts by various groups to "standardise" a standard drink across Australia.

For research purposes, Carruthers and Binns (1992) suggests that alcohol consumption will be underestimated if researchers assume that people are pouring standard drinks

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15 Variation in BAC levels also exists between states (Sheehan 1994:57).
for themselves and the data from the measured home poured drinks recorded by the
diary keepers supports this for some types of alcoholic beverages.

Table 5.39 shows the average quantity of the major alcoholic beverage types measured
and poured at home as recorded in the diaries. Drinks which were not measured
were excluded, as were drinks in standard container sizes, such as cans and stubbies.
The following table is an effort at determining what quantity of alcohol they are likely
to pour, or be poured, in a private setting. It can be seen from this table that while
they drank, on average, more than a standard glass of wine, champagne spirits and
liqueurs, they drank less beer, cider and fortified wine than is in a standard drink. In
the case of beer, in particular, many women drank directly from stubbies and cans, so
that this table suggests that women use a glass if they are drinking less than standard
glass of beer but many women do drink a standard drink of beer. The standard drinks
presented here is that used by the Federal Office for Road Safety in 1992.

<table>
<thead>
<tr>
<th>Beverage</th>
<th>Av in mls.</th>
<th>Range in mls.</th>
<th>Standard Drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wine</td>
<td>147</td>
<td>40 - 300</td>
<td>120 mls. @ 11%</td>
</tr>
<tr>
<td>Full strength beer</td>
<td>224</td>
<td>100 - 345</td>
<td>285 mls. @ 4.9%</td>
</tr>
<tr>
<td>Low alcohol beer</td>
<td>137</td>
<td>120 - 250</td>
<td>375 mls. @ 2.7%</td>
</tr>
<tr>
<td>Champagne</td>
<td>224</td>
<td>33 - 120</td>
<td>375 mls. @ 2.7%</td>
</tr>
<tr>
<td>Spirits</td>
<td>224</td>
<td>10 - 60</td>
<td>375 mls. @ 2.7%</td>
</tr>
<tr>
<td>Liqueurs</td>
<td>224</td>
<td>30 - 50</td>
<td>30 mls. @ 40%</td>
</tr>
<tr>
<td>Cider</td>
<td>224</td>
<td>200 - 285</td>
<td>285 mls. @ 4.9%</td>
</tr>
<tr>
<td>Fortified wine</td>
<td>224</td>
<td>5 - 100</td>
<td>60 mls. @ 18%</td>
</tr>
</tbody>
</table>

These figures suggest that diary keepers did not pour and drink standard drinks when
they were in private settings. When diary keepers did not measure their drinks in a
private setting these average figures were substituted rather than the more usual
practice of assuming that they were drinking standard drinks.
Chapter 5

Findings

The beverage diaries contain data which are not generalisable but instead provide a rich and detailed picture of women’s consumption of alcohol. These data contribute to the issues on alcohol consumption measures on several levels.

On one level, these data support current understandings about women and alcohol, that is, that many women are predominantly wine drinkers, that they tend to drink with food and that many of them drink within health guidelines. They also support the contention that there are women whose alcohol consumption is putting them at risk according to current health guidelines in Australia. In a general sense the data contained within them agree with other data collected on women’s alcohol consumption, suggesting that as a method they can make a contribution to the collection of alcohol consumption data.

However, they also illustrate the complexity of drinking patterns that are less apparent in many of the more commonly used methods of collecting alcohol data. For example, they provide evidence that women are likely to have patterns of consumption which relate to their age and stage. They also suggest that women may have several patterns of consumption operating at the one time such as a drinking wine with dinner at home each evening, as well as a regular drinking after work once a week. Each pattern may be associated with socialising with a different network of people.

They also serve well to exemplify the current debate raised by Midanik’s paper on risk functions (Midanik, Tam et al. 1996; Rehm and Bondy 1996; Room 1996) about what measures of alcohol consumption are important. Three measures in the diary are discussed. One is the total number of standard drinks which is averaged over the number of days in the diary providing a gross measure of consumption, another is the number of drinks on a drinking day or on an occasion which gives an indication of what an individual’s actual drinking looks like and the last is measure of the number of drinks on an individual’s heaviest drinking day which indicates binge drinking.
Chapter 5

Which of these measures is given prominence depends on whether researchers are interested in chronic health problems or social harms (Makela 1996) and the choice of one measure means that other measures may be ignored.

Yet, even as these diaries illustrate these complexities, the process of categorising, grouping and analysing statistically masks other details. The inability to describe the consumption patterns of women with preschool children because of small cell sizes is one example. Grouped with other women with dependent children, the analysis of these diaries blurs the distinctions between these groups that are apparent in the very different social activities and drinking patterns exemplified by diary keepers Genevieve and Frederika. Other groups of women with low visibility, such as women from ethnic backgrounds will disappear in statistical analyses. Other forms of variability are also masked. For example, one participant in the study kept two diaries a year apart. The second diary was to ‘correct’ the record of the first diary which she felt was atypical as it was kept during an unusually stressful period of her life. When describing her typical or normal drinking pattern she felt the second diary was a ‘truer’ example although researchers may see the first diary as more interesting, and perhaps truer because it contains a record of higher consumption than the second (although well within NHMRC “low risk” drinking guidelines) and some occasions of solitary drinking (a glass of wine with dinner). These diaries may also exemplify the influence of stereotype of the solitary woman drinker as a deviant and problem drinker on women’s perceptions of their own drinking. This variability, complexity and detail is not conveyed by standard alcohol consumption measures but then their purpose is not to do so. Rather they are used to simply identify normal from abnormal drinking and low risk and high risk drinking. Issues related to the complexities of alcohol consumption measurement techniques are discussed further in the following chapter with the introduction of the Carlton Women’s Survey.
Chapter 6: Surveying Carlton Women

In this chapter I report on a survey of women from Carlton and North Carlton that contributes to the picture of women’s alcohol consumption in Australia. ¹ I describe the quantity and frequency of women’s alcohol consumption and the contexts in which they drink. Their consumption is discussed with reference to NHMRC categories of drinking and the identification of problems associated with drinking through the use of AUDIT, a screening instrument.

This survey exemplifies the type of research that is drawn upon in the production of expert discourses about alcohol consumption. I discuss some issues related to the measurement of alcohol and their implications for women. These are expanded upon in the concluding chapter of this thesis.

Aims and Objectives of the Carlton Women’s Survey

This survey aimed to gain an understanding of the place of alcohol in the lives of women resident in Carlton by examining women’s patterns of consumption and their attitudes and behaviours around a range of alcohol-related topics.

The objective was to collect data that would allow, firstly, the examination of the relationship between socio-demographic variables and alcohol consumption; secondly, the comparison of the consumption of alcohol by women in Carlton with other surveys of alcohol consumption such as the 1977 ABS survey (Australian Bureau of Statistics 1978);

¹ As I have described in Chapter 2 the survey was undertaken with the assistance of Mary O’Brien and research assistants were employed. The preliminary results from the survey have been described in a report (Banwell and O’Brien 1993) written for the funding body the Victorian Health Promotion Foundation. The description of the study, its aims, objectives, methodology, and preliminary results are substantially similar to the material written up in this report. However, this chapter also includes material not in the report. I describe the findings from the diary component of the survey and discuss these in the light of other alcohol consumption data.
and, thirdly, the exploration of some of the broader issues of alcohol consumption and its associations with gender, family relations and other social and economic factors.

A detailed description of the methodology used in this survey has been presented in Chapter 3 and in Appendix II. Table 6.1 shows the number and percentage of questionnaires that were distributed and returned. Across the 23 Collector District (CD) areas included in the study, 1000 dwellings were approached. Of those dwellings, 288 were ineligible for the study and 712 eligible households were approached. A response rate of 74% was obtained.

<table>
<thead>
<tr>
<th>Eligible households approached</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>refused</td>
<td>121</td>
<td>17</td>
</tr>
<tr>
<td>not returned</td>
<td>66</td>
<td>9</td>
</tr>
<tr>
<td>collected</td>
<td>525</td>
<td>74</td>
</tr>
<tr>
<td>total</td>
<td>712</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 6.1 CWS Questionnaires Distributed and Returned

Socio-demographic Profile of Survey Respondents

The socio-demographic characteristics of the women who participated in the survey have been compared with the 1991 ABS census data (Australian Bureau of Statistics 1991) for postcodes 3053 (Carlton) and 3054 (North Carlton) as both areas were covered in the study and for these areas combined under the category of Carlton (see Appendix II). ²

² ABS data is recorded for all persons 15 years and older whereas the CWS only collected women from 18 years and older.
The distribution of women across age in the CWS reflects the trend in the ABS data. In both the CWS and the ABS data the majority of women survey were aged between 20 and 34 years. However, the survey contains roughly 4% more women in this age group than North Carlton and 8% more than Carlton. A smaller proportion of 18 and 19 year old women and women in their 50s, 60s and older took part in the CWS than are recorded in the ABS data (Appendix II, Table 1).

In comparing the CWS sample with ABS census data, similar proportions of women (slightly less than a third) were married but the CWS recorded 15% of women as living with a partner. There were almost 50% more women categorised as "never married" in the ABS data than there were "single" women in the CWS. But when the proportion of CWS women who described themselves as "in a relationship" (but not married, widowed, divorced, separated or living together) is combined with "single" women the total is similar to the percentage of "never married" women in the ABS data (see Appendix II Table 2). The ABS data shows approximately 4% more women were separated than the CWS, in which divorced and separated categories were combined. Finally, the CWS had 8% fewer women who were widowed than the ABS data (Appendix II, Table 2).

A greater proportion of women (69%) who took part in the CWS were born in Australia than the proportion recorded by the ABS in postcode area 3053 (53%) and a very similar number to the proportion in postcode area 3054 (70%). The other participants in the CWS were most likely to come from the United Kingdom, New Zealand, Italy and Malaysia.

The difference in birthplace is also evident in language. The most commonly used languages by the CWS respondents were English (83%) followed by small numbers of women who spoke Chinese, Arabic, Italian and Spanish. English was spoken by 53% of women resident in postcode area 3053 according to ABS data (Appendix II, tables 3 & 4).
A large proportion of CWS respondents (61%) did not record a religious affiliation as opposed to the ABS data which showed that approximately 37% of women in the combined area of Carlton (3053 and 3054) had no religion or did not state it. The largest proportion of CWS women with religious interests were Catholics and Anglicans. However, The ABS data suggests that postcode area 3053 contained almost twice as many Catholic women (28%) as the number recorded in the CWS. There were also considerably more non-Christian religious allegiances recorded in the ABS data for postcode area 3053 in particular but also for postcode area 3054 than in the CWS (Appendix II, table 7).

Thirteen percent of CWS women were employed part time, 41% full time and 4% were unemployed. The CWS participants were more likely to be employed and less likely to be unemployed than the general population of Carlton. Thirty-two percent of CWS women stated that they were at home, retired, not looking for work, on a pension, or a student. The ABS data indicated that a similar number were "not in the labour force" (Appendix II, table 5)

On the matter of personal income, more respondents in the CWS were represented in the higher income brackets (from $25,000 upwards) than the general population of women in Carlton as recorded in the ABS data. Similarly, household income of CWS women was represented in the higher income brackets by comparison with the ABS data. More CWS participants had higher degrees, diplomas and bachelors degrees than the general female population of Carlton (Appendix II, tables 5 & 6). Those who were employed were most likely to be professional women (42.3%) to work in Sales and Personal Services (14.8%) or do clerical work (12.6%) (Appendix II, tables 8,9 & 10).

Compared to ABS estimates respondents were of roughly similar ages and marital status to North Carlton residents but many more were Australian born, Anglophone and higher income earners. Respondents were either more likely to be in the labour force or to be
students. They were also more likely to hold tertiary qualifications. This picture of respondents is supported by their evidence that they chose to live in Carlton because it is either close to the University of Melbourne or to other places of work and study.

In this regard, the CWS, like many other research efforts, attracted a slightly higher response rate from the sort of women who generally take part in social research. Although not excluded from the study, few non-English speaking women took part in the study as the resources were not available to translate the questionnaire. Of the 1000 households approached, 57 were excluded because the occupants could not speak (or read) English fluently. (A more detailed socio-demographic description of the respondents is contained in Appendix II).

**General Health of the Respondents**

A collection of questions included in the survey that attempted to move towards a more appropriate screening protocol concerning alcohol problems for women than are sometimes used. They were introduced as general health questions. Between 5% & 12% of respondents reported difficulties in such areas as sexual interest, lack of concentration, depression, confidence and feelings of self-worth, unhealthy eating habits, and inability to carry out normal tasks over the past 12 months. The areas in which approximately a quarter of women recorded having problems were changes in sleeping patterns, feeling very tired and feeling more stressed than usual. Overall, 61% of women recorded that they “felt reasonably happy in general”.

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3 These questions were based upon some of questions used by Wilsack in the National Study of Health and Life Experiences of Women) and other used by Corti et al (1989) in a survey of Perth women. They required participants to use a 3 point scale to indicate whether they were feeling good about themselves and their lives.
**ALCOHOL CONSUMPTION**

The major focus of the questionnaire was on women’s consumption of alcohol. Its format was designed to identify women who had either never drunk alcohol or had done so in the past and to explore their reasons for their abstinence. Current drinkers were questioned about their consumption patterns over the last 12 months.

Nearly all of the 525 respondents to the survey (93%) had tried alcohol at some time in their lives and 88% (CI 86% - CI 92%) had drunk in the last year. Of the 26 women who had “never tried it”, most provided the reason that they “did not like alcohol” or they were “not interested in it”. Health reasons also rated fairly highly with this group. The least common reason for never drinking was having a relative with alcohol problems and there were no women who reported abstaining to either support a partner with drinking problems or because they were told not to drink by a health worker.

Seven percent of the sample (37 women) had not drunk alcohol in the last 12 months. Twenty-four of these women (65%) had been drinkers for anywhere from 1 to 50 years, with a mean period of consumption of 11 years. There was an equally broad spread of ages at which women had given up alcohol although the mean age was 32 years. Twenty-four percent of ex-drinkers had given up alcohol for “religious reasons” and the next largest group reported giving up alcohol because they “didn’t like it”.  

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4 The questionnaire used filter questions to take non-drinkers only through a series of questions about their reasons for not drinking alcohol while ex-drinkers were directed to questions about reasons for giving up. Four women should have missed questions about current drinking. However, it appears that a number of respondents continued to answer. Consequently, there is a varying number of missing cases for these questions. While Table 6.1 adds up to 100% these inconsistencies also affect these figures. For example, 5% of women report never drinking and 93% of women report having tried alcohol at some time.
Table 6.2 Lifetime Drinking Status of CWS Respondents

<table>
<thead>
<tr>
<th>Women</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never Drank Alcohol</td>
<td>5</td>
</tr>
<tr>
<td>Not Drunk in the Last Year</td>
<td>7</td>
</tr>
<tr>
<td>Current Drinkers</td>
<td>88</td>
</tr>
</tbody>
</table>

THE ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

The Alcohol Use Disorders Identification Test (AUDIT), is an alcohol problem screening instrument developed by the World Health Organisation (WHO), (Appendix 2). It was used in the CWS questionnaire to collect information about the quantity and frequency of alcohol consumed by respondents. This instrument aims to identify women who, by AUDIT criteria, may have a problem with alcohol, meaning that they either drank at levels which put them at risk of harm, or at levels which may mean they had already experienced problems due to their drinking (Centre for Drug and Alcohol Studies Audit 1993).

Quantity and Frequency of Alcohol Consumption

The quantity and frequency questions in AUDIT indicated that of the 465 women who had drunk alcohol in the last 12 months, 32% (CI 28%-36%) drank 2 to 3 times a week. A smaller proportion (26%) drank 2 to 4 times a month, 20% drank 4 or more times a week and 19% of women drank monthly or less (see Figure 6.1). Figure 6.2 shows the quantities drunk by CWS respondents. On a day when they drank alcohol, 54% of women drank 1 or 2 glasses (CI 49%-CI 59%), 28% drank 3 or 4 glasses, 13% 5 or 6 glasses, slightly over 1% drank 7 to 9 and a similar proportion drank 10 or more glasses.
Figure 6.1 Frequency of Drinking by CWS Current Drinkers

- Monthly or less: 19%
- 4 or more times a week: 20%
- 2 to 4 times a month: 26%
- 2 to 3 times a week: 32%

Figure 6.2 Quantity of Alcohol drunk by CWS Respondents on one Occasion

- 1 or 2 glasses: 54%
- 3 or 4 glasses: 28%
- 5 or 6 glasses: 13%
- 7 to 9 glasses: 1%
- 10 or more glasses: 1%
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By converting the frequency measure into days, and taking the half way point of each quantity measure and then multiplying these two figures, an approximate single quantity/frequency measure was obtained. According to this method of conversion 62% of women drank less than 8 standard alcohol drinks a week, 26% of women drank between 8 and 14 glasses a week, 8% drank 14 to 21 glasses per week and 4% drank more than 21 glasses.

Figure 6.3 Standard Drinks per Week Consumed by CWS Respondents

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5 This procedure was based on the advice from John Saunders’s research group which was involved in the development of AUDIT.
Chapter 6

The quantity/frequency measure alone produced a lower proportion of women who were hazardous or harmful drinkers than the use of an overall AUDIT score. When tabulated as in Table 6.3 there was a significant relationship between age and NHMRC categories with greater proportions of hazardous and harmful drinkers in the younger age groups. When the proportions of each age group are categorised by NHMRC categories the picture is less clear.

Table 6.3 A Quantity/Frequency Measure of Drinking by Age and NHMRC Risk Categories.

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>% Low Risk</th>
<th>% Low Risk</th>
<th>% Hazardous</th>
<th>% Hazardous</th>
<th>% Harmful</th>
<th>% Harmful</th>
<th>% Harmful</th>
<th>Ttl. %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>% of age</td>
<td>% of age</td>
<td>% of age</td>
<td>% of age</td>
<td>% of age</td>
<td>% of age</td>
<td>% of age</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>group</td>
<td>group</td>
<td>group</td>
<td>group</td>
<td>group</td>
<td>group</td>
<td>group</td>
<td></td>
</tr>
<tr>
<td>17-29</td>
<td>222</td>
<td>52</td>
<td>91</td>
<td>34</td>
<td>5</td>
<td>47</td>
<td>4</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td>103</td>
<td>24</td>
<td>90</td>
<td>18</td>
<td>7</td>
<td>18</td>
<td>3</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>73</td>
<td>16</td>
<td>86</td>
<td>18</td>
<td>10</td>
<td>18</td>
<td>4</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>50-59</td>
<td>23</td>
<td>4</td>
<td>70</td>
<td>18</td>
<td>30</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>60+</td>
<td>23</td>
<td>4</td>
<td>70</td>
<td>11</td>
<td>17</td>
<td>18</td>
<td>13</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>total</td>
<td>444</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(χ²=28.59, 8 df, p<0.005)

When questioned about how often they drank 6 or more glasses, 44% (CI 39%-CI 49%) of women stated that they never drank that much on one occasion, while a further 33% said they did it less than monthly, 17% reported drinking this amount on a monthly basis, 8% reported doing so on a weekly basis, and fewer than 1% reported drinking this amount daily. When this data was collapsed into those who never drink 6 or more drinks on one occasion and those who do and was cross tabulated by the age categories shown in the above table there was a significant relationship (χ²=36.91, 4 df, p<0.00001).
Current Drinkers’ Choices of Beverages and Drinking Contexts

Current drinkers (n=465), (those who indicated they had drunk alcohol in the last 12 months), were asked to choose from a detailed list of alcoholic beverage types, (eg wine, cooler, cider, champagne, etc) the drinks they "usually have" as a first, second, and third choice of alcohol. They could grade every type of beverage as a choice. Most respondents did not grade their choices after the first 3 or 4.

Slightly more than half the current drinkers (52% CI 48% - 58%) indicated that wine (including a small number who selected fortified wine and wine coolers) was their first preference in alcoholic drinks, while 6% of women selected champagne. In many surveys (eg. the NCADA Household Survey) champagne is classified as "wine". If champagne was included as wine in this way 58% of women (CI 54%-62%) indicated a preference for wine.

Full strength beer was the next most popular drink, attracting 18% of the choice for drink of first preference. It was followed closely by spirits which was chosen as first preference by 16% of women. Low alcohol beer was selected by only 4% of women. Other drinks such as wine coolers, liqueurs, attracted 1% or less of women and have been added to the major categories in the following figure (see figure 6.4).
Respondents were asked "when you are drinking alcohol, where are you usually?" and then asked to rank the choices. Most women's first choice was their own home (38% CI 34%-42%), someone else's home (13%), and a further 25% drank at licensed premises and 22% at restaurants (figure 6.5).
When asked where they were, when they drank most heavily, the largest group of women, by a narrow margin indicated that they were at licensed premises (29%) and another group of women, (25%) said they would drink most heavily at home. In the following graph (figure 6.6) the proportion of women who "usually" drank in each location is compared with the location in which women drank "most heavily". It indicates that women usually drink at home but drink most heavily at licensed premises.
Figure 6.6 A comparison of women’s "usual" drinking venue and "heaviest" drinking venues.

When asked "when you drink alcohol who are you usually with?", the largest group of women (33% CI 29%-33%) indicated they were with male and female friends, the second largest group with their spouse/partner (23%) and the third largest group with their spouse/partner and friends (17%).

The picture gained from these data is of the majority of CWS respondents drinking moderately and regularly. In keeping with other surveys, younger women appeared to be heavier drinkers. Most women usually drank wine at home but there was a smaller group of women who were likely to drink beer and some were likely to drink on licensed premises.
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The Identification of Alcohol Problems using AUDIT

AUDIT was designed to identify men and women who may have problems with alcohol by attributing scores to the answers given to a number of questions. A total score of 8 or more is indicative of a potential problem. This instrument has not been widely used as yet in general population surveys of among women, and thus its use has been reported relatively infrequently in the literature.

It was used in a casualty setting in a hospital in Sydney where 18% of women scored 8 or more (Hall, pers comm.). In this study 26% of women were identified as problem drinkers (Conigrave, Burns et al. 1991) overall. It has been used as a screening instrument in general practices in Sydney where between 25% and 50% of patients, male and female, are being identified as having a score of 8 or more (Saunders, pers comm.) In a recent general survey of Australian women (Fleming in press) it identified 8% of women with a score of 8 or more. Holmila (1993) reported that about 10% of women had a score of 10 or more on AUDIT from a sample of 6000 women from the Helsinki region of Finland. When a score of 10 or more is used with the Carlton data, 13% of the entire sample are identified. In the 1992 Finnish Drinking Habits Study (using a cut-off score of 11) it showed 5% of women to be harmful drinkers although there were higher percentages (11% and 9%) in the younger age brackets (Holmila 1995).

In the Carlton Women's Survey, when the AUDIT scores were summed in the prescribed manner and a score of 8 used to identify women who potentially have a problem, (Centre for Drug and Alcohol Studies 1993) 24% of 'current drinkers' those who had drunk alcohol in the last 12 months) (CI 20% - CI 28%) and 21% (CI 18% - CI 24%) of all respondents were found to have such a score (see figure 3.3).

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* Eight was the figure given on the information given in the AUDIT information sheet 1/93 as the correct cutoff point. Other researchers, such as Holmila (1993) have used other cut-off points and an article published very recently has suggested that a cut-off point of 10 is the most suitable.
Another way to identify at risk drinkers is to look at responses to AUDIT questions which are grouped into the domains of hazardous, harmful and dependent drinking. Questions 1 to 3 are intended to estimate hazardous drinking, 4 to 6 dependent drinking and 7 to 10 to harmful drinking and alcohol problems. On each of these sets of questions a combined score of 4 or more places the respondent in the problem category. Using this method in a national survey of Australian women, Fleming identified 34% of current drinkers as hazardous, 4% as harmful and 1% as dependent. Table 6.4 shows the number of CWS respondents in these categories (Fleming in press).
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Table 6.4 Current Drinkers Defined by AUDIT Categories.

<table>
<thead>
<tr>
<th></th>
<th>% Women</th>
<th>Mean Score</th>
<th>Standard Dev.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous (qus. 1 to 3)</td>
<td>59</td>
<td>5.59</td>
<td>1.68</td>
<td>4 to 12</td>
</tr>
<tr>
<td>Dependent (qus. 4 to 6)</td>
<td>3</td>
<td>4.78</td>
<td>0.80</td>
<td>4 to 6</td>
</tr>
<tr>
<td>Harmful (qus. 7 to 10)</td>
<td>14</td>
<td>5.61</td>
<td>1.89</td>
<td>4 to 12</td>
</tr>
</tbody>
</table>

Using AUDIT, this study identifies a greater proportion of women in risky drinking categories than have been identified by AUDIT in studies of other women in Australia or overseas.

**Drinking contexts of women with higher AUDIT Scores.**

Women who scored 8 or more on the AUDIT were compared on their preferred beverage, choice of venue, drinking companions etc. with the remainder of current drinkers lower scores on AUDIT. Some differences were apparent between these two groups. For example, 36% of women with higher AUDIT scores selected full strength beer as their first choice and 35% chose wine in comparison to the rest of current drinkers of whom 59% chose wine and only 12% chose full strength beer ($\chi^2=47.76$, 5 df, $p<0.0001$).

Far more of the women with high AUDIT scores “usually” preferred to drink at licensed premises (45%) compared with 17% of other current drinkers. Similar proportions of women (38% in either group) chose to drink at home ($\chi^2 = 42.5$, 4 df, $p<0.0001$) (see Figure 6.8).
The largest proportion of women who had a positive AUDIT score (46%) indicated that they drank most heavily at licensed premises in comparison to 26% of current drinkers (who did not score positively on AUDIT) who drank most heavily at the same venue. In both groups about 26 to 27% of women drank most heavily at home ($\chi^2 = 21.32$, 4 df, p<0.0005).

Women who did not score positively on AUDIT were fairly evenly distributed in their choice of drinking companions between spouse/partner (24.3%), male and female friends (27.4%) and spouse/partner and friends (18.6%) whereas the majority of women who scored positively indicated their preference for drinking with male and female friends.
(44.6%). On this variable the differences between the two groups was not strongly significant ($\chi^2 = 13.31, 5 \text{ df } p < .05$).

Figure 6.7 'Current Drinkers' classified by the AUDIT by their Heaviest Drinking Location

Women with higher AUDIT scores showed some differences from those with lower scores in their drinking contexts. They were more likely to drink beer than wine, to drink on licensed premises and to drink with male and female friends. The women with low scores were more likely to drink wine, to drink at home and as likely to drink with spouse and/or partner as with friends. However, the differences between the two groups were not clear cut. Within each group there was some variation in drinking context.
AUDIT Problem Screening Questions

There are a number of questions in AUDIT designed specifically to identify problematic use of alcohol. Three questions (4 to 6) are intended to identify a person who may be psychologically or physically dependent on alcohol and 4 others (7 to 10) a person who has significant problems with alcohol already. For example, women were asked if, in the last year, they had ever found that they were unable to stop drinking once they had started. Although the majority of current drinkers had never had this experience (83% CI 80%-86%), it had occurred to 13% of the respondents at least once in the last year with a further 3% experiencing this more frequently.\(^7\)

A similar style of question revealed that few women had “failed to do what was normally expected ... because of drinking” in the last year. Thirteen percent had experienced this difficulty at least once in the last year and 3% had experienced it more frequently. Fewer than 1% of women stated that, over the last year, they had “needed a drink to get themselves going in the morning after a heavy drinking session”, but 28% of women had felt “guilt or remorse after drinking”. During the last year 18% of women had been unable to “remember what had happened the night before because of drinking” although for most of these women it was an infrequent occurrence. As a result of their own drinking, 3% percent of women had either “been injured” or had “injured someone else” in the last year and 6% in previous years. Thirteen percent of women had had a partner, relative, doctor or other health worker express “concern about [their] drinking or suggested [they] cut down” with this occurring in the last year for 8% of them.\(^8\)

\(^7\) 477 women answered this question - more than the 465 women who said they had drunk alcohol in the last 12 months. It is likely that some women who had never drunk or had been drinkers answered these questions. These women are likely to have responded to the questions by stating that they had never having had this problem. Using 477 (the number of valid responses) as the denominator gives a slightly reduced percentage of women who stated that they had the problem.

\(^8\) These questions have not been analysed by subdividing the respondents into those who scored more or less than 8 on AUDIT as they are part of the AUDIT test.
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An additional AUDIT problem identification question was included in the questionnaire. Five percent of all women in who had drunk alcohol in the last 12 months thought they “possibly” or “definitely” had a “problem with drinking”. This was a surprisingly low figure given that 24% of current drinkers had positive AUDIT scores. However, 18% of women with positive AUDIT scores thought they either possibly (13%) or definitely (5%) had a problem with alcohol and a further 9.8% of them were unsure. In comparison there were no women with negative AUDIT scores who were “definite” that they had an alcohol problem and only 1% thought they might have a problem ($\chi^2 =91.1$, 4 df, p<0.0001). Between 13% and 18% of women were identified by AUDIT as having experienced some problem with drinking over the last year but only about 5% thought that they had a problem with alcohol when asked directly.

A number of questions were asked about respondents’ views on changes in their drinking patterns over time. One such question was an additional AUDIT question asking whether women would have difficulty reducing their consumption in the next 3 months. 9 Nine percent of current drinkers, thought that it would be difficult to reduce their alcohol consumption over the next 3 months with more women with positive scores more likely to find it difficult ($\chi^2 =99.10$, 5 df, p<0.00001). A greater proportion of women with positive scores also thought they were currently drinking more than they were 12 months ago (17% in comparison to 10%, $\chi^2 =6.69$, 2 df, p<0.05). Also, a greater proportion of women with positive scores thought they would be drinking less in 5 years time (51% in comparison to 18% $\chi^2 =46.90$, 2 df, p<0.00001).

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9 This is an additional question designed to be asked once the person has scored 8 on AUDIT.
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The Identification of Problems with non-AUDIT questions

Several other questions, that were not part of AUDIT, were asked which might indicate a problem with alcohol for women. Ten percent of current drinkers had driven a car when they thought they may have had too much to drink and a further 23% had been in car with someone else that they thought had had too much to drink. Looking at these questions in relation to AUDIT scores, it was apparent that a greater proportion of women with high scores (8+) had been in a car with someone they thought had drunk too much ($\chi^2=43.15$, 3 df, $p<0.00001$) and a greater proportion had driven themselves when they thought they were too drunk to do so ($\chi^2=10.21$, 3 df, $p<0.05$).

Women were also asked if they thought that any of their friends or relatives had a problem with alcohol. The respondents were encouraged to think of an alcohol problem in a broad social, legal and medicinal sense. Twenty-six percent of women with a high score had a father with an alcohol problem, and 13% of them thought their mother had a problem. Furthermore, 29% of them had a close male friend and 22% of them had a close female friend with an alcohol problem. Each of the components of this question were examined in relation to AUDIT score for significance using the Mann-Whitney test. Mothers, boyfriend or girlfriend, and close male friend were significant ($p<0.005$) and to a lesser extent partners ($p<0.05$) and close relatives were not quite significant ($p=0.06$).\(^\text{10}\)

\(^{10}\) The possibility that these significant effects may be embedded in other covarying relationships has not been explored. For example, some problematic relationships may be more likely to occur at different ages/stages and this may effect this distribution of these problems among the current sample.
Table 6.4 Family Members with Drinking Problems examined by AUDIT score

<table>
<thead>
<tr>
<th></th>
<th>Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>Mother *</td>
</tr>
<tr>
<td>Children</td>
<td>Spouse/partner/de facto **</td>
</tr>
<tr>
<td>Brother</td>
<td>Boyfriend/girlfriend *</td>
</tr>
<tr>
<td>Close female friend</td>
<td>Close male friend *</td>
</tr>
<tr>
<td>Close relative</td>
<td>Myself *</td>
</tr>
</tbody>
</table>

* p<0.005  **p<0.05

Knowledge and Attitudes about Alcohol and Health examined by AUDIT scores

Most women in the survey (77%) (including those who were not current drinkers), thought that 1 or 2 drinks a day was low health risk drinking for women, while 13% of women believed that more than 2 drinks per day was low health risk drinking for women. More than 80% of women considered that 4 or less drinks per day was low risk drinking for men. About 9% of women did not answer the question on men or women.

If one adds the percentage of women who did not answer the question to the percentage who believed that more than 2 drinks per day for women was low risk drinking, it appears that 23% of women did not answer ‘correctly’ the question about what “low risk drinking” is for women, a figure similar to the proportion of women who had positive AUDIT scores.

Among women with high AUDIT scores (8+), 23% thought that more than two drinks per day was low risk drinking in comparison with 13% of women with low AUDIT scores ($\chi^2=14.64$, 4 df, p=0.005). A greater proportion of high AUDIT scoring women than low scoring women believed that more than 4 drinks a day was low risk drinking for men (12% to 8%, $\chi^2=10.86$, 4 df, p=0.02). There was a significant inverse correlation
between AUDIT scores and knowledge of low risk drinking levels for both men and women (Spearman Correlation p=0.001). This suggests that women with higher AUDIT scores do not know the ‘correct’ answer, although it may be that these women think that their personal experience of drinking more than two drinks a day indicates to them that they do not have an elevated risk of suffering from problems associated with alcohol.

Most women (68%) stated that they read the labels on drink containers for information about the amount of alcohol in their drink either occasionally or often and 19% reported that they never read the labels on drink containers. Among those women who had completed the AUDIT section of the questionnaire there was no significant difference between those with positive or negative AUDIT scores and whether they read the labels.

All questionnaire respondents were asked what the main idea or message was that they had remembered about safe, healthy or moderate drinking over the last few months. The message that most women (40%) remembered was "if you drink and drive you're a bloody idiot" or some other variation upon the dangers of drinking and driving. A smaller number (16%) remembered that women should drink less than men, (2 for women 4 for men) and that women are affected by alcohol differently. The next largest group of women (13%) remembered negative messages about alcohol damaging lives and threatening health and well-being. Television advertisements were the source of this information for the largest number of women, followed by posters and radio. Forty-nine percent of women thought that this information had had an effect on their behaviour. Some women reported that this information did not have an effect on their behaviour because they already knew the information and/or behaved in accordance with the health messages.

Most of the survey’s respondents (59%) had never been pregnant. However, of those who had been pregnant 19% had reported drinking alcohol during a pregnancy and an

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11 This drink driving campaign, shown on Victorian television featured graphic scenes of people being maimed and killed through a driver’s driving after driving.
identical proportion of women reported not drinking during a pregnancy. Due to the sensitivity of this question we did not ask what amounts of alcohol women had consumed during their pregnancy.

**Experience of Abuse in the Context of Alcohol Use**

All women were asked a series of exploratory questions about whether they had experienced abuse, including sexual abuse, and regretted sexual activity that might be associated with alcohol use. Thirty-two percent of women had had a sexual experience which they thought might not have occurred if they had not been drinking and 10% of women had had a sexual experience during the last year which they later regretted and which they linked with alcohol use.

In reply to the question about whether they considered that they had been abused as children 18% of women responded affirmatively. Verbal abuse (11%) was most commonly recorded followed by sexual abuse (8%) and then physical abuse (6%). Some women recorded more than 1 type of abuse. More women (23%) considered that they have been abused as adults with the majority of them experiencing verbal abuse (17%) followed by sexual abuse (9%) and physical abuse (8%). Once again, these categories were not mutually exclusive.

Thirteen percent of all the women in the survey who answered this question thought that their experience of abuse was, in some way, linked with alcohol consumption. However, more than half the women (54%) who had responded positively to the question about abuse when they were an adult thought that this experience was, in some way, linked with alcohol and a further 6% did not know.
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As this questionnaire was focussed on alcohol use rather than abuse, these questions did not aim to explore in depth (if possible in a questionnaire) the nature of the abuse and the circumstances surrounding it. They did however, indicate that for half the women who thought that they had been abused, alcohol was implicated in the experience.

Figure 6.8 The proportion of women who had been abused as adults

The responses to these questions were also examined according to whether women had high AUDIT scores. Twenty percent of low AUDIT scoring women and 15% of high
scoring women had had an unwanted sexual experience while drinking alcohol. However, there was a significant relationship (p<0.0001) between AUDIT score and women who responded affirmatively to this question. A significant relationship also existed between the number of times women had had this experience and whether they had high (8+) or low (-8) scores on AUDIT ($\chi^2 = 39.15, 3$ df, p<0.0001).

No significant relationship was found between women who had experienced childhood abuse and AUDIT scores. Thirty-four percent of the women with high AUDIT scores, reported experiencing abuse as adults in comparison to 21% of the other women. (Mann-Whitney showed a significant relationship between AUDIT score and the experience of adult abuse p<0.0005). Physical and verbal abuse were significant (p<0.05) but sexual and other types of abuse were not. There was a significant relationship between the women who had experienced abuse as adults and who thought that this experience might be linked to alcohol consumption (Mann-Whitney p<0.005) and the AUDIT score.

These data suggest that women who may be drinking larger quantities in particular contexts may be at higher risk of experiencing physical and verbal abuse and of having unwanted sexual experiences that women do not classify as sexual abuse. As these questions were not designed to explore such issues in detail the data must treated cautiously, but they do not appear to support a relationship between childhood sexual abuse and heavy drinking or alcohol problems in a general population that can be detected using AUDIT.

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12 Mann-Whitney test.
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General Health Questions

A significant inverse correlation was found between AUDIT scores and a summation of the general health questions discussed at the beginning of the chapter (p<0.005). The lower health scores were distributed among those women who indicated that they had experienced the negative health occurrences or feelings of being unwell “a lot” or “occasionally” in comparison to those who had “never” felt them during the designated time period. Examining each individual question of the health questions by women with positive and negative AUDIT scores it was found that there was a significant relationship between each of the questions except two. These two were questions about not looking “as good as usual” and having “less interest in sex than usual”. The questions that were most strongly significant (p<0.005) were to do with not concentrating, unusual sleeping patterns, feeling depressed, feeling less confident than usual, feeling worthless and (not) feeling reasonably happy. Since this study was conducted, research on novel indicators of heavy drinking in a Northern Californian population (Saltz and Ames 1996) included three that have some relevance to this section of the CWS. A series of questions about the frequency of colds, flues, ulcers and headaches etc. were summed to give a “frequent illness” indicator which was negatively correlated with the various measures used to indicated heavy or problematic drinking. Questions about problems with general appearance or feeling pleased with one’s general appearance showed no significance and a question about unsafe sex was also not significant.

Socio-demographic Profile of Women with Higher AUDIT Scores

Sixty-five percent of women with AUDIT scores of 8 or more were under the age of thirty while 45% of women with lower AUDIT scores were younger than 30 (χ² =13.82, 4 df, p<0.05). Of the women who scored positively on AUDIT, the largest proportion were either in a relationship, but not living together, (32.1%) or single (21.4%). Women
in defacto relationships were a comparatively large group (26.8%). Only 12% of women who scored positively on AUDIT were married in comparison to 32% of the women with lower AUDIT scores ($\chi^2 = 26.98$, 4 df, $p < 0.0001$). Ninety percent of women with positive scores had no dependent children while 78% of women with scores less than 8 had no dependent children ($\chi^2 = 8.08$, 1 df, $p < 0.005$).

They were no significant differences between women in either group (that is women with AUDIT scores of 8 or more and those less than 8) over a number of socio-demographic characteristics. For example, the majority of women in both groups were born in Australia (8 or more 81% to <8 74%). They also fell largely into two educational categories - they either had completed secondary schooling (25.9%) or had a Graduate Diploma or Bachelors Degree. Women who had completed secondary schooling included undergraduate students who had not yet gained a further qualification. While not significant there were 8% of women with <8 scores who had obtained a Masters or PhD while no women with scores of 8 or more were in this category. Women in both groups were most likely to be either employed full-time (8 or more 42%, >8 42%) or to be students (8 or more 22%, <8 18%). Slightly more (16%) women with high scores earned less than $3,000 in comparison with 10% of women with lower scores ($\chi^2 = 15.57$, 6 df, $p < 0.05$).

Women with higher AUDIT scores, were more likely to be young, unmarried, and without children. However, stepwise logistic regression on the above variables (i.e. age, marital status, preferred partner, dependent children, place of birth, education level, occupation and religious choice) identified marital status as the most significant socio-demographic characteristic associated with AUDIT scores. Women who were living with, but not married to, a partner had a much greater likelihood of having a positive AUDIT score than married women (OR 5.2).
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THE 7 DAY RETROSPECTIVE ALCOHOL DIARY

Embedded within the CWS questionnaire was a 7 day retrospective diary in which alcohol consumption was recorded. Women were asked to count back the previous 7 days and to note whether they had drunk alcohol on any of those days. Those who had not done so were instructed to go to the next section of the questionnaire while those who had consumed alcohol were then requested to record the type of alcohol they had drunk, the number of drinks and if possible estimate the size of the drink. The time of the year over which these diaries were collected ranged from October 1992 to January 1993, during which time the questionnaires were distributed and collected. These diaries were a simplified version of the 2 week prospective diaries distributed through snowball sampling to women in the qualitative study in Carlton (see Chapter 5).

Socio-demographic Profile of Diary Keepers

CWS diary keepers were a subset of the women who had drunk alcohol in the last year. A comparison was made between the diary keepers and non-diary keepers, on a number of different socio-demographic variables. The non-diary keepers consisted of the never-drinkers, the ex-drinkers and a some women who did not enter anything in the diary because they did not drink in the week preceding the delivery of the CWS to them. Some women also did not answer the socio-demographic questions. The majority of the diary keepers (51%) were aged between 17 and 29. There were significant differences between the two groups in their marital status ($\chi^2=15.4, 6$ df, $p<0.005$). More diary keepers were 'living together' (18% to 9%) or in a 'relationship' (24% to 16%) than the non-diary keepers. More non-diary keepers were married (31%) or single (31%). Most diary keepers did not have children (81%) while 74% of non-diary keepers had no children ($\chi^2=3.5, 5$ df, $p=0.06$). There was a significant difference between diary keepers and non-diary keepers over country of birth with more diary keepers born in Australia (76% to
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58% $\chi^2 = 16.8$, 1 df, $p<0.001$), level of education with more diary keepers having graduate diplomas, degrees and higher degree ($\chi^2 = 32.4$, 3 df, $p<0.001$) and being in full-time employment (48% to 25%, $\chi^2 = 41.6$, 5 df, $p<0.001$) Attendance of religious services also was significantly different between the two groups as 65% of diary-keepers did not attend ($\chi^2 = 15.5$, 2 df, $p<0.001$). There was a slightly significant difference between the two groups over the own income ($\chi^2 = 14.0$, 6 df, $p<0.05$).

The Quantity and Frequency of Alcohol Consumption by Diary Keepers

The following sections report on data which uses a count of standard drinks. Extrapolating from the prospective diaries (see Chapter 5) in which women measured their drink sizes it is likely that at least 10% of the drinks recorded in these 7 day retrospective diaries were an underestimation. For example, 10% of wine glasses were recorded as "glasses" and on the evidence of the prospective diaries and other research (Carruthers and Binns 1992) are therefore likely to be bigger than 120 mls. Data from the prospective diaries suggest that women are more likely to be drinking around 140 mls. of wine or champagne. Spirits drunk at non-licensed venues are likely to be over 30 mls.

Where diary keepers recorded a glass or container size this was used to estimate standard drinks (eg. 160 mls. of wine at 11.9% = 15 grams of absolute alcohol or 1.5 standard drinks). If they did not provide a glass size a standard drink was assumed, ie. a glass of wine was assumed to be 120 mls. at 11.9%. Overall, it was found that by using standard drinks to convert drinks to a 10 gram standard drinks the number of standard drinks was 13% higher than the number of drinks counted without taking the size of the container into account.

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13 See the section on use of standard glasses for a more detailed discussion of the issues around measurement of alcohol.
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Some women recorded that they drank 150 mls. or 200 mls. of spirits. This record was accepted at face value but is more likely to be a record of spirits and mixer building in some overestimation in the number of standard drinks of spirits consumed. As the diaries in the survey constitute a random and larger sample of women’s alcohol consumption than the diaries in the qualitative study, they have not been further adjusted for these errors of underestimation and overestimation. While they are discussed in comparison with the diaries collected through the snowball sample, where this adjustment has been made, they are also compared with other surveys where no such adjustment has been made.14

The total number of estimated standard drinks women consumed over the 7 days in which they kept a diary ranged from 1 to 159. (Drinks were rounded down if less than 0.5 of a glass and up of 0.5 or more). Most diary keepers (287 women or 76%) drank 14 drinks or less over the week thereby falling into the "low risk" drinking category, (17% of women (66) drank 15 to 28 glasses a week, or at a hazardous level and a further 7% (25 women) drank more than 28 glasses per week or at a harmful level (according to NHMRC guidelines). Of the total survey, including non-drinkers and current drinkers who did not drink in the week preceding the distribution of the questionnaire, 55% were low risk drinkers, 13% could be categorised as being in the "hazardous" risk group and 5% as in the "harmful" group.

Table 6.7 shows the diary keepers grouped by age and NHMRC drinking categories. Among the diary keepers there was no significant relationship between age and NHMRC categories before or after the hazardous and harmful categories were merged although the distribution of ages is skewed towards the 17 to 29 category. When the NHMRC categories are tabulated with proportions of women in each age group there are quite high proportions of women in the hazardous and harmful categories in the older age groups.

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14 In the preliminary report for the VHPF (Barwell & O’Brien 1994), a count was made of the number and type of alcoholic drinks that women consumed over this period as a preliminary analysis of the diary data and for comparative purposes with the 1993 NCADA Household Survey. Since that period further analyses have been performed using standard drinks measures. Therefore figures in the following section of this thesis are different from those in the report.
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Table 6.7 The Age of Retrospective Diary Keepers by NHMRC Categories.

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Number</th>
<th>% of all wm</th>
<th>% of age group</th>
<th>% of all wm</th>
<th>% of age group</th>
<th>% of all wm</th>
<th>% of age group</th>
<th>% of all wm</th>
<th>% of age group</th>
<th>% of all wm</th>
<th>Total % of age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-29</td>
<td>190</td>
<td>51</td>
<td>72</td>
<td>50</td>
<td>21</td>
<td>56</td>
<td>7</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td>86</td>
<td>25</td>
<td>78</td>
<td>21</td>
<td>19</td>
<td>12</td>
<td>3</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>60</td>
<td>15</td>
<td>68</td>
<td>19</td>
<td>25</td>
<td>16</td>
<td>7</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-59</td>
<td>18</td>
<td>4</td>
<td>56</td>
<td>8</td>
<td>33</td>
<td>8</td>
<td>11</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 plus</td>
<td>18</td>
<td>5</td>
<td>78</td>
<td>3</td>
<td>11</td>
<td>8</td>
<td>11</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>total</td>
<td>372</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\( \chi^2 = 6.62, \text{ df}=8, p=0.5775 \)

Monday, Tuesday and Wednesday were days when women drank least alcohol (Figure 6.9). On each of these days, 9% of the total standard drinks were consumed. Thursday followed with a consumption of 12% of the total standard drinks, then Sunday (17%), Friday (19%) and Saturday with the greatest consumption of 25%. Around 33% to 35% of women drank on the days Monday through to Thursday, 48% drank on Sunday and 56% on Friday and 66% on Saturday.
Most women (87%) drank on fewer than 6 days a week while 13% drank on 6 or 7 days a week. Diary keepers consumed alcohol on three days on average during the diary period. On the days when they drank alcohol, most diary keepers averaged 1, 2 or 3 glasses of alcohol. Thirteen percent of women averaged 4 or 5 glasses per drinking day and a further 13% of women averaged 6 or more glasses of alcohol on a drinking day.

Figure 6.10 shows women's alcohol consumption on their heaviest drinking day. While 51% of women drank 1 to 3 glasses of alcohol on the day on which they drank most heavily, 22% drank 4 or 5 glasses, and 26% drank 6 or more glasses on their heaviest drinking day. As indicated the heaviest drinking day was most likely to be Saturday, followed by Friday and then Sunday as the third likely possibility.
In Table 6.8 a summary of alcohol consumption measures is provided. It indicates that CWS diary keepers averaged 1! and a half standard drinks during the period they kept a diary. They drank on slightly under half the diary days and on a day when they were drinking, they had an average consumption of 3 and a half glasses. Their consumption averaged over the diary period was a little over 1 and a half standard glasses. Their average maximum number of drinks on their heaviest drinking day was 5.

Table 6.8 A Summary of Alcohol Consumption Measures by Survey Diary Keepers

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean</th>
<th>St. Dev.</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total stand. alc. drinks</td>
<td>11.6</td>
<td>13.9</td>
<td>0.2</td>
<td>159.1</td>
</tr>
<tr>
<td>% of drinking days out of 7 diary days</td>
<td>46.0</td>
<td>25.0</td>
<td>14.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Stand. alc. drinks/drinking day</td>
<td>3.5</td>
<td>3.2</td>
<td>0.2</td>
<td>3.2</td>
</tr>
<tr>
<td>Stand alc drinks/diary day</td>
<td>1.7</td>
<td>2.0</td>
<td>0.2</td>
<td>22.7</td>
</tr>
<tr>
<td>Max stand. alc. drinks on 1 day</td>
<td>5.0</td>
<td>4.4</td>
<td>1.0</td>
<td>47.0</td>
</tr>
</tbody>
</table>
A comparison of the retrospective CWS Diary Keepers with other Women

The prospective diary-keepers described in Chapter 5 (Table 5.17) drank an average total of 20 standard drinks for a 2 week period, giving them an average of 3.3 standard alcohol drinks per drinking day and 1.4 per diary day compared to this group who drank 3.5 drinks per drinking day and 1.7 drinks per diary day. The differences between the two sets of diaries are quite small.

Table 6.9 A Comparison between 2 Diary Methods on a Summary of Alcohol Measures

<table>
<thead>
<tr>
<th></th>
<th>Prospective 2 Week Diary</th>
<th>CWS 7 Day Recall Diary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total std. alc. drinks</td>
<td>20.0</td>
<td>11.6</td>
</tr>
<tr>
<td>Stand. alc. drinks/day</td>
<td>3.3</td>
<td>3.5</td>
</tr>
<tr>
<td>Stand. alc. drinks/diary day</td>
<td>1.4</td>
<td>1.7</td>
</tr>
</tbody>
</table>

The average daily consumption of alcohol recorded in the 7 day retrospective alcohol diary in the CWS can be compared with average daily consumption of alcohol collected in 1977 in Victoria by the ABS. However, while the sample collected in the survey is representative of Carlton and North Carlton it must be remembered that these suburbs are unlikely to be 'typical' of the whole state. Given the socio-demographic characteristics of Carlton it is likely to show higher consumption that many other suburbs.

In the 1977 survey (ABS 1978:2-7), 48.7% of Victorian women drank alcohol in the week before the interview by comparison with 72% of the Carlton Women's Survey Respondents. Of the total, 47.1% of the 1977 Victorian Survey were classified as light drinkers, 1.3% were in the medium category and no women were heavy or very heavy drinkers. In 1977 light drinkers were those who drank less than 40 grams of alcohol per day and medium drinkers were those who consumed between 40 and 80 grams of alcohol.
per day. The 1977 light drinkers are now equivalent to the NHMRC current classification of low risk and hazardous women drinkers. Seventy percent of the sample of Carlton women who completed a 7 day recall diary, and 50% of the whole sample, had an average daily consumption of alcohol that was less than 40 grams. Five percent of the diary keepers and 3% of the Carlton sample consumed more than 40 grams per day.

In 1977, the average daily consumption of alcohol was 10.32 grams per female drinker or slightly more than 1 standard drink per day and 5 grams per female or half a standard drink. The average daily consumption of alcohol for the diary keepers in the survey is 1.7 standard drinks or the equivalent to 17 grams of alcohol and 1.2 standard drinks per woman (averaged over the 525 women survey respondents).

The differences in consumption recorded for women in 1977 and in the CWS survey are summarised in Table 6.10. The different samples of women and methods of data collection means that any statements about the two data sets should be made tentatively. However, they lend evidence to the notion that more women are drinking alcohol than in 1977 and that the Carlton women are drinking at higher levels that Victorian women were in 1977.

