Alcohol and women:
*How much do we ignore? Let’s explore*

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INTRODUCTION

As we understand or it is assumed that drug abuse is predominant in the male sex but the current data’s do suggest that women are no less involved, in fact it is coming to be similar in both the sexes. Though it is seen that women get involved at a later age or get involved iatrogenically their dependence occurs rapidly and so are the risks associated are more like psychological or physical.[1]

Psychoactive substance use, until recently, has largely been perceived as a male problem and research, as a result, has been largely androcentric and insensitive to gender variations.[1] Psychological comorbidities are more strongly associated in women with substance use disorders no matter what the substance is.[3,4]

A traumatic childhood may lead to the initiation of substance abuse in the later part of life and studies report the lifetime prevalence of substance use to be 4 times higher in women with a history of sexual assault.[5] It has been seen that co-occurrence of substance abuse and major depression is very significant in women.[6] Even suicide attempt rates are also significantly higher in drug-dependent women.[7]

Studies have even revealed that drug using women do often have other comorbid conditions like mood and anxiety disorders even eating disorders...
also commonly exist.[8-10] A review of clinical populations reported that about 40% women reported comorbid lifetime eating disorders.[11]

Social perception of women who use alcohol can be understood within the context of the relational model.[12] In a society women are expected to be ideal in all sense, in multiple roles like from perfect daughter to wife, mother, caretaker, etc. A little deviation from the expected roles make her face a lot of troubles in the society, she is discriminated, insulted and has to face stigma. Thus, alcohol use in women is linked with sexual misconduct, promiscuity, and neglect of children and significant others, a set of conditions that cause stigma and social discrimination.[13]

In contrast to males, where substance use may affect occupation, women report more problems in family and social domains. Moreover, factors like poor education status, lack of job, young age at work, early marriage, and lack of social support increased vulnerability of such females.[14]

A high amount of alcohol intake in women may be associated with increased risk of menstrual disturbances, infertility and breast cancer. In women, alcohol intake is also found to be associated with higher risk for hypertension, overall cardiovascular mortality,[15] and subarachnoid hemorrhage.[16] Prolonged heavy drinking can also lead to many diseases of the gastrointestinal, neuromuscular, cardiovascular, and other body systems,[17] which women may develop more rapidly than men.

CASE

A 53 years old Hindu married female with a history of alcohol intake for the last 15 years, with history of hypertension for the last 2 years on irregular medication was referred from the Medicine Department to the Psychiatry Department of Gauhati Medical College and Hospital, Guwahati with history of tremulousness of hands, sleep disturbance and headache for the last 10 days after she had to stop taking alcohol for having two episodes of passage of black stools for which she was admitted in the Medicine department. She was also suffering from low mood, decreased interest in activities, easily irritable, shortness of breath, inner restlessness