Table 6.10 Women’s Alcohol Consumption in the 1977 ABS Survey & 1993 CWS Survey

<table>
<thead>
<tr>
<th></th>
<th>1977 ABS Survey</th>
<th>1993 CWS Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drank alc. in the preceding week</td>
<td>48.7</td>
<td>72.0</td>
</tr>
<tr>
<td>Light drinkers</td>
<td>47.1</td>
<td>50.0</td>
</tr>
<tr>
<td>Medium drinkers</td>
<td>1.3</td>
<td>3.0</td>
</tr>
<tr>
<td>Av daily consumption in gms</td>
<td>10.32</td>
<td>17.0</td>
</tr>
<tr>
<td>Av daily std. alc. drinks/ woman</td>
<td>0.5</td>
<td>1.2</td>
</tr>
</tbody>
</table>
Chapter 6

Choice of Alcoholic Beverage by Diary Keepers

Table 6.11 indicates that the CWS diary keepers were predominantly wine drinkers. Forty-one percent of alcoholic drinks were consumed in the form of wine, which was consumed during the diary period by 72% of women. Dividing standard drinks by the number of women gives an indication of the average quantities of each type of alcohol consumed by women. Wine and beer stand out as the alcoholic beverages women drank in largest quantities followed closely by spirits. The prospective diary keepers also drank these drinks in the largest quantities, but there was a bigger gap between the amounts of wine per women (an average figure) and the next largest amount which was beer, followed closely by spirits.

Table 6.11 Alcoholic Beverages Consumed by Survey Diary Keepers

<table>
<thead>
<tr>
<th>Drinks</th>
<th>No</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>Drinks/Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>915.5</td>
<td>21.0</td>
<td>143</td>
<td>38</td>
<td>6.4</td>
</tr>
<tr>
<td>Champagne</td>
<td>490.2</td>
<td>11.2</td>
<td>134</td>
<td>35</td>
<td>3.7</td>
</tr>
<tr>
<td>Cider</td>
<td>72.3</td>
<td>1.7</td>
<td>23</td>
<td>6</td>
<td>3.1</td>
</tr>
<tr>
<td>Cooler</td>
<td>11.4</td>
<td>0.3</td>
<td>5</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>Ft. wine</td>
<td>122.9</td>
<td>2.8</td>
<td>35</td>
<td>9</td>
<td>3.5</td>
</tr>
<tr>
<td>Low alc. beer</td>
<td>80.5</td>
<td>1.8</td>
<td>47</td>
<td>12</td>
<td>1.7</td>
</tr>
<tr>
<td>Liqueurs</td>
<td>125.2</td>
<td>2.9</td>
<td>31</td>
<td>8</td>
<td>4.0</td>
</tr>
<tr>
<td>Spirits</td>
<td>724.3</td>
<td>16.6</td>
<td>115</td>
<td>30</td>
<td>6.2</td>
</tr>
<tr>
<td>Wine</td>
<td>1833.8</td>
<td>41.9</td>
<td>274</td>
<td>72</td>
<td>6.7</td>
</tr>
</tbody>
</table>

How CWS Diary Keepers fit into NHMRC Drinking Categories

CWS diary keepers’ consumption of alcohol over a weekly period was analysed according to the NHMRC drinking categories. Twenty-four percent of women could be placed in the hazardous or harmful drinking categories. In comparison, an analysis of the
Chapter 6

2 week prospective non-random diaries indicated that 62 (73%) of diary keepers were low risk, 19 diary keepers (22%) were hazardous, 4 (5%) were harmful. (Figure 6.6).  

Figure 6.11 CWS Diary Keepers and Prospective Diary Keepers in NHMRC drinking categories

The analysis of both sets of diaries produce similar data. Both groups of women drank slightly under half the days and they averaged a consumption of about 1.5 glasses a day over the period in which they kept a record. On a drinking day they had about 3 and half glasses of alcohol. Both groups of diaries support the picture that women are drinking more than they were in 1977. They also agree that women's choice of alcohol is wine, beer and spirits in that order. The CWS produced slightly lower proportions of women in hazardous and harmful categories than the prospective diary, although the CWS 7 day recall diary keepers had a higher consumption.

15 Any comparisons between data that come from the prospective diary have not been tested for significance because the prospective diaries were not collected randomly.
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Comparison of Women with a Positive AUDIT Score and CWS Diary Keepers

A significant positive association (p<.001) was found between women with higher AUDIT scores and the total number of standard alcohol drinks, the number of drinks per drinking day and the average number of standard drinks per day recorded in CWS retrospective diaries. This not unexpected result supports the notion that generally women who scored highly on AUDIT recorded a higher consumption in the week preceding the diary and vice versa.

There were, however, a small number of women whose diary records and AUDIT scores were incongruous. For example, the diary score with the highest consumption of alcohol had an AUDIT score of 14 which is over the point of 8 but much lower than the highest AUDIT score of 25. There were several other women who recorded very high alcohol consumption during the diary week who had similar AUDIT scores that were over 8 but were well below the highest AUDIT scores. Looking at their individual responses to the AUDIT questions it appears that these women got fairly high scores on the first three AUDIT questions dealing with consumption. They tended to answer that they drank 6 or more drinks on one occasion weekly whereas their diaries indicate that for the diary week they drank 6 or more drinks on 3 or 4 days during the week. Most of them recorded that they never or rarely (less than monthly) had any of the indications associated with problems that the AUDIT questions ask about such as “being unable to stop”, “needing a drink to get going in the morning”, “feeling guilty” or “injuring someone or themselves”. Several recorded that they had been “advised to cut down on their drinking by a health worker” and several had been “unable to remember what had happened after drinking” or had “failed to do what was expected of them because of drinking”.

The AUDIT questions inquire about “usual” or typical drinking and the diaries are a record of alcohol consumption over a specific period. Some of these women recorded that their drinking during the diary week was “more” than usual.
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There were also several women who had high AUDIT scores but whose drinking during the diary week was not particularly heavy. One respondent recorded comparatively light drinking, and stated that her drinking was the same as usual but had a high AUDIT score partially because she had responded positively to most of the questions about problems associated with drinking. Such anomalies illustrate the difficulties of quantifying alcohol consumption and problems. Differences between diaries and AUDIT scores raise the possibilities of difficulties in recording or understanding on the part of the respondent, deliberately or unintentionally, interpretation on the part of the researcher (eg. what is meant when a woman records alcohol consumption in bottles rather than glasses) and the possibility that perceptions of problems due to drinking are subjective and might not have much to do with consumption. It has been pointed out by participants involved in this research that women may very easily feel “guilty” or “remorseful” (the wording actually used in an AUDIT question) after one drink. Such a response can be as much related to taking time out rather than the amount of alcohol consumed and reflect a gender bias in the questions. Comparisons between the diaries and AUDIT highlight the shift in AUDIT from the realm of description to meaning. The questions about problems require respondents to give these questions meaning by interrogating their memories about their own drinking, their feelings and their relationships which are very different processes from recording day by day consumption.

The researchers who developed AUDIT advised that a score of 4 or more on the first 3 questions is indicative of hazardous or harmful drinking by women. Fifty-nine percent of women who answered these questions (ie. current drinkers) scored 4 or more. Two percent of women got a score of 4 or more on questions 4 to 6 in AUDIT indicating possible psychological or physical dependence and 14% scored 4 or more on the last 4 questions indicating that they were already having problems with alcohol (Centre for Drug and Alcohol Studies Audit 1993). As 59% of women were scored as hazardous drinkers on the first three questions only but 24% of women were identified as likely to have a drinking problem (indicated by a score of 8 on all the questions) this raises the question of status of the 35% of current drinkers who scored 4 or more on the first three
questions. Are they to be considered hazardous drinkers, according to the AUDIT with the remaining 24% identified as hazardous and harmful?

AUDIT's validity and reliability are supported by research findings that state that all three sections of the AUDIT core questionnaire (used in the CWS) i.e. alcohol consumption, dependence and harmful drinking items contribute to the ability of the test to distinguish between hazardous and non-hazardous drinkers and harmful and non-harmful drinkers. Using the cut-off point of 8 (used in this study) AUDIT has a high sensitivity (92%) and specificity (93%) (Bohn, Babor et al. 1995; see also Conigrave, Hall et al. 1995). However, using AUDIT raised questions about gender bias in the wording of some questions and its compatibility with NHMRC categories.

COMPARISON OF CWS DATA ON ALCOHOL CONSUMPTION WITH OTHER SURVEYS

Data collected in the CWS was compared to other recent surveys on women’s alcohol consumption in order to examine trends and the representativeness of the sample. The quantity/frequency questions from the AUDIT section of the questionnaire, the questions for current drinkers on the contexts of alcohol consumption and the diary responses were selected for this purpose.

<table>
<thead>
<tr>
<th></th>
<th>Perth Survey</th>
<th>NCADA VIC</th>
<th>CWS Current drinkers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>LA/SL Beer</td>
<td>4.6</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Beer</td>
<td>9.6</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Wine</td>
<td>49.0</td>
<td>56</td>
<td>49</td>
</tr>
<tr>
<td>Spirits &amp; Liqueurs</td>
<td>16.6</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td>Fort. wine</td>
<td>-----</td>
<td>-----</td>
<td>2</td>
</tr>
<tr>
<td>Wine cooler</td>
<td>10.2</td>
<td>-----</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>10.4</td>
<td>8</td>
<td>3</td>
</tr>
</tbody>
</table>
In Table 6.12, data from the Corti et al (1989) study of women's alcohol and drug use in Perth, and Victorian data from the NCADA 1993 Household Survey and the CWS data is compared. This table show that a larger percentage of women chose full strength beer in the CWS than in either of the other surveys.

Table 6.13 shows the proportions of women in the CWS, the 1989-1990 National Health Survey Health Risk Factors (Vic) and the Perth Survey of Women (Corti et al 1989) who drank each type of beverage over a 7 day period. In the CWS and NHS the diary period was the previous 7 days, and in the Perth Survey it was the 7 days following receipt of the questionnaire. In all three surveys the women were likely to drink more than 1 type of beverage and therefore the percentages do not add to 100%.

<table>
<thead>
<tr>
<th></th>
<th>Perth Survey</th>
<th>NHS</th>
<th>CWS diary keepers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Beer</td>
<td>24.9</td>
<td>27.4</td>
<td>45.2 (n = 378)</td>
</tr>
<tr>
<td>Wine</td>
<td>86.3</td>
<td>71.5</td>
<td>81.7</td>
</tr>
<tr>
<td>Spirits</td>
<td>33.1</td>
<td>30.2</td>
<td>34.3</td>
</tr>
<tr>
<td>Other</td>
<td>18.1</td>
<td>5.2</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Women in the CWS differed from the respondents in the other surveys in that more of them drank beer but the proportion of Victorian women from the CWS and the NHS was smaller than that of Perth women who drank "other" drinks. In the CWS and NHS "other" drinks were mainly cider.

16 Data on fortified wine was not collected as a separate type of drink in either the Perth survey or the NCADA survey. In the latter survey wine cooler was also not collected as separate drink.
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Table 6.14 shows the proportions of women from these two other surveys as well as CWS categorised by NHMRC drinking levels. In the Perth survey, non-drinkers are those women who did not drink during the week they kept a prospective diary. The CWS data in both columns come from the diary section of the survey but are presented in two ways. The column showing “current drinkers” uses as the denominator 465, the number of women who indicated they had been drinkers for the 12 months preceding the survey. Of these women, those who did not record any entries in the retrospective diary section, are recorded as “did not drink alcohol in the diary week” for the sake of comparison with the Corti et al survey where such women are described as “non-drinkers” (1989). The data from the diary are presented again in the next column which shows the percentages of categories of drinkers from the women who made a record in their retrospective diary.

Table 6.14 Comparison between 3 Surveys of Women in NHMRC Drinking Categories

<table>
<thead>
<tr>
<th></th>
<th>Perth Survey %</th>
<th>NCADA handbook %</th>
<th>CWS diary keepers % (n = 378)</th>
<th>CWS current drinkers % (n = 465)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not drink in week</td>
<td>38.5</td>
<td>--</td>
<td>--</td>
<td>19</td>
</tr>
<tr>
<td>Low risk</td>
<td>50.3</td>
<td>85.6</td>
<td>80</td>
<td>62</td>
</tr>
<tr>
<td>Hazardous</td>
<td>--</td>
<td>11.3</td>
<td>17</td>
<td>14</td>
</tr>
<tr>
<td>Harmful</td>
<td>11.2</td>
<td>3.1</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

(In the Perth Survey Corti et al (1989) sum the hazardous and harmful categories because of small cell sizes)
*(Department of Health, Housing and Community Services 1992)*
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The CWS has a slightly larger proportion of women in the harmful and hazardous categories than in the Perth Survey or in the data reported in the 1992 Statistics on Drug Abuse in Australia which was compiled from the 1989-1990 NHS.

A comparison can be made on the changes in women's alcohol consumption in Australia between 1985-1988 using a quantity/frequency style of question. Makkai and McAllister (Makkai and McAllister 1990) reported that women's average consumption of alcoholic drinks per week dropped from 11.8 drinks in 1985 to 6.3 drinks in 1988. The quantity/frequency questions from AUDIT in the CWS provide a consumption figure of 6.7 drinks per week (this is based on current drinkers - if non drinkers were included it would be lower). These two sets of figures suggest that overall women's consumption of alcohol has not changed much since 1988. Other evidence in the 1990s points to stabilising or even a slight decrease in the number of women drinking at higher levels (National Campaign Against Drug Abuse 1993; Commonwealth Department of Health and Family Services 1996; Department of Human Services Victoria in press).

In America there has been a moderate increase in drinking rates during the 1970s followed by a slight drop during the 1980s for all age groups of women (Wilsnack, Wilsnack et al. 1994). No "drastic changes" in women's drinking behaviour were detected overall. The American study observed that individual drinking behaviour fluctuated over time and that women moved in and out of "problem drinking". Women in the youngest age group (21 to 34 years) showed the greatest changes in drinking, and movement into and out of problem-drinking patterns (Wilsnack, et al 1994:175). The authors suggest that changes in drinking contexts, drinking partners and social roles may influence a woman's drinking. They also report that despite a reduction in heavy drinking and episodes of binge drinking overall more women are likely to report intoxication. The CWS contained a large proportion of women in this age group who may be in this volatile phase but it is not possible on the basis of this cross-sectional study to determine whether the CWS women will show similar patterns. The narratives of some women in their 30s

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17 As I pointed out in Ch.2 younger women's drinking does not show this downward trend.
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and 40s (reported on Chapters 7,8 and 9) suggest that they were aware of quite marked changes in drinking patterns during their late teens and adulthood.

The findings of the CWS are in agreement with the data reported in the Wilsnack paper over a number of variables. They are that younger women may have higher rates of heavier drinking and drinking problems than older women and that younger women are more likely to engage in heavier episodic drinking, that women who were never married, cohabiting and divorced and separated women have higher drinking rates than married women (or widowed women). In the CWS there were few widowed, divorced and separated women but the survey results supported the notion that never married and cohabiting women have higher drinking rates. In the CWS and the US survey data (Wilsnack et al 1994) there were no significant relationships between heavy drinking and full-time employment.

Ideas and Attitudes about Alcohol

Whether they were current drinkers or not, all women were questioned about their ideas and attitudes towards alcohol. 18 They were asked "what are the good things and/or the things that YOU like about alcohol". Women (32.2%) reported that they liked the taste of alcohol, its other aesthetic qualities such as smell and colour in relation to food, and cooking. Frequently they referred specifically to wine. The next most common response (23.7%) was from women who reported that they liked the relaxation associated with drinking and the third (17.6%) was the association of alcohol with social interaction and sharing. The remaining responses covered a wide range of answers including 5% of women who thought that there was nothing good about alcohol.

18 These were open-ended questions. The responses were grouped by themes which were cross coded to ensure agreement between coders on the thematic groupings. Three responses were coded for each of these questions.
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The "bad things" and the "things that YOU dislike about alcohol" were considered by the largest group of women (14.8%) to be short term problems and symptoms associated with drinking such as hangovers, vomiting and sleeping difficulties among others. Another problem identified by women (12.8%) was the way in which alcohol was considered to affect people's judgement, behaviour, personality and temperament often in negative ways. The behaviour of people when they are drunk was commented on by 11.9% of women and a further 10.4% noted that they feared drunken aggression, violence and rudeness. An extremely large range of answers were offered by the remaining women who answered this question.

When asked what they thought about women who they considered had "drunk too much", 30% of women responded by labelling drunk women negatively using such terms as "degrading", "immature", "cheap", and "common". A further 8% of women also responded negatively but with concern suggesting that drunk women are "distressing" to see and they "feel sorry" for them. The third most common response (6.1%) was that women worried for the safety of drunk women feeling that they were vulnerable to rape and abuse.

Men who had "drunk too much" evoked much the same sort of response from a similar proportion of women who considered that they were "ridiculous", "unattractive" and "degrading". Almost 13% of women were concerned about drunk men being violent and aggressive, or they felt threatened by them.
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DISCUSSION AND SUMMARY

In this chapter I have reported on measurement data on the consumption of alcohol by women from Carlton collected through a random survey. The issues arising from these data are of two main types:

a) forms of alcohol consumption measurement

b) women’s consumption of alcohol

Measurement of Alcohol Consumption.

Much alcohol research has centred around issues of measurement of alcohol consumption. At an individual level the amount of alcohol a person consumes is one way of identifying that person as a possible problem drinker, an “alcoholic” or a person who drinks too much according to current notions of what is “low risk” drinking from a health perspective. It is also through the measurement of alcohol consumption in populations that trends are identified and sub-populations labelled as being “at risk”. The use of health guidelines such as those of the NHMRC based on amounts such as 20 grams or less a day (Pols and Hawks 1992) give added weight to the importance of measurement. Methodological issues, such as the accuracy of measurement, and the conversion to standard drinks can make a difference to whether individuals and groups are categorised as “low risk” or “harmful and hazardous drinkers”. A body of literature on the technicalities of measuring alcohol consumption is rapidly growing.

Because population surveys rarely account for the quantity of alcohol recorded in sales figures (Berry and de Burgh 1989:3; Room 1990) a basic assumption of alcohol research is that people underestimate their alcohol consumption (either unintentionally or deliberately) and that any method of measurement that captures more alcohol is a better
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method. Consequently, the quantity of alcohol measured becomes the yardstick by which the measurement method is judged.

**Retrospective Diary, Prospective Diary and a Quantity/Frequency Measure**

Of the three methods by which alcohol consumption in Carlton has been measured, the retrospective diary method or 7 day recall recorded the highest alcohol consumption. Table 6.15 shows, i) the average consumption of alcohol by the number of drinkers using the prospective non-randomly sampled diary, ii) two alcohol consumption collection methods in the CWS; iii) the 7 day recall diary and the quantity/frequency questions that were part of AUDIT.

<table>
<thead>
<tr>
<th></th>
<th>Prospective Diary (n=86)</th>
<th>Survey 7 day recall (n=378)</th>
<th>Survey quantity/frequency current drinkers (n=465)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg grams of alcohol per woman per day</td>
<td>14</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>Percentage of low risk drinkers</td>
<td>72</td>
<td>76</td>
<td>88</td>
</tr>
<tr>
<td>Percentage of hazardous drinkers</td>
<td>23</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>Percentage of harmful drinkers</td>
<td>5</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

The difference between the quantities measured between the two diary methods was small and may have been an artefact of any number of factors other than the method itself. However, they could also have been intrinsic to the method. For example, in the survey, anonymity was provided, while, in contrast, the diaries were distributed so that face to face contact was employed to encourage participation. Anonymity may have encouraged women to record larger consumption of alcohol in the CWS diary.
Conversely though, the prospective diary identified more women in the harmful and hazardous categories than did the retrospective diary or 7 day recall method. (No statistical tests have been run on these data as the prospective diary method is not random). Corti et al (1989) reported that in their prospective diaries 9% more alcohol was recorded than in the retrospective diaries and there was significant difference between the two diary methods in their ability to pick up “at risk” drinkers.

Other Australian researchers (Berry and De Burgh 1989) suggest that the prospective diary would be the most effective way of collecting self-reported alcohol data that did not involve a face to face interview. They report that the quantity/frequency method picked up the least amount of alcohol. This is in accordance with earlier Australian research (Redman, Sanson-Fisher et al. 1987) in which quantity/frequency measured 65% of the alcohol reported by a 7 day recall method and is also supported by recent research elsewhere which suggests that straightforward quantity/frequency questions are not most effective (Williams, Proudfit et al. 1994).

The quantity/frequency measure used in CWS survey gathered 59% of the alcohol reported in the 7 day recall diary. However, these quantity/frequency questions are part of AUDIT and are not really intended to be used in isolation. AUDIT identified the highest percentage of women at risk of alcohol related problems ie. 24% of current drinkers, compared with 17% of current drinkers who can be categorised as hazardous and harmful drinkers and 23% women who reported drinking in this way during a one week period. The AUDIT, which is not strictly compatible with the NHMRC categories, suggests that women who have a combined score of more than 4 on the first three questions are drinking in a hazardous manner.

The use of AUDIT to identify 21% of the female population of Carlton as potentially being at risk of alcohol problems supports the importance of feedback to the community about the survey and the need for community level activity to raise issues about alcohol consumption. However, the survey results also suggest that the majority of women are
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aware of the health risks of hazardous and harmful alcohol consumption and thought will need to be given to this area as it seems that more of the same “education” may not be the only answer.

Carlton has a high proportion of women who score positively on AUDIT in comparison with other studies in which it has been used. In the Finnish National Drinking Survey (Holmila 1995) larger proportions of 15 to 19 year olds are identified as harmful and hazardous drinkers (using a cut-off of 11) than older groups. Holmila suggests that the high AUDIT scores in this group reflect a Finnish “collective cultural habit of deliberate seeking of intoxication” (1995:792). The qualitative research reported on later in this thesis supports the notion that in Carlton, as in Finland, there is an age and stage where many young women drink with the intention of getting drunk and that as Holmila noted this has “implications for the use of AUDIT as a screening instrument.”

While AUDIT identifies some of the harms that women report experiencing when they drink, it is not concerned with some of the other “harms” associated with alcohol use commented upon in the open-ended questions in the survey. These are

- the behaviour of others (in general) when they are drunk
- being fearful of aggression, violence and rudeness associated with the consumption of alcohol by others.

One would not expect these areas of concern to be identified by AUDIT as it is a screening instrument based on an individual’s consumption and reported problems. These two issues identified above are related to the drinking of others, to the contexts in which alcohol consumption takes place and to broader issues such as gender relations and the ways in which men view women, particularly in the context of alcohol consumption. AUDIT is a useful tool for identifying women who may have problems related to alcohol consumption as defined by “experts” in a medical context. It also allows a comparison of the contexts of drinking for those women who may have problems associated with their
own drinking with those who do not. However, the usefulness of an instrument which has an end point focussed on diminishing harm by reducing an individual’s consumption, may distract researchers from a broader focus. This focus would entail identifying and targeting problems associated with the consumption of alcohol that women themselves identify which may be related to drinking contexts and to other people’s drinking.

**Standard Drinks**

A common methodological concern raised by alcohol researchers and others working in the alcohol field - the lack of standard measures and conversions. For a researcher the question arises about what “standard drink” to use that would conform with previous studies, and would reflect to some extent what people actually drink involved consultation with other researchers and the various groups that make decisions about standard drinks. A number of researchers in Australia (Carruthers and Binns 1992; Pols and Hawks 1992) and overseas (Lemmens 1994), have pointed out that the concept of a standard drink does not take into account the wide variety of types and strengths of alcoholic drinks and sizes of glass used by drinkers at home and in other settings. These researchers have also shown that the way in which standard glasses are measured can make a considerable difference to the amount of alcohol it is assumed that people are drinking. In addition, comparison between alcohol consumption measures, both within Australia and overseas, are bedevilled by lack of standardisation (Turner 1990). The days of understanding a drink as just “a drink” are gone and this study is concerned with the many ways in which “a drink” is constructed in womens’ experiences and in expert discourses.

In Australia, the issue is complicated by the adoption of different ‘standard drinks’ by various state and Commonwealth bodies (Drysdale 1992:19-21). Since the publication of
the article there have been moves to standardise the standard drink particularly as the
labelling of alcohol in standard drinks is coming into effect in December 1995. 19

In the prospective diary (Chapter 5) where most respondents provided useful and detailed
information about what they were drinking, the percentage alcohol and the actual glass
sizes were used to calculate a standard drink.20 For wine and beer, where there is a lot of
variability in the percentage volume of alcohol but the range is not very wide, (usually but
not always between 11% and 13% for wine and around 4.5 to 6.0% for beer) wine was
calculated on 11.9% and beer on 4.9%. In the CWS diary, respondents were asked to
estimate the size of the alcohol container using the Federal Office of Road Safety diagram
of standard drinks as a reference. (This version of a standard drink was used because it
had been widely publicised in the months preceding the survey and had been used by
Corti et al (1989) in their work. Many respondents however, simply wrote that they drank
“a glass” or “a drink” of whatever type of alcohol. This lead to a brief investigation of
what a drink of various types of alcohol might mean.

Following the example of Carruthers and Binns, (1992) the qualitative beverage diaries
were used to estimate the average amount of alcohol that women might drink when at
home. While the average amounts differed from those of Carruthers and Binns, there was
agreement in the direction of difference from standard drinks. On average, in the Carlton
study, women poured 20% more wine (see chapter 5). The differences were smaller for
the other beverage types. However, in the CWS women poured less than a standard glass
of regular and low alcohol beer, cider and fortified wine. It must be noted that many
women drank beer from stubbies and cans, which are almost a one third larger than a

19 The National Food Authority’s standard glasses are the same as those used in this project with the
exception of wine which is deemed to be a 100 mls. As this advice is for producers so that they may label
their own
products there is no average % alc/volume needed. The implications for this research is that the standard
glasses of wine cited in this research are a slight underestimation in comparison to these standard glasses.
In addition, the discrepancies between what women pour at home or purchase by the glass in hotels and
restaurants may be even larger (National Food Authority 1995).
20 For example, some might record that they drank 70 mls of Baileys, which 17%. This would be converted
to 11.9 mls of abs. alc. and then to gms giving 9.38 or just under a standard glass.
standard glass of beer (285 mls.). These were excluded from the measurements as the intention was to estimate what amounts women drink at home when there is no indication of the size of the drink container. Some of these findings agree with Lemmens (1994) who also found considerable deviation from the standard drink when participants in his study poured themselves alcohol at home over all beverage types.

An attempt was also made to estimate the amount that women might drink when they were out at restaurants and hotels. As spirits and beers are poured standard glasses or measured with a spirits pourer, no attempt was made to measure the size of these drinks. A visit was made to all the hotels in Carlton (postcode 3053 and 3054) where bar attendants were asked to help in an investigation into how much alcohol women are drinking when they have a glass of wine. The attendants were asked to pour the usual amount of liquid,\(^{21}\) into the usual sized wine glass. The water was then poured into a measuring jug. Over the 31 Carlton hotels and clubs visited the average amount of water substituted for wine was 180 mls. (range 110 - 230 mls.). Fewer establishments used champagne glasses but of those who did the average size of champagne served was 150 mls. (range 140 mls. to 180 mls.). A few hotels had glasses that were used for “other” wine which was sometimes red, sometimes white. In a several hotels patrons were offered a choice of glass. These other glasses were an average size of 160 mls. (range 130 mls. to 285 mls.).

As there are large numbers of restaurants in Carlton, their wine glass sizes were not investigated. Instead, three major glass distributors in Melbourne were contacted by phone, and asked, after having the purpose of the investigation explained, what was the most common size of wine they sold to hotels and restaurants. Two distributors said they most commonly sold a 200 ml. wine glass and the third said it sold a 187 ml. (6.6 oz) white wine glass and a 227 mls. (8 oz) red wine glass.

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\(^{21}\) The bar attendants were requested to use water instead of wine.
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The Australian Hotels Association (AHA) were contacted by phone for their view on what they thought were the commonly used size of wine glass. Their response was either a 5 oz or (142 ml) or a 6 oz (170 ml) glass was the usual glass size. A further corroboration came from an article by Stockwell (1992:295) which reported on a survey of a representative sample of 90 metropolitan Perth hotels and found that the mean serve of wine was 169.3 mls.

Women are wine drinkers, in the main. They may be drinking more than a standard glass of alcohol every time they drink a glass of wine, either when they are home or in public venues and they are unlikely to be aware of this. If they are patrons of hotels and restaurants who buy their wine by the glass rather than the bottle, they are also unlikely to be enlightened by moves to introduce standard drink labelling on bottles. In addition, the current practice of selling wine by widely varying wine glass sizes, in hotels and restaurants would make it difficult for the consumer to determine whether they were paying a comparatively fair price.\footnote{This section of the research was reported on at an AMPSAD conference in 1993. It subsequently attracted media attention which I was told was partially generated by a woman media personality identified as being over 0.05 BAL when driving. She claimed that she had only had 1 or 2 drinks. This research explained how it was possible to have a two glasses of wine in a hotel and be over the 0.05 limit.}

Most CWS respondents reported that the health messages they were most likely to remember about alcohol were to do with drink driving. The next most remembered message, which incidentally was targeted at women, was to do with low risk drinking limits “2 for women, 4 for men”. The knowledge of these limits is widespread in the community (77% of survey respondents) but women who thought that more than 2 drinks per day was low risk drinking for women were more likely to have higher AUDIT scores. Whether this means that lack of knowledge about low risk drinking is the problem or whether women on the basis of their own experiences ie. feeling that they can drink more than two glasses a day and there a no signs of danger it is difficult to say. However, even for those women who answered the question about safe drinking levels ‘correctly’ it is
not known if they can translate this information about standard drinks into practice in the real world where they are confronted with a wide variety of drink sizes and beverage types.

Existing evidence suggests that the general population has considerable difficulty with these concepts (Stockwell and Stirling 1989; Carruthers and Binns 1992; Lemmens 1994). The move to standard drink labelling, is an attempt to remove some of the confusion about standard drinks for those wishing to “drink responsibly” (Stockwell, Blaze-Temple et al. 1991).

Women’s Drinking.

Most women are drinking, and some are drinking at levels which have been described as potentially hazardous and harmful. Younger, unmarried women, living with a partner or in a relationship are likely to be heavier drinkers. Sixty-five percent of women who scored positively on AUDIT, that is women who were drinking in hazardous ways and/or were drinkers with some signals of potential problems, were aged between 18 and 29 while only 12% of women who scored positively on AUDIT were married. While this realisation seems to be penetrating the public perception, stereotypes of women who might have drinking problems being the indigent still persist among health and welfare providers. Other stereotypes such as the belief that women problem drinkers are predominantly lone, home ‘cupboard’ drinkers are challenged by these data since most of these women, when they are drinking in hazardous and harmful ways, are with friends in licensed premises or at social occasions.

When women drink, they are often in situations which are potentially more hazardous than the situations in which women drank in the past (that is, they now drink in licensed premises rather than at home). This finding should be understood in the context of the location of the study where there is a relatively high density of licensed premises. The
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The Carlton and North Carlton area has 31 licensed premises within its boundaries, more hotels than in other inner city suburbs like Brunswick, Flemington or South Yarra or some outer suburbs such as Broadmeadows which has 1, or Balwyn which has none. It has fewer licensed premises however, than some other inner city suburbs such as Fitzroy, or Richmond. More meaningful comparative data on the density of licensed premises, taking into account the size of the geographical area or the density of population, is difficult to obtain. The harm associated with women's use of licensed premises in a high density area like Carlton may well be different in degree and type and have a different meaning from that which occurs in a suburb where there is a different density and distribution of licensed premises. For example Carlton women can walk to many hotels, or catch a tram or cab easily and cheaply whereas in the outer suburbs where licensed premises are fewer they may be more inclined to drive or go in a car with someone else who has been drinking.

Overall, women named wine as their first choice of alcoholic beverage. However, among women who scored positively on AUDIT, full strength beer was more likely to be their first choice. Information from the ethnographic study suggests that beer is popular with women students in particular because it is relatively inexpensive to buy and convenient. These women report that when drinking beer they can join in "shouts" and share "jugs" with their male and female companions rather than having to separate themselves from group activities by buying their drinks separately. However, the student population of Carlton does not entirely explain this as the proportion of women with positive AUDIT scores who were students (22%) was not that different from the proportion of students in the sample as a whole (18%). Thus they do not appear to be over represented. Young unmarried working women are also likely to be beer drinkers on some occasions. Drinking with male and female friends rather than with spouse/partner and/or friends was more likely among women with a positive AUDIT score which is hardly surprising as most of these women were not married.
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Alcohol Counts: a Summary of Quantitative Data on Women’s Alcohol Consumption

This chapter and the previous one report on Carlton women’s alcohol consumption. They are based on several methods used to collect information about women’s alcohol consumption. Much of the discussion draws upon the analysis of the AUDIT questions. The proportion of women from the CWS who have a high AUDIT score seems to be somewhat higher than in other studies where it has been used (Holmila 1993, 1995, Fleming in press). This may well be explained by the higher proportion of unmarried, younger women resident in the suburb. One useful feature of this study is that it contains women who may be difficult to include in general population surveys as they are frequently away from home during the day and the evenings. These Carlton women provide support for the notion that, in general, unmarried and younger women may be drinking hazardously and harmfully. While, more women are drinking than in 1977 some evidence suggests that women’s drinking has not increased in the last few years.

The prospective diaries, described in Chapter 5, provided information about alcohol consumption that measures up to that produced in the survey within the limitations of diary methods in general. The detailed picture they provide of how women’s alcohol consumption is embedded in complex networks of social relations overrides their inability to generalise widely or make statistical inferences from them. It is the diaries that draw attention to the way women’s “normal” drinking, linked to busy social times, may be hazardous or harmful.

These chapters also explore some of the uncertainties about methods and instruments used for measuring alcohol consumption. They contain a few examples of the myriad of instruments, conversions factors, and methods, that have been developed in the search for greater validity and reliability when measuring alcohol consumption (see for example Pernanen 1974; Corti, Binns et al. 1990; Room 1990).
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However, these technologies have flaws or shortcomings some of which are exemplified in this study. Standardised questionnaires such as AUDIT may contain gendered questions, that is their meanings are influenced by the gender of the respondents. Many alcohol consumption studies are bedevilled by problems of definition of drinks sizes. Samples, even those which are randomly drawn, are not always able to statistically describe the drinking patterns of low visibility groups. Most techniques decontextualise drinking in some way or other. The beverage diaries, for example, do not give a sense of drinking over the long term. All these methods call for literacy, numeracy, organisational ability and time. Women with higher education, income, and from English speaking backgrounds are more likely to have the skills required to complete them. The proliferation of instruments and methods may indicate the inherent impossibility of the task of recording and setting in concrete complex human behaviours as scientific evidence. Despite the shortcomings of such instruments they are used as a basis for ‘rational’ policy, intervention, and law.
Part III: RESULTS

THE MEANING OF ALCOHOL IN EVERYDAY LIFE
Chapter 7: Alcohol in the Early Years of Women’s Lives

In this section I present the results of qualitative research aimed at exploring the meanings that alcohol has for women and its place within the context of their everyday lives. It concentrates on women’s representations of themselves, how they position themselves in relation to alcohol, and the nature of their relationship with it both at the time of the study and across the course of their lives. Findings highlight the meanings of alcohol in women’s lives that are missed in large scale surveys in alcohol research.

The following chapters are based on life story interviews and groups discussions with Carlton women and consist of stories and reflections about women’s drinking during their lives. Some material, collected during in-depth interviews, derives from women’s recollections of their drinking at particular times in their lives (see Appendix IV). Other material came from women’s discussions in groups about current drinking by themselves and their peers (see Appendix V). For example, the chapter on women’s drinking in young adulthood includes older women’s accounts of this time in their life as well as discussions by young women describing their own and their friends’ current drinking. There are some similarities between women’s drinking in young adulthood, whether they were born in the 1940s or the 1970s. However, there are also differences between them which relate to the specific social and cultural climate of the time. The historic and social contexts in which they are located as young adults has a major impact on how women reflect on their drinking and how they recount how this was perceived by society.

The first chapter in this section deals with women’s recollections of their family’s use of alcohol, their introduction to alcohol and experiences with it during their late teens and early twenties. The second chapter follows their drinking through the later phases of their lives. While many women structure the narrative of their lives along a course in which they form steady relationships, have children and watch them grow up and face older age often as single women again, this pattern does not hold for all women in the study. Among participants there was quite a wide variability in the ages or stages of their lives at which these events might occur.
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THE SOCIO-DEMOGRAPHIC BACKGROUND OF THE WOMEN

Twenty-two women contributed life history interviews and 113 women participated in 19 group discussions. Of the women participating in life histories, five were between the ages of 17 and 30, 5 were between the ages of 30 to 40, 7 were aged between 40 to 60, and 5 were in their 70s and 80s.

The women in the 70s and 80s had all been married, some several times, and 2 of them had experienced marriage breakdowns. At the time of the interviews, 4 of these women were widowed and another was divorced. All 5 women had children. None of them had been born in Melbourne but they had all moved to the city as young women, either from the country or from overseas via another state. At the time of the interviews they were long term residents of Carlton and considerably involved in the local activities and social networks. Two lived in a housing commission residences, another in supported housing for the elderly, and the other two in their own dwellings. These women shared experiences of major historical events that affected their lives and of social forces that were a reflection of the times in which they lived.

The women in their 40s and 50s, with one exception, had been married at some stage in their lives and had children although 2 women were single at the time of interview. Three had been intimately involved with men whom, in their judgement, had severe alcohol problems. They reported on a number of other traumatic life events and health problems. One woman had not married, had no children and had severe alcohol problems throughout her life.

Women in their late 20s or early 30s were different from the older women in terms of their education, upbringing, income and their attitudes and experiences of alcohol. Unlike the women who were in their 40s and 50s, all had tertiary training, none of them were married although two were in long term stable relationships and only 1 had
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a child. While some lived in rented houses and others in their own homes, none of them expressed concerns about the material condition of their lives. With the exception of one woman who was working part time and had a child and another who was studying, the others worked in jobs for which they had trained and while they had criticisms of their work place generally seemed to be satisfied by their career choice.

Because of their age, the women under 30 had less experience and history in common. None of them were married but one had children. They came from a variety of backgrounds but their lives showed similarities until the point where the women selected whether to continue with their schooling at tertiary level or not.

Of the women from English speaking backgrounds participating in group discussions, 12 were aged over 60, 3 were in their 50s, 15 were in their 30s and 40s, 19 were in their 20s, and 17 were 20 or younger. Forty seven women from various ethnic backgrounds participated in 4 group discussions. These women clearly ranged in age and the groups contained more women who appeared to be in their middle years and older. Their ages and other socio-demographic information were not recorded.

All the women over 60 in the group discussions were widowed while the women in their 50s were married. Among the women in their 30s and 40s, 13 were married and 2 were divorced. All the women in their late teens and 20s were single. A brief biography is provided in Appendix IV of women who contributed life stories and a description of the groups is given in Appendix V.

Historical and Social Factors

The women over 60 had fond memories of their parents and their childhood, but they also recalled the lack of opportunities for women when they were young in the first half of this century. They had been expected to make considerable efforts to contribute to their family’s welfare. As women, their education was not considered important. Cecily reflected on what she considered to be a common view at the time.
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contribute to their family's welfare. As women, their education was not considered important. Cecily reflected on what she considered to be a common view at the time. *It was only the boys who were meant to be educated. The girls, well more or less, they'll get married, it doesn't matter if they had humble jobs*”. All women except one, had left school early, against their wishes, and had contributed to their family's income by either working at home, in the family business or elsewhere. For those with no further education, work was in low paid unskilled positions.

Four of these women were married to men who were unable or unwilling to support them at various times in their relationships and these women worked in paid employment as well as caring for children. The Depression was a time in particular when little formal work was available and a common thread that ran through these accounts of this period was of the unreliability or inability of partners to provide financial support. Women stepped into the breach and their paid casual labour, as cleaners, or doing washing and sewing, was invaluable in feeding and clothing children but it was at considerable physical and emotional cost.

*When I'd have to go up through the country, it was all through the depression, it wasn't easy, you know, it wasn't easy. I used to worry about the [child's] education and I had to ask my mother-in-law if she'd take the other [child] so she could have her education because where I was working would be twelve miles from a house much less a school. Way up in the Riverina. And that's how they got their education. Tell you what it was hard work too. It would be so hot that I would have to get up at 3 o'clock in the morning to do the washing. I couldn't have done it later, it would have been too hot* (Hester:5).

Turning to the women in their 40s and 50s who were interviewed, 4 were recruited to the study through community-based and church-based organisations rather than friendship networks. These women reported extremely negative experiences with alcohol. Recruiting such a group of women may have been an unintentional consequence of working through these organisations. Many people were surprised by my insistence that I was not seeking out people with alcohol problems and there may have been an assumption on the part of people who helped recruit participants that only women with experiences of problems had anything to say about alcohol.
the time of the interview. Some of the women in their 40s and 50s lived in housing commission flats, were not well off financially and had little choice about where they resided. The women in the younger groups were professional women, most without children who chose to remain in Carlton because it was close to work, restaurants, hotels and other places of entertainment. Because many of the houses in the suburb were small terraces with restricted outdoor areas, families with several children tended to move out to more spacious suburbs.

**FAMILY BACKGROUND AND EARLY EXPERIENCES OF ALCOHOL**

Women’s earliest memories and experiences of alcohol are framed by recollections of family life and parental drinking. From these narratives of early alcohol experiences three patterns emerge; positive experiences of alcohol, negative experiences and experiences that were not personally negative but where women were taught that alcohol was not an appropriate drink for women.

**Positive Experiences**

In women’s stories of positive early experiences with alcohol, it is embedded as a marker of sociability and cohesion within families. For example, Bridget described her mother drinking stout, while her father drank beer within the context of a pleasant family ritual in the 40s.

> And on Saturday afternoons Dad would come home and he'd do the baking all afternoon and Mum would be at one of the tables and Dad would be cooking here and making all these buns and everything and they would share a drink together and were happy that way. But they drank at home. Dad used to bring his beer home in a bottle. He used to buy it loose and put it in the ice box because we didn't have a refrigerator (Bridget:2).

This woman continued to recount how she was aware when she was growing up around the end of the war that there was a lot of drinking going on. Because people's houses were more open she was aware of what neighbours were doing. However, because of her own positive associations with alcohol she and her siblings did not really understand the negative aspects of alcohol. Thus, a neighbour would angrily
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chase his wife around the block after drinking and they would think it was funny. On a number of occasions she described what a sheltered upbringing she had and how naïve she was about alcohol and life in general.

Many women told of special family occasions being celebrated with alcohol, but it also had more prosaic domestic purposes as Lindsey recalls. In this account of her childhood in the early 50s, a range of uses for alcohol are given, from the celebratory to the mundane, with her mother’s domestic use of alcohol justified on medicinal grounds while her father’s brandy consumption did not need any explanations.

_I don’t know how old I was, but Mum being Scottish, you always toasted in the New Year, and I think I used to get a teaspoon of sherry, and we used to have wine with meals. Mum used to have Australian Fruity Burgundy because the doctor had prescribed that for her health, because it supposedly had iron in it. And Dad had his brandy and that. I mean they weren’t heavy drinkers by any means_ (Lindsey:12).

Thus, for many women alcohol played an important domestic role in everyday life. However, it was the special alcohol occasions that some women remembered most because they were associated with parents relaxing, becoming more approachable and less concerned with maintaining discipline or conventions of behaviour. One younger woman remembers her mother doing _the wildest hokey pokey_ she had ever seen after a few drinks at a wedding. Nathalie, recalled her childhood in the 30s.

_I hadn’t figured out that when my father was in an excellent mood, you know, it was perhaps because he’d imbied. And I didn’t understand my mother’s irritation with these things. But they made him a more sociable person in my eyes you know_ (Nathalie:1).

For many women there were strong associations of alcohol with family occasions. Even the situation where women and children waited in the car while men drank at the pub, a scene which usually exemplifies men’s selfishness or the patriarchy in action, was recalled by two women of very different ages with pleasure. One younger woman’s enjoyment of waiting outside the pub was partially linked, in hindsight, to it being _so Australian_. For both women, though they were recalling occasions separated by roughly 30 years, alcohol was associated with a family occasion that was special
because it included their fathers, and was an enjoyable outing. These occasions took place in the 30s.

But I think that I remember the happy occasions. It [alcohol] was always associated with happy occasions. My father’s favourite brother - we used to have outings with them - and this favourite brother had got rich, you know, and he had a car and would take us for an outing. And he had a daughter who was just about 18 months older than me. So our outings were I suppose what would nowadays be called a pub crawl. I never heard it called that in those days, never even associated it with the places we went to and where someone came out and gave the children a glass of lemonade or something. / And so you stayed in the car?/ Yes, the women sat in the car. Sometimes they went inside but the children weren’t allowed. (Natalie:1-2).

For many women, alcohol was something that was an everyday activity of life during their childhood. They neither remembered it fondly or negatively. There were women, particularly those in their 20s and 30s at the time of the study, who grew up during the 60s and 70s in families where alcohol was also used in an unremarkable manner.

They [my parents] had wine with dinner and it was prevalent but I never ...It wasn’t obnoxious. It didn’t interrupt our family life. It wasn’t disruptive at all. To tell you the truth I can never remember being at family functions where they actually really got drunk. Now, knowing them, I’m sure they were but I never really noticed it. I don’t know alcohol was never prevalent in my life... it didn’t take a major role (Tanya:16).

Younger women’s understanding of alcohol as part of their family life reflects the trend in Australia for alcohol consumption in the 70s and later to become an everyday and domestic activity for men and women rather than being reserved for special occasions or for men in all male groups.

Women’s tangential memories of alcohol from their youth sometimes surfaced in these interviews. Nathalie recalled that her father often used to sleep in the sleepout when she was a child and wondered whether this was because he’d had a few drinks. The link with sex was made when she associated this with an important piece of information passed on to her by her maternal grandmother who used to say, A man’s
only got to hang his trousers on the end of the bed and you're a goner. She assumed her mother evicted him from the marital bed to prevent this happening.

Many women with positive or unremarkable of accounts of their childhood memories of alcohol were allowed or even encouraged to consume small amounts of alcohol when they were quite young, often in the context of a special occasion, such as a birthday or Christmas celebration. For example, on Sundays when the family had a roast dinner, her mother would be offered a glass of beer and Nathalie was offered a little medicine glass of beer as well. In this sense Nathalie describing her youth in the 30s shared a common introduction to alcohol with women growing up in the decades after the war. In her case the public separation of women and alcohol was not maintained in the domestic setting.

**Negative experiences**

However, for other women, especially for those who grew up in the decades just after the war alcohol was associated with family upheaval, unhappiness and violence. One woman told how her mother would drink and pick up men after her husband, an ex-serviceman, died and another two women had alcoholic fathers. They associated alcohol with their father's domestic violence. Joy's father would drink at the pub until 6 pm and then bring bottles home with him which he would stash around the house. When her mother found the bottles she would smash them and then he would attack her.

*He'd* be pulling my mother out of bed and tipping the bed on top of her when she was pregnant. My mother's been down scrubbing the floor and he's tipped a bucket of boiling water over her. And things like that to her. Bashed us all up. I've had to get my other sister and brothers out of the house, cause they were all young and I was the oldest. To get them away from him and take them down to one of the neighbours. (Joy:2).

The police were frequently called and he spent time in various police lockups as well as in Pentridge. He held down a job until he reached his 40s despite the drinking but when he started taking alcohol to work he was sacked. Joy and her siblings could not understand why her parents stayed together and they did not support their mother's
point of view that she should stay with her husband because of the children. They got no financial support from their father despite his job. At times the family did not have food and the children frequently did not have shoes. The children used to do odd jobs for their neighbours in return for food. The neighbours knew the family situation and often helped out with gifts of eggs, bread and milk. The milkman would invite them home for Christmas dinner. Joy still remembered the present she got from the milkman at Christmas because her mother could not afford to buy them Christmas presents. A few years ago, Joy's sister revealed that her father had raped her when she was little. No one in the family knew at the time.

Even when the alcohol experiences were less extreme there was a stigma associated with being a member of a family with alcohol problems. Hester grew up in the early part of this century at a time when women had little to do with alcohol. It may be Hester's early experiences of her mother's drinking within this context that contributed to her very negative view of alcohol for the rest of her life. Her father never drank but she realised when she grew older that her mother had a problem with alcohol. She emphasised that her mother looked after the family adequately and, importantly, did not embarrass them by making a show of herself.

Oh well, my mother used to drink, towards the end I would say she was an alcoholic. But she never used to make a show of herself, or anything like that. ... She used to get to town. It didn't affect us in any way. Never short of food or anything, she always had a good meal for us. (Hester:3)

She described her mother as hard to get on with when she had been drinking. It appeared that her dislike of her mother's drinking crystallised around having to fetch alcohol for her and being subjected to teasing by other children about it.

You'd have to send bottles and things to get the alcohol in to bring it home, and we had to do that as children. It wasn't very nice. We'd come home from school and we'd have to take a couple of bottles and they'd be like those big bottles you get now, those plastic things, different shape and it wasn't very nice in front of our school mates. That was one of the things that turned me against it. I thought, "Why should we have to do this?" (Hester:11)
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Embarrassment about chaotic family situations and having an unpredictable parent was common among women who recounted stories about parents with alcohol problems. Dee, who grew up in the 70s, remembered her father either being absent or coming home drunk from the pub with his mates. She would not bring friends home because her father would criticise and intimidate them. When she was older her mother started drinking as well.

*And she'd come home ... and she'd sit in the kitchen and she'd start making dinner and there'd be the cask on the fridge and your glass of white wine, another glass of white wine and then there'd be the evening chaos and dad would come home or wouldn't come home to bed (Dee:7).*

She and her siblings wanted their mother to leave their father and could not understand why she did not. Her diary provides some sense of the depth of feeling involved.

*We wanted him to die, we just wanted him dead, out. And I kept a diary from the ages of 13 to 16 and it's all hate and Dad's a bastard and just hate (Dee:7)*

**Moral Positions on Alcohol**

The third pattern that is woven into women’s stories of their lives was that they were taught that it was morally wrong to drink. This was the case for a few women who came from strongly religious households. Some older women grew up in the 20s at a time when it was widely believed that respectable women should not drink or be associated with alcohol. Their narratives suggest that alcohol use was a marker of social class as well and that perhaps respectability and class were conflated. For example, Cecily came from a background where alcohol was frowned upon, and she grew up with very negative views of it. Her father and mother did not have alcohol in the house and her only experience of it in the family setting was when it was bought for the farm labourers.

*[My father] used to go into the township and get a big demijohn of what they call shandy for the men. Beer and lemonade. And he'd get the publican to mix it fairly nice for them, you know not all lemonade and when they'd get in from the*
harvest field, they’d have a glass of shandy before their dinner or with it. They were always well fed (Cecily:2).

Her experience and attitude was that ladies and gentlemen did not drink. The family entertainment of card playing with the neighbours, cricket matches and attending local dances in her experience were all non-alcohol events. She attended the dances with her family, her mother, father and sisters where alcohol was banned. There may be an implied class distinction between the fellows and the farmers in the following excerpt.

Well, sometimes at some of these dances, there would be some of the fellows like that were drinking. All the farmers around were completely teetotal, but they couldn’t stop them from bringing the alcohol if they wanted to. It wasn’t a thing they must have alcohol. /So what were the refreshments?/ Oh coffee and tea and sandwiches and things like that. I was not brought up with alcohol at all, and to me it’s just a horror, although I try to make myself believe that in moderation it’s all right (Cecily:9).

While much has been made of the separation of women from public drinking and drinking places in the early part of this century, several older women recounted that they worked in hotels during their younger days in the 30s. Hester worked as a domestic in a hotel and Claudia’s early experiences of alcohol occurred in the hotel her mother owned. Neither of Claudia’s parents drank although they both owned hotels. She grew up in one but hated the atmosphere.

I can’t stand drunks and that’s what it amounts to in a hotel. They all, well in those days you must remember it was 6 o’clock closing, they couldn’t serve Aborigines, which I think was a damn good thing and it was a different sort of thing, the men came in to get as much as they could under their belts by closing time. (Claudia:1)

There was little acknowledgment at the time, that women worked in businesses associated with alcohol. On the one hand, it may be that the contradictions between this lack of recognition and the experience of their work protected women from the danger of alcohol. But on the other hand, it may have heightened their discomfort in their work environment.
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Claudia tells how her mother's presence was enough to moderate the men's language and behaviour. She thought there was no stigma attached to her mother owning a hotel. As she said, *Mind you in a country town there are always various strata of society but they all drink.* But the divisions in the town were replicated in the hotel. Usually, women did not drink at hotels but conventions were relaxed when balls and dances were held. As there was no alcohol served at the ball, men and women would slip down to the hotel. On these occasions, women always drank in the lounge and the men would drink with them. During normal drinking hours, the middle class men would drink in a part of the hotel described as the *office*, the rest of the men drank in the bar and women generally did not take part. Women who did drink at such times were the exception.

...there were a few women that used to come in on their own, who were sort of rather regarded as being the pits you know and they were all right. They would come in on their own. But there were very few of them. I could count them on one hand. (Claudia:4).

Claudia described one such woman as the local brothel manager. She described how such women would have a few beers and then go home. The brothel keeper was unusual because she would have beers bought for her when she visited the hotel.

**Learning to Drink within the Family Setting**

A number of contrasting themes are apparent between the safe early drinking that took place within the family setting and more dangerous drinking outside the home. For younger women, in particular, who had grown up in home where alcohol was not an issue, it was a matter of tasting the froth of their father's beer or having a sip of champagne at quite an early age. When reflecting on these experiences they felt that this introduction reinforced the notion that alcohol was just part of their lives. Often such an introduction was in the context of a special occasion and was used by parents to include their children in ritual celebrations, such as birthday's and Christmas, and to mark their approach to adulthood. Their symbolic inclusion in the event was of greater importance that the actual drink itself.
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I was given a tiny bit of champagne on my mother's fortieth and on special occasions they'd offer it but it never became every night when they had it. (Rita:7).

Another woman remembered that the first time she really felt the effects of alcohol was at a party held by her parents. The stirring \(^1\) she got probably contributed to her education about alcohol and the consequences of drinking.

It was at a social gathering that Mum and Dad had and I was probably 14 or 15, maybe even a bit older, and I probably spent the day. I suppose there were 40 people there and I don't think - they probably wouldn't have given it to me, but I wasn't banned from drinking. I don't think I was terribly drunk. I was just a bit tipsy and I fell over and twisted my ankle which of course made me very popular. There was no great hassle about it and it was probably that I got a fair amount of stirring over it (Tanya:17).

Drinking with Peers

Women who grew up in the 60s and later tended to have explored alcohol in their teens. Their stories of the safe, controlled and educational drinking with their families can be contrasted with the less controlled, experimental drinking with their peers. For example, Rita who had been introduced to alcohol by her family had her first unsupervised drinking occasion occurred in the early 80s when she was in her mid-teens with a friend. They drank several bottles of champagne and tipped half a bottle over the carpet. She describes it as a staggery experience.

I just went over and stayed at [a friend's] place one night. Her parents were out. And they had a lot of bottles of champagne in their study and she went out after we'd finished drinking them and threw them over the fence or something and they smashed in the neighbour's backyard, so it was really well covered up (Rita:7).

Peer based drinking occasions were times when a lot of emphasis was placed on drunkenness. Rita suggests that much of it was talk about getting drunk, and acting

\(^1\) To "excite" or "animate" (Turner 1984:692). I would understand it in this context as good natured teasing.
drunk, rather than actually consuming large amounts of alcohol. The talk established one’s credential as a big drinker. ²

And when they’d have dinners, rowing club dinners and everything, they’d go on about how they got drunk. Oh actually, I’d forgotten when I went on all the camps and things like that people used to take alcohol too, that was much earlier. Were you part of all that?! It was really stupid actually because I had had a fair experience with alcohol by that time and they’d take this minuscule amount and pretend to get rolling drunk, it was a bit stupid (Rita:8)

Tanya described herself as being quite naïve about alcohol. She did not really drink much until she was about 16 or 17 and then attended a school friend’s going away party where we all got absolutely rotten drunk. Although she and her close friends did not drink very much while she was still at school, drinking was common among her peers. In this excerpt the notion of drinking as an important way of being part of a social group is expressed as well as the idea that differences in drinking behaviour represent other differences. While everyone drank alcohol, one particular group according to this description got drunk and behaved badly.

A lot of others got really drunk. We also, the people that we saw that got really drunk were always quite obnoxious, and I think that really put us off. / Are you talking about men or women?/ Oh, mostly men, yeah. Women, the girls tended not drink so much.... It was a really big mixed [sex] group but it tended not to be so much our group that were terribly obnoxious. It was mostly the yobbos from school who ended up going to the same parties and, you know, crashing or just breaking them up (Tanya:17).

Drinking in school-based groups was an issue for Amelia when she was in her mid teens and attending a Catholic school in the 70s. She reported that she and groups of other girls and boys would get together in gangs and drink at pubs and then continue at people’s home and at holiday houses. The group was based on people attending Catholic schools yet she describes it as a coven, a word associated with witches and anti-Christian activity.

² This supports the description of drunken time out as a period in which people can do things they normally are not permitted to do. In addition, there is evidence that it is not necessary to drink large amounts to fit into the category of being drunk and then behaving in a 'drunken manner' (Room and Collins 1983:223).
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I remember sitting around in a coven, in a circle, and there was a barbecue but the meat was sort of secondary really and this incredible drinking. It was almost like people were contributing in conversations sporadically. It was just drinking until people were paralytic. Is that the word? And I remember people saying, "Come on ... get into it, get into it," and I just had this incredible feeling of sadness (Amelia:8).

This type of evening would finish in the following manner.

A lot of them would pass out. Some of them would disappear and they'd probably be off in their vans having sex but not all. That was actually maybe only 2 or 3 and also I must point out there were probably only 6 women. There were about 20 men which is interesting and many of the men never seemed to sort of couple, they were just drinking with themselves (Amelia:9).

Such as account supports Leigh's argument (1995) that men get drunk whereas women get drunk and have sex. In other words, getting drunk is an end in itself for men but the association of intoxication and sex for women is very strong. Overall, Amelia's account of the activities reinforce her use of the word coven with her descriptions of barbequed meat, incredible drinking and casual sex, conveying her ambivalence about this type of event.

When reflecting about their personal experience of their introduction to alcohol, many women thought that alcohol was best learnt about in the safety of the family home. This was exemplified by what they saw as their own successful introduction to alcohol. However, women's safe family drinking did not deter them from more experimental drinking experiences in the company of their peers. Some women thought that their family-based education about alcohol helped them cope more effectively with drinking experiences with their peers. Their introduction to alcohol within the family provided them with a solid base from which to explore and learn about the more dangerous aspects of alcohol use.

Many of the younger women in the study reported that during their early to mid-teens in the early 80s, when they were well under the legal drinking age of 18, they began drinking regularly. When Mina was 15 she would also go out with girlfriends to the pub where she would drink wine because it was cheapest and get drunk on a couple of glasses. Gerta was obtaining alcohol from hotels in her early teens. If asked, she
would tell servers in hotels that she was 16 because she knew they would not believe she was 18. If she was refused alcohol she would get the year 12 kids to get it for her. She would drink West Coast Cooler during school lunch time and UDL cans at other times. When she was 16 her friends told her that she had passed out from drinking but she did not remember anything and was not sure if she believed them. In her teenage years she was also picked up by the police a number of times for carrying alcohol in a public place. She received automatic fines which she never paid and she expected that at some stage the police would contact her about this.

The unsupervised teenage drinking described in younger women’s narratives was linked with passage to adulthood and rebelliousness against parental restraints. In these accounts being physically mature or big as women described it was linked as well. While women said that it allowed them access to pubs, it meant also that they were perceived to be mature and sexually available. Dee, whose family had alcohol problems, reported that there was not much alcohol at home except for her mother’s cask of wine, from which she never drank, so her early experiments of alcohol consumption occurred at hotels and school parties. As she matured early she started going to hotels when she was about 13. She would go with friends who were all much older than she was. At this time she drank alcohol and occasionally got pissed 3 as well as smoking a lot of hash and marijuana. She remembers being confident and determined enough to fend off men who would try to grapple her. Gemma, in contrast, was not able to get into hotels in her early teens because she and her best friend were little and late developers. They wondered what they were missing out on by not going to pubs. She did, however, go through a stage after she moved to her father’s house of sitting at home and talking on the telephone to friends while she drank whisky. She said that she did not get legless but she did drink a fair amount on these occasions. She would go to the bottle shop of a nearby pub with her father’s card to buy a bottle. So while physical and sexual maturity (as indicated by breast size) was not necessary to obtain alcohol, it facilitated underage women’s access to the adult, unsupervised and dangerous world of pubs and bars and all that went with them.

3 This means drunk.
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Alcohol Experiences in Early Adulthood

Women's stories of alcohol use in the early adulthood were centred primarily around group drinking as they were during their early teenage years. Two themes are apparent in drinking accounts of this phase of their lives. Firstly, the theme of experimentation and exploration of bodily sensations runs through these narratives. The second theme was centrality and importance of alcohol in social activities. The two are intimately linked in that in this phase of their lives alcohol was one of the points around which the exploration and initiation was focussed. Women who went to university told how the university environment sanctioned and provided opportunities for alcohol experiences.

It was mainly younger women and women in their 30s who described the pleasure of being drunk to some degree along with learning about how much alcohol their bodies could manage. They remembered being sick as a significant experience in that it was used to define limits to drinking, even if these limit were transgressed on subsequent occasions. It could be seen as a dramatically visible and bodily loss of control. For Franka, coming from a background where alcohol was disapproved of, the rebellion of drinking and getting drunk was an important part of this experience.

*So when I started working at the university it probably became things like - it wouldn't have been wine and I remember tequila, you know going to the pub and drinking tequila. Then I was getting drunk when I was drinking that sort of stuff. / How did you feel about getting drunk?! Oh, it was good. But I remember being really sick once because I'd been doing some diet and drinking alcohol as well being on this banana diet and going to this cocktail party at the uni. They weren't real cocktails but it was spirits and wine and being very sick after that* (Franka:15).

Dee told how:

*And then at university it was pubs and I drank apple cider. The apple cider. Oh, early on it was apple cider and dope which would usually make you sick and so "Oh, my God, I'm never going to do this again"* (Dee:21).

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In the following account, the difficulties of balancing the physical and moral issues as well as the practicalities of drinking along with need to have a good time are described.

*I think I do have a quite a moral sort of - there's part of me that almost has a sort of moral disapproval of excessive alcohol drinking but it's because I think, "Your brain, your beautiful brain." You know all that time, you know that's taking time away when you could be exploring something. So it's not just a sort of repressive moral thing, it's about people taking away from themselves and so that will always stop me but also the fact that physically I just couldn't tolerate it. I'd have 3 or 4 drinks and I was absolutely pissed you know. I'd have a really good time and then I'd get really sleepy* (Amelia:11).

Many of the reflective accounts of their explorations of their bodies and alcohol came from women who were associated with universities. They also emphasised the centrality of alcohol in many university events. As the following quotation suggests the first year at university was linked with an initiatory and transitional period in their lives in which alcohol featured strongly. This account suggests that departmental socialising and culture operated as the cover for the deeper purpose of exploration and initiation.

*an excuse for a piss up under the banner of culture, new German culture in the antipodes and well, I guess first year university was riotous with those sort of alcoholic initiations under the guise of departmental revelry so there was much of that and I really enjoyed it* (Amelia:10).

Other ritualised university events also sanctioned this exploratory and initiatory use of alcohol. Rita boarded at one of the smaller colleges where she became aware of the centrality of alcohol in college activities. During O Week she described a welcoming dinner with an alcoholic punch in which the fruit disappeared and was replaced by more and more alcohol, free beer the next night, and then a pub crawl. She comments on the importance of being sick to the drinking experience and implies that while men were sick more often than women, the women were subjected to scrutiny more than men.
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And I was taken aback by how many people seemed to like to be sick when they were supposed to be having fun. / Would this include women as well as men? / Not really, no. I mean, they had this thing called a spit list. .../ And this was when people found about it. I'm sure there were many other people who just snuck off and quietly had a spit. It was disgusting. Well, this is the sort of thing I had to put up with so you have to know about it. / Okay, so they keep a record? / Yeah, and somehow, females I would say got found out more often than males did (Rita:10).

Generally, women recalled their university years as the time that they were most likely to be involved in heavy drinking, intoxication and the after effects. However, they emphasised that alcohol was still important in other social settings. For example, while Tanya was at university she did most of her drinking with non-university friends going out 3 or 4 nights a week and drinking 4 or 5 glasses of spirits a night which was a lot for trying to get up the next morning and be coherent and to actually sit in lectures and do it consistently for, you know 4 or 5 nights a week (Tanya:81).

Women who did not go to university also told stories of their social life revolving around alcohol. They too reported getting drunk on occasions. Mina who had started drinking in hotels in her mid-teens recorded that as she got older she and her girlfriends got carried home a couple of times. When they were 16 they started going to discos down Smith Street, or the Albion in Lygon Street. She would typically drink between 10 and 20 beers a night. Her friends took up marijuana as an alternative to alcohol but she was not interested in it.

Women’s descriptions of this phase of their lives emphasise the use of alcohol to socialise and to explore bodily sensations. Women at university were presented with opportunities to do so in a institutionally sanctioned setting that was not likely to be available to non-university women.
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Women with Family Alcohol Problems

Some of the women whose families had alcohol problems tell stories of their drinking that show a pattern of abstinence broken by a single bout or an experience of heavy drinking. It may be that their personal experiments with alcohol repeated the pattern of alcohol consumption they had witnessed in their families and they therefore chose not to drink at all. For example, Hazel, whose father was an alcoholic, drank from the age of 18 to 21 and then gave it up. She stopped drinking because it was expensive and she did not enjoy watching her brothers and her father drink. She described what she remembered of one of her drinking experiences.

*I just used to drink Bacardi and Coke and that but my brothers and his mates thought they were very smart. "Oh, we'll take her up to the pub." So, right they took her up the pub and every round they had I had a Bacardi and Coke and downed about 30 Bacardi and Cokes and they were drunk and I wasn't. Well, when I walked out into that fresh air, boom down I went but I out drank the boys and they had to pay me $50 cause they didn't think I could hold it (Hazel:10).*

This account contains elements of sibling and gendered rivalry. Other women also told of abstinence broken by brief periods of heavy drinking. Joy, who also had an alcoholic father, had a similar story of getting drunk once in her life for a bet but otherwise rarely drinking. Her brothers and sisters also drank only occasionally. Caitlin, whose mother had alcohol problems, also rarely drank. In the first year of her first marriage when she was in her late teens, she recalls having a glass of champagne to celebrate the birth of their first child.

Sustained Heavy Drinking

Often in women’s narratives, accounts of heavy drinking were co-located with accounts of abuse or other disasters. In discussions about alcohol, women said that they thought that women drank heavily because they had problems in their lives. This was supported by some of the younger women who identified a pattern of heavy drinking for sustained periods in their late teens and early 20s as a response to difficulties that occurred. Mina, after she broke up with the father of her child, drank a bottle of whisky a day. She said she used to drink heaps, way too much. Another woman was raped in her late teens and drank heavily for a period afterwards. She did
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not tell anyone of her experience for quite some time after the event. The imagery of her room seems to represent her mental state, with alcohol offering ‘an escape’.

*The room I was in was very small, very high roof, walls and I’d sit with my mind going in a circle, tighter and tighter, and the only break was to have a drink I suppose. I didn’t think, ”If I have a drink I will get out of this”, but that’s sort of what happened I suppose (p13).*

She drank in this way for several months and then gradually changed her drinking habits and started smoking marijuana, particularly during the university holidays when she was not required to think. She later gave up alcohol completely for a while.

The literature on women and alcohol identifies heavy drinking partners as an influence on women’s drinking (Wilsnack and Wilsnack 1995:46). Verna, who had used to drink just a few bourbon and cokes when she went to discos, went through a stage of heavy drinking.

*A* *Ah yes, when I was living with the alcoholic, I was actually drinking with him. So I was drinking everyday heavily for about 5 months./ What were you drinking then?/ Wine and beer, so I’d have about half a flagon of wine a day, easily./ And how did you feel when you were doing that?/ Well, I didn’t feel very comfortable with it, so I stopped. I stopped after about 5 months./ Did you want to drink like that?/ It was just there, my boyfriend just had it there so I just drank it, until I’d get absolutely blind and I couldn’t remember what I’d done the next morning (Verna:22).*

Her concern that she was becoming an alcoholic motivated her to quit without any assistance which she found was quite easy. She left her boyfriend after about a year because he was hopeless when he was drunk. He verbally abused her when he had been drinking.

While women went through stages when they thought that they were drinking too much, several also commented that they still took precautions to protect themselves. Mina said

*I mean I’d over-drink and that sort of stuff, nothing very interesting. So we were always in a group so there was always somebody sober. /Was that planned by the group?/ Yeah, there were girlfriends of mine that never used to drink.*
These friends would make sure that the drinkers got home and *in the door*. They also used to catch taxis most of the time so drink-driving was not a concern. Another woman reported that she frequently caught taxis. Women commented that during the time that they drank very heavily they were not concerned for their health, even though one of them told how such drinking had a disastrous effect on her skin and how she felt.

Not all women managed to confine themselves to a period of heavy drinking. Lindsey left school at an early age in the late 60s, went to business college and then got a job in an office. Her adoptive parents were restrained drinkers but by her late teens she reported that she had developed a serious drinking problem. At 15 she would take sips of her father’s brandy without his knowledge. Her account of her transition to *alcoholism* is one in which she is managed by others. It was work mates who introduced her to drinking at hotels and nameless others who decided that she should be treated.

_It was a pub in town. It’s still there but it’s very posh now and I said, “I can’t go”. I was still under 18. “Oh, no, come along with us.” So we used to go over and have lunch and a beer, and then I used to go over by myself morning tea time, afternoon tea time, anytime the boss wasn’t there. I’d keep a bottle of sherry in the office. And when it reached the stage when I was crawling around the corridors they decided that I’d be better off doing something else. So I was put in a clinic_ (Lindsey:12).

She described herself as a *classic alcoholic* at the age of 19. Looking back on it she thinks that her use of alcohol helped her feel *more relaxed* and able to *talk more*. Her drinking may have been in response to these feelings of social inadequacy but her life story also includes a number of events, such as being an adopted child, having a natural mother who was an *alcoholic*, and childhood sexual abuse that may be difficulties that are linked with alcohol problems.
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Drinking Places and Occasions in Young Adult Women’s Lives

The major theme running through accounts of alcohol use by young women and students in the 80s and early 90s was that alcohol is a central feature of a wide range of social activities. The importance and pervasiveness of alcohol in their activities is evidenced by the quite fine distinctions that women made between different kinds of alcohol occasions. Many of these occasions occur in semi-public and public drinking venues. These women reported drinking most frequently at hotels which were the location for a variety of different types of drinking events.

_The pub includes things like if you just go to the pub after work for a drink, or go to the pub for lunch, or go to the pub on a Friday evening at the end of the week_ (YWGD4:1).

In addition, hotels were places at which a number of college and university-based activities, such as Orientation Week (O week) pub crawls, were held. The major distinction young women made was between a normal drink at the pub and _a big night_. On a normal night they went to the pub to meet friends, play pool, listen to a band and perhaps dance. They also went to pubs for _a big night_ which might not vary much in the type of activities they took part in but was an occasion when it was expected that a lot of drinking would be done. These nights might occur to celebrate special occasions such as a birthday, reunion with old friends, or the end of exams. Younger women and students drank with meals fairly frequently, either at home or at restaurants although this did not seem to be a routine occurrence.

Nightclubs and parties were said to occur less frequently although there were times when there was a party every week. While they occurred less frequent than dinners with alcohol, parties were special in a number of ways. Whether they were talking about parties they attended in their final years at school or more recent events, women described parties as heavy drinking occasions. Women generally agreed that a party
was not a party without alcohol. Alcohol was intrinsic to a good party and was expected.

College women told how they attended additional college-based gatherings called by a variety of names such "turns," or "smokos" (each college gives them a different name) at which students paid a fixed amount of money which is used to pay for alcohol and sometimes snacks. (Three turns a semester are held by one of the colleges I was told or after sporting events). Some colleges have formal dinners, where unlike the informal dinners, students are served wine in carafes.

_They have them reasonably regularly, usually one a month, different faculties have them. There's a Master's one, there's lots of different things, commencement dinner, valedictory dinner....They are bringing in a new thing at college that on some Sundays, they're going to have semi-formal dinners where people have to dress semi-formally and then they'll serve alcohol to us, if we're dressed nicely. [To] make us look reasonable (CWGD17:2)._ 

While balls did not occur very frequently, students sometimes attended several balls during a short period of time. They were occasions at which it was expected that many people, men and women, would get drunk.

_I think the ball's an occasion where you think "What the hell, I'll just let go." / It's a big night there, and you have them on a Friday. / And you get all dressed up. / There's a build up for it and people usually have a really big night (CWGD11:8)._ 

The price of the ticket would include as much alcohol as people could drink, some food and perhaps a band or a Disk Jockey (DJ) who would play a selection of music.

_That [a ball] is totally different, because you've prepaid and it's usually drinks inclusive so everybody wants to - /get value for money! (CWGD11:8)._ 

The balls that were considered to be best value had a full bar, (including spirits), and a DJ rather than band. Students mentioned that bands sometimes were not very good and it was preferable to spend the money on alcohol. At balls, women tended to drink spirits with mixers often obtained by the jug or they would get a number of glasses at a time. Balls were frequently only a part of the night's drinking as students attended
drinks parties before and after the ball itself. All this activity could last up to 12 hours.

"O Week" while only occurring once a year was also a time at which some students fitted in a lot of drinking.

_You just feel really disgusted with yourself by the end of the week. / You just drink every day. / And you are drinking during the day as well. / And every night. / Like it's not every night we went to the pub, it was during the day. / And you're drinking in the morning, you don't get it out of your system at all really. / Yeah, I found by the end of the week, it didn't take as much to get you drunk, because there's so much blood in your alcohol (sic) and you just have one drink and you're off again... / So you're going down during the day. You're going down at night? / Oh yeah, they hold .../going to the pub every night/ cocktail parties and days when you/ the days when you go off and just drink the whole day and there was often cocktails (CWGD17:5)._

Younger women told how beer, or sometimes cider, was their normal alcoholic drink, with the use of spirits linked to special events. So they frequently drank beer at the pub but at parties they would drink spirits if it was provided or would take spirits with them, either in cans of pre-mixed spirits or they would buy a bottle. Others mentioned that they would take wine, perhaps in a cask, a bottle of port, or beer to a party. Some people would take more than they expected to drink themselves so that they could share alcohol. At parties, other drugs such as speed and acid were sometimes taken as well.

Women recounted how they drank beer because it was cheap and was part of being a university student. In addition, beer was the male students' preferred drink. Women could take part in round drinking with men by drinking beer. These considerations sometimes overrode women's personal preferences for the taste of other sweeter drinks such as spirits and mixers or liqueurs.

A normal night at the pub for these young women might involve drinking between 1 and 6 pots of beer (285 mls. of liquid and 1 standard drink) while a big night could well mean drinking around 10 drinks or more. On such nights they might go out in
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the late afternoon and not get home till 5 am. As one participant pointed out she would drink steadily the whole time but she would be drinking only about one pot an hour. A big night often involves changing venues several times and perhaps moving from hotel to hotel, or hotel to a restaurant or vice versa and perhaps finally to a club where it is considered usual practice to arrive around 11 pm. The balls corresponded with this classification, in that drinking took place at venue before and after the ball itself and at least 10 glasses of alcohol would be drunk over the whole evening’s activities.

Young women and college students’ living arrangements were very different from the situation of most women who manage a domestic establishment for themselves and sometimes others. Living in college rooms or in shared student houses was a discouragement for women to keep stocks of alcohol but they were comfortable buying alcohol for specific purposes, such as for a party. Furthermore, for many of these women, the nearby hotels had become an extension of their living space, in which they socialised rather than at home. These women told how they went to the hotel 2 to 3 time as week and then had a big night on some weekends.

Summary
These narratives illuminate the notion of the influence of family drinking on women’s own drinking experiences. They also illustrate the growing importance of alcohol in the social lives and activities of more recent generations of young women growing up in the 70s, 80s and 90s, in contrast to the older women’s more restricted use and experience in their young adulthood. In keeping with their increased use of alcohol, younger women describe an elaboration of alcohol events, types and phenomenology of alcohol experiences in their late teens and early twenties.
Chapter 8: Drinking During the Middle and Older Years of Women’s Lives

THE MIDDLE YEARS

Many women between the ages of 30 to 60 live in substantially different circumstances from the younger women already described. They were married, or had long term partners, some were looking after children, while others had children who were independent. Many were working in paid employment outside the home. There were some women who had not married or had children but they still felt that their lifestyle was different from that when they were in their twenties and that their drinking was one of the things that had changed.

Transition to the Middle Years

Women in their late 20s, who had been part of a heavy drinking scene in their late teens and early 20s told of changes in their drinking patterns that had occurred over the previous 5 to 8 years of their lives. A reduction in alcohol consumption mirrored changing social expectations and greater emphasis on health and safety for some women. This was sometimes linked with the social circles that they mixed in. For example, women commented that they did not know many people now who drank as heavily as the people they mixed with in the past. For one person different circles of friends meant that she mixed with some light drinkers and at other times with people who drank like a fish. Other women, such as Inga, had noticed that in the last few years the pressure to drink had reduced.

...that's the biggest changes I have noticed since I turned 18 or 19 and went through university and through my early stage of working where I probably drank quite a lot, that it was sort of expected that every one did and it perhaps wasn't overt pressure but there were covert pressures that everyone drinks and we weren't so concerned about driving and those sorts of things. That has been a very obvious change in my sort of social group, and I think in any sort of
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groups I'm involved with these days, that if someone doesn't want to drink, there's no pressure and everyone's sort of very conscious of the drink driving and that's definitely made a difference to people's consumption of alcohol (Inga:10).

Most of the women who had reduced their own consumption of alcohol had also changed the environments in which they drank and the people with whom they drank. Some women linked their reduced consumption to changes they had noticed in their bodies' capacity to handle alcohol.

I haven't smoked dope really in a couple of years, because I got increasingly paranoid, sort of, "Aagh, I can't manage, what's happening to me?" With alcohol, I don't drink, I hardly drink at all, because my body can't seem to take it any more. I just feel sick after drinking it. / How much would make you feel sick? / Well, it varies, like I could have one glass of wine and feel hung over, sometimes, so it's got to that level but that also varies because ...I never go to a pub now just to drink. I find that really boring, and I don't drink at home, I don't ever drink during the day (Dec:21).

Inga had noticed that as she had gotten older it took her longer to recover from a drinking session at which she had over-indulged. She also found that when she was tired or jet-lagged alcohol would affect her more quickly. She would consequently drink cautiously in such circumstances.

Women with children described the most restricted drinking patterns in comparison to their previous drinking. Their socialising and drinking took place mainly with the home and they pointed out that because they had children they always tended to drink only a few glasses of wine. In other words, they did not drink the range of drinks or quantities that women without children drank. Notwithstanding the social restrictions children placed on women, the physical impact of having a child could also affect women's use of alcohol. For Franca, the birth of her child had coincided with terrible headaches when she drank alcohol. Even before the birth, she virtually gave up alcohol along with certain foods while she was taking medication for depression.

When women reduced their alcohol consumption because of mothering or for other reasons, it was often commented upon. Franca noticed that although she missed the
foods she had given up more than the alcohol, people were more likely to comment when she did not drink. Social expectations made it difficult to refrain from drinking. At one stage, she was allowed one glass of wine while taking a particular medication and this was all she needed to deflect the questions and comments. The other aspect of alcohol that she missed was sitting down with her partner having a scotch at the end of the day. But like other participants she noticed that her alcohol consumption had dropped to a negligible amount compared to what I had.

And yet when talking about their more limited alcohol intake, some women described the sensations of intoxication with nostalgia. They expressed contradictory notions about the pleasure of getting drunk and yet they voiced disapproval of other's drunkenness. These descriptions of drunkenness are of liberation, they are of being able to transcend oneself and be out of constraint.

\[\text{Cause I've noticed myself there have been times when I've thought, "Yeah, I would like that feeling that you get when you're drunk" and it's when you want to be larger than yourself. To somehow transcend yourself and become 'other'. Yeah, it's not necessarily about being happier, but it's just about being larger and able to embrace more things or something (Dee:24).}\]

A similar view was expressed by Franka who drank very little at the time of the research but remembered the pleasures when she had drank too much in the past.

\[\text{When I say have too much to drink, it was a sense of being taken out of yourself and being very much more lively than you would normally be and having a hangover....if I knew that I wouldn't suffer I'd go out and do it more frequently because it's lovely. I mean it really is nice that feeling of being out of it, not out of reality at all, but just being out of a constraint. So I can't say that there is not desire there at all but it's just the reality is that I don't do it very often because the consequences are too awful (Franka:20).}\]

Women's ambivalence about alcohol and growing concerns about health and feeling in control of their lives as they moved into their middle years is reflected in this women's statement in which the enjoyment of drinking is contrasted with a notion of pollution, which also reflects her specific family history with alcohol.

\[\text{I mean yeah, it's [my attitude to alcohol] is very much affected by [family history] and so it feels a bit - does it feel hopeless? It feels like, why would you do it? And yet, I do enjoy a drink now and then, but I'm also finding that}\]
just bodily it doesn’t feel good. I don’t feel clean. Clean? Is that it? I don’t feel myself - no that’s not the word. I don’t know what I’m struggling with at the moment, but it is a matter of control, a matter of choice for me and it’s wanting to do good things for myself as well, which is why I gave up smoking (Amelia:22).

These important themes of control, volition and the consequences of each reoccur in the material in the next chapter. They are discussed again in the concluding chapter of this study.

Women with Family Alcohol Problems

As the women who had experienced family alcohol problems and adopted abstinence during their late teens and early 20s reached their 30s the common pattern of abstinence and with occasional problematic drinking, was maintained. Their strongly negative experiences of others’ drinking had fixed their ideas about alcohol fairly firmly early in their lives.

Caitlin exemplified this pattern although she described a period of heavy drinking that was more prolonged than other women’s. She also told of the situation reported commonly in the literature of women drinking with their problem drinking spouses (Wilsnack and Wilsnack 1995). Her first husband developed a drinking problem after he was involved in an car accident in the early years of their marriage. She said that she had drunk on occasions with her husbands when he was drinking heavily to keep the peace but ended up thinking Why should I stoop to their level? She did however, have a year when she wanted to drown her sorrows and during this time she drank very heavily.

Like the first years after my daughter died I did nothing but drink. You know, from ten in the morning till ten at night. And then after a year of that, that was 6 days a week, I looked at myself in the mirror and I thought, “What do I want to be, do I want to be an alcoholic or do I want to be a mother to my children?” And of course my children were first on the list and I just went cold turkey (Caitlin:7).
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During this period she drank at hotels. When she gave up she did it without help and stopped suddenly rather than reducing slowly. Since then she has only drunk in memory on the anniversary of her second husband's and her daughter's death and if she went to a hotel she drank soft drinks. Other research has acknowledged the importance of children in restraining women from heavy drinking (Snare 1989:146; Holmila 1993:126).

The theme that alcohol problems runs in families was expressed by some women particularly those who thought it relevant to their own family history. Reflecting the influence of theories such as co-dependence which were prominent in the late 80s and early 90s, Dee's narrative in particular presented her family as the alcoholic or addicted family. She was contemplating giving up drinking in response.

*I mean everyone in my family's got some issue with alcohol. You know, where it's my sister who is now university educated and has been working in a pub for 2 years. My brother and my sister who's anorexic and who smokes heaps of drugs and can't handle either and is in a really abusive relationship. My brother who's virtually an alcoholic I would say.*

The construction of an alcoholic family can work retrospectively. As a result of attending courses on co-dependence and dependence, her father had discovered and revealed to other members of his family that his family was riddled with alcoholics. Her mother whom she described as a victim, but a powerful one, was the daughter of an alcoholic. Dee described the influence of this background on her current thinking about herself as a member of her family.

*Who I am is partly fashioned by my whole experience of alcohol and I suppose having only just glimpsed the literature which usually I devour all, you know, I understand that part of my concerns are actually born out in phenomenological terms. And in terms of a need for control and the role of the rescuer I've played and sorts of things so I really want to liberate myself from all the shackles I suppose and to defend myself against various excesses in my family* (Dec:29).

She had not had a serious relationship for several years but commented that the two important relationships she had had been with men who had drug and alcohol issues,
which at the time influenced her to consume more. This woman saw herself at risk of becoming like the rest of her family and was contemplating giving up alcohol. This account exemplified the way in which ‘expert’ discourse become incorporated into women’s narratives, shaping not only what they say but how they say it. She had undergone analysis in which these matters had been discussed and her accounts of her family’s drinking were more polished than other women who had not told their stories before.

Nevertheless, other woman, who had not undertaken this level of self and family analysis about alcohol, were aware of family patterns and influences and the long lasting effects on behaviour of family members who had experienced another members drinking. One woman attributed her father’s moments of great anger to his father’s drinking, abuse and neglect of his children. She also attributed some of her partner’s behaviour to his family’s background of alcohol problems. Her summation that the effect of alcoholism on the family as such a profound thing and it does affect you even if you’re not part of it.

Alcohol in the Middle Years

Many women’s narratives presented this phase of their lives as a picture of settled alcohol consumption. Alcohol was something with which they had experimented with in the past and they had experienced good and bad times with it. Whatever their drinking patterns, they gave the impression that they had worked out some position on their drinking that suited them.

They described drinking with meals or snacks and they linked their consumption of alcohol with food. Drinking was usually envisaged as an accompaniment to the more central activity of eating and socialising. Nathalie described how she and her partner felt about alcohol when interviewed. The association of eating and drinking as
sensible is contrasted with drinking a whole lot of beer which presumably epitomises non-sensible (or perhaps insensible) drinking.

Well we both enjoy having a drink and I feel it's mostly associated with eating too. I couldn't, I don't think I could just go and drink a whole lot of beer, because I wouldn't feel comfortable. I really feel physically uncomfortable. And it's not enjoyable. So I'd say, I think we have sensible habits (p25).

Social activities with friends and family, including children and sometimes extended family, were times when they usually had a drink. In addition, they would also have drinks with female friends at cafes and hotels and for those who were employed outside the home work-based drinking occasions were important and frequent. To accompany food wine was the most popular of the alcoholic beverages.

While most women probably drank more frequently within the domestic sphere, they did not restrict themselves to private settings. Restaurants, hotels, and cafes were common drinking venues as well as at work and they had no qualms about drinking in some hotels, depending on whether they were considered to be pleasant. However, in keeping with their home-based socialising, these women were quite likely to keep alcohol at home which would be served by themselves or their partners. Some women thought they probably drank up to two or 3 times a week, although one group of women in their early 30s who had no children and worked together drank more frequently.

When these women drank in small groups with other women they commented that they sometimes bought drinks for themselves but on other occasions in all women groups, drinks would be bought in rounds. Once men were present though, masculine norms dominated. For example, men would often take over the purchase of a round on behalf of themselves and their female partners. Women, unaccompanied by a man, reported that when they drank in groups with men they would go to great lengths to conform to group expectations. I'd rather be dead than go through a round and not have shouted (MYGD7:44). They would sometimes buy a round even when they had
not finished their own drinks. Other women noticed the way in which drinking in rounds increased their consumption of alcohol - another example of the way in which male norms dominated in mixed groups.

In their middle years some of the women with alcohol problems in their past had drinking patterns which included total abstinence, occasional drinking and occasional bingeing. Joy described her current drinking pattern.

_About two weeks ago it was my birthday and one of the kids I look after her Mum and me went out for tea to celebrate and I had two coolers that night and I might have another two at Christmas time and another two at New Year’s Eve and that’s about it, that’s my limit and I don’t drink after that. I’ve got a bottle of Scotch in the fridge. I’ve had it in there since birthday last year. My husband bought it for me and I’ve had one drink out of it_ (Joy:4).

Other women also described gifts of alcohol, usually from men, that sat around often unopened and untasted. Several women said they enjoyed drinking small quantities of alcohol. Bridget, who would have a drink at Christmas time and other special occasions said,

_I like a glass of wine. If I go somewhere I like a glass of champagne. It’s just that people that are alcoholics have wrecked their life on it, it is actually sad_ (Bridget:16).

Even Lindsey who had enormous problems and still had difficulties with drinking gave the impression that her life was settling down. Sometimes she told how she still had _busts_ when she drank heavily but she said she could now stop after one flask rather than going on to a bottle. Her longest binge in recent years was 3 days rather than 5 weeks. After her _bust_ she would usually black out and fall. In recent times if this happened she would visit her local doctor to get vitamin shots and would detox at home. In the past she had been arrested for causing a disturbance but more recently she had managed to drink without attracting much attention. She was disappointed that she still had to take drugs like Rohypnol and Serapax as she would like to be drug free but she was gradually reducing her intake under medical supervision. She had support from Women for Sobriety, her doctor and therapist, friends and from membership of several church groups, all of which were particularly important to her.
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Women from Ethnic Backgrounds

The small number of women from ethnic backgrounds who took part in this study were mainly in their middle or older years. While women from 4 different groups took part in the research their stories about alcohol showed some common elements. They all contrasted their abstinence or light drinking with men’s alcohol consumption, with Australian women’s alcohol consumption and they talked about it as a defining feature of membership in their ethnic group. Asian women in particular reported on the medicinal use of alcohol.

Vietnamese and Arabic speaking women, if they drank at all, described how they were only likely to drink at special occasions, such as weddings, baptisms, birthdays and calendrical feasts. Wine or shandies (a mix of beer and lemonade) were preferred as alcoholic drinks among those Arabic speaking women (mainly Lebanese Christians) who drank alcohol. Vietnamese women said they drank beer at special occasions and rice wine at ritual celebrations. Some Italian women regularly had a small glass of wine with their meal at home but rarely drank in public and Spanish speaking women also told how they drank wine at home but on special occasions or at the weekend.

Thai and Vietnamese women described the use of alcohol in traditional medicines, some of which are associated with childbirth. In Thailand, herbs which are soaked in a locally produced alcohol are used by new mothers to promote the flow of breast milk and for other purposes.

Yes, and we also have a mass production of traditional medicines and a lot of women have it after delivery. It helps the uterus to go back to the original size. Quite a lot of alcohol - we put it in cooking. In Thailand we don’t drink much alcohol before birth, it’s quite dangerous.

Vietnamese women also described the medicinal use of alcohol. They said that when women give birth they are fed sticky rice and small quantities of medicinal herbs which have been soaked in wine. The herbs and alcohol stimulates the appetite and helps them sleep. Pregnant women’s circulation is improved by taking such herbs.
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Women from these ethnic backgrounds generally said in various ways that alcohol was not an issue for them except when it came to men’s drinking. Some women talked of younger women’s alcohol consumption as a sign of these women’s adoption of Australian culture.

Women’s Experiences of Male Drinkers

It is during this middle phase of their lives when women are most likely to be in long term relationships and may have young children that they were most vulnerable to the effects of men’s problem drinking. A number of women told of major difficulties at times in their lives that were created, as far as they were concerned, because the men that were close to them, fathers as well as partners, had serious alcohol problems. Older women’s stories of their married years illustrated repeated themes of men’s lack of responsibility and trustworthiness. Narratives of physical, sexual, verbal and emotional violence, and accounts of deceit and theft were told. I have selected excerpts from these stories to illustrate the enormous impact such problems have on women and the way in which they made meaning of these experiences and dealt with them.

Bridget’s husband kept his drinking hidden from his wife for 10 years.

_I didn’t understand, you know, when I found out. I was with him 10 years and he used to disappear at times and I used to think, “Well, he’s working”. Because he was a [job which involved travelling], he had a good job; and he used to disappear and I’d think, “Oh, gosh, where is he working.” You’d get no sign or no note saying, “Oh, I’m not going to be home” or “I’ve gone here and gone there,” and I used to think, “Oh, where would he be” and I’d worry and he would not come home. And he’d be in a clinic, in Melbourne Clinic, or Smith Street Clinic, or he’d put himself in Gresswell and he hid that from me for 10 years_ (Bridget:2).

_Yes, I didn’t know his background. I didn’t know anything. It was like living with 2 people in one person to not know of the person really. When I sort of found out more about it I started asking questions to him and I never got answers because he would never answer questions. And I could never understand his moods, and I could never understand him sitting at the dinner table and he would really pick on one child_ (Bridget:3).
When she had to go out she found out later that he would slip out and buy alcohol and hide it. She would find the bottles and ask him about them but he would deny drinking. Before she realised what was happening, objects would disappear from the house to be pawned. It was only when she talked to his boss, who recognised the problem, and found out that he had been taking time off work that she realised what was going on. He was moody and aggressive but never violent. Eventually, she met the staff at the clinic he been attending only to discover that he had kept his family's existence a secret from his social worker.

He was reasonable to live with in my eyes, but behind my back he was very deceitful, very dishonest, a cheat and a liar, and he had other lady friends. And it wasn't something, it wasn't when he was sober and when he was with me but when he had a drink he was another person. So I wouldn't say I had to live with that, but I lived with that for 20 years. It wasn't easy. There were lots of things, he'd gambled and he would make excuses where he was and what he was doing and I'd find out that he was with someone and it wasn't easy with the children (Bridget:11).

A theme of the intermingling of dishonesty, untrustworthiness and violence appeared in other women's accounts as well. For example, Caitlin told how her first partner was incarcerated for his violent attacks on her. She divorced him. Her second partner was also a problem drinker and who subjected her to verbal and sexual abuse. She divorced him also but maintained a relationship with him after the divorce until his accidental death several years ago. Other women had also experienced violence at the hands of their partners who drank.

And I got married to him, and I found out that he was a con artist, he used to write out cheques and not have money to pay them and he was drunk all the time ....And cause he was on 3 different shifts, he was out drinking when he was not working. He was at this pub all the time with some of the other people from the [workplace]. And he was always drunk. He'd come home - they were on strike at the time - and he was so drunk I don't know how he stood up. And he told me he was going to work. I said, "You can't go to work like that." I said, "you'll get the sack." and he said, "I can, I can," and then he started punching into me. I had two black eyes, my (son) couldn't get him off me because he weighed 20 stone and he was 6 foot tall. And the only way I got him off me, he passed out and I just rang his work to cover up for him and said he's in bed sick. And I just told him the next day, "Look that's the last time I do it, the next time I'll ring them and tell them you're drunk, you're paralytic drunk and that's why you're not coming to work (Joy:10).
Another woman, Hazel, put a stop to her partner's violence by retaliating and also making it quite clear that she would call the police and have him locked up for the night. This account also supports that argument that drunken behaviour is culturally patterned (Marshall 1979b).

_He used to be really aggressive when I first met him, he used to be violent till I retaliated and then I hit him with frypans and irons, broke bottles over his head. Now he is a bit scared. I say, "You're not going to hit me or touch me any more cause now the law is in that if you can ring the police straight away and they are jailed. Would you do that? Yes, if I had to and he knows it ... so he gets so close at going to hit me and I say, "Go on, go on just come a little but further," and he pulls back and I say, "You'll be doing jail tonight "_ (Hazel:33).

Stories of men's infidelity were common and were an intrinsic part of the generally abusive treatment that these women experienced. Women told of how their partners when they were drunk would have sex with other women. From their wives perspective they added insult to injury, by sometimes forming relationships with other women after they gave up alcohol. When things got difficult or the men relapsed they would then return to their wives.

_He's sobered up for three years and every time he has done it he has found somebody else and they have a big fight so he has gone back on it. And then he comes back to you?! Yeah, he wants a wife, he wants a girlfriend and a wife at the same time. He doesn't want to divorce me because he knows I'm his back drop_ (Hazel:15).

Bridget reported that once her husband regularly attended AA, he met another woman there for whom he left his partner and family. This was virtually the end of the marriage. Al-Anon helped her _detach_ herself from him but she found it very difficult after 20 years together. She took her children with her to AA meetings so that they could understand what had happened to their father but she found that they _didn't get very much out of it because all I could see was AA people deceiving the programme_ like her husband did by forming relationships.
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However, Joy provided an example of a man giving up alcohol completely. Her second husband used to be a heavy drinker during his previous marriage but after his family put a lot of pressure on him he gave up completely without any assistance.

No, he just stopped drinking. He said he realised himself what he was doing, and his family told him, his mother and that because they don’t drink, they only have a social drink and the rest of his family don’t drink, so they just told him that it’s not the proper way to treat your wife, to treat your children or anybody and that and he listens to his parents, he always has, so he just stopped (p4).

In these narratives, women represent themselves as the protecting and stabilising force within the family taking responsibility for the safety of children. Older women differed from some of the younger women in that they told how they did not confront their partners about their drinking preferring instead to avoid them when they were drunk. The fear of public embarrassment was one reason women gave suggesting somehow that women felt they were responsible for their husband’s behaviour. However, fear of violence and the unpleasantness of the experience would also encourage women to remove themselves and their children.

[He’d] get quite drunk. It was horrible. .... I feel sick now when I think of it. He was not really violent to that extent, but angry, shouting, banging doors. So he was unreliable and lost his temper? Yes you didn’t know from one day to the other, one hour, one minute to the other, whether he was going to blow up. And so he did that every night or -- / Oh, no. No not every night but toward the afternoon on Saturday, I just wouldn’t stay in the house. So what would he do on Saturday? He’d go down to the pub and he’d come home stinking and saying all sorts of horrible things, and I couldn’t keep the children home. So I’d just go down and sit in the park. You could in those days, you wouldn’t be molested. It was the safest place you could be. Or up to my mum’s. (Cecily:16).

This was supported by another woman, who stated you have to tippy toe around drunks and keep your hand on the tiller all the time. This picture of women attempting to control men’s drinking and maintain family conventions is well acknowledged (Snare 1989:145). In contrast, Lena who was married to a man she described as an alcoholic described her early years with him as marvellous. The major differences seem to be that he was never violent, instead getting quietly sozzled and that she was not looking after children at the time. She accepted a life with little
money or stability to be with him. Nevertheless, the effects of long term heavy drinking eventually led to severe physical and mental problems for her partner and he died some years ago. Despite her positive picture of her early life with her partner, the same theme, that is of the non-drinking partner, stabilising and compensating for the drinker’s inability to perform was repeated. He would be sacked from jobs when her attempts to hide his drinking would be discovered by employers.

The problem was the alcohol not the man

A theme, apparent through these accounts by women in their fifties and older, is that alcohol was identified as the cause of men’s irresponsible behaviour rather than the men themselves. Younger women, if they had experience of a problem drinker, were more likely to see the problem deriving from men’s lack of responsibility. These differences may reflect the dominant values and beliefs of women’s formative years. Seeing alcohol as the problem reflects the temperance notion of the demon drink, while holding men, rather than alcohol, responsible for their behaviour reflects more feminist notions.

Older womanise’ understanding of alcohol problems was exemplified by Bridget who described her partner as a good caring man when he was not drinking. She thought that he had taken to drinking to make up for the loss of his relationship with her father. He and her father were very close and after her father died she noticed a marked deterioration in him.

He’d get depressed. He would go out and he would come and I would smell liquor on him but I couldn’t tell you how much he drank because I didn’t know. He’d curl up in a ball in his bed and he’d stay in his bed for 3 or 4 weeks. He’d get depressed and I wouldn’t know what depressed was, because I’d never seen anybody like it. And I’d get the doctor in (Bridget:9).

Some of these women described their partners as they are terrific men when they are sober, or they said that they feel sorry for them. Caitlin’s second ex-husband had
sexually abused her son and she attributed this behaviour to the influence of alcohol. She said,

When he was sober, he couldn't do enough for that child, even before, couldn't do enough for him (Caitlin:11).

Caitlin reported that she would never trust a man who drank alcohol again and would never marry one. The notion that men can suffer a complete reversal of character once they drink is expressed here. She also expresses the view that women always have to be ready to defend themselves physically and to be on their guard against men.

See, when you have men and alcohol, you find it very hard to trust them. You think, "He can't do enough for me, he's great." But you find it very hard to trust that person. I mean they might only have one drink, but you still find it very difficult. Is he going to yell my head off, or rape me or give me a punch in the eye, whatever. And it is hard. Like me, I've learnt self-defence. You know, I mean somebody has only to look at me, I'm liable to fly at them you know. I mean I'm not that violent, I'm not even violent but if it's a matter of defending myself and my child, then I will do my best to protect both of us. And there's probably a lot of women out there that are doing the same, they're keeping guard all the time.

Some of these stories are narratives of suffering and betrayal of trust at the hands of men. For some women, the suffering is maintained over several generations of men and relationships. Men, become the 'other' in these stories, not a partner or someone with whom one shared the adversities of life, but someone so foreign to their wives that their wives are unaware of large portions of their lives. Whether alcohol was to 'blame' for their behaviour or not, alcohol mediates between men as partners and as known, and as the 'other'. When they don't drink they are caring, reasonable men. When they drink they have affairs, they lie, they abuse children and beat women, and they no longer function effectively as 'breadwinners'. Some of the older women's construction of their role as the agents of control, calm and stability within the family were in response to the construction of men as failed breadwinners and as irresponsible family members. Alcohol provides an explanation for behaviour that in many ways is otherwise inexcusable and inexplicable.
These narratives exemplify the argument that the link between alcohol and disinhibition is used as an instrument of, or to reinforce, maintain or symbolically represent domination and subordination. Between men and women the double standard that permits men, but not women, to get drunk is one example of this domination. Particularly relevant to these narratives is “belief in the alcohol-disinhibition link [which] serve[s] as explanations for deviant behaviour in place of broader or more problematic associations” (Morgan 1983). She argues that historically, as men can no longer justify acts of violence and aggression against their partners as a right, the mediation of the disinhibitory effects of alcohol are offered as an explanation. In addition, this argument adds that it also offers a facesaving excuse to wives for their subordinate position (Morgan 1987). The dominance of men over women, supported by their violence and selfishness, is excused and permitted by their use of alcohol.

*Seeking Help*

Women in their middle years did not passively accept alcohol-related damage but instead actively sought help from a range of sources. For example women turned to self-help groups and church organisations. Some of these women had children and it may be that when alcohol impacts on family life that women are more likely to seek help. However, the interpretation that assisting organisations placed on women’s experiences were sometimes judgemental. Bridget was advised to go to Al-Anon and she found it supportive because for the first time she could talk about her difficulties. She also became involved with church organisations. At Al-Anon she learned that, as far as they were concerned, she had contributed to her partner’s problems by supporting him and compensating for his behaviour. She accepted this view of her relationship.

*I wasn’t helpful to him because I fed his problem. When he didn’t have money I gave him money. When he gambled a lot of money away, I paid his bills. So I didn’t help that person* (Bridget:11).
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Caitlin had attended meetings of a group of women who were survivors of violence but had mixed feelings about them.

_I went to a women's group out there to do with violence. And this is after my second husband. And they were good but I used to go home feeling lousy because I had remembered everything. /How do you mean you remembered it?/ Well, you'd have to talk about what you'd been through and it wasn't always easy. I mean I don't mind now. Time's passed and heals but back then it was difficult_ (Caitlin:8).

At one stage she derived comfort and support from a Pentecostal Christian group but when she found that they would not accept that she was applying for divorce from her second husband she left them. She thought that they did not really understand the needs of people who had had difficult lives. At the work training programme, run by a church group, she attended she found people who were understanding and helpful.

Women told how they attended several different religious denominations services deriving different types of physical and mental support from them. At the same time some also gained support from organisations directed specifically at people with alcohol and drug problems and their relatives. In other words, these women, rather than being driven by values and beliefs, searched until they found the right combinations of church and service organisations to satisfy their needs. They exemplify the view that a range of services and organisations are required to cater to individuals’ differing needs and that some services and organisations may be counter-productive in offering assistance and support to some women.

**Family Alcohol Problems**

Women observed that alcohol problems and associated other problems run in families. This was expressed as a _leaning towards alcohol_ or the observation of a pattern of alcohol problems over several generations.
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Generally, women in the middle and older years of their lives were in a position to reflect on their own and others' experiences of alcohol. Repeated in many stories was the theme that alcohol problems (and medical problems), reoccur within families. They usually did not express opinions about whether they considered family alcohol problems a matter of genetics or environment. Only one woman raised the issue of genetics. Lindsey found it helpful in relation to her own alcohol problems to be told that her birth mother was an alcoholic.

And I remember my reaction very clearly. I think I nearly deafened [the woman who told her]. I said "Fantastic! Just because she was doesn't mean to say I have to be". And that was the attitude I had, but it never quite did quite work out. I mean I'm still battling along. / So it was a relief? / Yeah, it gave me something to fight against then. / Some sort of explanation? / I suppose you could almost use it as an excuse. But it was OK, just because she was - and that was without even knowing whether it was hereditary or not- doesn't mean to say I have to be (Lindsey:24).

After she had found out about her birth mother her doctor told her that research is indicating that more and more alcoholism is genetic and that this might enable some protective measures to be developed for children of 'alcoholics'.

For other women it was again a matter of noticing the patterns in their family backgrounds. For example, Nathalie, who had no alcohol problems in her own life was aware that her husband's father was a problem drinker. She commented on the grim atmosphere in her husband's family home when she used to visit. Her own mother suffered from a series of mental breakdowns and her mother's father, who was Irish, was a drinker. Her mother told her stories of her own mother, or Nathalie's grandmother, being locked in the cellar by the drunken father. In her father's family as well she recalled there was a leaning towards alcohol and a history of keeping hotels or grog shops. She attributed some of this family history of heavy drinking to their Irish background.

Joy, whose father had serious alcohol problems, commented on the history of problems in his family. His father had also been a problem drinker and his mother had committed herself to a mental hospital and the children had been placed in homes.
However, his two sisters did not have any problems as far as she knew, that resulted from this background. On her maternal side she had an aunt with serious alcohol problems who was married to a man who had similar problems. While discussing the alcohol problems in a family she knew, she expressed the view that one of the children she knew would have difficulties. She mentioned that in this family the mother, the grandmother and the uncle were all *alcoholics*. I then asked her if she thought alcohol problems ran in families. She cited the case of her own family where most of her siblings did not have a problem but she had concerns about her brother whom she had not seen for years as someone who might have problems.

Two of the women who had lived with the experience of a partner with alcohol problems had children who had very obvious difficulties. Both were young adults at the time of the interview and both were prone to violent behaviour. One also had serious alcohol and drug problems. The mother attributed this to a sexual attack on the child during the early teenage years rather than being related to having alcohol problems in the family. These accounts offer support for the notion that alcohol is associated with a host of other problems and difficulties that transcend generational divides in families.

**Attitudes to Alcohol and to Drunkenness**

Some women who had family histories of problems had either negative or ambivalent attitudes to alcohol. They saw it to be responsible for some of the terrible events in their lives but some also understood heavy drinking to be a response to problems. Caitlin, whose own bout of heavy drinking had been a way of dealing with the death of her daughter, attributed other women's heavy drinking to problems in their lives.

> *You think they've had a rough time, their husbands have given them a hard time there's always a reason, or that's what I think. People my age, maybe younger, maybe older, they drink because someone has given them such a rough time they don't feel good about themselves. And they don't care what they do with their lives so they turn to alcohol (p12).*
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She and a number of other women thought that alcohol should be banned. Bridget was not only critical of alcohol per se but was very concerned about the way in which it was packaged and promoted as a soft drink to young people. She knew people who mixed alcohol and pills such as Serapax, Mogodons and Mandrax which were easily available. One of the other participants had personal experience of the ease of obtaining prescription drugs and the dangers of using them while drinking. Several participants were regularly taking sleeping pills.

THE LATER YEARS

Among the older women there were strongly polarised experiences and views on alcohol. Some of these women did not drink alcohol and had never drunk it. Their responses to alcohol reflected their upbringing and their negative’s experiences of other people’s drinking problems. They said little about their own drinking experiences except to explain that they were either non-drinkers or light drinkers. The women who blamed alcohol for their partner’s behaviour, had separated themselves from alcohol. For example, Hester whose first husband had drunk like a fish and whose mother drank explained that she currently very seldom drank alcohol and that she hated it. It’s a poison, she said. The system’s not built to take it. She would have a drink at Christmas and similar times to be sociable but felt strongly that it is degrading for women to drink. Cecily, whose husband had been a problem drinker, would not drink alcohol or have it in the house.

The few older women who drank alcohol did so in a somewhat smaller range of settings and places than women at other stages in their lives. The occasions on which they usually drank alcohol were special and tended to be private or semi-private affairs. They might have a drink at a wedding, a funeral, an anniversary or a family get together such as a birthday party, events which would occur less than monthly. The consumption of alcohol was something participated in to comply with custom rather than because they enjoyed drinking.
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I'm going to a fiftieth wedding anniversary next Saturday week...if [the hostess] asks me I might. Just a little drink, I might, you know, because it is a special occasions - because she is a very nice woman (OWGD2 p1).

Lena was one older woman who sometimes drank alcohol. She considered that one or two glasses was enough or else she was in danger of losing control. She reported that she was no longer scared of alcohol as she once was and now enjoyed it. She classified people as either alcoholics or non-alcoholics. In her view alcoholics are incapable of stopping after one drink. She knew she was not an alcoholic because she kept a cask of wine at home and drank it occasionally. While she knew men including her father that she described a drinkers, that is men who enjoyed alcohol and spent a lot of time in pubs, she differentiated between them and alcoholics on this basis. Despite her experiences with a partner who died of alcohol related illnesses, she continued to drink and to keep alcohol in the house because she knew she did not have the disease of alcoholism. Her understanding of what constituted an alcoholic and the nature of alcoholism as a chronic and progressive disease stemmed from her involvement in AA and Al-Anon. The key aspect of the approach for this woman was that a person is either an alcoholic or not and if one is not an alcoholic then alcohol is not a problem.

The contrasting views of Lena and some of the other older women on alcohol reflect the dominant explanatory discourses about alcohol in the 20th century, that is the temperance model and the disease model. The influence of the temperance movement can be seen in the importance of abstinence for middle-class men as well as women (Levine 1983:111-161). However, Claudia’s description of men coming to drink at her mother’s hotel when dances were held suggests that perhaps middle-class men (and sometimes women) were not always as abstinent as they presented themselves to be. Reporting on American historical data of the 19th century, Levine argues that individual binge drinking grew out of the separation of alcohol from the family and work setting. For middle-class men to have “time out” was to get drunk and to abandon self-control and respectability. In this view, alcohol was believed to act as a
disinhibitor on the higher mental processes that controlled restraint. Alcohol was offered as the reason that men did terrible things. These views explain the descriptions of men’s behaviour presented by some of these women, particularly the case of the husband who drank only on Saturdays but then behaved badly.

There were several older women who differed from the others because they had been regular pub drinkers for many years. They met at their local hotel where they drank on Saturday nights, as well as drinking at family gatherings and other social occasions. They differed also by drinking beer which they bought in rounds instead of the wines and fortified wines the other older women drank. Furthermore, they drank much larger quantities of alcohol. They would sometimes have 4 or 5 glasses in a session, while the other older women would usually only have half a glass to a glass at any one occasion. They also drank more frequently with friends, while the other women usually drank with their family, particularly their extended family at gatherings which included children and grandchildren.

Most women at this stage in their lives purchased very little alcohol. They might buy a bottle of sherry to use in a trifle or a bottle of something to give guests at Christmas time. Many reported that gifts of alcohol sat in their cupboards rarely drunk except by the occasional guest. The regular hotel drinkers estimated that they usually spent up to $10 a week and more during the height of the round of Christmas social activities. Even the women who strongly disapproved of alcohol distinguished between alcohol for drinking and alcohol in food such as trifles and Christmas cakes illustrating the point (Park 1990) that “good women” are permitted to use alcohol in a domesticated form.1 Another domesticated setting for alcohol is in the form of medicine. A number of remedies involving alcohol were described and many reflected a time in the past when there was a greater reliance on alcohol as an antiseptic and analgesic and there was not such a range of specialised pharmaceutical’s available as there are today.

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1 This distinction between alcohol in food and as a drink is not explained by the alcohol being boiled off in food. For example, in trifles it is not heated at all.
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The older women who were regular hotel drinkers were similar in some ways to the women described by Perry (1991) who did not conform to the public separation of women and alcohol that was part of the picture of Australian life through much of the 20th century. While they had continued to drink with friends after their partners had died these women had been introduced to the hotel drinking scene by partners. The older women who did not drink or drank infrequently were more typical of women of their generation in their rejection of alcohol or their ambivalence about it.

As women reached later stages in their lives they named more situations when they would not drink alcohol. Ill health associated with aging was cited as a restriction on women’s drinking. However, the greatest restriction on drinking by women of this age stemmed from their negative experiences with alcohol and with the ideas and attitudes that were part of their generation.

Two major influences can be seen on older women’s drinking and attitudes to alcohol. Some women, who were in their 80s at the time of the research, reflected the strong temperance ideology of their youth supported by their own experiences of the dangers of alcohol. The other major influence was the relationship between the physical effects of aging and their bodies’ capacities to deal with alcohol thus limiting their drinking.

Summary

A number of strands of attitude and practice can be identified from these narratives. The older women, in the main, reflected the social attitudes of the early part of this century, when temperance ideology was pervasive, and decreed that ‘respectable’ women drank little or no alcohol, that drinking by women should be restricted to the private domain, and that men’s drinking should not impinge much on the domestic domain of women and children. However, in a number of narratives men’s drinking did impinge on women’s lives to a great degree.
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Women from ethnic backgrounds, while having different cultural traditions, were similar to some Anglo-Australian older women in their representation of alcohol consumption, as something that others did. Their patterns of alcohol consumption identified them as different from men of their ethnic group, and from Australian women, who were thought to be heavier drinkers, or masculine in their drinking behaviour.

The women who presented an alternative practice to either of these groups with regard to alcohol were those who had been introduced to public drinking in the fifties by their partners. Like Perry’s participants (1991), they did not internalise the view that they were not respectable because they drank at pubs, but instead differentiated themselves from others, (men) who spent much longer periods of time drinking there. They presented the view that non-drinkers were wowsers, and that their own drinking was of no great significance, emphasising the pleasure and sociability of getting together with their regular group of friends.

Another strand that appeared was that of the AA disease model of alcohol, articulated by women in this age group who had experience of treatment. Even though many women described partners with what appeared to be serious drinking problems, treatment apparently had not been commonly sought among older women’s partners.

For many of the older women, the major problem with alcohol was men’s drinking and men’s behaviour as a consequence of drinking. In the later part of their lives no women were still living with partners. A common plot line running through their life stories gave a sense of difficulty and hardship in the middle period of their lives when they were married and raising children, which was overcome in the latter part of their lives to achieve a feeling of contentment. This happy ending was manifested in terms of financial stability, due in some cases to subsidised housing, and the freedom to do what they wanted for themselves for the first time in their lives. For some women, the absence of partners and alcohol was part of this happy ending. The financial and physical freedom of this period contrasted with the sometimes harrowing stories of their married lives.
Chapter 9: Influences on Women’s Alcohol Consumption

Women of all ages and life stages expressed some common themes in their experiences of alcohol. But while this chapter is focussed on shared meanings and understanding of alcohol, it will also explore some of the variations within these shared perspectives.

ALCOHOL AND GENDER

Much of the preceding chapter was devoted to women’s narratives about men’s drinking and, indeed, this study derives from the perspective that drinking and the meanings alcohol has are influenced by gender. The concept of gender itself has had a complex history intertwined with feminist theory (Haraway 1991) in which it has been used to distinguish between sex as the biological sexual difference between men and women and gender as the social and cultural interpretations and manifestations of these biological differences (Rubin 1975:159). More recently, the binary oppositions of nature/culture and sex/gender have been questioned as socially constructed categories in which sex is no longer “imagined and enacted as resource” to gender (Haraway 1991:130). The oppositional distinction of sex/gender ignores the importance of women’s bodies (Gatens 1991). The question of how gender is used in this study remains. In this study, I take gender to be “at the heart of constructions of and classifications of systems of difference” (Haraway 1991) which are situated in specific times and places. In this study it relates to women’s experiences of being a woman and what they think it means to be a man and how these are related to ages, stages, and historical period.

Women of all ages, life stages, and ethnic background, thought that alcohol use was mediated by differences between men and women. Broadly, they observed that men drink more than women, they drink different drinks, they use alcohol differently, and their use of alcohol is generally more problematic than women’s. However, these broad differences, took on different forms for women of different ages and experience.
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For example, some older women placed responsibility for moral standards firmly upon women and for them alcohol was a matter of morality. A participant commented that *men look up to a woman, and if a woman is decent then a man will try to be decent.* (OWGD2:10) Women who get drunk lose their self-respect, the respect of men and can be *taken advantage* of by men because men have *no respect* for them.

*Alcohol defines Masculinity*

Younger women told how drinking was seen as the primary focus of young men’s socialising and was a way of defining what it means to be *masculine.*

*It's a sign of weakness if you don't put away so many beers in a night, it's not masculine.* Men often get a buzz out of telling you how they spent $70 on grog the other night (YWGD15:14)

Masculinity in this sense is the manifestation of being male and is opposed in this text to the physical weakness of not being able to drink a certain amount. The centrality of alcohol to the definition of Australian masculinity by women and its importance to them, as well as men, was articulated by one woman who felt ambivalent about going out with a man who didn’t drink.

*He was a very, very cultured man and he said he'd have a lemonade and it just seemed, you know - I actually felt that it seemed surly. Isn't that completely hypocritical of me? Well, it is in the sense that I guess, well I'm not blaming myself. I think a lot of women have that double standard you know. You want the sort of super sensitive man but you also want - / A real man? / You're conditioned to crave that sort of, you know, taking on of the macho* (Amelia:34).

While many women reported on the centrality of alcohol to men’s lives and their definitions of masculinity, some women found that as men reached the middle and later stages of their lives their need to conform to masculine stereotypes through alcohol consumption diminished. While it was not clear whether this was connected with men’s aging or with changing social and cultural mores, women felt that ten years ago there was strong pressure on their male peers to drink to *prove that they're a man or whatever.* *It's now alright for men to say no to alcohol.* Even so, the
association between men and alcohol was apparent to women in the way that men gave alcohol as gifts and took responsibility for buying alcohol.

Women described how differences in men and women’s behaviour were highlighted through the medium of alcohol consumption - particularly men’s irresponsibility and women’s responsibility for others. Women said that because men generally did not hold themselves accountable for the day to day care of children they could get drunk and nurse hangovers the next day. More extreme forms of irresponsibility, such as not providing an income for a family, lying, and cheating were presented in the last chapter in some women’s experiences of men’s drinking.

Other traits which women linked with masculinity became more pronounced when men had been drinking. Men would become loud, aggressive, or dominate a conversation after drinking. Such behaviour was at one end of the continuum of behaviour that led to the violence that women thought men were capable of once they had been drinking. Behaviour, perceived to be feminine, such as giggling, talking a lot and flirting, also became more pronounced after women had been drinking. Alcohol is viewed as enabling the exaggeration of gendered behaviour leading to Leigh’s position that it brings out the worst in people, violence in men and sexuality in women (Leigh 1995).

A link was made, by one woman, between men’s drinking, and broader issues of divisions between men and women in Australian society, with alcohol associated with violence. Both violence and alcohol are a negation of the close relationships that she thought that men cannot or will not form and sustain.

Well, it’s present in every kind of male dominated occasion, whether it’s the BBQ and the division of gender is there and what happens at barbecues and sporting events and sponsorship, pubs and what kind of environment’s in pubs and alcohol and violence and the fact that one can’t go on the streets at night. I’m not saying that alcohol is the issue but I associate it with increasing violence by men I suppose. It sort of seems to represent the absence of relationship in a sense. It doesn’t have a place on the table in the context of a relationship. It should be sort of set apart and you drink or - I suppose I’m thinking about my father. You drink because there is an absence in your relationship, because there is a distance (Dee:27).
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She also suggests the physical division of men and women in environments where alcohol is present, repeating the theme that has been present through much of Australia’s colonised history. In her description of private as well as public locations the forms of the division and separation of gender are different from those of Victorian times or even the 1950s. Nevertheless, she details the way in the 1990s she sees men dominating events where alcohol is present and marginalising women.

**Intoxication and Gender**

Getting intoxicated was another marker of gender difference that was constant as a broad theme across time and women’s ages but varied in the detail. Women of all ages told how men were more likely to get drunk than women and that it was more acceptable for them to do so or sometimes regarded positively. However, a repeated theme in young women’s discussion of drunkenness was that despite perceiving differences between male and female drinking styles young women were experimenting with what they perceived to be male drinking styles. There was discussion about women who chose to get drunk. Some young women described how there were among their friends and acquaintances, women who could drink like men and stay in control. By not making *idiots of themselves* and being *big messes* these women could win approval and admiration from their male peers.

Despite, the reduction in pressure on men to drink, observed by some women, and described earlier, many others had stories illustrating the double standard which allows men to get drunk and behave badly with impunity but does not allow women the same freedom. That young women felt that young men still needed to get drunk to prove their masculinity suggests that it may be due to aging rather than a shift in the notions of masculinity, and may also be influenced by class distinctions.

The association of women’s drunkenness and promiscuity was frequently mentioned. While women articulated the theory of the double standard, they sometimes said that they could not suppress their own *prejudices* in this regard. However, while many women viewed women’s drunkenness more negatively than men’s, they were also
more concerned and sympathetic for women than men, and were more likely to offer assistance to a drunk woman because they were concerned about her vulnerability. Female solidarity could transcend their distaste for drunk women. Personal issues of men and women’s drunkenness had receded to memories for most of the women in the later life stages although some retained more extreme views on it than other women.

**Alcohol as a Gendered Commodity**

Many women simply thought that men drank beer and women drank other drinks. However, some women could name a range of types of alcohol that were considered to be men’s or women’s drinks. The more strongly flavoured, bitter and darker drinks were seen as men’s drinks and women’s were the lighter and sweeter drinks. Even though many women, particularly younger ones, frequently drank what would be considered ‘men’s drinks’, men would be less likely to drink ‘women’s drinks’. A young woman could drink beer without comment but men would be unlikely to drink something like beer and lime.

A woman who worked in the hospitality industry observed that men and women drank differently but she felt that alcohol related gender distinctions were blurring. In the course of her career she had gained a good working knowledge of wines and found that she was just as likely to be passed the wine list to make the selection as the men in the group when she went out to dinner, particularly when she was with colleagues. She observed that many of the salespeople for the wineries are women. However, she indirectly linked this excursion of women into the world of wine with men entering the world of food.

*I think since food has become such as thing, you know for everyone it’s OK to be really into food and cook and know about wine and it’s OK for women and no I’ve never really been terribly conscious of it being a problem* (Inga:5).

This re-definition of gender divisions around alcohol were apparent in other aspects of her workplace.
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The only major change would be not so much drinking as women, but business women travelling on their own and it becoming more acceptable for them to eat in a restaurant on their own and whether they are drinking or not is beside the point. I mean once upon a time single business women would have gone and got room service and would have felt very uncomfortable being in a restaurant....I've noticed in a more personal sense that that once upon a time the public bar was just like the man's territory only, but it doesn't really matter where you drink and no one feels uncomfortable in the public bar (Inga:5).

She attributed this change partially to a deliberate move by hotels to upgrade their premises and to an attempt to improve the standard of dress and behaviour in public bars by encouraging women to use them. She thought that many hotels only had a public bar because it gave them a full licence and without a full licence they are restricted in various ways. For this reason major hotels have public bars but often tuck them away out of sight. While she was aware of such changes which directly impacted on women and their use of alcohol, the conservative nature of the hospitality industry resulted in very few women working in senior management positions, including positions where they might have primary responsibility for the choice and purchasing of liquor. Other writers (Moore 1995:311) have observed over the last few decades, a movement in, and blurring of, gendered behaviours connected with alcohol that reflect, or are accompanied by, other changes in gender relations, as well as the entrenched nature of gendered behaviour. The accounts above suggest that hotels have been happy to accept women's drinking and association with alcohol where it worked to their advantage but they were less accepting when it affected power within the structure.

One group of young women worked in junior positions in a university department that had been largely a male domain in the past. They agreed that their style of drinking was different from other women they knew who worked elsewhere. We discussed the possible influence of this work environment, where there was tradition of getting together at the pub.

I think maybe it is because there are a lot men in the department.... As soon as we were in third year and started doing research projects with the research groups it was mainly men then. Like all the social things in the department there was always a lot of beer around and they always went to the pub and we
just carried that through and became a part of it ourselves. I don't know if it would be the same if it was a woman dominated department (YWGD4:18).

However, during another part of the discussion these women rejected the idea that they followed along with male initiated drinking sessions and suggested that they were just as likely to suggest a visit to the pub. In a sense, this suggests that they were placing themselves as active participants in the traditions and culture of this department. Throughout younger women's discussions about drinking, there was a tension expressed about women doing men's things but also wanting to differentiate themselves from men as well.

Women commented, sometimes with amused exasperation, on the connection between men and various forms of alcohol exchange. They described men making a fuss about the giving and receiving of alcohol. Men concentrated on establishing and maintaining fine distinctions between types and brands of alcohol. Some participants dismissed this as the way men posture and carry on about it. Women were more likely than men to worry about the expense of alcohol, or the amount of money that could be wasted on it. Inga's observations emphasised the importance of economic factors in alcohol use. In her workplace, where banquets were provided accompanied by alcohol, the alcohol could be marked up by 300% but the costs of food production are already too high to allow much mark up.

Overall, women saw alcohol and gender as intimately enmeshed in the particulars of alcohol consumption and, more broadly, in relationships between men and women in the domestic and public sphere.

**Experience and Gendered Alcohol Effects**

Younger women's accounts of the negative experiences associated with alcohol were different from those of older women but both younger and older women described
similar positive experiences. When talking about the negative aspects of alcohol use the younger women placed more emphasis on their appearance than older women did.

Young women's accounts of the negative experiences of alcohol use sometimes focussed on what it did to their skin, their weight and body odour. They discussed how these immediate but fairly superficial experiences were of greater importance than long term health problems. Similar concern for appearance rather than health problems was shown by young women when they discussed their experiences of smoking (Banwell 1993). Women also described experiences such as hangovers, having the room spin and girls who throw up as well as the reported effects of alcohol which they had not personally experienced such as its deleterious effect on long term health and its contribution to brain damage.

Many of the stories that younger women told about alcohol were framed by discussion about loss of control over their behaviour as well as the subsequent feelings of guilt and remorse - the feelings they had next morning. All these experiences were reported in a jocular manner and young women while regretting them, and sometimes feeling slightly horrified about them, seemed to accept them as part of the drinking experience. One group of young women discussed the feelings of being drunk and then the realisation the next day that they had not been as much in control as they thought.

You don't think about the consequences./ And at the time you're probably not seeing things that clearly, everything's kind of whirling, well not whirling but you know how./ Blurry/ Yeah/.... And you tell them what they said and did and they say "That wasn't me, I didn't do that." And they just don't believe that they actually did that. / Also, its funny you can sometimes, when you're not that drunk, but just a bit tipsy, you're on a bit of a high, you can almost go outside of yourself and hear yourself and think, "Oh god I don't want to talk like that." But you can't sort of stop yourself because you're head's going woooo/....And I'm sure that I know what I'm doing and I'm positive that "You're well in control of what you're doing" and after you think, "Oh no I wasn't" (YWGDII p24).
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Other examples of getting out of control were women who got bitchy, violent or threw up. In many discussions aggressive behaviour by men was mentioned as an example of the negative aspects of alcohol. Because of the confines of college life, students complained of other students’ drunken behaviour. For example, they were woken up by drunken students, usually male, coming home late, making a lot of noise or trying to get into their rooms.

The young women mentioned similar positive aspects of alcohol as older women - relaxation firstly and the enhancement of feelings of sociability, and conversation, the association of alcohol with having a good time, the lessening of inhibitions and the pleasant taste. Some students said that alcohol made them feel good and that it was fun. Students and younger women however, also saw what they described as a lessening of inhibitions as a positive but potentially dangerous feature of alcohol, particularly in relation to it’s perceived ability to enhance feelings of sexiness and flirtatiousness. It was described as an aphrodisiac. As a consequence of drinking women said that they may have sex with men who are strangers to them. Male students take advantage of drunk women although they suggested that women can’t say that guys take advantage of you all the time. One group of students added that women got drunk so that they could pick up.

If you’re drunk and you pick up it’s like you’ve got an excuse. A lot of the time it’s more likely to happen if you’re drunk. You don’t realise, you don’t worry about how it happens. Just when you’re drunk it just seems to happen. Maybe guys just see you as being drunk and as an easy target as well. (YWGD18 p7).

One woman suggested that when she was drunk she became trusting.

If a guy suddenly throws his arm around you, you don’t think twice about it, whereas... if you were sober you’d think “What do you want?” (GD11:25).

But alcohol also allows women to do acceptable and even socially expected activities like dancing or talking - things about which younger women said they are normally a little shy. The physical manipulation of alcohol could help in an uncomfortable social situation as well as create a notion of group solidarity.
When you first meet someone and you’re at a pub and you think "Oh dear, what shall I say to this person who’s a friend of a friend and the friend’s gone off the toilet," you can always say "Well, would you like drink?"/ If you run out of something to say and there’s a long pause you can pick up your glass and .../skull for a while (laughter)/... sit back and relax so it’s something to do./ It’s a prop./ It makes you fit in with society or look part of a group. / You are all sitting down having a drink and everyone’s on the same par (YWGD15 p25).

Some young women were aware of the complexity of the interaction between alcohol and the contexts in which it was consumed. They commented that it is different each night when they are drinking because there are so many factors involved. How they feel depends on how much they drink and also what they have had to eat. Others had noticed that they adopted various styles of drinking to conform with the style of drinking of whatever social group they were with. These patterns were apparent in the beverage diaries also but do not show up in some forms of alcohol consumption measures. They are important because they illustrate again the dangers of summarising alcohol consumption in a single measure. Related to this was the way in which some women university students differentiated themselves from their non-student female peers and used their drinking style to signal this.

Women in their middle years were more concerned about the negative aspects of alcohol which they understood to impact at a familial and social level as much as an individual level. When drawing upon personal experience women told of the short term problems such as passing out at parties, falling asleep, getting sick and losing control. These women provided a detailed list of the health effects of long term heavy drinking that included damage to the liver and kidneys, brain and health problems in general. Generally, these effects were beyond their personal experience but some women knew of relatives who had suffered them.

At the family and social level women reported that much of the harms they experience are due to men’s drinking. Several groups of women discussed alcohol in relation to car crashes. This was another area in which women and children were seen to be the victims of men’s drinking. Other areas of negative experiences were when drunk men,
including colleagues, subjected them to sexist behaviour or they were cuddled and molested.

A common theme was women's vulnerability, after drinking, to sexual advances, theft, and attack in general. Alcohol was seen to make women physically less capable of defending themselves. However, stories about women's vulnerability after drinking were contextualised by their presence in hotels or that they were out at night. It was linked also with the commonly described relationship between alcohol and violence. Women told how both men and women were thought to get abusive and aggressive when drinking, although men were considered more likely to be violent. On the basis of their experiences over the years, some women thought that men were likely to abuse the rest of the family whereas women were reported as sometimes being abusive towards their children. Women's descriptions of alcohol-related violence is that of a hierarchy in which violence is directed towards those less able to defend themselves than the attacker.

Some women discussed how alcohol could cause social embarrassment. They linked this with alcohol's ability to disinhibit them and accentuate their mood which could have positive or negative effects. An negative example was that alcohol loosens the tongue and increases one's appreciation for bad jokes and willingness to tell them. They reported that they could sometimes be embarrassed the next day about things they had said and done when drinking.

Alcohol's perceived ability to release inhibitions was mentioned as a positive feature as well as a negative one. Some women commented that when they were younger alcohol used to make them fell sparky, sexy and more like flirting but now it tended to relax them or even make them sleepy.

The most positive feature of alcohol that these women mentioned was that it is relaxing. It's use was linked with times when women relax and enjoy themselves such as when they socialise with family and friends. Several women said that it tastes nice. It was described as an icebreaker, a marker of festivity, and a life enhancer.
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Even when there were drinkers present in these groups, the discussion among older women of the effects of alcohol as they perceived them were concentrated heavily on the harmful social effects, the unpleasant physical characteristics of drunks and the degradation of women who get drunk. Their discussions concentrated on extremes; on the drunks who lie in gutters and smell, and public violence by drunk men. Some participants cited their own marriages as examples of the damage caused by alcohol to women and children. The most positive aspects of alcohol that were identified revolved around the promotion of relaxation and togetherness in social situations. In effect, the drinkers in these groups were somewhat muted by the moral high ground assumed by the women who were non drinkers or very light drinkers.

Women in their middle years offered mainly positive reasons for women drinking, such as because they want to and because they enjoy it, and for pleasure, relaxation, to cast aside the harsh realities of life and because its legal. The latter is an important point as historically women have used a range of drugs for a range of purposes but in the main they have been legal and or medicinal drugs such as opium in patent medicines (Lisansky Gomberg 1982) and as drugs are withdrawn from legal or medicinal use the majority of women users give them up. Younger women provided mainly positive reasons for women drinking alcohol such as relaxation, taste, enjoyment, socialising and for providing a good time and confidence and avoiding boredom. College students supplied similar responses adding that they drank for experience and that it was part of growing up. 1

A few women in their middle years also supplied reasons that were the darker side of the sociability and incorporation associated positively with alcohol consumption. Women drink as a response to social pressure and because its expected. For women who do not drink or who drink little this is sometimes spoils their enjoyment of social occasions.

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1 Some women did not think there were any positive aspects of alcohol.
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Control

The word ‘control’ was used repeatedly by women when they discussed alcohol and its use was associated with a range of meanings. Control was used to mean control over an individual’s physical and emotional behaviour, particularly in social settings, control over alcohol, and also control that was associated with managing the environmental and structural aspects of life and alcohol. As such, notions of control are crucial in women’s ability to judge the quantity of alcohol they drink and their assessment of consequences and dangers of drinking. These issues are discussed further in the concluding chapter.

Internally imposed controls

The need to stay in control was an important theme for most women of all ages and stages but they did not specify whether they were talking about control of their behaviour or control of alcohol as a substance, that had the ability to get out of control. They connected loss of control with social embarrassment and the inability to carry out important roles such as caring for children and doing their work. Links were made between the mental, physical and social aspects of loss of control. Women who had experienced the physical effects of loss of control, such as the room spinning or feeling sick, found them frightening enough to limit the amount they drank.

*I got drunk once and I actually hated it so since then I learnt how to know when I’m reaching my limit. Why did you hate it? What was awful about it? It’s just really freaky because I was out of control and didn’t like it. (MYGD16 p4).*

The physical sensations of being drunk or drug affected were interpreted as feelings of loss of control.

Yeah, although I suppose it’s not too often I’ve been disgustingly drunk, because I don’t like being out of control and I suppose it relates to I don’t do drugs and things because I hate that feeling of you not know where - of not being completely in control (Janice.19).
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The concept of control was linked strongly with women’s drinking in contrast to men’s. For example, when one woman described how stupid she had been to get very drunk on one occasion I asked her if it was because she thought it was because it was bad for women to do such things. She replied

Oh, God no. Certainly no, no. I never though about it from that point of view. I’ll never go by what women should do. I really don’t follow those rules. I always want to know who bloody sets those rules anyway. You know who the hell are they to set such rules (Janice:10).

However, this suggests that she perceived that there are rules for women, even if women choose to flout them. This discussion about rules led to the notion of control for women. The importance for women to maintain control when drinking she suggested might be because women have historically had such lack of control in other contexts that they don’t want to lack control in this smaller aspect of their lives.

Men may drink and get drunk because it makes them feel powerful - a feeling of being in control of their environment and contravenes the biomedical explanation of what happens during the process of inebriation. But women seem to interpret the sensations of drunkenness as feeling less powerful, or less in control of their environment. Women limit their consumption of alcohol to avoid such feelings. Thus, women’s feelings about control in relation to alcohol contrast with men’s.

Younger women and students also discussed the importance of control. Like older women they placed limits on what they drank and the experience of the physical sensation of losing control also limited their consumption.

Experience. I was very sick when I had too much the other day and I know what’s my limit now. / I don’t actually limit myself but... I hate being sick. I really loathe and detest being ill so I generally do not drink too much alcohol to make me sick because I just can’t stand it. /I think that’s pretty normal/ Some people go out and say "Yes, I’ll be sick the next morning but I’m enjoying myself anyway” but I would rather say, "No, I’d rather stop here than be sick the next morning” but I don’t actually say "I’ll have 3 pots or I’m going to be sick.”/ You do it by the way you feel not by how many you have. (YWGD15:4).
However, there were two ways in which younger women differed in their approach to control. Firstly, while some talked about the experience of losing control, getting drunk and being sick as experiences they did not wish to repeat, they also told how events occur repeatedly. Secondly, some younger women designated occasions when they had no intention of placing limits on themselves. There were occasions when their aim was to get out of control. However, they limited their drinking when they needed to function effectively to drive, work, sit examinations for example, or when they needed to take responsibility for their own welfare and safety or for others, such as for boyfriends or friends who were intoxicated. When they went out with people they did not know or were in a strange environment they would drink less.

_I think it depends also where I am. If I feel comfortable I’ll drink more. Especially if I’m at a party and I’m staying there, or at a friend’s house where I’m staying, then I don’t worry so much about what I’m drinking, but places where I feel strange or there are strange people, I don’t want to be taken advantage or anything like that. I don’t like to be in situations where I can’t control what I am doing and ... I’d never get very drunk in a nightclub or in a pub / If you didn’t have someone to take you home! (laughter)._ (YWGD15:5).

They thought that other women that they knew restricted what they drank because it's not _feminine_ to _drink very much or get drunk in men's company_. For many women the distaste with which drunken women were regarded reinforced their desire to avoid being in that situation themselves. They did not want to put themselves in the position where they would be talked about or looked on with disgust. The identity of the drunken woman, associated with being a _slut_ was one they wished to avoid.

While not so concerned with the need to stay in control of their behaviour, many women in their middle and later stages of their lives remained aware of the need to control their alcohol intake to retain control of their bodies. _Weight control_ was mentioned in the same context as other alcohol related health issues, such as long term problems from chronic drinking. Some women employed a number of strategies to limit the amount they drank, such as hiding, losing or spilling drinks and alternating non-alcoholic drinks with alcoholic ones, preferably without drawing attention to
themselves. Because they could not control other people's dispensation of alcohol, they controlled the alcohol they had within their reach.

Women in the later stages of their lives identified several ways in which they limited their alcohol consumption. For some, it was simply a matter of being *not interested in it* or because their health did not permit them to drink much. Other women reported that they did not approve of alcohol because they had *seen the damage its done*. Even the women who told of drinking in hotels said they limited their alcohol consumption by leaving the hotel at 10 pm even though their regular pub stayed open till 1 am.

Women in their middle years cited *health reasons and to catch alcoholism* for not drinking, and a number cited *bad experiences* with drinking by others. Some reasons, such as *pregnancy* and *to be there for the kids*, focussed on their maternal role. A theme that occurred in discussions by women in their younger and middle years was that women did not drink because they belonged to religious group or some other organisation that did not approve of alcohol. Young women, predominantly drinkers, offered several unique perspectives on why women like them do not drink. They supplied several variations on the idea of needing to stay in *control* or being worried about what they would do when out of control after drinking. Others ran along the lines that alcohol is *fattening*, that its *immature* to get drunk and that its *unfeminine* to drink, all themes that occur in much of their talk about alcohol and reflects their particular concerns. Younger women who supplied these reasons were generally using them to distinguish between themselves as drinkers and women they knew who did not drink.

*Externally Imposed Controls*

The term control is also used to describe the regulations and restrictions that are placed on the availability of alcohol and who is legally allowed to drink it. These controls are imposed on individuals but women sometimes told how they manipulated a mix of internal and external controls.
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Generally, most women (of all ages) thought that alcohol laws had little impact on women. This suggests that women operate ‘within the law’ so that the restrictions placed on alcohol consumption were no more limiting than those women placed on themselves in the context of social norms. In other words, because women generally control their consumption and their behaviour they rarely feel that the external system of controls has any impact on them.

The main exception concerned laws about driving with a blood alcohol level (BAL) over 0.05. As in other aspects of women’s lives where alcohol was involved, women commented that increasingly women were taking responsibility for themselves and others by limiting their alcohol intake and driving home, while men continued to drink. However, it has been reported in the literature that women are increasingly being charged with having BAL levels higher than the legal limit. This appears to be one area where the legal requirements of control are more limiting than some women imagine.

In keeping with the notion that women become aware of laws if they are likely to infringe them, students and other young women were most concerned about underage drinking even though most of them had reached the legal drinking age of 18. The dominant theme among this group was of recalling their days when they flouted the restrictions on underage drinking and frequently used sophisticated techniques for faking identification so that they could enter hotels and nightclubs to drink. Such stories, revolved around forms of knowledge - such as how to produce false identification documents, where to obtain them, how to sell them, what clubs were being raided by police. These stories indicated concern with displaying the insignia of adulthood and gaining control over social resources associated with alcohol.

Once they reached 18, the drink driving laws impacted on their lives to some extent by forcing them to make alternative arrangements for getting home if they planned to drink. If they were driving they limited their alcohol consumption to 1 or 2 drinks or less but some reported that they had driven when they were probably over the 0.05
limit. Those that were able to often walked to their regular drinking places and therefore were not concerned about drink driving laws.

In public health literature about alcohol links are made between the price of alcohol and demand, leading to a discussion of such issues as taxation as a public health policy (see for example Richardson 1990). The links between price and consumption was a common theme in younger women discussions. They said that lack of money restricted how much they drank, how often they drank and what they drank. Money was one of the main reason that students, both in and out of college, said that they drank beer or cider, though some said they preferred spirits.

Some students had developed strategies for managing their finances, such as only taking $10.00 with them when they went out drinking. Here is an example of a more complex strategy.

*I'll leave my keycard at home so I can't get money out of the machine because otherwise I'll spend my rent, so I do that because it happens that I've thought 'I'll get more money out' and I've got separate pockets and one's my taxi money and one's my alcohol money and my alcohol money runs out so ... I have dug into my taxi money before (YWGD15:9).*

These elaborate strategies locate the point of control as an external environmental one suggesting that young women felt that they had little control over their consumption, or over their behaviour once they started drinking. However, by managing her money and her pockets this woman ultimately still kept control of her drinking and her safety (her taxi money) although it had a lesser priority than drinking. This discussion took place in a light-hearted vein with the young women involved joking about their need to rely on external and environmental rather than internal controls. Some older women, in keeping with their age, having grown up in a time when greater restrictions were placed on alcohol, tended to be critical of the current availability of alcohol, repeating the temperance argument of many years ago that alcohol should not be sold on Sundays when food was not sold (See Chapter 2). The differences between older and younger women's views on alcohol control and availability and the tension in younger women's uses of internal and external controls reveals the shifting
expectations of women to regulate themselves rather than being regulated by family and gender roles and the law as in the past.

Women have traditionally been associated with the control of other people’s consumption of alcohol, through temperance organisations at a social level and through more personal activities within their circle of family and friends. However, only one woman in this study mentioned any connection with an organisation linked with the control of other people’s drinking. This was a temperance group which I gather was in a state of decline with very few members. Some older women told stories of removing bottles or taking similar action to control men’s drinking. Generally, though women talked very little about attempting to control other people’s drinking, including their children’s. Women with teenage children may express concerns about teenage drinking in terms of quantities consumed and its associations with dangerous activities such as driving (Banwell 1988:139). However, there were few women who had teenage children at the time of the study. Women did not talk about attempting to restrict their partner’s drinking, even when they had a problem. It may be that women having been labelled as “wowsers” since their involvement in the temperance movement still feel the power of this label (Room 1988).

CHANGE IN SOCIAL CLIMATE

Women of all ages thought that there had been changes in the social climate that gave women greater access to alcohol. Older women were more likely to view these changes with distrust seeing them linked with social problems while younger women accepted them as normal.

Older women placed a lot of importance on the influence of television and alcohol advertising in changing the social climate when reflecting on the differences in their own drinking to that of younger people. These women had seen alcohol advertisements aimed at the young and thought that they should not be permitted on television. Some had grown up in an environment where their mothers were expected
to abstain from alcohol and they did not see their fathers drink very often. A comment
from an older woman that in her time women were never seen in hotels drew a sharp
response from other women who pointed out that they had been drinking in hotels
since the fifties. Underlying this, is the notion again that respectable women do not
drink or having anything to do with alcohol.

The changes that have occurred since the 60s permitting women to drink in public
places (particularly hotels) were thought to have also influenced the way in which
women now drank. Most women stated, with approbation, that they now had much
greater access to a range of alcoholic drinks and venues in which to drink. However,
not all women saw this as a positive step. Some, mainly in their middle years and
older, were concerned that greater availability of alcohol would contribute to
increased alcohol problems among women. Blaming women’s liberation for the
changes, one woman in her middle years pointed out that there is no longer a place in
hotels for women to get away from men or where they will avoid their behaviour and
bad language.

While young women and students were aware of the changes such as reduced stigma
attached to women who drink in public their discussions also raised issues not
mentioned by older women. The theme of equality with men in the domain of alcohol
consumption was expressed in a number of ways. There was discussion among young
women that men and women went out drinking in mixed sex groups as friends rather
than partners. As well as drinking with men, they discussed drinking on an equal
footing with men and keeping pace with them. In the same climate it was more
acceptable for women to get drunk, although not totally acceptable, but if it happened
it was no big deal.

The notion that I expressed to some students that women might be copying masculine
behaviour was rejected but instead some participants thought that now they did not
keep themselves apart from men. Other women thought that it was good thing that
they now at least had the choice if they wanted it.
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The option should be there. / It's that sort of two edged thing. "Oh, isn't it great. It just shows that women can do anything that men can do." but then comes "Who would want to do what men do when they turn around and chuck everywhere." (CWGD 11:45).

They thought that alcohol was part of the social attitude of men to women. For example, one student pointed out that she had been dumped by one man because he considered her beer drinking to be unladylike. The move into the hotels by women was seen by some students as more indicative of changes in women’s drinking than any other aspect of alcohol consumption. They linked it to changes in women's dress saying that, these days women and men wore very similar clothes, and both drinking and the dress style of young people were part of a social image that indicated greater equality between men and women. These younger women also were aware that these changes may be associated with alcohol problems for women. The notions expressed here of equality expressed through drinking, the use of previously male spaces by women, and dress are taken up in the following chapter.

The Influence of the Media

The media’s portrayal of alcohol was part of the general social environment that had changed in the last few decades. However, most women did not believe that alcohol advertisements were likely to affect how they drank or what they drank, partially because they believed themselves immune to the blandishments of the advertising industry but also because they thought most alcohol advertisements were aimed at younger people. There was more acknowledgment among young women that alcohol advertising might be more influential among them than other groups of women. They had sometimes tried drinks because they had seen them advertised but in a broader sense advertising affected their views on alcohol.

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2 When women talked about the media it was usually television which they discussed.
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Advertising must shape how people view which drinks are cool and which one’s aren’t. Because there are certain drinks that if you drink them you are categorised straight away (WYND12).

The influence of advertising was also apparent in younger women’s familiarity and interest in alcohol advertisements. They described in some detail advertisements aimed at women and commented on the gendered nature of alcohol advertising and its impact on women. However, they added that they drink beer even though there are no beer advertisements showing women. In the colleges alcohol advertising images were sometimes appropriated by groups of students to represent club logos etc.

Many women of all ages and stages believed that alcohol advertising reinforced gender stereotypes and encouraged risky consumption among teenagers. Some also thought that it should not be permitted on television or billboards.

Health Promotion and Accident Prevention Advertisements

College students, especially, approved of the campaigns run on television about intoxication. They mentioned a series of advertisements that had the tag line "How will you feel in the morning". They felt that they were relevant, particularly as some women present had experienced similar disasters to those portrayed in the advertisements. They reported that the advertisements made them think. Despite acknowledging the relevance of the advertisements to their own behaviour, some students were doubtful about whether such advertising campaigns would influence their behaviour but wondered about younger kids, just starting up with drinking. Others thought that some advertisements were still too romantic. An example was one advertisement in which a woman wakes up with a man in her bed. As one student commented He’s the most gorgeous guy I’ve ever seen. Nice body and tell me you’re going to regret that. (YWGD18:11). While this might be seen as a flippant response, it may be that in their experience of waking up with unknown men there is little to recommend their sleeping partner, including an attractive body. In keeping with the awful fascination with vomiting and physical reactions to alcohol, one advertisement sparked a strong reaction.
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The one where she's throwing up in the toilet, that's so true. It does make you aware. / You just look and you think, "God, that is so true." You know we really are immature about it, but you still do it (CWGD18:11).

Drink driving advertisements that showed in graphic detail the effects of car accidents, in which people were maimed and killed were fantastic according to one group. Participants thought these advertisements were more likely to change behaviour because you can see the damage. This group explained that the difference between the two sets of advertisements was that the consequences of one set of behaviours was to do with feelings and the other had consequences that affected other people’s lives.

One theme, running through the responses to the advertisements about the consequences of drinking too much, was expressed when women were referring to their own experiences. They felt they did not need to be told about the unpleasant consequences of drinking. They had experienced them and were prepared to accept them. This may be why students and young women thought that these advertisements, while relevant, would be unlikely to influence their behaviour. One young woman expressed it thus:

...you wait all week just to do this and then you wake up feeling like shit and you wonder why you do it. It's so true. You look forward to this every weekend (Mina:13).

MORE PERSONAL INFLUENCES

Women’s discussions about the influences on alcohol consumption that operated at a broad social level seemed to create a climate in which more personal influences sometimes had a stronger impact on their alcohol consumption. They talked about the impact of factors such as parental and family background, age and stage issues, stresses and problems and health messages. An extreme example of the influence of
family background was offered by one woman who had given up alcohol because she had an alcoholic father, brother and uncle all of whom had either died or suffered because of their drinking. She explained her father’s drinking as an inability to cope with stresses of life.

The potential influence of partner’s drinking on a woman’s consumption was not formally acknowledged by many women although one woman attributed her very negative attitudes to alcohol to her husband’s problems with alcohol, and another told how she started drinking in public with her husband’s encouragement. This move into public drinking occurred in the context of the dislocation by the war of old patterns and social mores.

A number of women discussed how their drinking had declined over the years now that they had children and because of the drink-driving laws. Some described their years at university as a time when you sort of went out and wrote yourself off a fair bit (MYGD8:3). However, other women noted that they drank more to cope with the stress of dealing with children. Health messages about alcohol and the particularly the dangers of drinking and driving were also understood to have had an impact on women in general.

Young women and students were in agreement with other women over the importance of such influences such as parental attitudes to alcohol. However, they also discussed an additional wide range of influences on their current drinking. They were more concerned about their immediate environment and their peers than older women.

Like when I go down to the pub, just sort of socially, just sort of for something to do after work, and everybody will be having a beer and I will feel like I have to have one too, even though I’d be just of happy to have a cup of tea. No one’s really putting the pressure on, I don’t think except perhaps what I feel I should be doing in that situation, but it’s sort of often I’d go down to the pub and have a couple of beers when I’d really be happier having a soft drink or something like that. Well, I suppose the question is then why are you going to the pub? Cause everyone else is. Everyone’s there. (YWGD4:5).
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The influence of life stage was another commonly discussed theme. Some women described drinking more when they were underage and drinking was illegal and it was pretty good fun. Other women described forcing themselves to like alcohol, tobacco and coffee because they were adult activities. As a combination of life stage, environment and peer influences, first year university and residence at university colleges were also cited as times of heavy drinking.

Among students who were residing at colleges at the time of the research there was general acknowledgment that college life was associated with heavy drinking but there was much less consistency about the process by which this occurred. Some thought students that there was no pressure on women to drink (but pressure on men to not only drink but to drink up). Even so, they described fellow students making comments and jokes if they were seen drinking non-alcoholic drinks. Listening to them describe ways in which women could avoid drinking it seemed that they were describing withdrawing from a major portion of college social life.

However, in other discussions among both college and non-college students, pressure to drink emerged as a theme. In several groups, students stated that they felt the pressure on them to not only drink but to drink large amounts of alcohol came from the male students. I have included the following lengthy quotation because of the way in which these college students struggled to articulate what they saw as the nature of pressure on women students to drink. They were asked initially what they thought were influences on women's (women like them) drinking.

Men/male attitudes/Attitudes to women? So how do you think male attitudes to women's drinking.../Oh they encourage - /Like their attitude is that it's cool for women to drink./ It's like peer group pressure. All through high school it's a lot about peer group pressure and you think, "Oh look, I can handle it. I don't have these kinds of worries," but you sort of think about it and there are a lot of women that -/ I think once you get to college there's the most pressure you've ever felt. / And the thing is you might not even recognise it.../ I asked more about this pressure and how it was manifested/ ...It's not clear cut pressure. It's an accepted pressure that you go out and drink. That's expected but you accept it yourself. I guess if you didn't well then you'd feel the pressure. / It's the way the next morning you hear people saying to people who got really bloated and you think are vegies... "Heard you had a good time last night", whatever and it's sort of like yeah.../ So there's like an encouragement to get drunk?/ Yeah, it's
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quit a laid back sort of stigma about getting drunk that you sort of - I don't know - ...It's not an obvious pressure because it is an accepted way of life” (CWGD18:12).

An institutional feature of college life, although it is part of other university activities as well, is the flat rate of payment for college social activities and balls. Students pay to take part in an activity and this then entitles them to drink (and eat if food is included) as much as they like or can of whatever alcoholic drinks are provided. While this clearly is a convenient and popular way to organise such events, the students commented that it encourages women and men to drink as much as they can to get value for their money. One student commented that there was no point in going to such an event if one did not drink. This suggests that this way of organising social events may accentuate the separation of drinking and non-drinking students. Non-drinking and light drinking students commented that if they do go to such events they quickly feel alienated by the drunkenness of the others. Students’ drinking was also influenced by the university calendar. They reported drinking less frequently when they had exams, or morning lectures.

ALCOHOL PROBLEMS

The question of what were alcohol problems for women revealed some of the differences of age and experiences between women at various stages in their lives. The theme running through the discussion of alcohol problems among older women was the idea that alcohol problems were an expression of moral weakness. There was discussion about whether one should judge people. These women thought that people who would be likely to have problems with alcohol were children and street kids in other words they described social categories that were socially and chronologically removed from themselves. Women thought that such children’s problems stemmed from their home environment and lack of discipline. Although alcohol problems were seen as moral failure, AA, which promotes the disease model of alcoholism, was
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cited as a source of assistance for women with alcohol problems, along with General Practitioners and counsellors.

Women from ethnic backgrounds thought that problems with alcohol involved men not women. However, they noted that women in their communities had problems of a different nature. For example, Arabic speaking women believed that many women self-medicated by using tranquillisers to solve personal problems or the shock of dislocation. Vietnamese women acknowledged that there were problems with gambling in their community while Italian speaking women described themselves as light drinkers and stated that there were no women with problems with alcohol. 3

A common theme expressed by women in the mid life phase is that they have occasional problems with the short term physical effects while other women have problems of addiction, or where their desire for alcohol overrides their ability to fulfill their social roles as carers. However, a number of women at this stage in their lives knew other women who had been criticised for the drinking, felt the need to cut down their alcohol consumption, felt guilty about their drinking and who drank first thing in the morning. Similarly, they knew women who had had trouble at work, and at school because of their drinking but they did not know women who had been in trouble with the police. 4

The influence of AA on women's knowledge about alcohol problems was expressed in the theme running through these discussions that women with problems cannot be assisted until they acknowledge that they are an alcoholic. Because some women in these groups had experienced family members with alcohol problems they were aware of the specialist treatment facilities around Melbourne. Women with less specialised knowledge, considered general practitioners, counsellors and AA to be resources they would turn to for help with alcohol problems.

3 The woman who accompanied me as a translator stated that problem drinking among Italian women is so heavily stigmatised that the women would be unlikely to acknowledge that it could occur.

4 These questions are an adaptation of the CAGE set of questions which asks women if they have had this set of problems. In the group discussion schedule women were asked if they knew women like them who had had these problems. In Kumeu (Banwell 1988), women rarely stated that they knew women with any of these problems.
Younger women’s concepts of problems or difficulties with alcohol were concerned with drinking and behaving inappropriately. The example offered by one person was of being the only one drunk at a dinner when everybody else was sober. This suggests that unlike many other women, younger women did not see being drunk necessarily as a problem - it was more to do with getting drunk in an inappropriate context. Other problems related to their age and inexperience - for example, not knowing about mixing drinks or what the alcohol content of different drinks is which resulted in loss of control and unpleasant physical effects.

Most younger women also knew women like them who had felt bad or guilty about their drinking or they knew friends who had been criticised for their drinking or felt that they should cut down. However, it was pointed out that women can be criticised about their drinking because they don’t drink enough. According to these younger women it was only likely to be men who drank first thing in the morning to steady their nerves. Once again it was mainly young men and male students who were likely to have been in trouble with the police over their drinking but it was common for students to report missing lectures because of hangovers.

Young women at colleges had access to counsellors or college chaplains that they could go to for help with a drinking problem but no one reported having done so. In keeping with their expression of the theme of short term harms associated with alcohol use, young women and students, thought that they could deal with problems by changing their behaviour to avoid places where heavy drinking occurs or to avoid getting drunk.

The Categorisation of Drinkers and Drinking Styles

The process of naming and categorising groups of female drinkers revealed women’s representations of themselves as drinkers and how they related to other types of drinkers. It also reflected some of the differences between women of various ages and stages that appeared in other areas of discussion about alcohol. (see Appendix V).
Women were asked to think about women like themselves and to categorise them into 5 groups starting with women who drink none or almost no alcohol. They were encouraged to label each category themselves rather than having a name supplied to them, to describe what distinguished this category from the others and describe how much they thought women in each category might drink. Groups occasionally found this series of questions challenging and needed a little additional prompting. For example I might ask, "What names might you use to describe someone who doesn't drink alcohol?" In quite a number of groups, a fair amount of discussion was needed to decide what patterns of drinking each category was comprised of and frequently women changed their minds as they went along.

To decide upon the type of drinking in each category women often described the drinking pattern of someone they knew and the reasons they drank in the way they did. They also quite frequently located themselves in one of the categories, usually the second or third (middle) category. The only exceptions were a group of young women and another group in their middle years who placed themselves in the fourth category. Only one group of older women discussed these questions and as can be seen from the scarcity of discussion they found this task hard to relate to. I would suggest that as most of these women did not drink or drank very little they did not the experience upon which to draw to make fine distinctions between patterns of alcohol consumption.

The process of labelling categories of drinker allowed women to display attitudes to different styles of drinking. The labels applied to categories 1 (non drinkers) and 5 (very heavy drinkers) were most likely to be negative and sometimes judgemental. Discussions around what constituted these styles of drinking emphasised the differences between the group participants and women who drank in these styles. For example, women who did not drink because of sporting interests were described as fitness freaks or fanatics. Moslems, were a group who were perceived to be non-drinkers and different to Anglo-Australian women in the study. Some women differentiated between those non-drinkers who did not emphasise their non-drinking
and those who seemed to make their peers feel uncomfortable. Non-drinkers who did not make an issue out it were seen as acceptable whereas non-drinkers who obviously disapproved of alcohol or who made others feel bad about their drinking were not highly regarded. The social approbation given to category 3 is apparent in the use of labels such as \textit{moderate, sensible} etc.

A feature of these discussions is the way in which alcohol marks not only difference, but also, social inclusion and exclusion. Non-drinkers, and sometimes light drinkers, among some of the groups were described as people \textit{who did not join in}, who did different things, or \textit{who left early} or \textit{people we don't know}.

When examining the responses of groups of all ages, the strongest disapproval expressed for non-drinking was among the college students and it tailed off among groups in which participants were older, until it was reversed by some members of the two older women's group who were just as strong in their disapproval of drinking as the young women were in their disapproval of non-drinking. In other words, women tended to label drinking that was like their own positively and label negatively drinking that was different. Health reasons for not drinking seemed to be viewed less negatively than religious, moral or fitness reasons. Where women, knew someone well who either did not drink or drank very heavily they exhibited tolerance and understanding.

When discussing the category of heavy drinkers, women frequently referred to men, who are, once again, a very different group. I frequently either reminded women that we were talking about women not men, or checked to make sure that they were discussing women's drinking. Some groups acknowledged that they really did not know any women who drank in the way they considered to be really heavy or \textit{alcoholic}. However, there were a number of women with women friends whose drinking was perceived to be problematic, dependent or \textit{alcoholic}.

Women's difficulties with this exercise may stem from two sources. One was the concern to position themselves and their own drinking appropriately within a middle
range category. They would sometimes find that they had used up too many low drinking categories leaving themselves positioned as a heavier drinker. This would then involve redesignating earlier categories to allow themselves to placed in the middle. The second difficulty was related in some cases to women’s desire to reserve the heaviest drinking categories for alcoholics and very heavy drinkers although they did not see themselves in this light and very few knew women they considered to be such heavy drinkers. Thus, they had difficulty in describing them and they turned to men as models. In a sense this exercise revealed the influence of expert discourses which place emphasis on the chronic drinker with health problems or the alcoholic on women’s accounts of drinking.

Summary
Much discussion presents the topic of women’s use of alcohol as a single phenomenon and women indeed share many common experiences and perspectives on it. However, within the one small area of Carlton, a multiplicity of voices can be heard. These preceding chapters have reported on data that illustrate women’s shared experiences and understandings of alcohol as well as aspects of their lives that are associated with different perspectives on alcohol. Some of the factors that have been discussed in these chapters are the standard socio-demographic ones, such as age, marital and maternal status and occupation. These, and others such as family background, early experiences, and the social and historical context in which women formed their views on alcohol have been explored from women’s understandings on how they are associated with alcohol use.
PART IV: CONCLUSION
Chapter 10: “You Do It by the Way you Feel, Not by How Many You Have”

This study has examined the social contexts and practices of alcohol use in women’s lives. In this framework, drinking is seen as a social activity and the meanings attached to alcohol and its consumption (even solitary consumption) are fundamentally social. This chapter draws together the key findings of the previous chapters and situates the social practices of women’s alcohol use within the wider discourses of alcohol use and abuse in the academic, professional and public health field. Specifically, I argue that alcohol use as a social practice is akin to other social practices within the broader realm of health and everyday life. And likewise, the problematic and often competing discourses around alcohol consumption share similarities with other competing discourses within the broader domain of public health. Thus, alcohol practices can be understood both as a social resource and as symbolic tools through which women creatively play with and (re)create their individual and social identities. Women understand the dangers of alcohol to be not so much those commonly portrayed within the public health and clinical literature, but rather as dangers which stem from and threaten social relationships. In particular, women identified the effects of alcohol on men as a danger to women rather than the effects of alcohol on their own health.

In this chapter I discuss women and alcohol firstly from women’s points of view. I look at the practice of alcohol use in the social world; the ways women use alcohol as a mediator of exchange and how they manipulate alcohol to create and experiment with social identities. Alcohol is used to convey information about themselves. I discuss the ways women experience alcohol at a phenomenological level, their discourses about what they see as the pleasures and the dangers associated with drinking.

Secondly, looking at women and alcohol from the expert’s point of view, I raise questions about the production of “risk” and the production of “control” and their
relation to women’s experiences and women’s bodies. I conclude by proposing that women in this study mainly conceived of alcohol as a social resource, which they used to facilitate access to information, status, identity making, escape from gender roles, and expectations and the demands of every day life. Health promotion messages that advise women to limit their intake of alcohol ignore the social constructions of alcohol as a social resource, and thus, fail to build upon women’s own, often positive lived experiences of alcohol in their every day lives.

WOMEN’S ALCOHOL USE IN THE SOCIAL WORLD

Women’s use of alcohol in the social world and its social meanings can be understood using two approaches. The first is based on Douglas and Isherwood’s discussion of consumption goods (1979) which are items exchanged for, and used in the provision of, hospitality. They link participation in exchange of consumption goods and access to information. The second, which is particularly relevant to younger women’s public drinking, is that alcohol serves as a symbol and prop in the creation and representation of social identity. These interpretations arise out of my reading of the data collected during this research. I have emphasised that within the community of Carlton alcohol has different meanings and uses depending on the women involved and the context. There are numerous other interpretations placed on alcohol consumption across cultures (see Paton-Simpson 1996 for a review of meanings of drinking and intoxication).

Alcohol is an excellent example of a consumption good because it mediates social activity and marks social categories.

Consumption has to be recognised as an integral part of the same social system that accounts for the drive to work, itself part of the social need to relate to other people and to have mediating materials for relating to them. Mediating materials are food, drink and hospitality of home to offer, ... (Douglas and Isherwood 1979:4).
Shared consumption of goods associated with hospitality is a way of making sense of the world by separating and demarcating the flow of life events, such as occurs in ritual feasts held for special events. The goods that are used for this purpose are a means of communicating and can be analysed as a “live information system” (Douglas and Isherwood 1979). In other words, whether a birthday is celebrated by drinking beer, champagne or soft drink provides information about the way in which this event is regarded by the participants as well as communicating a wide range of information about them. The use of goods may be understood as a “constantly growing and shifting system of signs which consumers use in their silent speech” (Falk 1994). One way in which this communication system operates is that consumption goods are exchanged for, and used in, hospitality. Douglas and Isherwood argue that the social relationships maintained by shared consumption have a “good effect on earning capacity” through managing access, control and exchange of information. This information may be directly connected to work and add to earning capacity or it may be more broadly useful in controlling and managing an individual’s social world. Those who spend most on information are the most advantaged.

Park (1990:244-245) argues that alcohol is useful in this system of shared consumption and exchange because it is easily transported and stored and its value increases over time. It is an acceptable exchange item in return for personal services within both the private and the commercial realms. The diversity in types of alcohol, (such as beer, spirits, and wine,) may convey information about different types of people and who belongs to what group, whether the group is based on class, gender, age and ethnicity to name a few. This is another way of looking at the information produced by alcohol surveys in Australia that indicate that women are mainly wine drinkers and men are mainly beer drinkers. In other words, men and women distinguish themselves from each other in numerous ways including their choice of alcoholic beverage. Much finer distinctions can be made within types of alcohol, however. Of the alcohol types, wine is associated with the most elaborated system of distinctions. Until recently, detailed knowledge about wine was predominantly used by men to distinguish between groups with whom they associated with and groups with whom they didn’t, or groups with whom they did or did not share information.
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Park (1990) contends, on the basis of New Zealand research, that women are moving into the domain in which alcohol is a shared consumption good. Basing her argument mainly on women in their middle years, she argues that they are not however, drinking like men, instead drinking comparatively small amounts, mainly in private domestic settings. She argues that they have entered into the world in which alcohol is used to convey information by symbolically consuming it and by sharing and displaying information about alcohol. In Kumeu, a wine growing area, women drank only small amounts of wine, but they knew a good deal about wine and they emphasised the importance of passing on their knowledge to their daughters (Banwell 1988). Such women exemplified Douglas and Isherwood’s point (1979:76) that while physical consumption is important, the most useful part of the exercise is in “sharing names that have been learned and graded”.

In this study, it was also mainly women in their middle years who exemplified the style of drinking described by Park. However, younger women also reinforced how important it was that they were taught about alcohol, not just managing it physically but learning the rules of appropriate behaviour and the distinctions between alcohol of different types. Many stated that this was a role that they expected their parents to play (and they generally did) and they also planned to do the same thing for their children.

In the following pages I concentrate on younger women’s drinking. Young women in paid employment and students’ drinking showed similarities to male drinking patterns thereby gaining them access to drinking groups in which information was being shared. Douglas and Isherwood describes the consumption of alcohol by men in groups based on work associations, as an example of alcohol marking distinctions between groups and exclusion or inclusion into the circles in which information is transmitted and alliances are formed which can ultimately influence their ability to earn an income (Douglas and Isherwood 1979:166-174).

Younger women and students differed from the patterns of drinking displayed by most of the women in their middle and older years, in their embrace of what appears to be
masculine drinking styles. This was exemplified in this study by a group of unmarried, women in their late 20s who worked together in a profession where more senior positions were held by men. These women drank regularly and sometimes quite heavily with work colleagues and adopted the beer drinking, round buying pattern. Other young women and students adopted a similar drinking style when at hotels. According to some, the most successful woman drinkers, (the ones most admired by their male and sometimes female peers), were those who could drink like men but behave like women (as defined within their specific social groups). Despite similarities between their drinking style and that of their male peers, women stated that they did not want to copy men and that women who did so were stigmatised. These young women while rejecting what were seen as traditional feminine styles of drinking they differentiated their drinking in subtle ways from male drinking. However, at other times and in other places they adopted a more feminine style i.e. a moderate consumption of wine with food. Drinking at parties entailed a different set of drinks and behaviour. Such differences conform with the widely held observation that set and setting are important in alcohol consumption (Paton-Simpson 1996) and drug use (Zinberg 1984; Partanen 1983).

If young women did not drink beer and take part in buying rounds or shouting they ran the danger of being left out, which according to Douglas and Isherwood (1979) would entail exclusion from exchange of information. In settings, such as hotels, where students and young women did much of their drinking, the norms and drinking rules were masculine even though women attended in large numbers. These were places where men had drunk much longer and had established the rules of drinking. Some young women said for example, that while they were quite happy in hotels with other women or in mixed groups they did not feel comfortable alone, suggesting that they felt that this was a male space. They said that women like themselves no longer kept themselves apart from male drinking.

Just as men have created the culture of drinking in these situations, the established information networks are male dominated. In situations relating to work, including universities, where the powerful and dominant positions have been held and still are
mainly held by men, exclusion from male groups is likely to disadvantage women who are students or employed. In these circles the information exchanged is likely to be relevant to their work prospects, careers, and the institutions in which they are situated. For women to choose to drink at the pub after work is to engage more actively in this system and to situate themselves as central participants. Even when men were not part of the group women drank beer in rounds at the pub signalling their willingness to be included in a mixed group and their re-definition of drinking norms that included women. Men would sometimes exclude women from their drinking groups but women would never exclude men.

The importance of being seen to keep up in a round or to take one’s turn in a round is yet another marker of inclusion or exclusion. Douglas and Isherwood (1979:169) report that among working men, the ability to financially keep up with buying rounds paying is a major preoccupation and forces men of similar income to drink together. It was observed that a group of male drinkers, which included a blind man, managed to empty their glasses to exactly the same level at the same time. An awareness of similar issues appeared in younger women’s and students accounts of drinking. Drinking beer was not only cheap but it also identified them as students. This is not to say that they were not restricted in their disposable income but it was drawn upon as marker in their representation of themselves. However, a few women did not join rounds in the presence of strangers, particularly men, because of concerns about not being able to keep up with the expense, and more importantly, the drinking rate and the amount of alcohol that would have to be consumed. The fastest and heaviest drinking sets the standard in round drinking in male groups where the fastest drinkers will place pressure on the rest to keep up (Hodges 1984). Rather than be seen to be unable to maintain group behaviour, women excluded themselves.

In some women’s discussions about drinking, the notion of equality was frequently expressed. To be included in groups and therefore able to access information about work and other interests, it was important for women to be seen to be treated as equals. Their inclusion could be seen as another form of information broadcast to those around.
While young women did not explicitly exchange alcohol for sex, reciprocity which was associated with underlying sexual tensions, was expected by both men and women when drinks were bought. When accompanied by a particular male partner or boyfriend, women said were included in group drinking as the dependents of their male escort rather than as equal participants. Once men bought drinks for women, whether they were a couple or in a group, notions of equality and inclusion for women as equals disappeared. Instead, notions of an alcohol/sex exchange entered the young women’s discussions. In this situation the medium of exchange shifted from information to sex. In response, women sometimes requested more expensive drinks (spirits), while others refused to accept a drink bought for them by a man they did not know. Some women assessed each situation as it arose while other women took advantage of it by refusing to accept the implications of reciprocity. Women acknowledged that it was also difficult for men to negotiate this area as well. The giving and receiving of alcoholic drinks by people who did not know each other well was fraught with tension and ambiguity and signalled that gender relations were uncertain.

Alcohol was mainly used as a medium of exchange for information in the drinking scenes young women described. However, in less common situations with a different set of people and/or relationships and a different type of alcoholic drink involved, alcohol was the medium of exchange for sex.¹

**Experimentation with Alcohol and Social Identity**

Alcohol is used by women as a key symbolic resource in the experimentation with, and creation of, a social identity. It is one of the substances which are consumed by the body whose

¹In this study women reported that long term partners might expect sex after they had been drinking (see also Smith and McMath 1988:66)
... apertures of ingestion and emission work to constitute the notion of the subject, of the individual body and ultimately, the self (Stewart 1984 in Falk 1994).

While women use masculine drinking styles to join circles where exchange of information occurs, they also use the same drinking styles to represent themselves with an adult social identity. This identity is not the only one that will be constructed or represented, nor will it remain static through women’s lives. As Lupton (1996:13) says “the self, or more accurately selves, are highly changeable and contextual, albeit within certain limits imposed by the culture in which an individual lives”.

Young women’s discussions about alcohol contained themes relating to adulthood and maturity. These concerned drinking experiences, knowledge about alcohol, about drinking scenes, pubs, nightclubs, and the use of age-based identification to access alcohol. Park (1990) pointed out that adult status in law and custom has only recently been accorded to women. Alcohol is one of a number of symbols that mark adult status and it is hardly surprising that young women are concerned with it, for reasons of gender as well as age (see Keeling 1988). The young women in this study had legally attained adult status (they were 18 or over) but their narratives about alcohol indicated that they were using alcohol as one of their key symbolic resources in the process of constructing an adult social identity. They discussed achieving equality with men in terms of drinking, styles of dress and other behaviour. They also differentiated themselves from other women, such as friends who were not at university) who were more ‘feminine in style. In this sense, alcohol consumption like smoking marks a teenage rite of passage, and signals the type of social identity that is desired (Banwell and Young 1993). Both cigarettes and alcohol are considered to be like food, and their intake can be explained in the same way as foods that mark rites of passage (Falk 1994:82 passim). Some foods are forbidden at certain ages, that is they are considered poisonous or dangerous at the time but permitted after initiation or the age grade is reached. The food is bad at the time but represents something that is good in the future and is therefore desired. This association between the food and the desired state, makes the food itself so desirable that it can overcome the barrier of its actual taste, which may normally make it almost inedible. Use of foods can also
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separate and distinguish ritual and non-ritual, festive and non-festive, occasions and demarcate particular times (Falk 1994:82).

Alcohol is not only used as a marker of age and adulthood but also of gender. Gender and adulthood were important in the sorts of social identity that young women discussed. While they were experimenting with apparently masculine styles of drinking, they were not wholeheartedly adopting everything masculine. As one woman said when talking about male drinking: *We can do it if we want to but would you want to?* This exploration of social identity took place in spaces dominated by established male norms. It also took place at a time when young women were free of many of the constraints, such as domestic and social responsibilities, that other women experience.

These women correspond in age to those who have been identified in a number of epidemiological studies as likely to be drinking at hazardous and harmful levels (see Chapters 5 and 6) and their narratives about drinking experiences generally confirmed such studies. Some young women’s diaries record less alcohol consumption than one would expect from the very large amounts they talked about. While under reporting is a common problem in alcohol research it is unlikely that the same women would deliberately underestimate or hide their consumption on paper and then exaggerate it in discussions. What is more likely is that they overestimate what they drink when they talk about it - just as men are reputed to do. In other words, they may ‘talk up’ their alcohol intake. In one sense the issue is not how much they actually drink; the important point is that among these young women there is a less negative attitude to heavy drinking than among other groups of women and getting drunk was tolerated as part of the drinking experience. Their narratives about alcohol consumption, within their particular social world, are part of the representation of themselves as independent women with the potential for a career and the ability to operate in a man’s world.

In their drinking and in their narratives about drinking, young women are creating their experience and identity. As McDonald has described in a very different context,
"young men and young women are taking on new cultures of drinking and smoking, therefore, along with new modes of being a man or a woman" (McDonald 1994:120). These women explore what will work for them by looking at the trade offs between inclusion and exclusion in social groups, and types of gendered behaviour that will enable them to construct new forms of social identity. Both forms of information exchange discussed illustrate that women use alcohol to gain access to information about their social world and to disseminate information about how they wish to represent themselves as adult in a particular way in this world. For younger women especially, when drinking in mixed sex groups with peers, these uses of alcohol include adopting some aspects of male styles of drinking, experimenting with them and choosing what suits them in that context.

**Summary**

Alcohol is central to the production of social identities and is used as a key medium of exchange which varies with context and beverage. In other places and at other times different beverages and styles of drinking are chosen. When these women drink in mixed sex groups in public they drink beer to represent themselves as female but equal to men and alcohol is the medium of exchange for information and power. When women drink with a specific man, they drink spirits or wine to be female but different and their social identity is that of girlfriend or partner. In the latter situation alcohol is the medium of exchange for sex, romance, love or partnership and the creation of social identity in the private sphere takes place. Such social identities can also be created by groups of women, in public and in public houses, representing themselves as female but equal, with alcohol (beer) still the medium of exchange for power and information. Or they may drink in female groups as females and different, with alcohol (likely to be wine) as the medium of exchange for friendship and social cohesion.

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2 There are parallels here with women in the army (in NZ) where women feel they have to drink as much as men to be “just as good as the men” (McMath 1990:24)
Theories of Alcohol, Power and Gender.

The argument I present appears to exemplify the one critiqued by Morrissey (1986; 1987) as a “liberal feminist agenda”. She argues that emphasising access to the same choices as men, and linking alcohol and power has led to two contradictory courses (Morrissey 1986:71). Her point is that researchers, influenced by liberal feminist ideology, have accepted the link between alcohol consumption, power and gender and have concentrated their research gaze on looking for an increase in alcohol problems among women who have been influenced by feminist thought. Thus, women’s alcohol problems result either from confusion, conflict and stress about gender roles and reproductive and biological functions (Wilsnack 1973; Holubowycz 1986). Alternately, alcohol problems are linked with women’s movement out of conventional or non-traditional gender roles and their increased freedom to drink like men. Shaw (1980) exemplifies arguments of this type which range from women’s “emancipation” causing drinking problems as well as stress related to women’s movement into the labour market. Further examples are women’s loss of productive and reproductive roles, exemplified by the ‘empty nest’ syndrome when women feel worthless because they are no longer mothering, “role ambiguity” and “sex role confusion”. Morrissey’s “contradictory courses” that result from accepting the alcohol/power nexus are that women either suffer alcohol problems from drinking like men or they bypass alcohol problems by restricting themselves to “traditional” feminine, productive and reproductive roles which are reinforced by the scientific, medical and social control of women’s drinking.

Morrissey argues that the ambiguous messages about whether women should or should not drink would result in an increase in women’s drinking. However, she attributes non-occurrence of expected epidemic of women’s drinking to women refusing to accept the link between alcohol and power. Johnson, on the basis of Morrissey’s paper, argues that whereas in the past, control of women was expressed through the restriction of alcohol, now men seek to control women through promoting
their use of alcohol. At the individual level, this occurs through men's use of alcohol to seduce women, and at a societal level (mainly) men's control occurs through the manipulation of alcohol advertising and alcohol sales and through governmental and public health policies on alcohol (Johnson 1991).

Much of the discussion in the alcohol literature has, as Morrissey stated (1986), revolved around women's adherence to "traditional" productive and reproductive roles and/or stress related to stepping out of them. In Australia in the 1990s it is doubtful how relevant a discussion of "traditional" roles is. "Traditional roles" for women is code for women performing unpaid labour at home, keeping house and raising children. Women currently in their late teens or early twenties may not necessarily have any direct experience of these "traditional roles". They may be the second, third or fourth generation of women in their family to plan a career, to work in paid employment, and undertake activities that involve financial, emotional and intellectual independence. The children of women of ethnic background may well have grown up observing some other pattern than traditional anglo-Australian women's roles.

Morrissey's paper raises a major dilemma in research on women and alcohol. This study differs from the problematic approach described by Morrissey in that in specific workplace and academic institutions power does reside, in the main, in male dominated structures and exclusion from circles of consumption (of alcohol) will result in exclusion from the exchange of information, as described by Douglas and Isherwood, for women just as it will for men. A very literal example was provided by college students who reported that those who did not drink (male and female) were excluded, or excluded themselves from many social activities in which information in exchanged. Young women's discourses reinforce the link between alcohol, gender and information/power.

The choices as described by Morrissey and Johnson, are that women can resist the link between alcohol and power by not drinking, but they risk exclusion and appearing to be old fashioned or "wowsers". Alternatively, they may drink and succumb to the
blandishments of sexually exploitative men, and the interests of big business and government. Or they may use alcohol symbolically as well as consuming it physically. The quest for equality as young women called it, was expressed their manipulation of alcohol, drunken comportment and clothing which operate as symbols. Alcohol can be symbolically consumed through the exchange of information about it rather than completely adopting masculine consumption patterns. For example, there is evidence that women in paid employment may drink more and find themselves in more situations where alcohol is served than women not in paid employment, but they do not necessarily drink heavily or have alcohol problems (Shore 1992) as the research critiqued by Morrissey would suggest. The consumption of alcohol and even intoxication on occasions may not necessarily involve “alcoholism”. Groups of women have entered the world of alcohol in different ways while others, mainly older women have kept on the periphery. Women in their middle years fitted the pattern Park (1990) described of women drinking in the private and public sphere, taking place in domestic and work based drinking and exchanging alcohol but distinguishing their drinking from male drinking fairly strongly. The younger women’s drinking was still different from men’s drinking but less strongly distinctive. They may understood in the same way as that of some Athenian women in the 1980s, whose drinking practices have been described as “sites of resistance enacted by women against established ideas about female gender, sexuality and pleasure” (Papagaroufali 1992). Women’s ways of using an imposed system may constitute a resistance to oppression. There is a "certain art of placing one’s blows, a pleasure in getting around the rules of a constraining space” (de Certeau 1994:18).

All this takes place in a world where, as Morrissey points out, alcohol advertising for the last few decades has been directed to women, and has used the links between alcohol and power or alcohol and social cohesion to promote its product. However, as young women beer drinkers in this study there are no beer advertisements featuring women as drinkers. Because advertisers clearly identified beer as a man’s drink these women choose to drink it (in some situations) thus identifying themselves as different.
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The Phenomenology of Alcohol Use: Pleasure and Poison

This heading derives from a quotation provided by a woman who participated in a survey on women and alcohol in Carlton (see chapter 4) and was used in as the title for a conference presentation on the survey. The quotation was provided by a 21 year-old women who wrote that she felt

*caution towards drinking. [I] do not drink when I feel depressed or sick even when my friends try and persuade me. [I] realise that alcohol can be both a pleasure and a poison.*

Alcohol is associated with relaxation and sociability. A range of physical, emotional and social responses to alcohol are linked with consumption in general and food in particular. More broadly, I argue that for many women, the every day use of alcohol can be linked with other aspects of women’s practices of pleasure. Alcohol shares some similarities with sexuality in its links with simultaneously with pleasure and danger. This leads to a discussion of the poisons (dangers) of alcohol.

The image of pleasure and poison is very similar to that employed by Vance (1992) in a book on female sexuality. I wish to draw attention to it now to explore alcohol’s ability to be both pleasure and poison or to represent danger and the multiple connections between alcohol and female sexuality. As Vance points out in relation to sexuality, and it applies equally to alcohol consumption, a “women might choose one perspective or another at different points in her life” or as the quotation above illustrates they can hold both perspectives at the one point in their lives reflecting feelings of ambivalence and uncertainty.
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Pleasure

Based on her work in the addiction field, Ettore (1992) argues that one way of examining women’s use of substances is to question whether some aspects of women’s consumption of drugs can be interpreted as women taking pleasure for themselves. The notion of women’s use of alcohol as a pleasure intrigued me because it allows the categorisation of women’s actions and experiences, that are either usually invisible, or seen as compulsive and destructive, as positive.

In general in both the CWS and in interviews and discussions (see Chapter 9), women described drinking alcohol because they enjoyed the actual experience of consuming it or they enjoyed its physical and social effects. I would suggest that for many women, particularly, those in the middle years and the younger groups, drinking alcohol could be understood as a pleasurable experience. Pleasure has been defined as “satisfaction, delight, sensuous enjoyment, will, discretion, choice” (Turner 1984). Falk (1994:29) classifies a group of “oral-ingestive” non-foods such as alcohol, tobacco or chewing gum as “pleasurables” suggesting they are consumed for pleasure rather than nourishment. Part of the definition of pleasure implies agency, that is something is not pleasurable if it is not freely chosen. While there are clearly many examples of when women may feel pressured into consuming alcohol, the suggested that they drink because they enjoy it. Experiences of pleasure are intensely personal. With reference to alcohol they may include a wide range of drinking patterns, styles, contexts, and behaviours with reference to alcohol. For one woman, it may be sitting down after the day’s activities are over, having a drink with her partner, for another, it may encompass feeling light-headed, flirtatious and no longer shy while for a third it may be tasting an excellent wine with other members of a food and wine club. Some women may find all three alcohol based activities enjoyable while others may enjoy something completely different.

Women say they like consuming alcohol because it is relaxing, it is connected with socialising, it promotes fun and that it has aesthetic qualities of taste, smell, appearance, and frequently these qualities are mentioned in relation to food. These

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3 These categories of response were from the CWS and the group discussions.
aspects are not mutually exclusive and cannot be easily separated. For example, women suggest that alcohol’s apparent ability to help them relax meant that they enjoyed socialising more when drinking because they were relaxed.

For many women the most valued attribute of alcohol is that it is relaxing. One interpretation of feature of alcohol is that it marks “time out”. The classic work of MacAndrew and Egerton (1970:169) proposed that getting drunk is one of the many ways in which members of a society can gain socially sanctioned “time out.” Heath (1991) argued that the issue is not whether women drink alcohol at all, because women’s drinking occurs in many cultures, but that they do not get drunk and do not have access to time out. Women’s roles as childminders and family nurturers are so all-encompassing that women simply do not have time (Child, Barry and Bacon 1965 cited in Heath 1991).

Even though women do not usually take drunken time out to the same extent as men, alcohol can symbolically signal other kinds of “time out” by marking the boundary between work and play (Gusfield 1987). When women say that alcohol is relaxing they may be referring to this symbolic marking. Consuming alcohol indicates they are no longer working and they may relax. Women often do domestic work at home as well as participating in the labour force. Men may be assisting women with household chores but generally, women still take primary responsibility for the domestic sphere in many Australian homes (Bittman 1992). When there is always work to be done, alcohol’s ability to indicate relaxation becomes especially important. Women (usually with families) do not forget their family responsibilities by getting drunk but they put them on hold for a time by drinking. Tea and coffee may be used to demarcate relaxation from work but they are also associated with maintaining the ability to work for longer periods (Gusfield 1987).

Quasi-experimental research (Orcutt 1993) has indicated a particularly strong “tension reduction” aspect to drinking in the 4 to 8 pm time block which is attributed to the physiological effects of alcohol consumption rather the symbolic marking of time out.
This is usually a hectic period for women with children, but during this part of the day many women have a drink with their evening meal. An alcoholic drink with an evening meal may contribute to the ambience of a relaxed, sociable and pleasant experience. Some women, provided support for the argument that alcohol is tension reducing during this time period by stating that they had a drink during the suicide hour while they were doing their usual chores to make it less stressful.

Women of all ages said that alcohol enhances social occasions which, once again, are a form of time out. Furthermore, women no longer need men to be present to legitimate their alcohol use and their time out as they did in the past when men typically bought and served it, thus controlling women’s access. More women now buy alcohol for their own use, and take it to all women gatherings. It is not unusual to see groups of women drinking together in restaurants, cafes, and hotels. Younger women can take more time out and drink more. Women feel that alcohol enhances sociability by promoting solidarity, companionship, inclusion and ease in social situations.

Consuming food is a pleasure permitted to women (although too much or too little food or pleasure is labelled an addiction and becomes a medical problem). When alcohol, usually wine, is consumed with food and an emphasis is placed on its taste, smell, texture it may be considered to be a food, and different from other types of alcohol (Park 1991b) and therefore enjoyable. Thus, by emphasising these aesthetic qualities that have much in common with food, women can reinforce the notion that some alcohol, is a substance in which they are permitted to take pleasure.

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4 Heath (1991) argues that women are frequently the manufacturers and vendors of alcohol. He cites barmaids, airhostesses, waitresses as women who have easy access to alcohol. I suggest that although alcohol is readily available to these women they would lose their jobs if they drank it freely. My personal experiences as a barmaid and waitress indicate that is expected that one drinks after the job is completed, but not while working. In addition, these are further examples that women regulate their own drinking when it comes to fulfilling work as well as domestic responsibilities.
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Why should alcohol be considered pleasurable substance to drink? While, women cite its effects as sometimes pleasant and some say they enjoy the flavour, smell etc., there is evidence that, like the smoking of cigarettes (Banwell and Young 1993), liking to drink alcohol is not something that occurs spontaneously. Young women referred to learning to appreciate alcohol, particularly wine and beer, and indeed, there were women who declared that they have never learnt to enjoy it. The array of alcoholic flavours, textures, colours and odours available seem designed to cater to a large range of preferences. While women are more likely than men to be consumers of spirits with mixers and liqueurs (the lighter, sweeter drinks) many women also reported enjoying wine and beer.

Following Douglas and Isherwood’s argument, (1979) as described above, the pleasure in consumption of these beverages may come as much from the pleasure in participating in a system of communication and knowledge as from the enjoyment of flavour and texture. Support for the notion that tastes (as in preferences) in food and drink like other cultural choices are part of a system of communication is widespread. Bourdieu (1984:6) is much quoted for writing that taste (in the broader sense of choice) “classifies and it classifies the classifier”. The general association of women with lighter, paler and sweeter alcoholic beverages mirrors the association between women and sweet, easily digestible, pale and delicate food (Lupton 1996:106). In a detailed discussion on the gender and food Lupton argues that sweet foods are pretty, pale, decorative and associated with childhood and therefore mirror the representations of women as decorative, delicate and more childlike than men. However, sweet foods are also associated with loss of control by women who give in to their bodily desires. Men, as the more rational creatures, are able to resist such weaknesses according to Lupton (1996:110). Women also learn to like alcohol despite its flavour because of the association of consumables with age grade categories, in which the anticipation of future pleasure overcomes the repugnance of flavour (Falk 1994:82). Sweet liqueurs and wine coolers exemplify alcoholic beverages advertised for the young and/or female thus permitting these groups to enter the adult world without having to overcome the barrier of repugnant taste. Women’s alcohol choices (like men’s) are more likely to reflect their identification with, and representation of
themselves, as members of an age, gender and social group rather than an innate preference for a particular type of taste.

**Pleasure and Time Out**

In contrast to previous generations of women who were encouraged to be self-sacrificing, younger women, perhaps influenced by feminism, have been encouraged to see pleasure as permissible for women. Women’s magazines, health literature and more theoretical works promote the idea that women may, and indeed should, spend time, energy and money on themselves, in the pursuit of intellectual and sporting interests, hobbies, travel, and sexual activity (Segal 1994). Just as the alcohol industry and advertisers have made the most of women as new consumers, so other commercial interests have seen the value in women’s increasingly broad range of self-directed consumption as the purchasers of family and domestic goods (as indicated in women’s magazines). Young women in paid employment, who may not marry until their late 20s or 30s, have disposable income that allows them to “indulge” themselves, in a variety of ways, including an increased alcohol consumption. This economic emancipation is seen by some as just a part of the new social freedom that that enables women’s indulgence in alcohol (Shaw 1980).

A group of women who were born in the first 2 decades of this century and started drinking in hotels in the 1940s and 50s, connected their paid employment, their earning capacity with their right to a have a drink after work “the same as a man” (Perry 1991:28-34). They explained that their unemployed women friends were either not permitted, or did not considered themselves entitled to spend time and money with friends in pubs. As a compromise, women would sometimes meet in hotels with their domestic work. Perry describes a neighbourhood group of women, (not in paid employment), meeting in the Ladies Lounge of their local hotel, to shell peas for the

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5 There are many definitions and forms of feminism. At the broadest level it is concerned with the "elimination of equality" (Van Den Berg 1991:4). In the following pages, where I discuss forms and practices of pleasure, it is relevant to note that feminism is also described as a "liberation philosophy promoting nurturance of self" (Van Den Berg 1991:5). Specifically, sexual pleasure for women has been associated with the early Women’s Liberation Movement and continues to be a subject of central concern to feminists (Segal 1994).
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evening meal (Perry 1991:34). Women need access to disposable income under their control to take part in many forms of leisure or activities for their own enjoyment (Green, Hebron et al. 1990).

Time is an important component of women’s pleasure. In the past, women have been involved in many fields where their activities have been accepted and applauded if they involved caring for or helping others voluntarily. Self-improvement activities for women were also acceptable if they contributed to women’s marriageability. Women still participate in a wide range of civic activities and volunteer work for others, although there has been a move by women into the paid labour force restricting their non-paid activities. While some of the discourse about women’s paid employment is couched in terms of women’s intellectual fulfilment and ability to achieve their full potential, for many women participation in paid employment is as much about maintaining their family’s standard of living. Despite the discourse of self-fulfilment, some women still feel guilty when they take time to do something for their own pleasure rather than somebody else’s benefit whether a member of their family or the broader community (Green, Hebron et al. 1990:120).

It may be that the differences in attitudes to women’s drinking between some older younger women in the study are linked more broadly to discourses that argue for the libratory and political gains to be made by women using money, time, leisure and pleasure. A group of women in their middle years described a friend who had not yet had a baby as representing our lost freedom, meaning freedom to drink alcohol and enjoy themselves without worrying about others. Women at this stage in their lives have absorbed the discourses (from advertising and feminist sources) that say that women have a right to spend time and money on pleasurable activities for themselves. In practice, though, they are still constrained by their primary responsibilities for the care of children and domestic work, as well as financial pressure to take paid work (in some cases).
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The women with disposable income who drank in hotels in the 40s and 50s, viewed themselves as “liberated before our time”. “We started Women’s Lib for you”, one said (Perry 1991:32). These women saw their drinking as exemplifying an autonomous choice which is “an empowering notion” Ettore (1992).

Connecting alcohol and women’s sexuality.

Seeing women’s use of alcohol as enjoyable, leads to other domains of contested pleasure. Alcohol and sexuality share an historical past and are currently linked in discourses on sexually transmissible diseases.

Fear of women’s uncontrolled sexuality under the influence of alcohol and efforts to constrain it were present in ancient Greece as the Bacchae illustrates (Euripides 1954) as well as Roman culture (Purcell 1994). Much more recently, in the 1860s and 1870s, there was widespread concern in the United States with the dangers of prostitution (DuBois and Gordon 1992). Prostitutes were seen as fallen women who had been forced into their role by economic hardship or coerced into it by white slavery. Once a woman had sex outside marriage she was “ruined” by her loss of respectability. These “social purity” feminists, were mainly middle class women concerned for women’s rights and safety in the domestic sphere. The Women’s Christian Temperance Union argued that immorality was a threat to civilisation. Through the period leading up to World War I, these women became increasingly conservative, fighting to abolish prostitution, to restrict women’s sexual activities to the boundaries of marriage and to prohibit alcohol.

Temperance discourses illustrate parallel and intertwined attitudes to sexuality and women’s alcohol consumption in the 19th century and early 20th century. Women who drank in public were considered to be of doubtful morality at least or likely to be prostitutes at worst. Drinking led to a life of prostitution and drunkenness contributed to men’s brutal sexual treatment of women. The same criticisms applied to women who drank and who had sex outside marriage. They were demonised as ‘bad’ women
and were made more vulnerable to legal disciplinary measures by the activities of the temperance campaigners.

While cases of resistance by middle class women were documented it was not until the advent of modern medical contraception that “sexual desire” became separated from prostitution. Contemporary feminists focused (in the 1970s and 1980s) on the sexual danger of rape rather than prostitution. This shift represents a move from sexual danger which resided in the ‘other woman’ as prostitute to ‘everywoman’ as a potential rape victim. Likewise, in general terms, alcohol problems are no longer the reserve of the ‘damned whore’ but now all women are at risk of ‘alcoholism’. In both areas, the risk has shifted to the entire female population.

*Current Experiences of Alcohol and Sexuality.*

Women of all ages in this study commented that men who have been drinking, as well as being more aggressive or obnoxious, might make sexual advances, suggestive remarks, or tell dirty jokes to women. However, women who have been drinking alcohol are considered sexually available - the link between alcohol and “damned whores” remains. Fear of being sexually taken advantage of while drunk was one of the principle reasons that women controlled their alcohol consumption in public though some women said that they felt more flirtatious when drinking and they were less concerned about having sex. Intoxicated women are often portrayed on film and in fiction as flirtatious and sexually available (Leigh 1995). In contrast, physiological measures indicate less arousal after alcohol consumption contradicting women’s self reports (Norris 1994). The differences between the two may reflect social and cultural expectations of gendered behaviour and support Segal’s contention that looking at sexuality from a biological and behavioural stance does not acknowledge the central role of desire, passion and love in sexuality (Segal 1994).

Younger women and students discussed these issues in most detail. Casual sex, they said, was more like to occur if they had been drinking and women said they used
drinking as the scapegoat for their willing engagement in sexual activity (Norris 1994). Among groups of younger people drunkenness and sexually activity was accepted but, they acknowledged, that women did either or both regularly the double standard came into play and they were labelled sluts. Their male peers were given greater freedom without being stigmatised.

Leigh (1995) argues the connection between alcohol and sexuality stems from the belief that alcohol intoxication brings out the worst in people; aggression in men and rampant sexuality in women. That sexual activity is strongly inhibited and controlled is evidence that it is considered the worst, and most dangerous, form of women’s behaviour. Women’s are expected to control their own sexuality, firstly, because it is only this control that constrains men’s sexuality. If society accepts this predatory view of men’s sexuality, either women’s physical or sexual freedoms must be controlled for the well-being of society as a whole and to allow men to determine their paternity of children.

To conclude this section, I suggest that both women’s alcohol use and sexuality are intertwined in discourses and are “simultaneously a domain of restriction, repression and danger as well as a domain of exploration, pleasure and agency” (Vance 1992). Concerns about HIV/AIDS have heightened the “dialectic of pleasure and danger” in relation to sexuality and must now be confronted according to Lupton and others (Lupton, McCarthy et al. 1995). Furthermore, the link between sexuality and alcohol has been strengthened by HIV/AIDS concerns and now encompasses an increased research interest focussing on the contribution of alcohol to ‘unsafe sex’ (Leigh, Temple et al. 1994; see for example, Graves 1995).

By looking at alcohol as a potential pleasure, it may be possible to broaden the scope of the examination of alcohol in women’s lives. By so doing, positive aspects of women’s use of alcohol are revealed, as well as the autonomous choices women make, and the multitude of behaviours, feelings and experiences that are encompassed in definitions of pleasure. The concept of pleasure encourages a broader and more
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theoretical approach to women’s alcohol use by linking it with sexuality, desire, women’s bodies and feminist theory.

Poison

“Female attempts to claim pleasure are especially dangerous, attacked not only by men but by women as well” (Vance 1992). Understanding women’s various uses of alcohol as pleasure leads to the dangers for women of male efforts to control public drinking spaces, men’s violence towards women and their coercion of them in the context of alcohol use. Furthermore, in the broader political and social context, control of women’s drinking may take other forms. Fillmore (1984) pointed out that the inflation of women’s drinking by political and research agencies expressed their concern about women stepping out of traditional roles. Alcohol and sexuality, separately and especially together, are a pivotal point between pleasure and danger.

Generally, there was a more variation in reasons given why women do not drink and more agreement on why women do drink, even though, most women in this study were drinkers (see Chapter 9). In keeping with this, the reasons that women do not drink do not match as closely with the negative aspects of alcohol consumption. Women’s difficulties and problems with alcohol may be summarised as; firstly, short term physical difficulties, secondly, the consequences of drinking too much on one or a few occasions, thirdly, the dangers posed by other’s drinking and fourthly, long term health problems. Generally, women’s experiences of drinking are reflected in several of these categories simultaneously. But for clarity each of these categories will be discussed separately below.

Long term health problems were mainly seen as other women’s problems. Although mentioned frequently, they not considered as problems. Generally, the inclusion of

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6 In the CWS women were given the opportunity to provide 3 things that they did not like or thought were bad about alcohol. In the group discussions it was apparent that several of these problems were part of the experience of drinking too much.
these problems reflected women's knowledge of the expert health discourses about alcohol. Some women had observed health difficulties in a man who was a problem drinker and as a consequence was familiar with medical and treatment discourse about alcohol. Women generally associated these problems with the stigma attached to alcoholism.\(^7\)

Widespread concern was voiced among women about the dangers and difficulties created by drunk men and they monitored their own drinking and/or behaviour accordingly. A number of women had personally experienced or observed the dangers of associating with a male problem drinker and the association of alcohol with violence and family discord was also part of many women's knowledge, if not experience, of alcohol.

Generally, women had a view on what they considered the tolerable and intolerable consequences of drinking based on their personal experience. The prospect that other people might be damaged (by neglect or in car crashes) was intolerable. Situations in which the drinker was harmed, but not seriously, (such as hangovers, missing lectures, making a fool of oneself, and temporarily detacting from one's appearance) were sometimes accepted by younger women but not usually by older women. Many of these examples are typical of the alcohol problems that younger women in particular raised.\(^8\) Unplanned sex was a consequence about which younger women seemed ambivalent, and it seemed it depended on circumstances. Leigh's (1995) argument suggests that what is feared women say they are worried about making a fool of themselves, or of being an embarrassment, is that their sexuality is seen to be uncontrolled, by themselves or others. They may have behaved in a way that was flirtatious or was construed as such by others. This is then linked with fear of men taking advantage of, or coercing women, who have been drinking. Leigh (1995) argues that it is virtually impossible to separate whether alcohol works as "an instigator of sexual excitement [or] as a tool of incapacitation that facilitates taking

\(^7\) As far as I was aware, only one woman in the study had personally experienced these problems and she described herself as an alcoholic.

\(^8\) This sort of drinking is different from chronic long-term heavy drinking and particularly among young women and students is related to the time of the year, number of parties, that dictate how often they will drink heavily.
sexual advantage of women”. The younger women’s discussions provided many examples of alcohol being perceived to have operated in either and sometimes both ways.

Women in their middle years, who had been drinkers in their youth, suggested that they no longer drank enough to experience such difficulties, having learned their limits in the past. These women gave the impression that unplanned/regretted sex (presumably with someone other than their partner) was not an issue for them. Mothers emphasised that children were a responsibility that they could not put aside because they had been drinking. Car crashes were frequently mentioned as a consequence of heavy drinking, and were likely to reflect public health discourse (and effective drink/driving campaigns on television) as much as women’s personal experience. Women said they gave some thought to the possible consequences of drinking, before they started and linked it with harm minimisation practices, such as not taking the car, deciding who would drive beforehand, or restricting the amount of money available for drinking. While it may be argued that at a broader social level, the most feared consequences of drinking are women’s unconstrained sexuality at a personal level, women are concerned about the dangers their loss of responsibility could pose for people they care about.

Short term physical effect which many women found unpleasant, frequently also served as a warning signal, that a woman might lose control with feared consequences. Women’s experience taught them what physical symptoms indicated that they were losing control and how much they could drink before they reached this point.

Loss of control and its consequences was more of an issue than the actual physical difficulties women have with alcohol. In other words, what is important is what these physical conditions mean socially. For example, some of the symptoms of loss of control (talking loudly, laughing, fainting, throwing up, telling risque jokes) taken
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individually and unconnected with alcohol are unlikely to be so negatively regarded. If a woman fainted, vomited, or felt dizzy because of ‘something she ate’ she would be embarrassed perhaps but she would probably be treated with concern and sympathy as long as she was believed. Other types of behaviour, such as laughing, talking loudly, telling risque jokes may be seen by some as unfeminine and the assumption is sometimes made that women behave like this when they have been drinking. Such behaviours are not threatening intrinsically except that they signal that women are stepping outside their socially sanctioned role and losing control.

The short term physical difficulties (and the consequences) associated with excessive drinking were discussed as learning experiences. Most women stated that they did not wish to repeat an unpleasant experience more than once though other younger women continued to explore the negative physical sensations associated with intoxication drinking in what could be understood as transgressive practices linked with sensuality and pleasure (Falk 1994:64-67). Not all women considered loss of control to be a uniformly negative experience.

These learning experiences contributed to knowledge that women accumulated about their own bodies and alcohol. They were learning how much, when, in what contexts, and what types of alcoholic beverages would produce specific effects and whether they benign or harmful, pleasant or unpleasant. This knowledge was personal, situated, experiential and it allowed some women to make quite precise predictions about the effects of alcohol on their bodies. Some women reported using this knowledge to regulate their drinking. Often, among women in their middle years or older, the drinking limits at which negative consequences were felt, aligned fairly closely with health advice, that is they often said that they started to feel the effects at around two or three glasses and frequently slowed down or stopped drinking when this happened. However, as health advice has revised drinking levels downwards by reducing the size of standard drinks and the number of drinks the disjunction between bodily knowledge, socially sanctioned drinking and health advice may become greater.
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Summary

Long term health problems are not an issue for most women drinkers. They are more concerned with men’s drinking and with short term physical problems which signal loss of control and potentially problematic consequences. The two problems that most women are concerned about, that is men’s drinking and consequences or harms associated with excessive drinking on specific occasions, are not acknowledged in much of the conventional alcohol advice. Furthermore, women’s social and bodily experiences of alcohol are not acknowledged in mainstream advice about quantities and measures of drinks. In the following sections these points are linked in a discussion of discourses on women’s use of alcohol.

EXPERT ALCOHOL DISCOURSES AND WOMEN’S BODIES

There are a number of points of disjunction between the expert discourses on alcohol and women’s discourses on alcohol. Two visions and versions of women’s bodies are contrasted - women drink according to their experience of their lived, social bodies while expert or scientific advice is based on an objectified, scientific notion of women’s bodies. In addition, within the scientific body the construction of male and female categories takes place so that physical differences are emphasised. Health messages stress long term health problems associated with drinking and the scientific discourse of risk is used to support these messages.

The Lived, Social Body and the Objective, Scientific Body

Women often decide how much to drink based on how they feel rather than on measuring the amount consumed (Park 1990). Their feelings arise from their lived experience of their bodies and alcohol, including the short term difficulties. These reactions are interpreted in the light of notions of appropriate behaviour for women in
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particular contexts, and of ideas staying in control. Health educators advise women on the basis of a scientifically defined female body which is a representation derived mainly from physiological research how much alcohol they should drink. When women are encouraged, by public health advice, to count their drinks rather than to assess how they feel, it is this scientific body that is given more weight than women’s lived social bodies. The advice on how many drinks they should have in a period of time is a figure derived from the epidemiological codification of bodies. The epidemiological and medical view is that relying only on their own bodily sensations and experiences, women (and men) may consume alcohol at “risky” levels without being aware that they are doing so. This approach is part of a general trend in alcohol research in which “The de-emphasis of cognitive and experiential dimensions in medical definitions and operationalisms of dependence reflects the strong pull towards reductionist and physiological conceptions in medical thought” (Room 1989:67-68).

While I do not wish to deny the links between alcohol consumption and a range of dangers for women, this advice must be examined in the wider context of theories about bodies and scientific discourse. The advice given to women about “low risk” drinking set guidelines that are half the amount defined as “low risk” for men. The physical differences between women’s and men’s bodies are cited as the reason that women cannot drink as much alcohol as men based on research that has concentrated on identifying and explaining women’s different, physiology, metabolism and hormonal fluctuations. In physiological alcohol research, attention has been given to the differences between men and women’s bodies to explain “why women are more vulnerable to ethanol’s toxic effects” (Thomasson 1995). In the physiological examination and measurement of men’s and women’s bodies “average differences” between them are converted into “absolute differences” between men and women which may be compared and contrasted.

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9 Many women seemed aware of health guidelines but presumably sometimes choose to ignore them. However, when it comes to driving women reported that they generally are careful to count their drinks if they drink at all.
10 There have also been some studies on women’s greater susceptibility to alcohol drawn from clinical populations where, for example, women hospitalised with liver disease are questioned about their past drinking. This research approach is open to criticism as this author acknowledged (Batey 1991).
Biologically based research has been critiqued for its part in the creation of social categories of sex which are represented as natural (Birke 1986; Birke 1992). For example, differences within the range of women’s or men’s heights are greater than the differences between men and women’s heights, yet men are understood to be the taller group (Hubbard 1990:121). The social fact that men are taller than women becomes a real and accepted fact based in nature although we may see it contravened daily. \[11\] Hacking (1990:160-169) points out that “the normal is average” which as has moral connotations of what ought to be as well as what is. Normal or average is the centre from which deviation departs. The use of measurements grouped as averages to describe groups of men and women constructs what is normal in men and women. Those who are not average are abnormal, deviations or deviants.

Connell (1983, 1987) develops the argument that biology is used to justify inequalities in society based on socially determined criteria. He argues that biology is negated or distorted to produce social categories such as the differences between males and females. “Similarities between bodies are neglected, differences are fabricated or exaggerated, and the meanings of biological features are changed into new sets of categories and oppositions” (Shilling 1993:109). Connell’s work on biology focuses mainly on external bodily characteristics which can be changed and worked on. However, as the quote above suggests, internal bodily workings are also subjected to the same search for difference between social categories, even though (as in this case) the differences are greater than between them. Biological discourses on the men and women’s bodies operate employ metaphors that reinforce the differences between them and the social meanings given to these differences (Martin 1987).

While a detailed analysis of the discourse produced in biomedical texts is beyond the scope of this thesis the critiques of the creation of male and female bodies in biomedical alcohol research are relevant. Alcohol advice related to BAC and tissue

\[11\] It may be that this contravention of fact is one reason why until recently it was unusual for men to go out with women taller than themselves. Seeing a short man and a tall woman close together confronts the observer with the contravention. There is also the unsettling symbolism of height which is associated with power, superiority etc.
damage for women is based on measurements of bodies which are averaged to
construct the normal male and female body as categorically different. For example,
referring to women’s greater susceptibility to tissue damage (in comparison to men’s),
the authors write that “Hepatic metabolic capacity is related to liver cell mass which
is, on average, less in women.” and “Differences in BAC level are also a result of the
distribution of alcohol in the proportionally smaller volume of lean body mass due to
the sex difference of body water content” (Pols and Hawks 1992). In her abstract on
gender differences in alcohol metabolism, Thomasson (1995) writes

Experimental results examining gender differences in human alcohol
metabolism have been inconsistent; the diversity of experimental protocols
and variety of pharmacokinetic parameters reported have made comparisons of
these studies very difficult. Variability in alcohol metabolic rates between
individuals of the same sex is often significant, preventing an assessment of
gender differences in some studies.

Alcohol health advice can be seen as example of an argument based on biological
differences in which women’s bodies are viewed less positively or portrayed as
lacking, or incomplete (Grosz 1993:204; Shilling 1993:54). In alcohol research,
expert discourses employ the “absolute differences” between the female body and the
male body. The female body is inherently weaker and more vulnerable because it has
less capacity to deal with alcohol.

While difference is undeniable, the differences to which meaning is given have
implications for gender relations and power. It is which differences that are selected
and emphasised in a society, culture or a community that becomes important. In the
domain of expert alcohol discourses, physical differences related to the physical
capacity to manage alcohol have been selected and socially constructed as the
difference that makes a difference. In contrast, differences related to men’s and
women’s social behaviour are given less attention.

**Risky Drinking**

Advice to women to drink no more than two standards a day, may safe-guard them
from the long term health problems associated with alcohol consumption, but it has
implications at other levels. The scientific categorisation of men and women’s bodies as absolutely different and the concomitant vulnerability and weakness of women’s bodies to alcohol is supported by the language of risk to reinforce technical advice about limiting drinking through the measuring and counting of drinks. “The language of danger, now turned into the language of risk, often makes a spurious claim to be scientific” (Douglas 1992:14). Using the language of risk further reinforces the scientific, biomedical understanding of alcohol working on women’s bodies and mutes women’s experiential understanding. The language of risk is used to emphasise medical dangers, such as long term health problems and de-emphasise women’s perceptions of dangers, such as those related to men’s behaviour and the dangers of loss of control, social embarrassment and short term physical discomforts.

Lay and expert discourses of risk are at variance with each other about what risks are the more important (Gifford 1986). For example, the risks associated with the social consequences of not drinking, of not being part of a social group, and of being excluded form shared knowledge may be more significant for some women than the health risks identified by experts. In this respect, expert discourses on alcohol consumption risks parallel other public health domains where health risks are “invisible or need technical knowledge to interpret the meanings, import and implications of risks.” In the face of this reliance on experts, individuals also employ their own experience and common sense (Lupton and Chapman 1995) or “lay epidemiology”. An example is that there are a number of people who can be seen to survive unhealthy lifestyles and conversely, people who practice good health but succumb to lifestyle diseases (Davison, Frankel et al. 1992). Other and perhaps more immediate examples of competing and context based risks are provided from the intravenous drug using world in which the immediate risks associated with being addicted to an illegal substance compete with the long term risks of contracting HIV/AIDS (Connors 1992). Yet another example of apparently senseless risk taking in relation to contraception becomes intelligible when it is undressed in its social context (Luker 1975).

12 The dangers and discomforts associated with men’s behaviour towards women in the context of public and private drinking are not much acknowledged in the expert alcohol discourses, although they may be when the expert discourse is focussed on violence rather than alcohol.
In expert discourses on alcohol, the language of risk emphasises long term health problems associated with drinking, while lay discourses are more likely to reveal the risks of not drinking, or a different set of risks associated with drinking. Indeed, in a recent commentary on the confusion and contradictions apparent in notions of risk and public health exposed by the British beef scare (bovine spongiform encephalopathy), the author concluded that the “real lesson is that we [the expert community] need a better understanding of the management and communication of risk” (Marmot 1996:923). Whether this is ultimately beneficial to the public is another matter.

Health Promotion Advice to Women

The general population reduction of consumption approach is based on the Ledermann curve and the prevention paradox in relation to alcohol (Kreitman 1986) which argues that most of the alcohol related harms are experienced by moderate drinkers. Thus, it becomes important to reduce the alcohol consumption of society as a whole rather than reducing the drinking of a small percentage of problem drinkers 13 (see de Burgh 1983).

While generally accepted, such an approach has been criticised on methodological grounds because, it was argued, that although Ledermann considered sex differences in consumption, most of the studies on which he based his model were studies of men, and a number of them were of clinical populations with small samples (Miller and Agnew 1974). A Dutch study found that the model overestimated the number of heavy male and female drinkers (Lemmens et al 1990). However, based on the population approach as opposed to the high risk approach (Rose 1985) proponents argued that reducing a small amount of risk among the majority of the population will bring down the overall prevalence in the long run. Strategies intended to lower the prevalence of risk of alcohol problems in the general population involve both structural reform and behavioural change. Structural reform focuses on restricting the availability of alcohol, tightening the pricing control and placing restrictions on advertising.

13 A population’s consumption may be lowered by reducing availability and by education.
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Behavioural changes have been targeted primarily through various forms of education campaigns. However, proposed structural changes, in particular, have been weakened through the efforts of the alcohol industry lobby (Hawks 1990). Some researchers also argue that there is evidence to suggest that the general public has not been convinced about the need to bring about either structural reform, such as restricting availability (McAllister 1995), or to engage in behaviour changes. Instead, public attitudes continue to view the problem of drinking as being within the province of “alcoholics” (Flaherty, Homel et al. 1991). Thus, there is evidence to suggest that the public health move to increase population awareness of the risks of “social” drinking, and to bring about small reductions in alcohol consumption among all sectors of the wider population, has not been successful. It has been argued that the public health population risk reduction approach has simply resulted in the social construction of a new and large “potentially” at risk group, where everyone becomes a problem drinker thus “potentially” contributing to the creation and maintenance of alcohol consumption as an ongoing and continuous public health problem (Petersen 1987).

The argument that the public is not convinced by the whole population approach is further strengthened by the role of the media where the reporting of health issues has become a major influence on public knowledge and attitudes about health and illness. Furthermore, the often uncertain state of medical knowledge and the rapidly changing production of knowledge and advice produces a climate of uncertainty (Lupton 1995a). This is then picked up in the media, where health messages can be perceived as ambiguous and increasingly negative. As James Halliday, a wine and reviewer for the Weekend Australian Magazine has observed “public health has become increasingly negative in its attitude, concerned with telling us what we cannot or should not do, with imposing limits and restrictions, forever looking for possible harm” (Halliday 1996). Thus, on the one hand, public health messages tell the general population that a small amount of wine or alcohol can be healthy, by reducing the risk of heart disease, (see for example, Jackson and Beaglehole 1995) while on the other hand, messages also convey a public health discourse full of impositions, rules and regulations. What is important here, is that the public health messages about the need to restrict the alcohol intake in the social drinking domain, do not often coincide with
people's everyday experiences of alcohol. In other words, messages that purport harm in everyday drinking situations are most often in conflict with people's experiences where consumption is experienced as health enhancing and socially beneficial. This situation which makes it easy for the public to dismiss population approaches which encourage people to restrict their alcohol intake within everyday contexts, may ironically serve to do just the opposite. There is emerging evidence that the "culture of restriction" is out and a "culture of indulgence" is becoming increasingly popular. For example, Lupton has argued that there evidence of a backlash and a desire to enjoy the pleasures of consumption (Lupton 1996). A recent article describing trends in the United States, reports that in New York after "5 years absorbing warnings about cholesterol and cancer...there has been a small but definite cultural shift. Self-deprivation is out - eating, drinking and smoking are back in". This trend has been described as the "pleasure revenge" and is linked by commentators with "people [being] simply tired of new reports every day about what's bad for you" and the "plethora of contradictory health studies". For women, in particular, their consumption of cigars, red meat and alcohol is interpreted as expressing a desire to be "one of the boys" and/or to be "outrageous" (Sullivan 1996). This may indicate a shift in emphasis away from concerns about control over both bodies and lives.

In the light of overall concerns about public health messages concerning alcohol, much alcohol health promotion for women can be seen to be problematic in similar ways. In addition, there is no acknowledgment in health promotion messages relating to women and alcohol of its importance in women's everyday lives. This thesis has described the many ways women use it to socialise, to relax, to enjoy themselves, to experiment with their bodies, to permit themselves access to restricted pleasures and to communicate. In fact, women see alcohol as an important social resource that mediates and assists the flow of everyday life. In this study, most women, though they may have gotten drunk at times, remained in control of their alcohol consumption for most of their drinking lives. This, along with women's many and varied uses of alcohol are ignored in expert discourses on alcohol and in health promotion.
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There are times however, when alcohol does impact negatively on women’s day to
day activities. These occur when women need to function efficiently and responsibly,
such as when they must drive, take responsibility for others or protect themselves. At
such times they need to be aware of how much alcohol they drink. However, what is
important is that these negative impacts are context dependent and time limited.
When women need to stay both sober and safe, they will be more likely to turn to
advice on how to count their drinks or they will not drink at all. Much public health
advice has been reliant on, or linked to, disseminating information about counting
drinks. As this research has indicated however, women cannot rely on counting their
glasses of alcohol to keep them below 2 standard drinks or 0.05 in uncontrolled social
situations, such as restaurants and hotels. Even in quasi-experimental conditions,
wine drinkers had difficulty pouring standard drinks on bottles appropriately labelled.
It has been argued that despite these difficulties standard drink labelling will be useful
because the drinking public would “learn to judge quite accurately the amount of their
preferred beverage that constitutes one standard drink” (Stockwell, Blaze-Temple et
al. 1991). Like health information about nutrition (Lupton 1996:76-77) drink advice
is becoming more complex and difficult for people to absorb. More broadly, counting
drinks, as a technical solution, cannot regulate the contexts in which women drink,
nor will it be an effective strategy for risk reduction when women have no need or
desire to ‘count’ their drinks. While labelling alcohol bottles with the number of
standard drinks they contain is a move to regulate drinking contexts and give
consumers the information they need to make informed choices (Stockwell, Blaze-
Temple et al. 1991), many social situations will remain, where women, especially
wine drinkers, will find it difficult to follow drink counting advice effectively.

This study shows that there are women who wish to remain safe but not necessarily
sober. Such women may use alcohol to get drunk to explore bodily boundaries, loss
of control and different representations of self. If women do not wish to stay sober
(or count their drinks) they can still stay safe through harm minimisation practices.
Virtually no public health messages address these concepts. More emphasis on harm
reduction information, a perspective with focuses on the management of drinking

14 A parallel can be seen with Cook Islands women who reported that they did not eat when they were
drinking because it dulled the effects of the alcohol (Banwell 1986).
environments (Single 1995), may be useful. The move to reduce harms associated with drinking in specific drinking venues (eg. server training programmes, changes to the physical environment) (Single 1995; Stockwell et al 1993), will benefit women, even though many are focussed on men as high risk drinkers (Lang et al 1995). Some young women in this study indicated they were practising harm reduction, though they may not have recognised it as such. The sorts of practices they described may be usefully encouraged, as well as preventive programmes aimed at controlling the dangers which women perceive to stem predominantly from men's drinking.\(^{15}\) However, harm minimisation is only effective if the dangers that women perceive to be important, such as the risk of sexual harassment, arrest or not getting home safely, are directly addressed. It must also be acknowledged that people do not always wish to reduce the dangers associated with risky activities. There is evidence that what some people may consider to be harms associated with drinking are a necessary part of the experience (Paton-Simpson 1996:229).\(^{16}\) For some, pleasure and danger can be inextricably interwoven (see for example Klein 1993 for this argument in relation to smoking).

An emphasis in health promotion on other dangers of alcohol use, such as social harms rather than long term health problems, is more likely to be relevant to most women as well as reducing the focus on women's physical capabilities in comparison to men's. Research indicates that on measures of social harm, including harm to others, women have equal or lower rates than men. If the criterion for drinking guidelines were minimising the harm to others, Room (1996) argues there is no reason to advise that women should drink less than men. This may mean that drinking guidelines for men should be revised downwards. It also exemplifies the argument presented throughout this study that the forms and techniques used in alcohol research profoundly shape the knowledge that is produced.

\(^{15}\) I do not wish to suggest here that women should take sole responsibility for the danger to them that is associated with men's drunken behaviour.
Chapter 10

Conclusion

This thesis has shown that measuring alcohol consumption is complex and the outcomes of the measurement process are related to the instruments used. Each type of measure used in this thesis has produced different summary figures of alcohol consumption, which focus on some aspects or contexts of consumption to the neglect of others, and produces specific forms of knowledge about alcohol to the exclusion of others. The day to day uses and meanings of alcohol are not represented in many of the commonly used methods of collecting alcohol data. The experiences of alcohol use that women regard as important may not be elicited or may be not analysable in statistical terms. Such difficulties and complexities remain largely unacknowledged except in the technical literature on alcohol measurement and yet these techniques for measuring alcohol form the basis for policy and legislation.

This study has documented and described women’s use of alcohol which operates in part as a social resource through the multiple symbolic meanings it conveys. Women use alcohol when it is positive social resource and in this context will be unlikely to count their (standard) drinks preferring to rely on their lived experiences of alcohol. The use of alcohol as either a positive or a negative social resource relates to the practices and meanings women associate with it and the contexts in which they drink. While the expert discourses have, to some extent, penetrated women’s ways of talking about and making sense of their alcohol experiences, there is little evidence that women’s experiences have penetrated expert discourses. Nevertheless, for many women, the long term health risks associated with hazardous and harmful drinking will be outweighed by the social risks of not drinking.

This thesis focuses on alcohol as a “floating signification system” (Cruz 1988). It is a substance that is ideally suited to carry multiple meanings. While it may hold specific meanings in certain contexts and within groups, communities and cultures, overall it is associated with a myriad of symbols and meanings. There is no single theory that can account for the many and varied interpretations of alcohol use, either in women’s lived experiences, or in the literature on alcohol (Paton-Simpson 1996). Nevertheless,
public health strategies, in order to be health promoting, need to be better aware of the specific contexts and meaning associated with women’s alcohol use and to acknowledge and build upon the important and positive role of alcohol in women’s everyday lives.
Appendix I: Carlton
Hotels during the Lygon Street Fests
North Carlton Streetscape

Housing Commission High Rise Flats and one of the surrounding Hotels
THIS FRIDAY 21ST OCTOBER
GET SMART
LOSE CONTROL

Kaos Bar
743 Swanston St
Carlton

MELBOURNE UNI BREAK-UP PARTY

Special Offer
2 for 1 Stubbies
From 5.00 p.m onwards

NO COVER CHARGE
Appendix II: Carlton Women’s Survey

METHODOLOGY

Questionnaire Development

The development of the questionnaire was informed by a number of sources which included:

- The qualitative research work being undertaken in Carlton, using group discussions, in-depth interviews and beverage diaries. Questions from the group discussion schedule that elicited interest and enthusiasm from participants were included. In addition, questions were developed from comments and statements made by participants about what they considered to be relevant and important. The 7 day retrospective diary in the questionnaire was developed to compare and contrast with the 2 week prospective diary collected as part of the qualitative research.

- Other researchers were consulted: Billi Corti, Professor Tim Stockwell, and Jan Clark and researchers at the National Heart Foundation. were questioned about collecting data on alcohol consumption, Wendy Schafer and Jan Copeland on collecting data to do with abuse, researchers at the Anti-Cancer Council of Victoria on cigarette consumption and Neil Day from the National Centre for Health Programme Evaluation on general questionnaire design.

- A number of other surveys on alcohol consumption and/or women were examined. For the purposes of comparison, the AUDIT (The Alcohol Use Disorders Identification Test) was included, as well as some questions from the survey of Perth women (Corti et al 1989). The National Study of Health and Life Experiences of Women questionnaire, which is used in an American longitudinal study by Sharon Wilsnack was consulted for the development of questions to do with alcohol problems that are relevant for women. The NCADA household survey questions on drug use were collapsed to provide a shorter version for use in this questionnaire.

- The consultation of international and Australian research literature on women and alcohol.

1 The following section on the methodology and results are from the Report prepared for VHPF (Banwell & O’Brien 1993).
The Questionnaire

The questionnaire consists of 6 sections which include:

1. General health, smoking status, height and weight.

2. Alcohol consumption which contains the AUDIT questions, and questions on types of drinks consumed, the context in which alcohol is consumed and reasons for drinking alcohol.

3. A 7 day retrospective beverage diary.

4. Other drug use based on the NCADA household survey questions

5. Attitudes and ideas about alcohol explored through a number of open ended questions based on the qualitative research group discussion schedule mentioned earlier.


Pilot Procedures

A number of steps were taken to pilot the questionnaire and the method of delivery.

- The experience of trialling the WHO questionnaire on Knowledge, Attitudes, Beliefs, and Practices about Drug Use (Hamilton, O'Brien 1992) with 80 people in Carlton provided experience with drop-off and pick-up method of delivering a questionnaire on a sensitive topic. It was on the basis of this experience that further funds were requested from VHPF to use this method to deliver the Carlton Women's Survey.

- The questionnaire was presented in an embryonic form to the Research Interest Non Group (Ring) which met regularly at the Centre for the Study of Mothers' and Children's Health and consisted of a number of experienced Melbourne researchers from various disciplines. Later, a more developed form of the questionnaire was given to other colleagues for their comments.

- Friends and associates from non-research backgrounds were requested to fill out the questionnaire and changes were made according to their comments.

- As both a training experience and as a final pilot of the questionnaire and the method of delivery, the research assistants (RAs) who were employed to deliver and pick-up the questionnaire administered it to women who were resident in Carlton but were not from the CD areas sampled.
Selecting the sample

The Carlton Women's Survey (CWS) survey was originally funded as a self administered postal survey utilising the Melbourne City Council electoral roles as the sampling frame.

On the basis of a pre-test done for the WHO within the same geographic area (Hamilton and O'Brien, 1992), the original survey methodology was modified such that the random sample of women were not contacted by mail, but were contacted personally by a researcher in their own homes. This technique, although more resource intensive, was favoured over postal surveys as the face to face contact with the researcher is likely to increase the response rate (Aday 1989, Frey 1989). Low response rates are particularly a problem for postal surveys in which information is collected on 'sensitive' topics (Moser and Kalton 1979:264). Our approach endeavoured to overcome this with the benefits of personal contact but still allowing the anonymity of the self-completed questionnaire which gives the respondent a "psychological distance" from the interviewer thereby making it easier for the respondent to reporting on "socially undesirable behaviour" such as alcohol and drug use (Foddy 1993:118 and 121).

This systematic sampling method involved the following stages:

Selecting the household

Within postcode areas, the smallest unit of analysis used by the Australian Bureau of Statistics (ABS) are collectors districts (CDs). The survey area of Carlton and North Carlton contains 38 CDs. On the basis of the number of households in the survey area, 23 CDs were randomly selected. The number of private residential dwellings within individual CD areas ranged between 49 to 299. For administrative ease, the 23 CD's were allocated to one of four 'clusters', one for each of the RAs involved in collecting the questionnaires.

The study aimed to collect 500 questionnaires, approximately 125 in each cluster. Within each cluster there were between 834 and 882 private dwellings. This number was selected on the basis of a skip interval of 4, that is calling at every fourth house. (In addition, each cluster had a 'spare' CD, only to be sampled in if the previous four had been exhausted) Thus, it was anticipated that each RA would call at approximately 209 to 222 private dwellings to collect their target of 125 questionnaires. This 'over sampling' of dwellings allowed for vacant dwellings and household that were ineligible such as those containing only males or those where English was not spoken, as well as the anticipated refusal rates.

The 'starting point' for each CD was randomly selected by the ABS. For example "Pigdon Street - 40 metres west of Wilson street on the south side". The researcher
co-ordinating the RA’s then identified the particular house this selected. If the starting point was a commercial property or vacant site, the ABS would then randomly select another starting point. It took 5 'rounds' of selection to identify a particular household for each of the 23 CDs. Within each cluster the CDs were approached sequentially (until exhausted) from smallest to largest.

**Selecting the individual respondent.**

Within households with more than one female over the age of 18, the female whose forthcoming birthday was closest to the questionnaire delivery day was selected as the eligible woman.

To maximise the response rate, RAs were instructed to make attempts to personally speak to the eligible woman. If the person was not home the RA would attempt to elicit another time to call when that person would be home.

After contacting the eligible resident, the RA would introduce and explain the study, hand over a personally signed letter ('intro letter one' see later part of Appendix) from the Associate-Professor in charge of the Drug and Alcohol Research Unit at the University, and then invite the person to participate.

If the woman agreed the RA would then establish the best time to call and collect the questionnaire within the next 24 hours. Respondents were assured that the RA collecting the questionnaires (which were returned in sealed envelops) did not see the completed questionnaire, which in any case had no identifying information on them such as name or address.)

In approaching a designated dwelling, RAs were instructed to call at the dwelling at least 3 times (including one evening and one day of the weekend) in an attempt to try and find someone home. If on the forth attempt they were unable to contact anyone, they then left a sealed envelope containing a slightly modified letter (intro letter 2, see following) introducing the study and explaining that they have been attempting to contact a female resident to invite them to participate. The letter invites the female whose birthday is closest to the calling day to complete the questionnaire overnight. The letter further states a time and date (within 24 hours) that the RA will call to collect the completed questionnaire.

The RAs kept track of the dwellings they called at in logbooks they kept for each CD area. Each call or contact for each dwelling approached was recorded in the log for that CD area (see appendix later part of appendix).
Collecting questionnaires

After leaving a questionnaire for completion the RA called at the time they negotiated with the respondent. If the questionnaire was unable to be collected the RA made another time to collect the questionnaire within 24 hours. If there was no one home, the RA left a letter addressed to the eligible woman (using first name only) reminding her that they had called and specifying the next time she would call. RA were to make at least 4 attempts to collect the questionnaire, on each occasion leaving a different reminder letter.

Full guidelines for the delivery and pickup of questionnaires (as used by the RAs) are contained in following section of appendix.

Incentives

As a token of thanks for participating in the study, as well as an incentive to participate, the respondents were asked to return their name and a contact number (via a reply paid envelope) to enter a raffle to win $300 dollars worth of goods from the Lygon Court Shopping Centre. The overwhelming majority of respondents chose to be in the draw, which was drawn at the completion of data collection in February 1993 by Rhonda Galbally the CEO of the Victorian Health Promotion Foundation, the funding body.

Invitation to further participate in research.

This random household survey, offered a great opportunity to access a large number of randomly selected women. For this reason, respondents were given the opportunity to participate in further research in two ways. In the envelope containing the questionnaire respondents were asked if they would further like to participate in research on women and alcohol by talking to a researcher from DART in more detail, within the next 6 months. Secondly, respondents were asked if they would complete another shorter followup questionnaire in 3 years time.

Each of these questions could be answered independently. If respondents answered yes to either of the questions, they were asked to write their name and a contact address on a slip and return it separately from the questionnaire in the reply paid envelope provided. Each slip recorded the questionnaire number of the respondent.
Confidentiality

The researchers went to considerable lengths to protect the anonymity and confidentiality of the information respondents provided. There were potentially two areas where this was an issue. Firstly, although dwellings were randomly selected, a record was required to be kept of the houses approached within CDs (on the logbook), enabling followup calls to be made. Secondly, for those that agreed to participate in future research, a record linking their names to their questionnaire number was necessary.

The respondents were informed that the following steps would be taken to protect their confidentiality.

- All logbooks recording addresses for call backs will be destroyed on completion of the study.

- The Respondent's name and address was only obtained by the researchers when the respondents completed a form which was to be posted back to the university separate from the questionnaire and stored independently of any other information. It was anticipated that if a followup study were to be done, consent would be sought from respondents to link their original questionnaire with subsequent ones.

Conducting the survey

The questionnaires were collected over a 17 week period from mid October 1992 to the end of January 1993. This period was longer than anticipated, as collection required at least 24 hours between each call (and commonly collection took five calls to drop off a questionnaire and five to collect it again), and the 'exhaustion' of one CD before moving onto the next. In addition this threw the collection period into the traditional Christmas/New Year shut down period, when many people leave Melbourne.

Four RAs were employed casually to work within the 4 cluster areas, and 2 were additionally employed when the original staff members became unavailable. Throughout the collection period, one of the research staff at the University acted as a full time co-ordinator of the collection team.

An additional sheet of questions was delivered with the questionnaires explaining that these were separate. These were the Holyoake Codependency Index (HCI) which is
used to assess the level of codependent behaviour and thinking styles within the population. This study was "piggybacked" onto the CWS and will be used for a Master of Science thesis by Ms Melanie Hands.

Coding the Questionnaires

The questionnaire consisted of questions that required two different types of coding. Many questions were closed format questions where the response that was indicated by the respondent was ready for data entry. Other questions such as 'country of birth' or 'current job' needed to be allocated a code (based on ABS codes). This coding was completed by 3 researchers. The second and most time consuming questions to code were open ended questions that required a written response (many of these are in section 5). These questions required the development of a coding system for each of the 13 questions that fell into this category. Two researchers worked on developing this coding structure, subsequently coded the questions and cross checked each other's coding.

Data Entry

The majority of the data from the questionnaire was entered by a professional data entry service in flat ASCII format. Logical and random checks were then made on the data that was entered.

Because of the nature of the information, section three of the questionnaire, the retrospective diary, was entered into Microsoft Excel database.

These databases were analysed using the SAS and SPSS program.

RESULTS

Description of the Sample

The socio-demographic characteristics of the women who participated in the survey have been compared with the 1991 ABS census data for postcodes 3053 (Carlton) and 3054 (North Carlton) as both areas were covered in the study and for these areas combined under the category of Carlton. Appendix 2 contains tables showing ABS data and comparative data from the survey. When comparing data from these two sources it is important to remember that ABS data is recorded for all persons 15 years and older whereas the CWS only collected data from women from 18 years and older.
Age of Respondents

The distribution of women across age in the CWS reflects the trend in the ABS data. In both the CWS and the ABS data the majority of women survey were aged between 20 and 34 years. However, the survey contains approximately 4% more women in this age group than North Carlton and 8% more than Carlton. A smaller proportion of 18 and 19 year old women and women in their 50s, 60s and older took part in the CWS than are recorded in the ABS data (Table 1).

Marital Status of Respondents

In comparing the CWS sample with ABS census data, similar proportions of women (slightly less than a third) were married. However, the CWS recorded 15% of women were living with a partner. Almost 50% more women were "never married" according to the ABS data than the CWS women who were categorised as "single" but when the proportion of CWS women who are in a relationship (but not married, widowed, divorced, separated or living together) are combined there are similar proportions of 'never married' women to the ABS data. The ABS data shows approximately 4% more women were separated than the CWS, in which divorced and separated categories were combined. Finally, the CWS had 8% fewer women who were widowed than the ABS data (Table 2).

Ethnicity / Language spoken by Respondents

A greater proportion of women (69%) who took part in the CWS were born in Australia than the proportion recorded by the ABS in postcode area 3053 and a very similar number to the proportion in postcode area 3054. The other participants in the CWS were most likely to come from the United Kingdom, New Zealand, Italy and Malaysia.

The most commonly used languages by the CWS respondents were English (83%) followed by small numbers of women who spoke Chinese, Arabic, Italian and Spanish. English was the most commonly used language of only 53% of women resident in postcode area 3053 according to ABS data (Tables 3 & 4).

Religious preference of Respondents

A large proportion of CWS respondents (61%) did not record a religious affiliation as opposed to the ABS data which showed that approximately 37% of women in the combined area of Carlton (3053 and 3054) had no religion or did not state it. The
largest proportion of CWS women with religious interests were Catholics and Anglicans. However, The ABS data suggests that postcode area 3053 contained almost twice as many Catholic women (28%) than the number recorded in the CWS. There were also considerable more non-Christian religious allegiances recorded in the ABS data for postcode area 3053 in particular but also for postcode area 3054 (Table 7).

Employment Status, Occupation, Education and Income of Respondents

Thirteen percent of CWS women were employed part time, 41% full time and 4% were unemployed. The CWS participants were more likely to be employed and less likely to be unemployed than the general population of Carlton. Thirty-two percent of CWS women stated that they were at home, retired, not looking for work, on a pension, or a student. The ABS data indicated that a similar number were "not in the labour force" (Table 5)

On the matter of personal income the respondents in the CWS were clearly more strongly represented in the higher income brackets (from $25,000 upwards) than the general population of women in Carlton as recorded in the ABS data. Similarly, household income of CWS women was represented in the higher income brackets in comparison to the ABS data. More CWS participants had higher degrees, diplomas and bachelors degrees than the general female population of Carlton (Tables 5 & 6). Those who were employed were most likely to be professional women (42.3%) to work in Sales and Personal Services (14.8%) or do clerical work (12.6%) (see Tables 8,9 & 10 following).
RESEARCH ASSISTANT GUIDELINES FOR DELIVERY & PICKUP OF QUESTIONNAIRE

Things to Remember

* It is absolutely important that you only go to those dwellings that are selected in the survey as detailed below.
* Given a selected dwelling, only one female aged 18 or over should fill in the questionnaire.
* If there is more than 1 female in the selected dwelling then the one whose forthcoming birthday is closest to the day on which the questionnaire is being delivered is to be selected.
* If there is no female in the selected dwelling, (or if she is ineligible e.g. she is under 18) then go to the next skip interval.

Guidelines:

* For a given cluster of CDs, start the CDs with the least number of dwellings.
* You will be provided with a random starting point for the first dwelling in each CD indicated by an X on the CD map. (We will provide an address).
* Use a skip interval of 4 throughout the entire cluster of CDs (i.e. go to the 1st, 5th, 9th etc. dwelling from each of the random start CD) until the quota of 125 females has been selected in each cluster.
* Before you knock on the selected dwelling, make sure that you have entered the full address of the selected dwelling on the log sheet.

Delivering the Questionnaires

CONTACT NOT MADE

* If you do not make contact come back another 3 times at differing times (including one evening and one day of the weekend) to try to find someone home.
* If you do not make contact record the details of the attempt (times and day).
* On 4th attempt at contact and still no one at home leave INTRO LETTER 2 and a questionnaire stating you will return next day to collect the questionnaire.

PICK-UP - when you have not had personal contact.

* if when you return (and the letter has been cleared from the box/underdoor - but has not been left out for you) leave REMINDER LETTER 1. (remember to write on the letter the time that you will be calling again)
* on your second call to pick up the questionnaire leave REMINDER LETTER 2 and a SECOND QUESTIONNAIRE (remember to write the original number on the questionnaire and to fill in on the letter when you will re-call).
* on your third call to pick up the questionnaire leave REMINDER LETTER 3 (remember to write on this "I will re-call (specify time) if you would like me to collect the questionnaire"

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CONTACT MADE - with the eligible person

* Establish that there is an eligible woman resident (exclude men and Non English Speakers)

* When handing over the questionnaire pack

1) record questionnaire number on log sheet

2) "introduce" the questionnaire - emphasise no name or address on it, point out instructions on page one etc.

3) point out that to thank people for their time we will give them a raffle ticket. Show them this and explain how to return (ie in the sealed envelope with the questionnaire)

4) point out the additional questions on the white sheet and explain about them being OPTIONAL.

5) establish the best time to call to collect the questionnaire (within the next 24 hours) and enter the details in the remarks column of the log book. (You can arrange to pick up questionnaire with out person being there eg. they could leave it for you in pre-arranged place - the letter box, on the doorstep).

CONTACT MADE - with a third party (not the eligible person)

* If contact is made with 3rd party try to make an appointment or find time when the eligible women is likely to be home.

* If on second attempt to make personal contact with eligible person (through a 3rd party) there is not success leave the questionnaire, the ORIGINAL INTRO LETTER and the QUESTIONNAIRE PACK etc in the envelope sealed.

* Tell the 3rd party that this is a survey of women in Carlton. If they demand to know what it is about tell them it is to do with health related issues.

* Try to find out the first name of the eligible person that so we know for our records and so that the name can be put on the sealed envelope.

* Explain to the third party that you will call again tomorrow to pick up the completed questionnaire.

PICKUP - when you have had contact with the eligible woman or a third party

* If the person or questionnaire is not there at the first pre-arranged pickup time, leave REMINDER LETTER 1 (remember to write on the letter when you plan to re-call). If you know the name of the eligible woman place it on the letter.

* If the questionnaire is returned unanswered record this on the log sheet (returned - blank/refusal)

* If the second attempt at pick-up is unsuccessful, leave REMINDER LETTER 1 AGAIN (remember to write on the letter when you plan to re-call). If you know name of eligible woman place on the envelope containing the letter.
* If on the third attempt at a pickup there is no questionnaire returned, leave REMINDER LETTER 2 and a SECOND QUESTIONNAIRE (remember to write the original number on the questionnaire and to fill in on the letter when you will re-call).

* If on the fourth attempt at a pickup there is no questionnaire returned, leave REMINDER LETTER 3 - this gives them a chance to refuse to participate (remember to write on this "I will re-call (specify time) if you would like me to collect the questionnaire")

Place a X in the shaded box in the top right hand corner when you have no more calls to make at a particular household - ie you have picked up the questionnaire, they have refused, or are ineligible, etc

At the end of each day fill out the day summary sheets so we can keep track on how things are going:

number of questionnaires dropped off
number of attempted pickups
number of pickups - including blanks/refusals

- completed questionnaires.

hours worked

Instructions For Special Circumstances

* If a private dwelling is under construction, please disregard that dwelling. Also disregard any vacant blocks.

* If a house/flat is attached to a shop, office or any other non-residential structure, please include it as a possible selection.

* Shops, offices factories, hospitals, motels etc which do not have dwellings attached should not be included in the survey or in the skip interval of 4.

* If there is a block of flats or townhouses or University college, please use the number of postboxes and count each as an individual dwelling to determine which is the next dwelling to be selected.

* If there is more than 1 female aged 18 or over living in the selected dwelling, then select the female whose forthcoming birthday is closest to the date on which the survey is being conducted.
<table>
<thead>
<tr>
<th>CD No.</th>
<th>OUTCOME</th>
<th>No. OF CALLS</th>
<th>No. OF COLL's</th>
<th>Quest. No.</th>
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<table>
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<tr>
<th>address</th>
<th>respondent's first name</th>
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**SUMMARY OF CALLS**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Contact With</th>
<th>Result</th>
<th>Remarks</th>
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<td>if refused reason, age etc.</td>
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**INITIAL COLLECTION APPOINTMENT**

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<th>Date</th>
<th>Time</th>
<th>Alternative location meter/let. box</th>
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**COLLECTION ATTEMPTS**

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</tbody>
</table>

**CONTACT WITH RESULT**

- 0 - nobody
- 1 - respondent
- 2 - unknown
- 3 - 3rd party

**CALL RESULT**

- Return
- Ineligible
- Refused
- Delivered
- Collected

**COLLECT**

- Return
- Refused

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Dear Woman Resident,

Your home has been randomly selected to be involved in an important study about women's use of alcohol which our Department at the University of Melbourne is doing in this area.

We know quite a bit about men's drinking in Australia, but much less about women's use of alcohol. We are keen to have you answer the questions so that we can provide better information for planning, education and health programs for women.

The questions do not have a right or wrong answer - we just want to know about your experience: even if you do not drink alcohol. Your answers will be coded and be grouped with other residents' answers. All responses will be treated as confidential. It will not be possible for you to be identified at all in the final report (which you may request a copy of).

We want a woman in your house to answer the questions for us. If there is more than one woman living in this house then we ask that the woman whose birthday is closest to this day be the one to respond.

If you have any questions about this study please ring Mary O'Brien, or me on 344-7276.

Please complete the questionnaire, which takes about 40 minutes, and place it in the envelope provided when you have finished. The researcher who delivered this letter will call later today or tomorrow to pick it up or arrange a time to suit you.

To thank you for completing the questionnaire we offer you a ticket in a raffle for $300 worth of goods from Safeway and other Lygon Court Shops.

You will see that there is a separate sheet attached to this letter which holds the raffle ticket and explains how to enter this competition.

We also ask about your willingness to be contacted again later if we decide to follow up this survey in the next 3 years.

It is important that we get your response to these questions so that we can help in planning better programs for women. We hope that you can help us with this research and we thank you for your support.

With many thanks,
Yours sincerely,

Margaret Hamilton
Assoc. Professor

(intro. letter 1)
Dear Resident,

Your home has been randomly selected to be involved in an important study about women’s use of alcohol which our Department at the University of Melbourne is doing in (North) Carlton.

We know quite a bit about men’s drinking in Australia, but much less about women’s use of alcohol. We are keen to have you answer the questions so that we can provide better information for planning, education and health programs for women.

The questions do not have a right or wrong answer - we just want to know about your experience: even if you do not drink alcohol. Your answers will be coded and be grouped with other residents’ answers. All responses will be treated as confidential. It will not be possible for you to be identified at all in the final report (which you may request a copy of).

We have called at this house several times and have been unable to make contact with anyone to explain the survey.

We want a woman in your house to answer the questions for us. If there is more than one woman living in this house then we ask that the woman whose forthcoming birthday is closest to this day respond.

We have left a questionnaire in the hope that the selected female will be able to complete it for us. It takes about 40 minutes to complete. You can leave it for the researcher in the envelope provided. She will call again at __________ on __________ to pick it up. If you do not think that you will be home at this time you might like to leave it sealed in the envelope provided, in your letter box or some other obvious place.

If you have any questions about this study please ring Mary O'Brien, or me on 344-7276.

To thank you for completing the questionnaire we offer you a ticket in a raffle for $300 worth of goods from Safeway and other Lygon Court Shops.

You will see that there is a separate sheet attached to this letter which holds the raffle ticket and explains how to enter this competition.

We also ask about your willingness to be contacted again later if we decide to follow up this survey in the next 3 years.

It is important that we get your response to these questions so that we can help in planning better programs for women. We hope that you can help us with this research and we thank you for your support.

With many thanks,

Yours sincerely,

Margaret Hamilton
Assoc. Professor

(intro. letter 2)
Dear Resident,

As we arranged, I called today, _____________ at _______ to pick up the questionnaire you were going to complete for the study being done by our Department at the University of Melbourne.

I realise that you may not have had time to complete it yet, or may have simply forgotten to leave it out for me. I will call again on ________________ to pick up your completed questionnaire.

As the aim of the survey is to give the questionnaire to a wide range of women so we can get a true picture of the issues we are interested in, your reply is very important to us.

I would be happy to answer any questions you may have, or to help you with the questions when I call. If you like, you may leave a message for me with Mary O’Brien on 344 7276.

As a token of our thanks for your time in completing the questionnaire, please remember to also return your ticket for the raffle of Lygon Court goods to the value of $300.

Thankyou again for helping us with this important research.

Yours sincerely,

(Research Assistant)  (reminder letter 1)
Dear Woman Resident,

A questionnaire was left with a member of your household sometime ago. I called in today
____________ at ________________ to pick it up.

Perhaps you've lost it, the dog or the baby has chewed it up or it was used to wrap up last night's dinner
scraps for the rubbish. Do not despair!! We have spare questionnaire and have left you another one.
We are really keen to get it back completed, and are hoping that you will be able to help us out.

We would like to get back a questionnaire from each house we have called at. Each response is very
important to us - including yours.

You may recall that you have been selected for this survey because you are the woman in your
household whose birthday is closest to the day we delivered the questionnaire.

I will call again at about _____________on ________________ hoping that you may have had a
chance to answer the survey questions. I would be happy to answer any queries you may have, or to
help you with the survey when I call.

If you do not think that you will be home at this time you might like to leave the questionnaire in the
sealed envelope in your letter box or some other obvious place.

To encourage you to keep this copy of the questionnaire out of reach of the dog, the baby or any
other dangers, we remind you that you will be included in the draw for the raffle for $300 worth
of goods from Lagoon Court Shops when you fill it out and return it.

Thank you again for helping us with this important research.

Yours sincerely,

(Research Assistant)  (reminder letter 2)
Dear Resident,

I have tried on a number of occasions to contact a woman living in your house so that I can ask her to fill out the questionnaire that we have left. It is not too late for this person to return the completed questionnaire and take part in the raffle which has a prize of $300 worth of goods from Safeway and other Lygon Court shops.

However, there might be a few reasons why some women have not filled out the questionnaire. It would be helpful to know why the questionnaire has not been returned from your household. Could the person selected for the study, or you, please tick a box below that shows why a questionnaire has not been returned and place this sheet in the envelope with the return address and reply paid stamp on it.

In your household the person selected for the study - a woman aged 18 or older - (if there is more than one living in the house the one whose forthcoming birthday is closest to the date this questionnaire was delivered)

☐ WOULD LIKE SOME HELP IN FILLING OUT THE QUESTIONS
   (if this is the case please ring Mary O'Brien on 344-7276 and she will arrange for some help for you or write your name and phone number on this sheet and return it)

☐ DOES NOT SPEAK ENGLISH AS THEIR FIRST LANGUAGE

☐ IS TOO UNWELL TO TAKE PART IN THE SURVEY

☐ IS AWAY AT THE PRESENT

☐ DOES NOT WISH TO TAKE PART IN THE SURVEY

OR

☐ THERE ARE NO FEMALES IN THIS HOUSEHOLD

If you wish to make any comments please use the following space

........................................................................................................................................

We are very keen to collect a completed questionnaire or to have this form back. Please help us by either filling out the questionnaire or returning this form. If you have any questions please ring Mary O'Brien.

MANY THANKS,
Yours sincerely,

Margaret Hamilton  
Associate Professor

(reminder letter 3)
Dear Woman Resident,

Thankyou for agreeing to complete the Carlton Women's Survey which I left with you sometime ago. As the aim of the survey is to give the questionnaire to a wide range of women so we can get a true picture of the issues we are interested in, your reply is very important to us.

When I gave you the questionnaire, you said that you would prefer to post it back. You may also have been given a REPLY PAID 1246/CARLTON WOMEN'S SURVEY envelope in which to return the questionnaire. At the last check of our records, your questionnaire number has not been returned.

I realise that you may not have had time to complete it yet, or may have forgotten to post it, however we are still keen to receive a questionnaire from you.

If it would be more convenient, I am still able to pick up the questionnaire from you. To arrange a time you can leave a message for me with Mary O'Brien at the University on 344 7276. In case you do not have a reply paid envelope, I have attached another one.

If you need another copy of the questionnaire please ring Mary O'Brien on the above number and she will arrange for another copy to be delivered.

As a token of thanks for your time in completing and returning the questionnaire, remember to also return your raffle ticket for the raffle of Lygon Court goods to the value of $300.

Thank you again for helping us with this important research.

Yours sincerely,

(Remember, letter 4)
Tables 1 to 12
A comparison between the Female Population of postcodes 3053 & 3054 and Carlton (3053+3054) from 1991 ABS and the Carlton Women’s Survey

Table 1.
Age Distribution

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<td></td>
<td></td>
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Table 2.
Marital Status

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Table 3. 
Birthplace

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Table 4. 
Language Spoken at Home

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<td>2.5</td>
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<td></td>
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<tr>
<td>not in labour force</td>
<td></td>
<td></td>
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Table 6.
Educational Attainment

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Table 7.
Religious Affiliation

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Table 8.
Occupation

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a) 47.7% of women did not answer this question. The women who did not answer because they were not working are not separated from those who simply did not respond.
Table 9.  
**Household Income**  

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<td>$50001-$70000</td>
<td>8.0</td>
<td>13.0</td>
<td>10.5</td>
<td>11.2</td>
<td>19.1</td>
</tr>
<tr>
<td>$70000-$100000</td>
<td>5.7</td>
<td>8.6</td>
<td>7.1</td>
<td>5.0</td>
<td>8.4</td>
</tr>
<tr>
<td>$10001-$150000</td>
<td>2.6</td>
<td>6.0</td>
<td>4.3</td>
<td>4.6</td>
<td>7.7</td>
</tr>
<tr>
<td>$150000+</td>
<td>.6</td>
<td>1.7</td>
<td>1.1</td>
<td>.6</td>
<td>0.9</td>
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<tr>
<td>Partial Income</td>
<td>11.4</td>
<td>10.1</td>
<td>10.7</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
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<td>2.8</td>
<td>2.7</td>
<td>2.7</td>
<td>41.3</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 10.  
**Individual Income**

<table>
<thead>
<tr>
<th></th>
<th>3053</th>
<th>3054</th>
<th>Carlton</th>
<th>Survey n=525</th>
</tr>
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<tbody>
<tr>
<td>$0-$3000</td>
<td>11.3</td>
<td>9</td>
<td>10.1</td>
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<tr>
<td>$3001-$8000</td>
<td>29.0</td>
<td>22.7</td>
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<tr>
<td>$8001-$16000</td>
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<td>17</td>
<td>17.5</td>
<td>12.0</td>
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<tr>
<td>$16001-$25000</td>
<td>11.6</td>
<td>14.4</td>
<td>13</td>
<td>13.3</td>
</tr>
<tr>
<td>$25001-$35000</td>
<td>9.4</td>
<td>15</td>
<td>12.2</td>
<td>17.9</td>
</tr>
<tr>
<td>$35001-$50000</td>
<td>4.8</td>
<td>9.0</td>
<td>6.9</td>
<td>12.2</td>
</tr>
<tr>
<td>$50001-$70000</td>
<td>1.4</td>
<td>2.9</td>
<td>2.1</td>
<td>5.3</td>
</tr>
<tr>
<td>$70000+</td>
<td>.5</td>
<td>.9</td>
<td>.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Not Stated</td>
<td>13.0</td>
<td>7.9</td>
<td>10.45</td>
<td>10.1</td>
</tr>
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</table>
### Table 11.
Labour Force Status of Women’s Spouse/Partner in CWS

<table>
<thead>
<tr>
<th>Status</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey</td>
<td>n=525</td>
</tr>
<tr>
<td>Full Time Paid Employment</td>
<td>33.9</td>
</tr>
<tr>
<td>Part Time Paid Employment</td>
<td>3.0</td>
</tr>
<tr>
<td>Full Time Homemaker</td>
<td>0.2</td>
</tr>
<tr>
<td>Retired / Aged Pensioner</td>
<td>3.2</td>
</tr>
<tr>
<td>Not Currently Looking for Work</td>
<td>0.4</td>
</tr>
<tr>
<td>Unemployed but Looking for Work</td>
<td>3.4</td>
</tr>
<tr>
<td>Other Pension / Benefits</td>
<td>1.0</td>
</tr>
<tr>
<td>Student</td>
<td>5.3</td>
</tr>
<tr>
<td>Other</td>
<td>5.1</td>
</tr>
<tr>
<td>Not Stated</td>
<td>44.4</td>
</tr>
</tbody>
</table>

### Table 12.
Occupation of Spouse/Partner of Women in CWS

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey</td>
<td>n=525</td>
</tr>
<tr>
<td>Managers/Admin</td>
<td>7.0</td>
</tr>
<tr>
<td>Professionals</td>
<td>19.7</td>
</tr>
<tr>
<td>Para-professionals</td>
<td>1.4</td>
</tr>
<tr>
<td>Tradesperson</td>
<td>2.6</td>
</tr>
<tr>
<td>Clerks</td>
<td>0.4</td>
</tr>
<tr>
<td>Sales &amp; Personal Services</td>
<td>3.0</td>
</tr>
<tr>
<td>Plant &amp; Machine Operators</td>
<td>1.0</td>
</tr>
<tr>
<td>Labourers &amp; Related workers</td>
<td>0.7</td>
</tr>
<tr>
<td>Not Stated</td>
<td>63.0</td>
</tr>
</tbody>
</table>
CARLTON AND NORTH CARLTON WOMEN'S SURVEY

PLEASE READ THIS BEFORE YOU START

Please try to answer all the questions in this booklet except those you are asked to skip over. Answer each question working down the page. The boxes at the right of the page will tell you when you have to skip a question or a whole section.

There are FOUR different types of questions in this booklet.

♦ The first type asks you to show your answer by circling the number that matches your answer. For example:

How often do you eat fruit? (please circle one only)
1. NEVER
2. 1-2 DAYS A WEEK
3. 3-4 DAYS A WEEK
4. 5 OR MORE DAYS A WEEK

♦ The second type asks you to fill in words or numbers in the space provided.

What day of the week is it? Tuesday

♦ The third type asks you to place a number in the circles provided. For example:

Where is your favorite place to eat dinner? (place a 1 next to your first choice and a 2 next to your second choice)
1. AT HOME
2. AT FRIEND'S HOMES
3. AT PUBS/RESTAURANTS
4. OTHER (please specify)

♦ The fourth type asks you to tick the box that shows your answer.

Finally, before you start please remember that your answers are confidential.

[Arrow to the top of page 2 to begin the questionnaire]
SECTION ONE

FIRSTLY WE WOULD LIKE TO ASK YOU ABOUT SOME HEALTH ISSUES.

Please CIRCLE the number that is next to your answer for each question, or write your answer in the space given.

1. Would you say your health was...
   1. VERY GOOD
   2. REASONABLE
   3. FAIR
   4. POOR

2. Do you currently smoke cigarettes?
   1. YES How many cigarettes per day? _______
   2. NO

3. How tall are you without shoes? (please write your answer below)

   _______ cms

   OR

   _______ ft _______ inches

   1. Don't Know

4. What is your weight without shoes or clothes? (please write your answer below)

   _______ kgs

   OR

   _______ stone _______ pounds

   1. Don't Know
IN THE FOLLOWING QUESTIONS WE ARE GOING TO ASK YOU ABOUT HOW YOU HAVE BEEN FEELING OVER THE PAST 4 WEEKS.

5. For each of the following statements please circle the one number that most nearly applies to how you have been feeling.

Over the past 4 weeks I have...

<table>
<thead>
<tr>
<th>Statement</th>
<th>This has happened a lot</th>
<th>This has happened occasionally</th>
<th>This has not happened</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT CONCENTRATED ON WHAT I WAS DOING</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>SLEPT MUCH MORE OR MUCH LESS THAN USUAL</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>FELT VERY TIRED</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>STARTED ARGUMENTS WITH MY SPOUSE/PARTNER OR FAMILY</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>NOT KEPT MYSELF LOOKING AS GOOD AS USUAL</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>HAD LESS INTEREST IN SEX</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>EATEN TOO MUCH UNHEALTHY FOOD OR 'BINGED' ON FOOD</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>FELT MORE STRESSED THAN USUAL</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>BEEN UNABLE TO DO MY NORMAL ACTIVITIES</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>FELT DEPRESSED AND UNHAPPY</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>HAD LESS CONFIDENCE IN MYSELF</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>THOUGHT OF MYSELF AS A WORTHLESS PERSON</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>FELT REASONABLY HAPPY IN GENERAL</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
SECTION TWO

THE NEXT QUESTIONS WILL TELL US ABOUT PATTERNS OF ALCOHOL USE IN THE COMMUNITY.

Please CIRCLE the number that corresponds to your answer for each question or write your response in the space provided.

1. Have you ever tried alcohol?
   1. YES ..............................................
   2. NO .............................................

2. If you have NEVER used alcohol, please indicate up to 2 answers that best describes YOUR REASON for not drinking. (Put 1 by the most important reason and 2 by the next.)
   - FOR MY HEALTH
   - TO LOSE WEIGHT OR KEEP WEIGHT DOWN
   - I DO NOT LIKE ALCOHOL
   - MY RELIGION DOESN'T APPROVE OF ALCOHOL
   - I HAVE A FAMILY MEMBER WITH ALCOHOL PROBLEMS
   - I DON'T LIKE WHAT IT DOES TO PEOPLE
   - I AM NOT INTERESTED IN IT
   - A HEALTH WORKER TOLD ME NOT TO DRINK ALCOHOL
   - TO SUPPORT MY PARTNER/SPOUSE/BOYFRIEND WHO DOES NOT DRINK
   OTHER ..............................................

3. Have you had any alcohol (wine, beer, light beer, coolers, cider, spirits, cocktails, liqueurs) in the last 12 months at all?
   1. YES ..............................................
   2. NO .............................................
4. Over how long a period did you drink alcohol? _____ (years)

5. How old were you when you stopped drinking alcohol? _____ (years)

6. If you used alcohol in the past but do not now, which response best describes your reason for stopping?

(You may give up to 2 answers. Put 1 by the most important reason and 2 by the next.)

○ FOR MY HEALTH
○ TO LOSE WEIGHT OR KEEP WEIGHT DOWN
○ I DO NOT LIKE ALCOHOL
○ HAD PROBLEMS WITH ALCOHOL
○ MY RELIGION DOESN'T APPROVE OF ALCOHOL
○ FAMILY MEMBER WITH ALCOHOL PROBLEMS
○ DON'T LIKE WHAT IT DOES TO PEOPLE
○ A HEALTH WORKER TOLD ME NOT TO DRINK ALCOHOL
○ TO SUPPORT MY PARTNER/SPOUSE/BOYFRIEND WHO DOES NOT DRINK
○ OTHER ___________________________

(please specify)

You may use the following space to explain your answer further if you wish.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
WE ARE NOW INTERESTED IN FINDING OUT A LITTLE MORE ABOUT WOMEN'S USE OF ALCOHOL WITHIN THE PAST 12 MONTHS.

7. How often do you have a drink containing alcohol? (Please circle a number next to your answer)

1. NEVER
2. MONTHLY OR LESS
3. 2 TO 4 TIMES A MONTH
4. 2 TO 3 TIMES A WEEK
5. 4 OR MORE TIMES A WEEK

PLEASE LOOK AT THE PICTURE OF STANDARD DRINKS ON THE BACK PAGE OF THIS BOOKLET.

8. How many standard drinks containing alcohol do you have on a typical day when you are drinking?

1. 1 OR 2
2. 3 OR 4
3. 5 OR 6
4. 7 OR 9
5. 10 OR MORE

9. How often do you have six or more drinks on one occasion?

1. NEVER
2. LESS THAN MONTHLY
3. MONTHLY
4. WEEKLY
5. DAILY OR ALMOST DAILY
DRINKING ALCOHOL CAN AFFECT PEOPLE’S LIVES IN MANY WAYS. WE WOULD LIKE TO LEARN MORE ABOUT WHAT EFFECTS DRINKING MAY HAVE ON WOMEN’S LIVES.

10. In the last 12 months do you think your drinking has .......... (Please circle the number that is underneath your answer)

<table>
<thead>
<tr>
<th></th>
<th>Certainly has</th>
<th>Probably has</th>
<th>Not Sure</th>
<th>Probably has not</th>
<th>Certainly has not</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTRIBUTED TO TROUBLES MANAGING MONEY?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>LED YOU TO PUT ON TOO MUCH WEIGHT?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>LED YOU TO FEEL OUT OF CONTROL WHEN YOU HAVE BEEN DRINKING?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>CONTRIBUTED TO HEALTH PROBLEMS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>MADE YOU THINK ABOUT ALCOHOL TOO MUCH</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

11. How often during the last year have you found that you were not able to stop drinking once you had started?

1. NEVER
2. LESS THAN MONTHLY
3. MONTHLY
4. WEEKLY
5. DAILY OR ALMOST DAILY

12. How often in the last year have you failed to do what was normally expected from you because of drinking?

1. NEVER
2. LESS THAN MONTHLY
3. MONTHLY
4. WEEKLY
5. DAILY OR ALMOST DAILY
THE NEXT QUESTIONS WILL HELP US GET AN IDEA ABOUT WHAT TYPE OF ALCOHOL WOMEN DRINK AS WELL AS WHEN AND WHERE THEY DRINK.

13. From the following list please show which drink you normally have. (Place a 1 next to your first choice, and a 2 next to your second choice, etc.)

- FULL STRENGTH BEER (eg 4.9% alc Vic Bitter)
- LOW ALCOHOL BEER (eg 3.3% Carlt. Light 2.7% Tooheys blue)
- SPECIAL LIGHT BEER (eg .09% alc - Carlton Special Light)
- WINE COOLERS
- WINE
- ALCOHOLIC CIDER
- CHAMPAGNE
- FORTIFIED WINE (eg sherry)
- SPIRITS
- LIQUEURS
- OTHER ______________________ (please specify)

14. When you are drinking alcohol, where are you USUALLY? (Place a 1 next to your first choice and a 2 next to your second choice if you wish, etc.)

- AT HOME
- SOMEONE ELSE'S HOME
- AT RESTAURANTS
- AT LICENSED PREMISES EG HOTEL, SPORTS CLUB, NIGHTCLUB
- BBQ/PICNIC
- CAR
- WORK/IN A WORK SETTING
- OTHER ______________________ (please specify)
15. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?

   1. NEVER
   2. LESS THAN MONTHLY
   3. MONTHLY
   4. WEEKLY
   5. DAILY OR ALMOST DAILY

16. How often during the last year have you had a feeling of guilt or remorse after drinking?

   1. NEVER
   2. LESS THAN MONTHLY
   3. MONTHLY
   4. WEEKLY
   5. DAILY OR ALMOST DAILY

17. When you are drinking MOST HEAVILY where are you usually? (Place a 1 next to your first choice and a 2 next to your second choice if you wish, etc.)

   ○ AT HOME
   ○ SOMEONE ELSE'S HOME
   ○ AT RESTAURANTS
   ○ AT LICENSED PREMISES EG. HOTEL, SPORTS CLUB, NIGHTCLUB
   ○ BBQ/PICNIC
   ○ CAR
   ○ WORK/IN A WORK SETTING
   ○ OTHER ________________________(please specify)
18. In the last 12 months how often have you used alcohol for any of the following reasons.....
(Please circle the number that is underneath your answer for each statement)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Not Applicable to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO REDUCE PERIOD PAIN</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>TO INCREASE YOUR ENJOYMENT OF SEX</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>TO RELIEVE PREMENSTRUAL TENSION</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>TO SLEEP BETTER AT NIGHT</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>TO RELIEVE ANY OTHER PAIN OR DISCOMFORT</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>TO HELP YOU RELAX</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>TO HELP YOU SOCIALISE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>TO HELP YOU TO FORGET PROBLEMS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>TO HELP YOU THROUGH A RELATIONSHIP BREAK-UP</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>TO HELP YOU COPE WITH THE DEATH OF SOMEONE CLOSE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>TO HELP YOU ENJOY LIFE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>TO IMPROVE A MEAL</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>TO HELP YOU HAVE FUN</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

If there is some other reason that better describes why you drink alcohol please write it in your own words. ........................................................................................................................................................................

19. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

1. NEVER
2. LESS THAN MONTHLY
3. MONTHLY
4. WEEKLY
5. DAILY OR ALMOST DAILY
20. Have you or someone else been injured as a result of your drinking?

1. NO
2. YES, BUT NOT IN THE LAST YEAR
3. YES, DURING THE LAST YEAR

21. When you drink alcohol who are you usually with? (Place a 1 next to your first choice and a 2 next to your second choice if you wish, etc)

- ALONE
- JUST SPOUSE/PARTNER
- FEMALE FRIENDS
- MALE FRIENDS
- MALE AND FEMALE FRIENDS
- FAMILY
- SPOUSE/PARTNER AND FRIENDS
- WORK FRIENDS/COLLEAGUES
- JUST BOYFRIEND/GIRLFRIEND
- OTHER ______________________ (please specify)

22. In the next 3 months, how difficult would you find it to cut down or stop drinking?

1. VERY EASY
2. FAIRLY EASY
3. NEITHER DIFFICULT NOR EASY
4. FAIRLY DIFFICULT
5. VERY DIFFICULT
23. Has a partner, relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

1. NO
2. YES, BUT NOT IN THE LAST YEAR
3. YES, DURING THE LAST YEAR

Some women comment that they are influenced by their partner/boyfriend's drinking. Some find that they drink more to "keep up", or less because their partners are light drinkers. Others drink very little or nothing if they think their partners drink too much.

24. Do you think your drinking is influenced by your partner/spouse/boyfriend? (Please use the space below to explain)

................................................................................................................................................................................
................................................................................................................................................................................
................................................................................................................................................................................
................................................................................................................................................................................
................................................................................................................................................................................

25. When you have been out with your spouse/partner/boyfriend and have been drinking alcohol who drives home and why? (please explain in your own words)

................................................................................................................................................................................
................................................................................................................................................................................
................................................................................................................................................................................
................................................................................................................................................................................
................................................................................................................................................................................
26. In the last three months, how often have you been in a car with SOMEONE ELSE who was driving, when you know or think that they have had too much to drink?

1. 1 TO 2 TIMES
2. 3 TO 4 TIMES
3. 5 OR MORE TIMES
4. NEVER

27. In the last three months, how often have YOU driven a car when you know (or think) you may have had too much to drink? (circle one only)

1. 1 TO 2 TIMES
2. 3 TO 4 TIMES
3. 5 OR MORE TIMES
4. NEVER
5. I DO NOT DRIVE A CAR

28. Do you think you presently have a problem with drinking?

1. NO
2. PROBABLY NOT
3. UNSURE
4. POSSIBLY
5. DEFINITELY
29. Do you currently drink more, less or about the same amount of alcohol as you did 12 months ago. (circle only one)

1. MORE
2. LESS
3. SAME

You may use the following space to explain your answers further if you wish.

........................................................................................................................................

........................................................................................................................................

........................................................................................................................................

30. In five years time do you expect that you will be drinking more, the same, or less alcohol than now? (circle only one)

1. MORE
2. LESS
3. SAME

You may use the following space to tell us more about your answer if you wish.

........................................................................................................................................

........................................................................................................................................

........................................................................................................................................

........................................................................................................................................
NOW WE WOULD LIKE TO ASK YOU ABOUT THE PAST 7 DAYS. TO HELP YOU REMEMBER THE LAST WEEK PLEASE FOLLOW THE INSTRUCTIONS BELOW.

In the box given please write the day of the week that is

<table>
<thead>
<tr>
<th>TODAY</th>
</tr>
</thead>
</table>

the day of the week that was

<table>
<thead>
<tr>
<th>YESTERDAY</th>
</tr>
</thead>
</table>

THE DAY BEFORE YESTERDAY

<table>
<thead>
<tr>
<th>DAY 1</th>
</tr>
</thead>
</table>

THE DAY BEFORE THAT

<table>
<thead>
<tr>
<th>DAY 2</th>
</tr>
</thead>
</table>

THE DAY BEFORE THAT

<table>
<thead>
<tr>
<th>DAY 3</th>
</tr>
</thead>
</table>

THE DAY BEFORE THAT

<table>
<thead>
<tr>
<th>DAY 4</th>
</tr>
</thead>
</table>

THE DAY BEFORE THAT

<table>
<thead>
<tr>
<th>DAY 5</th>
</tr>
</thead>
</table>

THE DAY BEFORE THAT

<table>
<thead>
<tr>
<th>DAY 6</th>
</tr>
</thead>
</table>

THE DAY BEFORE THAT

<table>
<thead>
<tr>
<th>DAY 7</th>
</tr>
</thead>
</table>

AS A CHECK, PLEASE LOOK BACK AT THE DAYS YOU HAVE FILLED IN AND STARTING AT THE BOTTOM MAKE SURE THAT THE DAYS ARE IN THEIR CORRECT ORDER.

Looking at the table above as a reminder, please answer the following questions.

Did you drink alcohol on day 1?

1. YES
2. NO

Did you drink alcohol on day 2?

1. YES
2. NO
Did you drink alcohol on day 3?

1. YES
2. NO

Did you drink alcohol on day 4?

1. YES
2. NO

Did you drink alcohol on day 5?

1. YES
2. NO

Did you drink alcohol on day 6?

1. YES
2. NO

Did you drink alcohol on day 7?

1. YES
2. NO

Keeping in mind what you have just written ......

31. When was the last time that you had a drink containing alcohol?

1. IN THE LAST SEVEN DAYS

\[\text{go to SECTION THREE top of page 17}\]

\[\begin{align*}
1. & \quad 1 - 4 \text{ WEEKS AGO} \\
2. & \quad 1 - 3 \text{ MONTHS AGO} \\
3. & \quad 4 - 6 \text{ MONTHS AGO} \\
4. & \quad 5 - 12 \text{ MONTHS AGO}
\end{align*}\]

\[\text{go to SECTION FOUR top of page 22}\]
SECTION THREE

FOR WOMEN WHO DRANK ALCOHOL IN THE LAST 7 DAYS

IN THIS NEXT SERIES OF QUESTIONS YOU WILL BE ASKED TO RECALL THE AMOUNTS OF ALCOHOL THAT YOU DRANK ON DAY 1 TO DAY 7. PLEASE THINK CAREFULLY ABOUT EACH DAY.

For each of days 1 to 7 we would like you to write the number of each type of drink you had, and the size of the drink (e.g., a can or glass or bottle). If you did not drink alcohol on this day write none across the table. Continue on until you have filled out all 7 days in this way.

FOR EXAMPLE

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Drink</td>
<td>No of Drinks</td>
</tr>
<tr>
<td>full strength beer</td>
<td>1</td>
</tr>
<tr>
<td>low alcohol beer</td>
<td>1</td>
</tr>
<tr>
<td>alcoholic cider</td>
<td></td>
</tr>
<tr>
<td>coolers</td>
<td></td>
</tr>
<tr>
<td>wine</td>
<td>3 glasses</td>
</tr>
<tr>
<td>champagne</td>
<td></td>
</tr>
<tr>
<td>fortified wine (sherry, vermouth)</td>
<td></td>
</tr>
<tr>
<td>spirits (whisky etc)</td>
<td></td>
</tr>
<tr>
<td>liqueurs (kahlua etc)</td>
<td>1</td>
</tr>
</tbody>
</table>

Place where you were drinking: Pub first, then at home with dinner.

Comments: Friend from interstate visited.

If you wish to make any comments about the day on which you did (or did not) drink alcohol please write in the comment section at the bottom of the table.
Looking at your 1-7 table as a reminder, fill in the details for each day, starting with day 1.

**DAY 1**

<table>
<thead>
<tr>
<th>Type of Drink</th>
<th>No of Drinks</th>
<th>Size of Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>full strength beer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>low alcohol beer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alcoholic cider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>coolers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>wine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>champagne</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fortified wine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(sherry, vermouth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>spirits (whisky etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>liqueurs (kahlua etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Place where you</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>were drinking</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Comments</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DAY 2**

<table>
<thead>
<tr>
<th>Type of Drink</th>
<th>No of Drinks</th>
<th>Size of Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>full strength beer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>low alcohol beer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alcoholic cider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>coolers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>wine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>champagne</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fortified wine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(sherry, vermouth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>spirits (whisky etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>liqueurs (kahlua etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Place where you</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>were drinking</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Comments</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### DAY 3

<table>
<thead>
<tr>
<th>Type of Drink</th>
<th>No of Drinks</th>
<th>Size of Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>full strength beer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>low alcohol beer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alcoholic cider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>coolers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>wine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>champagne</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fortified wine (sherry, vermouth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>spirits (whisky etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>liqueurs (kahlua etc)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Place where you were drinking**  

**Comments**

---

### DAY 4

<table>
<thead>
<tr>
<th>Type of Drink</th>
<th>No of Drinks</th>
<th>Size of Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>full strength beer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>low alcohol beer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alcoholic cider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>coolers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>wine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>champagne</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fortified wine (sherry, vermouth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>spirits (whisky etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>liqueurs (kahlua etc)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Place where you were drinking**  

**Comments**
<table>
<thead>
<tr>
<th>Type of Drink</th>
<th>No of Drinks</th>
<th>Size of Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>full strength beer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>low alcohol beer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alcoholic cider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>coolers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>wine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>champagne</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fortified wine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(sherry, vermouth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>spirits (whisky etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>liqueurs (kahlua etc)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Place where you were drinking** ..................................................

**Comments** ..........................................................................

---

<table>
<thead>
<tr>
<th>Type of Drink</th>
<th>No of Drinks</th>
<th>Size of Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>full strength beer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>low alcohol beer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alcoholic cider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>coolers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>wine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>champagne</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fortified wine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(sherry, vermouth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>spirits (whisky etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>liqueurs (kahlua etc)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Place where you were drinking** ..................................................

**Comments** .............................................................................
<table>
<thead>
<tr>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Drink</td>
</tr>
<tr>
<td>full strength beer</td>
</tr>
<tr>
<td>low alcohol beer</td>
</tr>
<tr>
<td>alcoholic cider</td>
</tr>
<tr>
<td>coolers</td>
</tr>
<tr>
<td>wine</td>
</tr>
<tr>
<td>champagne</td>
</tr>
<tr>
<td>fortified wine (sherry, vermouth)</td>
</tr>
<tr>
<td>spirits (whisky etc)</td>
</tr>
<tr>
<td>liqueurs (kahlua etc)</td>
</tr>
</tbody>
</table>

Place where you were drinking

Comments

8. Is the number of drinks that you had in the last week more, less or about the same as you would drink most weeks? (Circle one only)
   1. MORE
   2. LESS
   3. SAME

It is sometimes hard to recall in such detail - thank you for trying to remembering all of last week!

Now that you have finished your seven day diary

[go to the next question top of page] 22
SECTION FOUR

IN THE FOLLOWING SECTION WE WOULD LIKE TO ASK YOU ABOUT YOUR USE OF MEDICINES AND OTHER DRUGS.

Please CIRCLE the number that corresponds to your answer for each question or write your response in the space provided.

1. Have you ever taken pain killers/analgesics (like Aspirin, Dispirin, Bex or Panadol)?

   1. YES
   2. NO

   go to question 3 on this page

2. When did you last take pain killers/analgesics?

   1. WITHIN THE LAST WEEK
   2. WITHIN THE LAST MONTH
   3. WITHIN THE LAST YEAR
   4. MORE THAN ONE YEAR AGO

3. Have you ever taken tranquillisers, sleeping pills or other tablets to relax you (such as Valium or Serepax)?

   1. YES
   2. NO

   go to question 6 on page 23

4. When did you last take tranquillisers?

   1. WITHIN THE LAST WEEK
   2. WITHIN THE LAST MONTH
   3. WITHIN THE LAST YEAR
   4. MORE THAN ONE YEAR AGO

5. What brand of tranquilliser have you used most frequently? (please write the brand name if you know it)
6. Please show if you have tried any of the following drugs (please tick the box that shows your answer for EACH drug listed)

<table>
<thead>
<tr>
<th>Drug</th>
<th>used in the last 12 mths</th>
<th>used but not in the last 12 months</th>
<th>never used</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARIJUANA, HASH, POT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMACK, HEROIN, OPIUM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPEED, AMPHETAMINES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HALLUCINOGENS (LSD, TRIPS, MAGIC MUSHROOMS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECSTASY AND OTHER DESIGNER DRUGS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COCAINE/CRACK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BARBITURATES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INHALANTS (GLUE, PETROL, SOLVENT, RUSH)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Have you ever injected yourself with any of the following drugs? (please tick yes or no for each drug)

<table>
<thead>
<tr>
<th>Drug</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. COCAINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. BARBITURATES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. HEROIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. TRANQUILLISERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. AMPHETAMINES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. OTHER DRUGS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(please specify)
(If you wish to make any comments please do so here)
SECTION FIVE

IN THE NEXT QUESTIONS WE ASK YOU ABOUT YOUR ATTITUDES AND IDEAS ABOUT ALCOHOL. WE WOULD LIKE ALL WOMEN (EVEN THOSE WHO DO NOT DRINK) TO ANSWER THESE QUESTIONS.

1. If you were asked 'what are the good things and/or the things that YOU like about alcohol' what would you say? (please answer in your own words)

2. If you were asked 'what are the bad things and the things that YOU dislike about alcohol what would you say? (please answer in your own words)

3. Have you ever used alcohol for health reasons either on the advice of a doctor or others? (please answer in your own words)

4. What do you think about a woman who YOU think has drunk too much? (perhaps someone who has slurred speech or is staggering) (please answer in your own words)

5. During any pregnancy did you ever drink alcohol? (circle one only)
   1. YES
   2. NO
   3. NOT APPLICABLE, HAVE NOT BEEN PREGNANT
   4. DO NOT REMEMBER
6. In your household who buys the alcohol? (please write your answer in your own words)


7. If asked 'what message or ideas would you like to pass on to your children about alcohol'
what would you say? If you do not have children please imagine that you do. (please answer in you own words)


8. What do you think about a man who YOU think has drunk too much? (perhaps someone who has slurred speech or is staggering) (please answer in your own words)


AGAIN, WE WOULD LIKE YOU TO LOOK AT THE PICTURE OF STANDARD DRINKS ON THE BACK PAGE OF THIS BOOKLET.

9. In your opinion how many standard drinks of alcohol each day would be low health risk drinking for a woman? If you are not sure please guess

(Please write in your answer) _______ number of drinks

10. In your opinion how many standard drinks of alcohol each day would be low health risk drinking for a man? If you are not sure please guess.

(Please write in your answer) _______ number of drinks
11. Would you say that the size of your usual glass would be smaller, larger or about the same as the "standard" glasses on the back page of this booklet. (please circle one response)

1. I DO NOT DRINK
2. SMALLER
3. A BIT LARGER
4. LARGER
5. ABOUT THE SAME
6. I NEVER USE GLASSES (eg. use cans)
7. DON'T KNOW

12. IN YOUR OPINION have any of the people on this list had problems, due to their use of alcohol? These could be problems with their health, the law/police or with friends or family. (you may circle more than one)

1. FATHER
2. MOTHER
3. SPOUSE/PARTNER/DEFACTO
4. CHILDREN
5. BROTHER
6. SISTER
7. BOYFRIEND/GIRLFRIEND
8. CLOSE FEMALE FRIEND
9. CLOSE MALE FRIEND
10. CLOSE RELATIVE
11. MYSELF

You may use this space to say more about your answer if you wish.

........................................................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

13. When you have an alcoholic drink do you sometimes read the label on the container for information about the amount of alcohol in the drink?

1. I DO NOT DRINK
2. OFTEN
3. OCCASIONALLY
4. NEVER
In the last few months there has been lots of information and advice given about safe drinking, healthy drinking or moderate drinking on the television, radio, and in newspapers and magazines.

14. We would like to know what is the main idea or message about alcohol that you have remembered. Please write about it below.

15. Where did you see and/or hear about it? (please circle up to 3 if you need to.)

1. MAGAZINES
2. NEWSPAPERS
3. TV ADVERTISEMENTS
4. RADIO
5. WORD OF MOUTH
6. POSTERS/BILLBOARDS
7. TV PROGRAMS
8. PAMPHLETS
9. ANY OTHER .................................................... (please specify)

16. Do you think that this information or advice has had any effect on you or your behaviour?

1. YES
2. NO

You may use this space to comment on your answer if you wish.

17. What do YOU THINK are the 3 most important influences on your current drinking patterns?


18. Over your whole life, what do YOU THINK are the 3 most important influences on your drinking, or the things that changed your drinking habits?
Women often say that something that bothers them about drinking is having had a sexual experience which they might not have had if they had not been drinking alcohol.

19. Has this EVER been the case for you?

1. YES
2. NO
3. I DO NOT DRINK

20. In the last year, how often have you regretted having a sexual experience which was associated with your own drinking?

1. I DO NOT DRINK
2. THREE OR MORE TIMES
3. ONCE OR TWICE
4. NEVER

Women can meet with various forms of abuse that may affect their lives in many ways. For this reason we think it is important to know how many women have had this happen to them.

21. Do you consider that you were abused when you were a child?

1. YES
2. NO

22. If yes what kind of abuse? (please circle one or more of the following)

1. PHYSICAL
2. SEXUAL
3. VERBAL
4. OTHER

23. Do you consider that you have been abused as an adult?

1. YES
2. NO
24. If yes what kind of abuse? (please circle one or more of the following)

1. PHYSICAL
2. SEXUAL
3. VERBAL
4. OTHER

25. Do you think this experience was linked in some way with alcohol use?

1. YES
2. NO
3. DON'T KNOW

If you wish to say more about this experience use the following space below.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thankyou for answering these questions

go to the FINAL SECTION on page 30
SECTION SIX

IN THIS FINAL SET OF QUESTIONS WE ASK YOU ABOUT YOU AND YOUR FAMILY SO THAT WE CAN BE SURE THAT WE ARE TALKING TO A WIDE VARIETY OF WOMEN.

1. What is your date of birth?
   __/___/_____

2. What is your CURRENT marital/relationship status? (Circle only one and write for how long this has been your status.)
   1. MARRIED
   2. LIVING TOGETHER (not married)
   3. DIVORCED / SEPARATED
   4. WIDOWED
   5. IN A RELATIONSHIP (not living together)
   6. SINGLE

   For How Long
   ......................................
   ......................................
   ......................................
   ......................................
   ......................................
   ......................................

3. Is your preferred partner
   1. MALE
   2. FEMALE

4. How many children have you had? (write number)_________

5. How many dependent children are living with you?
   1. NONE
   2. PRE-SCHOOL CHILDREN (write number)_________
   3. OTHER CHILDREN (write number)_________

6. Does any health problem stop you from doing some of the things you want to do?
   1. NO
   2. YES Please name or describe the health problem .................................................................

7. In what country were you born? .................................................................
   (please specify)
8. If you were not born in Australia how many years have you lived in Australia?
   Please write number of years _________ (years)

9. What language do you usually speak in your own home? ............................................................
   (please specify)

10. What country was your mother born in? ..............................................................................
    (please specify)

11. What country was your father born in? ..............................................................................
    (please specify)

12. How long have you lived in the area of Carlton or North Carlton? ________ months/years

13. In what suburb/state/country did you live before moving into Carlton/North Carlton?
    (please write here) ............................................................................................................

14. Why did you move to Carlton/North Carlton? .................................................................
    ........................................................................................................................................
    ........................................................................................................................................

15. What is the highest level of education you have reached (Circle one only)
    1. SOME PRIMARY SCHOOL
    2. PRIMARY SCHOOL
    3. SOME SECONDARY SCHOOL
    4. COMPLETED SECONDARY SCHOOL
    5. TRADE OR OTHER CERTIFICATE
    6. DIPLOMA
    7. GRADUATE DIPLOMA OR BACHELORS DEGREE
    8. DOCTORAL OR MASTERS DEGREE
16. What type of employment best describes your situation? (Circle only one)

1. FULL TIME IN PAID EMPLOYMENT (30 HOURS OR MORE)
2. PART TIME IN PAID EMPLOYMENT (LESS THAN 30 HOURS)
3. FULL TIME HOMEMAKER (or 'HOUSEWIFE')
4. RETIRED/AGED PENSIONER
5. NOT CURRENTLY LOOKING FOR WORK
6. UNEMPLOYED BUT LOOKING FOR WORK
7. OTHER BENEFITS/PENSION
8. STUDENT
9. OTHER ............................................ (please specify)

17. If employed what is your current job? ..............................................................
(please specify)

18. Do you currently work with

1. ALL MALES
2. MAINLY MALES
3. ABOUT THE SAME NUMBERS OF MALES AND FEMALES
4. MAINLY FEMALES
5. ALL FEMALES
6. NOT APPLICABLE

19. Do you attend religious services at all?

1. NO
2. OCCASIONALLY
3. FREQUENTLY

20. If yes, please write which religion .................................................................
(please specify)
21. What is your OWN INCOME level before tax? (please do not include your partner's income)

1. LESS THAN $3,001
2. $3,001 - $8,000
3. $8,001 - $16,000
4. $16,001 - $25,000
5. $25,001 - $35,000
6. $35,001 - $50,000
7. $50,001 - $70,000
8. MORE THAN $70,000

IF YOU DO NOT HAVE A SPOUSE OR PARTNER GO TO QUESTION 25 ON PAGE 34.

22. What type of employment best describes your spouse or partner's situation? (Circle only one)

1. FULL TIME IN PAID EMPLOYMENT (30 HOURS OR MORE)
2. PART TIME IN PAID EMPLOYMENT (LESS THAN 30 HOURS)
3. FULL TIME HOMEMAKER (or 'HOUSEWIFE')
4. RETIRED/AGED PENSIONER
5. NOT CURRENTLY LOOKING FOR WORK
6. UNEMPLOYED, BUT LOOKING FOR WORK
7. OTHER BENEFITS/PENSION
8. STUDENT
10. OTHER ............................................................... (please specify)

23. If your spouse or partner is employed, what is their current job?

........................................................................................................

(please specify)
24. **What is the total income of your HOUSEHOLD before tax? (If you are single and not living at home, or married and sharing a house with another family then put your own income again)**

1. LESS THAN $3,001
2. $3,001 - $8,000
3. $8,001 - $16,000
4. $16,001 - $25,000
5. $25,001 - $35,000
6. $35,001 - $50,000
7. $50,001 - $70,000
8. $100,001 - $150,000
9. MORE THAN $150,000

THANK YOU VERY MUCH FOR FILLING OUT THIS QUESTIONNAIRE

25. **Is there anything else you would like to tell us about your life and alcohol?**

THANK YOU AGAIN

**WHEN THIS QUESTIONNAIRE IS RETURNED YOU WILL RECEIVE A TICKET IN A LOTTERY FOR A $300 PRIZE.**
The following are all pictures of standard drinks, that is they all contain roughly the same amount of alcohol.

A POT OF BEER
285 ml. 4.9%

A SMALL GLASS OF WINE
120 ml. 11%

A GLASS OF PORT
60 ml. 18%

A NIP OF SPIRITS
30 ml. 40%
A U D I T

Please place a mark in the box next to your answer

1. How often do you have a drink containing alcohol?
   - never
   - monthly or less
   - 2 to 4 times a month
   - 2 to 3 times a week
   - 4 or more times a week

2. How many 'standard' drinks (see below) containing alcohol do you have on a typical day when you are drinking?
   - 1 or 2
   - 3 or 4
   - 5 or 6
   - 7 to 9
   - 10 or more

3. How often do you have six or more drinks on one occasion?
   - never
   - less than monthly
   - monthly
   - weekly
   - daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   - never
   - less than monthly
   - monthly
   - weekly
   - daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
   - never
   - less than monthly
   - monthly
   - weekly
   - daily or almost daily

6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?
   - never
   - less than monthly
   - monthly
   - weekly
   - daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
   - never
   - less than monthly
   - monthly
   - weekly
   - daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   - never
   - less than monthly
   - monthly
   - weekly
   - daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   - no
   - yes, but not in the last year
   - yes, during the last year

10. Has a relative, a friend, a doctor or other health worker been concerned about your drinking or suggested you cut down?
    - no
    - yes, but not in the last year
    - yes, during the last year

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ONE STANDARD DRINK APPROXIMATELY

Middy of Beer
Small Glass of Wine
Small Glass of Sherry or Port
1 Nip of Spirits

NOTE: A schooner of normal strength beer contains about 1 1/2 standard drinks; a bottle about 3. The average light beer is about half the strength of normal beer.

References:

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Appendix III: Prospective Beverage Diaries

Table 1
Types of Alcohol Consumed by Diary Keepers Grouped by Age

<table>
<thead>
<tr>
<th></th>
<th>Younger Women</th>
<th>Standard Drinks (av/wm)</th>
<th>Occasions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=27</td>
<td>n=572</td>
<td>n=243</td>
</tr>
<tr>
<td>Beer</td>
<td>20 74%</td>
<td>11 50%</td>
<td>91 37%</td>
</tr>
<tr>
<td>Champagne</td>
<td>11 41%</td>
<td>1 7%</td>
<td>30 12%</td>
</tr>
<tr>
<td>Cider</td>
<td>4 15%</td>
<td>1 5%</td>
<td>10 4%</td>
</tr>
<tr>
<td>Cooler</td>
<td>1 4%</td>
<td>0.2 0.1%</td>
<td>1 0.4%</td>
</tr>
<tr>
<td>Fort. wine</td>
<td>3 11%</td>
<td>0.2 1%</td>
<td>5 2%</td>
</tr>
<tr>
<td>LA beer</td>
<td>2 1%</td>
<td>0.4 2%</td>
<td>4 2%</td>
</tr>
<tr>
<td>Liqueur</td>
<td>12 7%</td>
<td>1 6%</td>
<td>30 12%</td>
</tr>
<tr>
<td>Spirits</td>
<td>10 44%</td>
<td>1 5%</td>
<td>21 7%</td>
</tr>
<tr>
<td>Stout</td>
<td>1 4%</td>
<td>1 0.2%</td>
<td>1 0.4%</td>
</tr>
<tr>
<td>Wine</td>
<td>15 56%</td>
<td>5 24%</td>
<td>50 21%</td>
</tr>
</tbody>
</table>

|                | College Women | Standard Drinks (av/wm) | Occasions |
|                | n=11          | n=125                   | n=60      |
| Beer           | 5 45%         | 3 27%                   | 11 18%    |
| Champagne      | 3 27%         | 1 5%                    | 4 7%      |
| Cider          | 4 36%         | 1 9%                    | 7 12%     |
| Cooler         | 1 9%          | 0.1 1%                  | 1 2%      |
| Fort. wine     | 3 27%         | 0.3 3%                  | 6 10%     |
| LA beer        | 2 18%         | 0.2 2%                  | 3 5%      |
| Liqueurs       | 2 18%         | 0.2 2%                  | 3 5%      |
| Spirits        | 3 27%         | 0.4 4%                  | 3 5%      |
| Stout          | 0 0%          | 0 0%                    | 0 0%      |
| Wine           | 7 64%         | 5 47%                   | 22 37%    |

|                | Y/Middle Women | Std Drinks (av/wm) | Occasions |
|                | n=24          | n=498                 | n=221     |
| Beer           | 16 67%        | 2 13%                 | 34 15%    |
| Champagne      | 12 50%        | 3 16%                 | 24 11%    |
| Cider          | 2 8%          | 0.1 1%                | 3 1%      |
| Cooler         | 0 0%          | 0 0%                  | 0 0%      |
| Ft. wine       | 4 17%         | 0.1 1%                | 6 3%      |
| LA beer        | 4 17%         | 1 5%                  | 10 4%     |
| Liqueurs       | 5 21%         | 0.2 1%                | 5 2%      |
| Spirits        | 11 46%        | 3 17%                 | 42 19%    |
| Stout          | 0 0%          | 0 0%                  | 0 0%      |
| Wine           | 20 83%        | 9 46%                 | 97 44%    |

cont. next page
<table>
<thead>
<tr>
<th></th>
<th>O/Middle Women</th>
<th>Std Drinks (av/wm)</th>
<th>Occasions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>%</td>
<td>n=475</td>
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<tr>
<td>Beer</td>
<td>6</td>
<td>30</td>
<td>2</td>
</tr>
<tr>
<td>Champagne</td>
<td>12</td>
<td>60</td>
<td>4</td>
</tr>
<tr>
<td>Cider</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cooler</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ft. wine</td>
<td>7</td>
<td>35</td>
<td>0.3</td>
</tr>
<tr>
<td>LA beer</td>
<td>4</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>Liqueurs</td>
<td>2</td>
<td>10</td>
<td>0.2</td>
</tr>
<tr>
<td>Spirits</td>
<td>13</td>
<td>65</td>
<td>2</td>
</tr>
<tr>
<td>Stout</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Wine</td>
<td>19</td>
<td>95</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Older Women</th>
<th>Std Drinks (av/wm)</th>
<th>Occasions</th>
</tr>
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<td>1</td>
</tr>
<tr>
<td>Champagne</td>
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<td>25</td>
<td>0.2</td>
</tr>
<tr>
<td>Cider</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cooler</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ft. wine</td>
<td>2</td>
<td>50</td>
<td>2</td>
</tr>
<tr>
<td>LA beer</td>
<td>1</td>
<td>25</td>
<td>0.2</td>
</tr>
<tr>
<td>Liqueurs</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Spirits</td>
<td>2</td>
<td>50</td>
<td>4</td>
</tr>
<tr>
<td>Stout</td>
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<td>25</td>
<td>1</td>
</tr>
<tr>
<td>Wine</td>
<td>3</td>
<td>75</td>
<td>11</td>
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</table>
### Table 2
Occasions at which Alcohol is Consumed by Diary Keepers Grouped by Age

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<tr>
<th></th>
<th>College % Occ</th>
<th>Younger % Occ</th>
<th>Y/ Middle % Occ</th>
<th>O/Middle % Occ</th>
<th>Older % Occ</th>
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<tr>
<td></td>
<td>n=40</td>
<td>n=11</td>
<td>n=171</td>
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<td>n=165</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Lunch</td>
<td>10</td>
<td>36</td>
<td>2</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>Predinner</td>
<td>3</td>
<td>9</td>
<td>1</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Dinner</td>
<td>28</td>
<td>55</td>
<td>28</td>
<td>59</td>
<td>37</td>
</tr>
<tr>
<td>After dinner</td>
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<td>9</td>
<td>1</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>BBQ</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
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<td>Socialising</td>
<td>26</td>
<td>64</td>
<td>23</td>
<td>56</td>
<td>11</td>
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<tr>
<td>Party/social</td>
<td>8</td>
<td>18</td>
<td>8</td>
<td>41</td>
<td>5</td>
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<tr>
<td>Special occs</td>
<td>8</td>
<td>27</td>
<td>5</td>
<td>22</td>
<td>4</td>
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<td>Drinks</td>
<td>0</td>
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<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Pubbing</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>19</td>
<td>1</td>
</tr>
<tr>
<td>Out</td>
<td>3</td>
<td>9</td>
<td>2</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Relaxing</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>15</td>
<td>5</td>
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<tr>
<td>Watching</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>TV</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Work</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Coll events</td>
<td>10</td>
<td>27</td>
<td>1</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Sport</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>18</td>
<td>11</td>
<td>48</td>
<td>8</td>
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</tbody>
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### Table 3
Locations at which Diary Keepers Grouped by Age consumed Alcohol

<table>
<thead>
<tr>
<th></th>
<th>College % Occ</th>
<th>Younger % Occ</th>
<th>Y/ Middle % Occ</th>
<th>O/Middle % Occ</th>
<th>Older % Occ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>n=11</td>
<td>n=185</td>
<td>n=27</td>
<td>n=181</td>
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<tr>
<td>College</td>
<td>20</td>
<td>55</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Home</td>
<td>9</td>
<td>18</td>
<td>21</td>
<td>74</td>
<td>37</td>
</tr>
<tr>
<td>Neighbours</td>
<td>0</td>
<td>0</td>
<td>54</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Rel. home</td>
<td>7</td>
<td>27</td>
<td>9</td>
<td>30</td>
<td>3</td>
</tr>
<tr>
<td>Friends' place</td>
<td>2</td>
<td>9</td>
<td>9</td>
<td>33</td>
<td>17</td>
</tr>
<tr>
<td>Hol. house</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>4</td>
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<tr>
<td>Sport</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Work</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Pub/bot/bac/club</td>
<td>36</td>
<td>82</td>
<td>38</td>
<td>93</td>
<td>13</td>
</tr>
<tr>
<td>Restaurant/cafe</td>
<td>11</td>
<td>27</td>
<td>15</td>
<td>52</td>
<td>13</td>
</tr>
<tr>
<td>Outdoors</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Others</td>
<td>16</td>
<td>55</td>
<td>3</td>
<td>19</td>
<td>6</td>
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Table 4
Drinking Companions of Diary Keepers Grouped by Age

<table>
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<tr>
<th>College</th>
<th>Younger</th>
<th>Y/Middle</th>
<th>O/Middle</th>
<th>Older</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% Occs</td>
<td>% Wm</td>
<td>% Occs</td>
<td>% Wm</td>
</tr>
<tr>
<td></td>
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<td>n=27</td>
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<td>% Wm</td>
<td>% Occs</td>
<td>% Wm</td>
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<td></td>
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<td>n=24</td>
<td>n=185</td>
<td>n=20</td>
</tr>
<tr>
<td></td>
<td>% Occs</td>
<td>% Wm</td>
<td>% Occs</td>
<td>% Wm</td>
</tr>
<tr>
<td></td>
<td>n=63</td>
<td>n=4</td>
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<td></td>
</tr>
<tr>
<td>Alone</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>8</td>
<td>18</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Boyfriend/others</td>
<td>3</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Colleagues</td>
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<td>19</td>
<td>8</td>
</tr>
<tr>
<td>Colleagues/others</td>
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<td>0</td>
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<td>Ext.family</td>
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<td>Family</td>
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<td>27</td>
<td>4</td>
<td>15</td>
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<td>Family/friends</td>
<td>3</td>
<td>10</td>
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<td>7</td>
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<td>Friends/others</td>
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<td>4</td>
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<td>Hlmembers</td>
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<td>1</td>
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<td>Others</td>
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<td>Partner</td>
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<td>Partner/others</td>
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<td>10</td>
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Table 5
Numbers of Drinking Companions of Diary Keepers Grouped by Age

<table>
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<tr>
<th>College</th>
<th>Younger</th>
<th>Y/Middle</th>
<th>O/Middle</th>
<th>Older</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>% Wm</td>
<td>% Occs</td>
<td>% Wm</td>
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<td>% Wm</td>
<td>% Occs</td>
<td>% Wm</td>
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<td>n=185</td>
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<td>% Occs</td>
<td>% Wm</td>
<td>% Occs</td>
<td>% Wm</td>
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<td></td>
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<td>4</td>
<td>19</td>
</tr>
<tr>
<td>100+</td>
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<td>27</td>
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<td>7</td>
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<tr>
<td>51-100</td>
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<td>Standard Drinks (av/wm)</td>
<td>Occasions</td>
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<td>44</td>
<td></td>
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<tr>
<td>Cider</td>
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<td>2</td>
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<td>Fort. wine</td>
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</tr>
<tr>
<td>LA beer</td>
<td>10</td>
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<td>21</td>
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<td>1</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Spirits</td>
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<td>2</td>
<td>93</td>
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<tr>
<td>Stout</td>
<td>2</td>
<td>0.1</td>
<td>4</td>
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<td>Wine</td>
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<th>Occasions</th>
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<td>Cider</td>
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<tr>
<td>Cooler</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fort. wine</td>
<td>5</td>
<td>0.3</td>
<td>1</td>
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<tr>
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<td>0.4</td>
<td>6</td>
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<tr>
<td>Liqueur</td>
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<td>0.1</td>
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<tr>
<td>Spirits</td>
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<tr>
<td>Wine</td>
<td>17</td>
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Table 7
Alcohol Occasions of Diary Keepers Grouped by Childraising Status

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<td>% Wm n=664</td>
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<tr>
<td>Prelunch</td>
<td>1 2</td>
<td>1 4</td>
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<tr>
<td>Lunch</td>
<td>7 31</td>
<td>15 64</td>
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<td>Predinner</td>
<td>6 19</td>
<td>13 50</td>
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<tr>
<td>Dinner</td>
<td>32 73</td>
<td>40 77</td>
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<tr>
<td>After dinner</td>
<td>1 8</td>
<td>1 5</td>
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<tr>
<td>BBQ</td>
<td>1 5</td>
<td>1 4</td>
</tr>
<tr>
<td>Socialising</td>
<td>17 52</td>
<td>10 41</td>
</tr>
<tr>
<td>Party/social</td>
<td>6 31</td>
<td>7 27</td>
</tr>
<tr>
<td>Special occs</td>
<td>4 27</td>
<td>4 23</td>
</tr>
<tr>
<td>Drinks</td>
<td>2 11</td>
<td>1 4</td>
</tr>
<tr>
<td>Pubbing</td>
<td>2 11</td>
<td>0 0</td>
</tr>
<tr>
<td>Being out</td>
<td>2 22</td>
<td>1 4</td>
</tr>
<tr>
<td>Relaxing</td>
<td>3 22</td>
<td>3 14</td>
</tr>
<tr>
<td>Watching TV</td>
<td>4 19</td>
<td>1 4</td>
</tr>
<tr>
<td>Work</td>
<td>1 6</td>
<td>0 0</td>
</tr>
<tr>
<td>College events</td>
<td>1 6</td>
<td>0 0</td>
</tr>
<tr>
<td>Sport</td>
<td>2 11</td>
<td>1 9</td>
</tr>
<tr>
<td>Other</td>
<td>10 44</td>
<td>5 32</td>
</tr>
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</table>

Table 8
Locations at which Alcohol was Consumed by Diary Keepers Grouped by Childraising Status

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<th></th>
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<td>% Wm n=664</td>
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<tr>
<td>College</td>
<td>2 10</td>
<td>0 0</td>
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<tr>
<td>Friends</td>
<td>13 44</td>
<td>12 52</td>
</tr>
<tr>
<td>Holiday house</td>
<td>1 5</td>
<td>12 29</td>
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<tr>
<td>Home</td>
<td>32 75</td>
<td>48 91</td>
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<tr>
<td>Neighbours</td>
<td>0.2 2</td>
<td>1 5</td>
</tr>
<tr>
<td>Nightclub</td>
<td>2 11</td>
<td>1 5</td>
</tr>
<tr>
<td>Other</td>
<td>5 29</td>
<td>5 29</td>
</tr>
<tr>
<td>Outdoors</td>
<td>0.2 2</td>
<td>3 20</td>
</tr>
<tr>
<td>Partners</td>
<td>2 6</td>
<td>0 0</td>
</tr>
<tr>
<td>Pub</td>
<td>22 65</td>
<td>3 15</td>
</tr>
<tr>
<td>Rel home</td>
<td>5 24</td>
<td>1 9</td>
</tr>
<tr>
<td>Restaurant</td>
<td>12 49</td>
<td>12 53</td>
</tr>
<tr>
<td>Sports</td>
<td>1 3</td>
<td>0 0</td>
</tr>
<tr>
<td>Work</td>
<td>3 13</td>
<td>3 15</td>
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</table>
Table 9
Drinking Companions of Diary Keepers Grouped by Childraising Status

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<th></th>
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<td>% Occs</td>
<td>% Wm</td>
</tr>
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<td>n=54</td>
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<tr>
<td>Alone</td>
<td>12</td>
<td>31</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Boyfriend/others</td>
<td>0.4</td>
<td>3</td>
</tr>
<tr>
<td>Colleagues</td>
<td>6</td>
<td>25</td>
</tr>
<tr>
<td>Colleagues/others</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ext family</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Family</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Fam/friends</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Friends</td>
<td>51</td>
<td>83</td>
</tr>
<tr>
<td>Friends/colleagues</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Friends/others</td>
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<td>2</td>
</tr>
<tr>
<td>Hhmembers</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>Partners</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>Partners/others</td>
<td>3</td>
<td>11</td>
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</table>

Table 10
Numbers of Drinking Companions of Diary Keepers Grouped by Childraising Status

<table>
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<tr>
<th></th>
<th>No Dependent Children</th>
<th>Dependent Children</th>
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<tr>
<td></td>
<td>% Occs</td>
<td>% Wm</td>
</tr>
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<td>n=64</td>
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<td>Alone</td>
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<td>100+</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>51-100</td>
<td>2</td>
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<td>31-50</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>11-30</td>
<td>9</td>
<td>41</td>
</tr>
<tr>
<td>6-10</td>
<td>19</td>
<td>63</td>
</tr>
<tr>
<td>3-5</td>
<td>35</td>
<td>78</td>
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<tr>
<td>+1</td>
<td>20</td>
<td>58</td>
</tr>
<tr>
<td>don't know</td>
<td>0.2</td>
<td>2</td>
</tr>
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CARLTON AND NORTH CARLTON WOMEN AND ALCOHOL PROJECT

BEVERAGE DIARY

Serial No. ____________________________________________

Interviewer's Name ____________________________

Interviewer's Phone No. ____________________________

Dates ____________________________

THE PURPOSE OF THE WOMEN AND ALCOHOL DIARY

The diary gives us details of the place of alcohol in relation to other beverages in women's daily lives. It will help "set the record straight".

Diaries from women from many walks of life are being used, with other information, to give a broad picture of women's use of and attitudes towards alcohol. This broad picture will add to an understanding of women's lives and will help in planning for a sensible use of alcohol.

(Dept. of Community Medicine, University of Melbourne)

YOUR DIARY IS COMPLETELY CONFIDENTIAL

Only the researcher will see your diary. Your name is not recorded on it, nor will your name appear in any written documents or reports.

WHAT TO RECORD FOR EACH DAY

1. What you drank - alcoholic and non-alcoholic drinks - with quantity, time, activity, (party, meal watching TV), place, what you ate, (a snack, meal or no food), who you were with (not names but 'friends', 'partner') and the number of people including yourself.

2. For alcoholic drinks try to estimate the exact amount (i.e. 2 x 185 mls of beer or 3 x 120 mls of wine). You can use the plastic measuring jug to measure the glasses you usually drink alcohol out of. For mixed drinks estimate or measure the amount of alcohol and say whether it was a short (S) or long (L) drink. For example a neat whisky might be whisky 40 mls (S)
   but a whisky and soda might be whisky 40 mls (L). This will help us estimate the amount of alcohol relative to other liquid.

If possible please write the brand names of alcohol drinks e.g. Y brand light beer, Kahlua or as detailed information as possible e.g. chardonnay, red wine, wine cooler, etc.

3. Were there any alcohol-related events? These might be events in which you drank alcohol or alcohol related events that you noticed that did not involve you drinking alcohol e.g. did you give someone some alcohol, were you accosted by a drunk person etc?

4. What kind of mood were you in when you drank alcohol?

5. Was there anything unusual about your day?
HOW TO FILL IN YOUR DIARY

Please fill it in each day, preferably at the same time each day. If you forget a day go on to the next day. DON'T GIVE UP! It takes less than 5 minutes each day.

First Fill in day of the week and date

Example: Wednesday 2/1/91

Second Fill in the columns of the diary. Example:

<table>
<thead>
<tr>
<th>Drink</th>
<th>How much (glass, cup x volume)</th>
<th>Time</th>
<th>Activity</th>
<th>Food</th>
<th>Place</th>
<th>With Whom</th>
<th>No (incl self)</th>
</tr>
</thead>
<tbody>
<tr>
<td>water</td>
<td>1 gl</td>
<td>7:30</td>
<td>waking up</td>
<td>No</td>
<td>bed</td>
<td>alone</td>
<td>1</td>
</tr>
<tr>
<td>coffee</td>
<td>1 mug</td>
<td>7:30</td>
<td>breakfast</td>
<td>Yes</td>
<td>home</td>
<td>child</td>
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<tr>
<td>juice</td>
<td>1 box</td>
<td>8:15</td>
<td>p.m. tea</td>
<td>No</td>
<td>work</td>
<td>colleague</td>
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<tr>
<td>tea</td>
<td>1 cup</td>
<td>5:30</td>
<td>Break at home</td>
<td>No</td>
<td>home</td>
<td>hub &amp; child</td>
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<tr>
<td>beer</td>
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<td>7:30</td>
<td>dinner</td>
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<tr>
<td>wine</td>
<td>3 x 130 ml</td>
<td>7:30</td>
<td>dinner</td>
<td>Yes</td>
<td>friends home</td>
<td>host &amp; guest</td>
<td>7</td>
</tr>
<tr>
<td>water</td>
<td>2 gl</td>
<td>11:00</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>coffee</td>
<td>1 Cup</td>
<td>11:00</td>
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</table>

If you drank several kinds of drinks during an activity, please list them in the order you drank them:

Gin & tonic 2 x 50 mls 6:30 {dinner or [party]}
Juice 1 glass 10:15 {party}
Coffee 2 cups

Third Fill in the boxes. Example:

Were there any alcohol related events? What?

Friends brought 2 bottle of wine to dinner.

What kind of mood were you in when you drank alcohol?

Happy - enjoyed

Drunk at first

Did anything unusual happen today? What?

Don't usually have mid-week dinner parties. Friends leaving soon for OS.

PROBLEMS WITH THE DIARY

If you have any problems with the diary, please ring me on 344 7275. I will visit you to pick up your diary and discuss it with you.

THANKS

Thank you sincerely for contributing to this research about the place of alcohol in women's lives. I hope this information will help improve alcohol policy, the treatment of alcohol misuse and problems and education about the use of alcohol.
<table>
<thead>
<tr>
<th>Drink</th>
<th>How much</th>
<th>When</th>
<th>Activity</th>
<th>Food</th>
<th>Where</th>
<th>With whom</th>
<th>No.</th>
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</thead>
<tbody>
<tr>
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</table>

Were there any alcohol-related events? What?  
What kind of mood were you in when you drank alcohol?  
Was there anything unusual about today?

<table>
<thead>
<tr>
<th>Drink</th>
<th>How much</th>
<th>When</th>
<th>Activity</th>
<th>Food</th>
<th>Where</th>
<th>With whom</th>
<th>No.</th>
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</tbody>
</table>

Were there any alcohol-related events? What?  
What kind of mood were you in when you drank alcohol?  
Was there anything unusual about today?
Appendix IV: Life Stories

Table 1
Names and ages of women in each age category.

<table>
<thead>
<tr>
<th>Older Women</th>
<th>Younger Middle Years</th>
<th>Older Middle Years</th>
<th>Younger Women</th>
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<tr>
<td>Cecily 87</td>
<td>Janice 30</td>
<td>Bridget 53</td>
<td>Mina 22</td>
</tr>
<tr>
<td>Hester 87</td>
<td>Inga</td>
<td>Nathalie 60</td>
<td>Tanya 23</td>
</tr>
<tr>
<td>Lena 70</td>
<td>Dee 30</td>
<td>Caitlin early 40</td>
<td>Rita 21</td>
</tr>
<tr>
<td>Elise 71</td>
<td>Amelia 29</td>
<td>Lindsey 47</td>
<td>Gerta 17</td>
</tr>
<tr>
<td>Claudia 84</td>
<td>Franka 40</td>
<td>Hazel 43</td>
<td>Gemma 19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Joy 45</td>
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Cecily (87)

Cecily grew up on a wheat farm in a rural area. She remembers her childhood as a time of great freedom, roaming round the paddocks, playing with animals, yabblying etc. As a young woman living in the country, cricket matches, dances and playing cards with the family were popular forms of entertainment. She was a very good musician and used to play at the local dances and pictures.

Her family's farm was struggling and eventually her father's ill health forced them to leave the farm. Her mother was a dynamic woman who paid to have all her children taught the piano by making her own butter and selling it in town and by selling dressed chickens. She pointed out that her mother was self-educated, had taught herself to read the classics and to play the piano. Cecily expressed the view that in those days it was the only the boys who were meant to be educated. *The girls well more or less they'll get married, it doesn't matter if they had humble jobs.*

She left school when she was 14, as was common in those days and stayed at home but she performed musically at various local events. However, she did not make a career of it as she was weak on the theoretical side. She married a local man that she had met through a common interest in music, but after they were married he would not sing any more and disliked her playing in public. They moved to Melbourne with her family in response to a family illness.

In Melbourne, she lived with her mother working at various jobs to help keep the family afloat during the Depression. She described making her children's clothes, scrubbing floors, and doing people's washing to supplement her husband's income. Like many men at the time, her husband could not get any work in his trade and ended up labouring on the roads. As her children grew up she described going hungry to put them through their tertiary training. Her children are grown up now and she is so busy with local activities *that there are not enough days in the week.*
Hester (87)

Hester came from a large family as her mother married 3 times, was widowed first at the age of 19, then again in her middle years, and her third husband, Hester's father, died as a result of an accident at the age of 49. She came from a rural background and was expected to work from an early age to help support the family. She did domestic duties and worked in a hotel. Leaving school at 14 was seen as a necessity or as something that was just accepted. Her first job at the age of 14 involved supervising a woman who was mentally unstable.

She married a local man when she was in her 20s and had two children by him but he was a wanderer and left her frequently with no income and she was forced to look for work. She moved to Melbourne at some stage and then later left one her children with her mother-in law while she was a live in domestic worker with her other child. She returned to Melbourne and got another job while the woman she rented a room from looked after her daughter. She married again to a man with whom she did not have a happy life. He subjected her to mental cruelty and was a gambler so she still needed to work. He died in his late 40s just after the child she adopted was diagnosed with a serious degenerative disease that needed full time nursing. She devoted herself to nursing the child until he died in his late teens. Her two older children had left home to get married and one has since died. This woman moved into a commission house and then later into a commission flat in Carlton.

Claudia (84)

Claudia also grew up in the country. Her parents split up and her mother earned a living running a country hotel. She helped her mother in the hotel. She moved to Melbourne when she got married in her late 20s after working in town during the war. Fairly soon after she married she and her husband moved interstate where he worked as a civilian. She also worked during the war because it was expected but as she did not have any children she was preferred to be at work. After the war she had 3 children and later returned to work in the family business. They lived for many years in a northern suburb but when her children left home she decided that she wanted to live in a smaller house and moved to Carlton, where she has lived ever since. Her husband died a few years ago.
Elise (71)

Elise was born overseas and moved to a rural area of Australia in her early 20s with her husband. Her marriage did not work out and after having children they got divorced once he started living with another woman. For 6 years before the divorce, Elise supported her children solely on her income. She moved to Carlton to be close to her place of work. She has a professional background and enjoyed her work.

Lena (70)

Lena was born overseas. Her mother was of Russian-Jewish extraction and was described by her daughter as very temperamental with emotional problems. Her parent separated when she was 6 and her brother was 2 years old. The children lived with their mother but were brought up by an elderly woman who lodged with the family and looked after the children while their mother worked.

This family group, including the elderly lady, moved frequently as Lena’s mother would get bored easily. Lena did well at school and passed the entrance exams to secondary school. However, her mother did not have the money to send her to secondary school. She stayed on at the primary school until she was 14 and left to get a job. Her father who was still in touch with the family wanted her to work in a factory but the mother insisted that she work in an office. Consequently, she started work in an office at a very low rate of pay because of her inexperience and gradually worked her way up as she gained experience.

When the war broke out the family moved to a resort town on the coast and remained there for the duration of the war. Her parents got back together for some time and ran a guest house but eventually her father moved out to live with a woman who was an alcoholic. After an unhappy love affair and the trauma of her parents separating again she decided to emigrate to Australia. She met a man on the way out but for various reasons the relationship did not work out and they separated. She, however, was pregnant. She returned to England and stayed with her mother until her mother died several years later. Her mother died owing money and so she was left with no place to live and a young baby.

For several years she worked while her child was placed in day nurseries but she found that unsatisfactory and eventually she placed her son in the care of nuns and she returned to work. She married and had another child who later died of meningitis. Her son did so well with the nuns that he remained there and then went on to college and to university. After the death of her first husband she had a nervous breakdown and spent some time in a convalescent home. It was here that she met her second husband who was a manic depressive and alcoholic. Despite his problems she says that for many years they had a marvellous relationship, during which they travelled widely and took a variety of jobs.

Eventually they settled in Australia but by this time her husband was becoming very sick. After a few years living in Melbourne, she returned to England to visit her sick father and during her absence her husband died. She has been treated for several
nervous breakdowns and depression while living in Australia but now feels that her life is on an even keel.

**Bridget (53)**

Bridget was brought up a strict Methodist by parents who went to great lengths to instil moral virtues into their children. She remembers a happy family background in the family home that had belonged to her great grandfather. Her parents encouraged notions of charity and common humanity. Because her father "did not believe in educating girls" she went to a domestic girls' school after primary school so that she could learn "to be a good wife". She wanted to be a chemist as she topped the class in science, maths and English. Her first job was in a pharmacy, where the owner was keen to send her to university because she showed promise but her father was adamant that no daughter of his was going to be educated.

She met her husband when she was 18 but was not allowed "to get involved" until she was 21. After marriage, she continued to work. She got pregnant eventually but the doctor told her she would not keep the child. However, she delivered a healthy baby at 7 1/2 months. She however, had a terrible time during the labour and took 6 months to recover. During this time her husband contracted syphilis and she was informed of this by her family physician. She immediately filed for custody of her child and for legal separation and moved back home with her parents.

The divorce took 7 years to come through. During this time she met her second partner and in the same period her brother and 2 grandmothers all died within the space of 6 months. In the 4th year of her separation she became pregnant to her second partner, although they weren't married at the time. She and her partner and children lived with her father for the next few years. She had another 2 children. After her father died her partner, who had been very close to her father, became depressed, erratic in his behaviour and lost his job. She eventually learned that he had a serious drinking problem and also gambled heavily.

She lived with his alcohol and gambling problems for many years but when she learned that he was having an affair with another woman they separated. She remained looking after her children in Carlton.

**Nathalie (60)**

Nathalie's family have been associated with Carlton since her grandparents lived in the suburb. She knows the house that they lived in. Her grandparents were both from Ireland and the black sheep of the family because they married across the divide between Orangemen and Catholics.

Her father worked in a foundry and broke with the Catholic tradition by reading Marx. He was a lively self-educated man while her mother had fairly conservative ideas.
about women and bodily functions. She has fond memories of family gatherings, both within her family and the extended family even though some were staunch Catholics and the others were supporters of the labour party. Her mother suffered from nervous breakdowns and her father, in her view, showed great enlightenment by refusing to allow her mother to be institutionalised but instead taking her on a holiday.

When Nathalie was 16 she spent 6 months with her brother and his wife living in Sydney. This was during the war when Japanese submarines would be found in the harbour. She had a wonderful time in Sydney where she met American soldiers and enjoyed her freedom. Before that she had been very strictly chaperoned and not allowed to mix with people of her own age. She later belonged to a youth league which is how she came to meet her husband. He was a research scientist and they got married when she was 21. For much of her life they lived in a housing commission house in the Northern suburbs where she raised 4 children. She did not work but remembers being busy raising the children, taking them music lessons and getting involved in kindergarten. She had a difficult time when the children were babies as they all had feeding difficulties, that at the time, were attributed to bad feeding practices. The family spent some time on sabbatical in England when the children were small. When her children were adult she returned to university where she got a BA. During this time she did research on her family history.

Caitlin (early 40s)

Caitlin remembered her father who died aged 49 as a result of war injuries, with great affection. He had been in the Air Force during the war and afterwards had taken a number of labouring jobs. The family lived on the peninsular south of Melbourne. After her father died her mother met another man who used to drink a lot and her mother also started drinking heavily. She did not get on well with her mother, whom she said had a reputation in the neighbourhood for bringing men home after going to the pub. Her mother later married again to an alcoholic who was worse that the whole lot put together. Later her mother moved to Sydney and they did not have further contact with each other.

She left school at 15 and half. She wanted to stay and train to become a teacher or a secretary but her mother could not afford to buy her a school uniform so she was forced to take factory work. She became a machinist. When she was in her early teens she was raped by local teenagers. She met her first husband when she was 17 and he was 18. They were happy for about a year and then he was involved in a car accident. After the accident he became violent particularly after he had been drinking. He ended up in jail for attacking her. They were divorced eventually after she had 4 children by him.
After one of her children, a 5 year old daughter, was the victim of manslaughter she suffered a nervous breakdown and her children were taken into welfare. At one stage she worked as a prostitute as she was keen to get together enough money to set up a house for her children. Before her divorce was finalised she met another man whom she eventually married. He too had alcohol problems and subjected her to sexual and verbal abuse. They got divorced but remained friends. He was killed several years ago after an accident. Just before his death she discovered that he had raped her young son. His death occurred before he went to court on the rape charge.

During both marriages she moved frequently but has been living in a flat in Carlton for the last 3 years. She had a boyfriend that she did not wish to marry because he had an alcohol problem. At the time of the interview Caitlin was involved in a job training scheme running in Carlton and planned to live without welfare assistance. Her youngest child lived with her and her other children were grown up and living independently.

Lindsey (47)

Lindsey was abandoned by her mother when she was a few months old and then placed out for adoption. Her adoptive father was a taxi driver and her adoptive mother ran boarding houses so they were a busy couple who did not have much time for a child. Lindsey had an unhappy childhood, not because of parental alcohol consumption but rather because of the dynamics of her family situation. She was not told she was an adopted child until she was an adult; although she guessed earlier. Her psychiatrist told her that she had childhood amnesia. With professional assistance she has been trying to recall events of her childhood and now remembers that she was molested at an early age by some of her the boarders staying at her mother’s boarding house. She was also raped at the age of 12 by a man who lived down the road.

She did very poorly at school in most subjects and consequently left school at 14 and went to business college. While she was there she learnt that she was seriously shortsighted. She found that glasses made an enormous difference to her life. Although she was not particularly good at office work she got a job that she kept for 6 years.

She lost her job when she developed a liking for alcohol and would drink during working hours. She was placed in a clinic to "detox". While she was at the clinic someone suggested that she do a nurse aide course. Despite her parents’ fears that she would fail she passed her exams with flying colours but was evicted from the course for getting drunk. After undergoing aversion therapy and remaining sober for a year she worked as cleaner and then was completed her course, at another hospital where she became interested in geriatrics.

However, during a stressful period she started drinking again and taking 10 to 20 sleeping pills a day. She was placed in a drug and alcohol treatment centre, and also spent a year in a psychiatric hospital. She had a period in her life where she worked as
an agency nurse but lost her job regularly because of alcohol and drug problems. Her working life was interspersed with visits to drug and alcohol treatment agencies.

She suffered from severe ill health including liver and kidney failure at various times as well as hepatitis. She was diagnosed with degeneration of the spine and was forced to give up nursing work. Housing had been a major problem for her. In her opinion there were very few women's rooming houses in Victoria that were safe. A few years ago she was asked to care for an elderly person who lived in Carlton. She took the job on and moved into a small flat. Her life in the last few years has gained some stability although she feels that she has not yet achieved all she would like yet. She was a member of a 12 step programme for alcohol and drug problems. When she received that transcript of her interview back, she typed several pages of explanations and additions which she then gave back to me and which have been incorporated into her story.

Hazel (43)

Hazel grew up in another state in a large family and had what she described as a wonderful childhood. She was diagnosed with lead poisoning at an early age from sucking the lead paint on the verandah of the house in which she lived as a child.

Her grandmother was the person who spent most time with her as a child because her mother worked. She went to school until she was 13 and then left so that she could help raise her younger brothers and sisters. She did not mind being taken out of school and she hated it and preferred looking after children. Her parents got permission from the education department even though she was under the required age. She continued to baby sit children after her own siblings grew up and she did this until she got married. Children were brought to her where she lived in her large family home. At times she had up to 15 children to look after.

From an early age she has received an invalid pension as a result of the damage she suffered from the lead poisoning. She met her husband shortly after one of her siblings died in an accident. This accident devastated the whole family and brought a halt to family activities that they had all enjoyed together. Four years after she met him, she and her partner got married against her father's wishes. Her father was worried about her proposed partner's history of visits to mental institutions and drinking problems, even though he himself was a problem drinker.

She and her partner moved away from her family and came to Melbourne. They moved frequently until they moved to a flat in Carlton. Her husband was on an invalid pension. She has suffered a range of health problems and has not been able to have children. While she and her husband have had their ups and downs she has found support from several religious organisations.
Joy (45)

Joy had experienced a very difficult childhood because of her father's alcohol problems. Her mother left her father after a number of years and he eventually died of alcoholic poisoning. She left school at 13 having encountered learning difficulties, and went to work in factories in inner Melbourne. Ill health forced her to give up work in her early 20s. She had a son during one relationship that did not work out and a few years later married another man. This man had alcohol problems and they divorced after some years and then she met her current partner with whom she has been living happily for a number of years. She still suffers from ill health and has had a number of operations.

Janice (30)

was born in New Zealand but came to Australia as a child. Her father was a professional man who had taken the family to a number of exciting places around the world before they moved Australia. She had an enjoyable childhood both in New Zealand and Australia, though it took her a while to adjust to her new country. When her family first moved to Melbourne it was to Carlton that they came. She had two siblings. Both parents worked.

She did well at primary and secondary school but was anxious to leave the confines of school and get on with what she saw as more interesting activities so she left school at 16 and went to secretarial college. This she enjoyed and then worked as a medical secretary in a hospital. She returned to university to study a few years later. She suffered a traumatic accident that left her confined to a wheel chair. At the time of the interview she was living in a small house in Carlton but frequently stayed at her parents for several days at a time. She was planning an overseas trip.

Inga (late 20s)

grew up in the country where she had a happy childhood. Through her parents' occupations she became interested in the hospitality industry. She was keen to leave school at 16 and become an apprentice cook but was persuaded by her parents to stay on and complete secondary schooling.

She went to university and lived in college and then did a training course in the hospitality industry at Footscray and moved interstate for work. Over the last few years she has worked in a number of major hotels and travelled overseas. She was working at one of the international hotels in Melbourne at the time of the interview and learning a foreign language in her spare time in preparation for an overseas trip. She thought that even if she did not go overseas she would be likely to change jobs and perhaps cities in the next 18 months.
Dee (30)
was the oldest child in a family of 4 children who were all born close together. Her parents got divorced some time after the 4 children were born but she was not sure of the exact timing because the divorce process was protracted and difficult. They separated when she was in her late teens. Her father had a drinking problem and her childhood was rather emotional and chaotic as she described it. Her parents were both professionals and they moved frequently for work reasons.

Her father had high aspirations for his children and she had all sorts of extra curricula training such as ballet, tennis, swimming, music. However, he was described as a bad money manager and did not always pay tutoring fees and school fees on time. She either did well or school or got into trouble for mucking around a lot. She always knew that she would go to university.

When she was in her early teens she would sneak out of the house and go to a drop in centre for young kids that was run by a Jesuit priest. So she feels that she had an opportunity to learn about the opposite sex and explore the growing up process in a safe environment. She also did volunteer work for a community service agency, providing food for people on the streets with drinking problems. She did an Arts degree at university and then moved into a more specialised area and has since worked in this area for several years before going overseas. She described feelings of ambivalence and fear about the uncertainties of travelling.

She has had two long term partners in her life both of whom she thinks have had alcohol and drug issues. In the last couple of years she has not had a steady relationship and felt that this had been a good thing for her.

Amelia (29)
She came from a mixed Anglican and Catholic background but was brought up in the Catholic education system. Her parents were relatively poor off and this along with religious differences caused some friction in her family. As her mother in particular was keen that her children be well-educated she and her siblings experienced quite a bit of pressure and rivalry in this area.

She did very well at school but this, along with concerns about her appearance, meant that she was socially isolated. She went to university, where she graduated and got a job in the area that combined her interests and talents. She and her partner of a number of years are planning to move into their own house in the near future.

Franca (40)
Franca described her upbringing as "fairly narrow middle class" Her family was well off financially. Her father had a professional job while her mother worked at home with the children. She grew up in the Eastern suburbs. In her high school she was encouraged to do a commercial course at school. She was impatient to experience life
so she left school before HSC and went to work at a university as a secretary. Her parents were conservative so she felt restricted in what she was allowed to do.

She moved out of home and a year later went overseas for a few years during which time she worked and travelled. She had an affair with a married man for several years who eventually left his wife. They got married and lived together for a short while but separated with a lot of hurt and pain. She entered a training course and spent the next few years as a student and later got a job in the welfare sector. After some problems, she went to university and completed a degree. Around this time she met her current partner, a professional man. They spent several years overseas and in Australia before settling in Melbourne. They had a child together some years ago and were planning to have another one in the near future. She would like to get back to work but does not see how to combine this with having another child.

Gerta (17)

Gerta was born in Carlton and lived with her family in various addresses round the suburb for most of her life.\(^1\) When she was 12 she and her family moved from one house to another in Carlton when her mother left her father. Her father drank at the pub frequently. She said that he was not aggressive towards her but was violent towards her mother. He tried to shoot her mother during time that she was preparing to leave him.

She reluctantly moved schools in her late primary years, when her school changed status, and she told her mother at the time that she would get into trouble at the new school because many louts attended there. At the new school, as she had predicted, she started getting into trouble but explained that she was singled out by the teachers. Her secondary schooling followed the pattern established in her late primary years. Her most positive memories of school where when she was placed with other difficult

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\(^1\) Two interviews were very different from the others in that they were with young women contacted through the Office for Corrections. These were women who were compelled to attend meetings at the Office for Corrections and take part in community service work. My interest in meeting with women through this institution was to broaden the composition of the participants in my study, many of whom were well-educated, professional women. They were asked by their female supervising officer, if they would talk to me but it was emphasised that they were under no compulsion. I felt that in both interviews, that there was a level of distrust that was not apparent in other interviews I had conducted. It is likely that the women felt under some compulsion to take part in these interviews even though they were assured that they were not. The interviews were not transcribed, tape recorders I was informed, being reminiscent of police interviewing procedures. The environment of these interviews, that is, in rooms at the Office for Corrections, was also likely to have an influence on how the participants felt about the interviews. I have included these interviews as part of the series of interviews with young women about their lives but I feel that circumstances that I have described makes them qualitatively different from other life story interviews I have conducted.
children and they all mucked around. She could not remember why she eventually got expelled. She has contact with her immediate and extended family but did not like them very much. She was a "client" at the Office for Corrections and she lived with her mother, sister and brother in Carlton. She was convicted for stealing a car and spent several months in a women's prison. Her boyfriend was in prison for car theft as well. Once he gets out of prison she expected that they would get back together.

Gemma (late teens)

Gemma's family separated when she was 4 and for much of her life she lived with her mother, stepfather, sister and step siblings in Carlton and went to school in the suburb. She did not get on well with her stepfather who she considered to be dominating. It a disagreement with him about repeating a year at school that prompted her to leave her mother's home and move in with her father. Her father who had a senior professional position was very busy, spending 12 hours a day at work and then socialising afterwards in the hotel. In this non-supervised atmosphere she lost interest in school. She had worked on the snowfields and at restaurants round Melbourne as a waitress. She was also a "client" with the Office of Corrections and had been convicted of receiving stolen goods. She said that she would like to finish her education and get a degree.

Mina (22)

Mina was born in Victoria and grew up in the western suburbs. Her parents were divorced when she was very young. Her mother remarried and she got on well with her stepfather, who was a satisfactory father figure. She still sees her father on occasions. She has one sibling who was brought up by her grandmother. She didn’t remember much about her primary school years but she enjoyed her high school years. She did not do much work at school and was not interested in many of the subjects. She left school at 16 and went to work in a factory and then continued over the intervening years working in this kind of area. She had two young children, one of which was planned and the other an accident. The father of the children lived in another state and she had a boyfriend. She lived with her mother who helped her look after her children and baby sat them so she could go out sometimes. They lived in a housing commission flat which she did not like. She would like to do some refresher courses to as she said train the brain.

Tanya (early 20s)

Tanya’s parents met while overseas and lived in the tropics for quite a few years before they returned to Australia. Her family was financially comfortable and she had a happy childhood in which she and her brother were treated as equals. There was a large extended family with which her immediate family mixed. She found academic work easy and worked hard but disliked the structure and imposition of school, although she did not rebel and was always given a fair amount of freedom by her parents. After the confines of school she found the independence of university a great
pleasure. When interviewed she was working on a graduate degree and being paid as a research assistant at one of the research institutes in Melbourne. She was contemplating whether to undertake a PhD and what this meant in terms of demands on her personal life and other plans.

Rita (21)

Rita had a very mobile childhood as her father moved a number of times for work reasons. She had a happy childhood and did well at primary and secondary level of schooling. She was encouraged to do sciences but discovered that she preferred Arts subjects. After choosing a course in first year university that she found she did not like she changed was studying at graduate level.

Verna (25)

Verna had an unhappy childhood in which she states she was subjected to molestation, incest, verbal abuse and neglect. Her father was a professional man and her mother a secretary. Her parents had told her they both had unhappy childhoods and had suffered abuse. She grew up in the outer Eastern suburbs with her parents and 4 sisters, one of whom was diagnosed a schizophrenic. She describes herself as a schizophrenic although she says that her mother refused to accept this and attributed her behaviour to being deliberately naughty or provocative. She attended a Catholic schools and did not do well academically at primary level. When she was raped by her father in her 2nd year at high school she stopped talking, lost her friends and became socially isolated for a few years. Despite attempts by teachers to find out what was wrong, she kept her childhood experiences to herself until quite recently, as she said that she had blacked it out and only had occasional flashes of memory. After leaving school she attended TAFE for a while and then worked in factories and shops. She had trouble holding down jobs because of undiagnosed schizophrenia. She had a child when she was in her early 20s. She believed that she could not get pregnant because she had been sexually abused. Her boyfriend and the father of the child was not interested in a long term relationship or the baby and they split up. After having the baby she lived in a refuge for 7 months before moving to the housing commission flat where she currently lives. Since having her baby she had a severe schizophrenic episode during which CSV took her child and suggested she visit a psychiatrist, who would not tell her what her diagnosis was but gave her medication. She has worked out herself that she is schizophrenic. With the medication, she has found her life more manageable. She spent her time looking after her child and was planning on having another one with her boyfriend although she does not want to live with him preferring to be independent. She attended a number of community-based services and local groups and visited a psychiatrist regularly and is planning to take counselling for her experiences of childhood abuse.
Appendix V: Group Discussions

Table 1  Summary Information about Composition of Group Discussions

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<td>NESB</td>
<td>NESB/Gp13</td>
<td>Italian speak’g</td>
<td>20</td>
<td>40-75</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NESB/Gp9</td>
<td>Spanish speak’g</td>
<td>8</td>
<td>not rec.</td>
<td>3053</td>
</tr>
<tr>
<td></td>
<td>NESB/Gp3</td>
<td>Arabic speak’g</td>
<td>15</td>
<td>&quot;</td>
<td>3053</td>
</tr>
<tr>
<td></td>
<td>NESB/Gp 20</td>
<td>Vietnamese speak’g</td>
<td>4</td>
<td>&quot;</td>
<td>3053</td>
</tr>
</tbody>
</table>

Recruitment of Discussion Groups

A number of different strategies were employed to set up group discussions. Seven groups (YW/Gp1, Yw/Gp4, YMY/Gp6, MY/Gp7, MY/Gp8, MY/Gp16, YW/Gp19) were recruited through networks, the starting point being a person who was known to the researcher, either through personal contact, work association or through their previous participation in the research. The other groups consisted of women who met together regularly for some other purpose, such as playgroup for their children. The four NESB groups of women were contacted through community workers who knew of
their existence and the two groups of elderly women were part of community and church based organisations.

First year psychology students are required to participate in a "subject pool" for research to complete their course requirements for the year and some chose this piece of research among other projects that were advertising for "subjects" on the noticeboard of the psychology department. Two groups of women (YWGP15, YWGp12) were recruited using this method in addition to three groups of college students.

These groups, in keeping with the principles of qualitative research are not representative in the statistical sense of Carlton and North Carlton. In addition, there are many other women in Carlton and North Carlton, that could have been involved in the research. I made attempts to recruit some other groups which failed. For example, I sought officially and through informal networks, to set up a group discussion with nurses who worked in the hospitals in Carlton, such as the Royal Women's Hospital and who lived in the area. I also attempted to get together a group of professional women who felt for reasons of ethics and confidentiality they could not take part in a group discussion. At various times, I contacted most of the churches in Carlton but it appears there are a number of churches in the district who do not have existing women's groups or active congregations. I also made a number of attempts, to no avail, through personal contacts and through workers with the Melbourne City Council to increase the number of NESB groups in the study.

The group discussion participants were not paid with the exception of one woman who organised a discussion on one of the housing estates, where I had found it difficult to recruit. She was given a small amount of money as recompense for the time and money expended getting a group together.

The only exclusion criterion used was that all women who joined discussion groups were required to live in Carlton or North Carlton. Despite my efforts, several groups
included a woman who was not a resident. In one of the NESB groups a man, who
was normally part of the group was also present. In these cases as guests of the
groups and reliant on the good will of the group I felt that I had to accept the situation
as part of naturalistic research where participants will hear and interpret what they
wish. In some situations I had the opportunity to decline people’s offer to participate
because they were either male or not resident in Carlton before they joined groups (or
did diaries or interviews.)

The college students were not required to live in postcodes 3053 or 3054. The
university colleges are in postcode 3052 (Parkville). Council boundaries show the
Royal Parade and Elizabeth Street as the boundary for the Carlton and North Carlton
areas. (see map). The college students are part of Carlton geographically and socially.
They tend to use Carlton shops, hotels and other facilities. Indeed, many Carlton
businesses are influenced by the presence of the college students. For example, at the
largest Carlton supermarket I was told that there were fewer customers around and all
the cardboard boxes had been taken because students had gone home for the holidays.
The close relationship between college students and some of the Carlton hotels will be
presented in the course of the discussion material.

METHOD

The group discussions were conducted in people’s own homes, halls or public places
where groups of women met and in the my department where I had work space. If
possible, and in most cases, groups were held around a table, where the tape recorder
was placed. Over the period of the research several different people were paid to
transcribe the group discussions.

The group discussion schedule (see next section), developed by Park (1988) in the NZ
Women and Alcohol Study, was used as a basis for the discussions. Not all groups
discussed every question in the schedule.
The group discussions were coded using numbers, the code headings being given a number and subcodes point numbers e.g. alcohol occasions were numbered one and alcohol place and occasion would be 1.2. The codes were written on a copy of the group discussions. For pragmatic and other reasons a computer programme for managing the analysis of qualitative data was not used. The coding scheme arose out of the group discussion schedule and in some places corresponds closely to specific questions while other codes were generated from the data.
### Table 2 Coding Scheme Used in Group Discussions

<table>
<thead>
<tr>
<th>Gender and Alcohol</th>
<th>Management of Domestic Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women/Men</td>
<td>Purchase</td>
</tr>
<tr>
<td>Similarities/Differences</td>
<td>Service</td>
</tr>
<tr>
<td>Drunkenness</td>
<td>Who is offered</td>
</tr>
<tr>
<td></td>
<td>Cooking/food</td>
</tr>
<tr>
<td></td>
<td>Type of drink</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alcohol Occasions and Alcohol Consumption</th>
<th>Influences on Alcohol Consumption and ideas about alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Age and Stage</td>
</tr>
<tr>
<td>Place and/or Occasion</td>
<td>People</td>
</tr>
<tr>
<td>Type of Drink</td>
<td>Era or time /changes drinking</td>
</tr>
<tr>
<td>Quantity</td>
<td>Obligations/ pressure/ expectations</td>
</tr>
<tr>
<td>Frequency</td>
<td>Seasons/ weather</td>
</tr>
<tr>
<td>Who is present</td>
<td>Cultural background</td>
</tr>
<tr>
<td>Duration</td>
<td>Home environment</td>
</tr>
<tr>
<td>Purchase</td>
<td>Experience</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alcohol and Health</th>
<th>External Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>Legal and underage drinking</td>
</tr>
<tr>
<td>Problems</td>
<td>Drink driving</td>
</tr>
<tr>
<td>Treatment</td>
<td>Hours of opening</td>
</tr>
<tr>
<td>Health Promotion</td>
<td>Location of pubs</td>
</tr>
<tr>
<td></td>
<td>Pub serving practices</td>
</tr>
<tr>
<td></td>
<td>Other availability</td>
</tr>
<tr>
<td></td>
<td>Money</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Internal Controls</th>
<th>Effects of Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience</td>
<td>Positive effects</td>
</tr>
<tr>
<td>Fear of consequences</td>
<td>- physical/mental/social</td>
</tr>
<tr>
<td>Time</td>
<td>Negative effects</td>
</tr>
<tr>
<td>Guilt</td>
<td>- physical/mental/ social</td>
</tr>
<tr>
<td>Responsibility</td>
<td></td>
</tr>
<tr>
<td>taste</td>
<td></td>
</tr>
<tr>
<td>control issues</td>
<td></td>
</tr>
<tr>
<td>other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alcohol Representations</th>
<th>Money and Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>Spending on alcohol</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Categories of Drinker</th>
<th>Alcohol Symbolism</th>
</tr>
</thead>
</table>
Table 3 Drinking Occasions Listed in Discussion Groups

<table>
<thead>
<tr>
<th>Private</th>
<th>Semi-public</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>family gatherings</td>
<td>sports presentations</td>
<td>hotels (pubs)</td>
</tr>
<tr>
<td>drinks at home</td>
<td>after sports</td>
<td>restaurant</td>
</tr>
<tr>
<td>dinners at home</td>
<td>funerals</td>
<td>nightclubs</td>
</tr>
<tr>
<td>drinks before dinner parties</td>
<td>drinks at work</td>
<td>club (RSL)</td>
</tr>
<tr>
<td>weddings</td>
<td>drinks after work</td>
<td>drinks after work</td>
</tr>
<tr>
<td>engagements</td>
<td>turns, smokies etc</td>
<td>sports</td>
</tr>
<tr>
<td>21st &amp; 18th birthdays</td>
<td>estate meetings</td>
<td></td>
</tr>
<tr>
<td>all birthdays</td>
<td>tutorials</td>
<td></td>
</tr>
<tr>
<td>the birth of a child</td>
<td>student balls</td>
<td></td>
</tr>
<tr>
<td>christenings</td>
<td>BBQs</td>
<td></td>
</tr>
<tr>
<td>father’s day</td>
<td>the beach</td>
<td></td>
</tr>
<tr>
<td>mother’s day</td>
<td>book club</td>
<td></td>
</tr>
<tr>
<td>the suicide hour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>relaxing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>any excuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>at home</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 4 Reasons given for women’s choice of drinking style

<table>
<thead>
<tr>
<th>NON-DRINKERS</th>
<th>LIGHT-DRINKERS</th>
<th>DRINKERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Older women</strong></td>
<td><strong>Older women</strong></td>
<td><strong>Older women</strong></td>
</tr>
<tr>
<td>not interested/</td>
<td>seen effects of heavy drinking</td>
<td>complex topic/</td>
</tr>
<tr>
<td>seen the damage/</td>
<td>/to be sociable/ driving/</td>
<td>spark you up a bit/ excitement</td>
</tr>
<tr>
<td>health reasons/</td>
<td>won't drink where don't feel</td>
<td></td>
</tr>
<tr>
<td>you like it or you don't/</td>
<td>safe/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>loneliness/ to be social</td>
<td></td>
</tr>
<tr>
<td><strong>Middle Years</strong></td>
<td><strong>Middle Years</strong></td>
<td><strong>Middle Years</strong></td>
</tr>
<tr>
<td>health reasons/</td>
<td>don't like to lose control/</td>
<td>want to/ enjoy it/ why shouldn't</td>
</tr>
<tr>
<td>don't like the taste/</td>
<td>doesn't need it - has great</td>
<td>women/ cast aside the harsh</td>
</tr>
<tr>
<td>don't like to lose inhibitions/</td>
<td>personality/</td>
<td>realities of life/</td>
</tr>
<tr>
<td>been brought up that way/ in</td>
<td>when you have kids its not part</td>
<td>pleasure, relaxation/ culture -</td>
</tr>
<tr>
<td>Salvos</td>
<td>of lifestyle/ not socially</td>
<td>its expected /social pressure/</td>
</tr>
<tr>
<td>bad experiences with parents</td>
<td>acceptable for women to drink</td>
<td>it's legal</td>
</tr>
<tr>
<td>drinking/</td>
<td>much/ only like a few/ don't</td>
<td></td>
</tr>
<tr>
<td>catch alcoholism/</td>
<td>mix with heavy drinkers</td>
<td></td>
</tr>
<tr>
<td>pregnancy/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>suffered abuse/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>don't like what they see/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>be there for kids</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Younger Women</strong></td>
<td><strong>Younger Women</strong></td>
<td><strong>Younger Women</strong></td>
</tr>
<tr>
<td>to keep control/ don't need to</td>
<td>unfeminine to drink</td>
<td>enjoyable/ for socialising/ a</td>
</tr>
<tr>
<td>drink/</td>
<td>much/ health reasons/ religion/</td>
<td>habit/ associated with a good</td>
</tr>
<tr>
<td>scared of what she does when</td>
<td>social values/ doesn't enjoy</td>
<td>time/ boredom/ to relax/ for</td>
</tr>
<tr>
<td>she drinks/</td>
<td>taste/ like the taste of it/</td>
<td>confidence/ the taste</td>
</tr>
<tr>
<td>religious reasons/ taste/</td>
<td>relaxing</td>
<td></td>
</tr>
<tr>
<td>fattening/ unfeminine/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pregnant/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>health/ Catholic/ religious/ liver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>problems/ seen the “bad end”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>peer pressure/ has enough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>confidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>College Women</strong></td>
<td><strong>College Women</strong></td>
<td><strong>College Women</strong></td>
</tr>
<tr>
<td>don't need to be out of control/</td>
<td>social drinker/ like it/</td>
<td>fun/ socialising/ relaxing/</td>
</tr>
<tr>
<td>taste/ the effects/ health</td>
<td>taste/ immature to get</td>
<td>experience/ part of growing up/</td>
</tr>
<tr>
<td>reasons/ weight/ it's immature</td>
<td>drunk/ don't like being drunk/</td>
<td>good wines/ positive aspects to</td>
</tr>
<tr>
<td>to drink</td>
<td>don't want to lose control/</td>
<td>alcohol</td>
</tr>
<tr>
<td></td>
<td>might get a reputation/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Older women</strong></td>
<td>relaxing, promotes togetherness, barriers to communication,</td>
<td>ruined nations, aggressive men, drunkenness, ruined marriages,</td>
</tr>
<tr>
<td></td>
<td>dutch courage, singsong, employs people, relaxation,</td>
<td>violence, neglect of family roles, hangovers, headaches</td>
</tr>
<tr>
<td></td>
<td>reduce pain and sadness</td>
<td></td>
</tr>
<tr>
<td><strong>Middle years</strong></td>
<td>relaxing, socialising, icebreakers festivity, life enhancer,.deinhibiting,</td>
<td>liver, kidney, brain damage, health problems, falling asleep, getting</td>
</tr>
<tr>
<td></td>
<td>medicinal, sparky, sexy,</td>
<td>sick, loss of control, road toll,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>men’s drinking on women, men’s sexual advantages, violence from men.</td>
</tr>
<tr>
<td><strong>Younger women</strong></td>
<td>relaxation, sociability, lessening of inhibitions pleasant taste,</td>
<td>loss of control, bad skin,</td>
</tr>
<tr>
<td>/college students</td>
<td>aphrodisiac, equaliser, fun feel good</td>
<td>unpleasant smell, bad for health,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>hangover brain damage guilt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>remorse, going to bed with a man one doesn’t know, complexion, hair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>weight</td>
</tr>
<tr>
<td>Young Women</td>
<td>Characteristics</td>
<td>Amount Drunk</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>Name of drinker</strong></td>
<td><strong>Category 1</strong></td>
<td><strong>Category 1</strong></td>
</tr>
<tr>
<td>non-drinker</td>
<td>religious/ health freaks/ moralistic/ partner an alcoholic/ can have a good time without alcohol/ allergic to alcohol/ sporty/ really confident/ been brought up not to drink much</td>
<td>none or virtually none, 4 mouthfuls a month perhaps a glass at Christmas</td>
</tr>
<tr>
<td>wowser</td>
<td></td>
<td></td>
</tr>
<tr>
<td>teetotaller</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fortunate</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Category 2</strong></td>
<td></td>
<td><strong>Category 2</strong></td>
</tr>
<tr>
<td>one pot screamer</td>
<td>Category 2</td>
<td>1-2 drinks per night/ 1 drink a month/ 6 drinks a night/ about once a month/ 10 drinks per night rarely/ 10 drinks a week</td>
</tr>
<tr>
<td>occasional drinkers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>binge drinkers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>light drinkers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>social drinker</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Category 3</strong></td>
<td></td>
<td><strong>Category 3</strong></td>
</tr>
<tr>
<td>social drinker</td>
<td>Category 3</td>
<td>2-3 drinks on an occasion about once a week 10 glasses a week 5-8 glasses a week 3-4 glasses 3-4 times a week</td>
</tr>
<tr>
<td>occasional drinker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>average, moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Category 4</strong></td>
<td></td>
<td><strong>Category 4</strong></td>
</tr>
<tr>
<td>regular drinkers</td>
<td>Category 4</td>
<td>2-5 drinks regularly 10-40 a week 20-50 glasses a week</td>
</tr>
<tr>
<td>moderate drinkers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>drinkers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fairly heavy drinkers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Category 5</strong></td>
<td></td>
<td><strong>Category 5</strong></td>
</tr>
<tr>
<td>Alcoholic</td>
<td>Category 5</td>
<td>10 drinks a night at least 2 times a week 20-60 drinks a week</td>
</tr>
<tr>
<td>heavy drinkers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sloshbuckets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pissheads</td>
<td></td>
<td></td>
</tr>
<tr>
<td>extremely heavy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lush</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College Students</td>
<td>Characteristics</td>
<td>Quantity of alcohol</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Drinking Label</strong></td>
<td><strong>Category 1</strong></td>
<td><strong>Category 2</strong></td>
</tr>
<tr>
<td>straight, strange, square, dork, doesn't drink, abstainer, unsocial, non-drinker</td>
<td>health conscious/ respect/ gets drunk</td>
<td>limit drinking/ wine drinkers/ religious/ sports/ don't initiate drinking/ don't need alcohol/ don't enjoy alcohol</td>
</tr>
<tr>
<td>Category 2</td>
<td>Category 2</td>
<td>Category 3</td>
</tr>
<tr>
<td>social, occasional, controlled drinkers boring drinkers light drinkers</td>
<td>Category 3</td>
<td></td>
</tr>
<tr>
<td>once a week binge, under normal, middle, like us, regular, drinkers moderate, average</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 4</td>
<td>Category 4</td>
<td></td>
</tr>
<tr>
<td>big drinker normal college drinkers heavy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 5</td>
<td>Category 5</td>
<td></td>
</tr>
<tr>
<td>Alcoholic very heavy drinkers boozers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle years women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Drinker</strong></td>
<td><strong>Characteristics</strong></td>
<td><strong>Amount drunk</strong></td>
</tr>
<tr>
<td>Category 1</td>
<td>Category 1</td>
<td>Category 1</td>
</tr>
<tr>
<td>non-drinker/</td>
<td>conservative/</td>
<td>none</td>
</tr>
<tr>
<td>teetotaller/</td>
<td>home centred or domestic /</td>
<td>a little at religious events</td>
</tr>
<tr>
<td>duds/boring/</td>
<td>good reason for not drinking</td>
<td>might drink under stress or</td>
</tr>
<tr>
<td>healthy/sensible/</td>
<td>such as family experience or</td>
<td>shock</td>
</tr>
<tr>
<td>not wowsers/</td>
<td>abuse/</td>
<td></td>
</tr>
<tr>
<td>non-entities</td>
<td>fitness fanatics/</td>
<td></td>
</tr>
<tr>
<td>different/a bore, a vegie</td>
<td>medical conditions /</td>
<td></td>
</tr>
<tr>
<td>freaks, perfect</td>
<td>non-drinkers go home</td>
<td></td>
</tr>
<tr>
<td>Category 2</td>
<td>Category 2</td>
<td>Category 2</td>
</tr>
<tr>
<td>light drinker social drinkers</td>
<td>their drinking never changes,</td>
<td>3 - 12 glasses a month</td>
</tr>
<tr>
<td>one pot screamers</td>
<td>its always light/ they don't plan</td>
<td>2 pots</td>
</tr>
<tr>
<td>classy socialite drinkers</td>
<td>to drink or to bring alcohol/</td>
<td>drink every night with dinner</td>
</tr>
<tr>
<td>occasional drinker</td>
<td>non-drinkers who have the</td>
<td>4 or 5 glasses a year</td>
</tr>
<tr>
<td>Category 3</td>
<td>occasional drink to be sociable</td>
<td></td>
</tr>
<tr>
<td>regular/ average/ normal/</td>
<td>relaxed attitude to alcohol</td>
<td></td>
</tr>
<tr>
<td>social/ sensible/</td>
<td>get a bit silly when they drink more than usual</td>
<td></td>
</tr>
<tr>
<td>moderate social/</td>
<td>drink to socialise but in control/ drink with other people./ regular drinking but not large quantity</td>
<td></td>
</tr>
<tr>
<td>Category 4</td>
<td>Category 4</td>
<td>Category 4</td>
</tr>
<tr>
<td>heavy/regularly /frequent closet drinker</td>
<td>drink most days/ alcohol is an integral and important part of their lives/ keep up appearances of not drinking</td>
<td>4 drinks a day and more when they go out</td>
</tr>
<tr>
<td>binge drinkers</td>
<td></td>
<td>50 to 100 glasses a month</td>
</tr>
<tr>
<td>Category 5</td>
<td>Category 5</td>
<td>Category 5</td>
</tr>
<tr>
<td>alcoholic</td>
<td>they're dependent/</td>
<td>4 glasses a day or more</td>
</tr>
<tr>
<td>pisspots</td>
<td>can't function without alcohol/</td>
<td>a dozen bottles</td>
</tr>
<tr>
<td>excessive and uncontrolled/ raider</td>
<td>opens a bottle of beer first thing in the morning/ causes embarrassment to themselves and others /insecure/ uncontrolled drinking/ gets drunk all the time</td>
<td>50 glasses a month- doesn't have to be a large amount all the time.</td>
</tr>
<tr>
<td>Name given</td>
<td>Characteristics</td>
<td>Amount</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Category 1</td>
<td>Category 1</td>
<td>Category 1</td>
</tr>
<tr>
<td>teetotallers/</td>
<td>they maintain a standard/</td>
<td>none</td>
</tr>
<tr>
<td>wowsers</td>
<td>sensible/</td>
<td></td>
</tr>
<tr>
<td>sensible people</td>
<td>look after their body</td>
<td></td>
</tr>
<tr>
<td>Category 2</td>
<td>Category 2</td>
<td>Category 2</td>
</tr>
<tr>
<td>moderate/</td>
<td>might only drink at a party/</td>
<td>2 or 3 glasses</td>
</tr>
<tr>
<td></td>
<td>might drink just to be sociable</td>
<td>up to 10 at an</td>
</tr>
<tr>
<td></td>
<td></td>
<td>occasion</td>
</tr>
<tr>
<td>Category 5</td>
<td>Category 5</td>
<td>Category 5</td>
</tr>
<tr>
<td>cupboard drinkers/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>drunkards</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CARLTON AND NORTH CARLTON WOMEN AND ALCOHOL STUDY
GROUP DISCUSSION SCHEDULE

Remember: encourage the group to reply in terms of 'women like us'. Open discussion by trying to decide with the group what 'women like us' are like.

[1] Try to list all the situations (places and occasions) in which women like you drink alcohol. (probes: clubs, sports, life events, at home?)
[3] Take the most frequently occurring situation, and discuss for each in turn, the following questions: (a) Name of occasion. (b) Activities.
   (c) Kind of people, including numbers (d) Where (e) What is drunk?
   (f) How much do women attending drink on average (g) How much/person?
   (h) How are drinks provided and served
   (i) Do women limit the number of alcoholic drinks they have? When and why?
   (j) How frequently are such occasions held (k) Time and duration
   (repeat 3 times)
[7] Would these frequently occurring occasions differ markedly from the less frequently occurring ones. How?
[8] Are there any differences between the way men and women drink? What are they and how do men and women drink differently?
[9] Are there times when women like you would almost always have a drink. Perhaps when you feel you really have to have a drink or you feel somewhat obligated to have one.
[10] When would most women like you almost never have a drink? What occasions?
[11] Are there situations when alcoholic drinks are used in different ways from non-alcoholic drinks.
   (Probe for medicinal or other unusual uses)
[12] Do women like you ever give or receive alcohol as gifts?
[13] Do women like you ever bring alcohol to a social occasion?
[14] Is offering a drink to a male visitor usual for women?
[15] Is offering a drink to a female visitor usual for women?
[16] Can one have a successful party without alcohol? (Tell me about it?)
[17] How much do women spend on alcohol per month?
[18] Is there alcohol at meetings which women attend?
[19] Establish four or five categories of women drinkers starting from those who drink no or almost no alcohol. Remember we are talking about women like you? (Prompts if necessary non, light, moderate, heavy, very heavy drinkers).
   For each category answer the following questions: (a) Category name (b) How much alcohol per month would women in this category consume (c) What distinguishes this category from others?
[20] What's good about drinking (including physical effects)?
[21] What's bad about drinking (including physical effects)?
[22] What effects do other people's drinking have on women?
[23] Why are some women non-drinkers?
[24] Why are some women light drinkers?
[25] When women drink in pubs or clubs, how are drinks bought:
   (a) In all women groups? (b) In male/female groups?
[26] Do women usually have a supply of alcohol at home? ....If yes:
   (a) Who buys it? (b) Who serves it? (c) When is it used?
[27] When do women consider a man to be drunk? How do you feel about it?
[28] When do women consider a woman to be drunk? How do you feel about that? [29] What do you think of people who can drink large amounts of alcohol?
[30] How many women like you would drink? (Prompts a few, most, half etc)
   (a) less than once a month? (b) more than once a month but less than 3 times a week / (c) 3 or more times a week? How does this compare with men you know well?
[31] What do women think of as "difficulties with drinking"?
[32] What should women do if they find their drinking is a problem? (If not already answered What is a drinking problem?)
[33] What should women do if they know someone has a difficulty with drinking:
(a) friend / (b) family member
[34] Do you know anyone who has had the following experience over the last year? We are talking
about women like you.
   (a) Felt that they should cut down on their drinking
   b) Been annoyed by people criticising their drinking
   (c) Felt bad or guilty about their drinking
   (d) Had a drink first thing in the morning to steady their nerves or get rid of a hangover
[35] Do you know any women who have had difficulties because of their drinking:
   (a) At work / (b) At school or other educational place / (c) With police or other authorities / (d)
   With family or friends
[36] How are women affected by:
   (a) liquor prices / (b) location of liquor outlets / (c) liquor laws
   What do you think about them?
[37] How are women affected by liquor advertising? What do you think about it (Prompts for banning
on electronic media).
[38] How are women affected by education and advertising about the sensible use of alcohol? (Where
have you come across it?)
[39] What do you think are the important influences on women's drinking?
[40] What would most women like you to pass on to their children about alcohol?
[41] What changes have occurred over the last twenty years in women's drinking
[42] Why do women drink at all?

THE END. THANK YOU ALL VERY MUCH.
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North Carlton, The Carlton Forest Project


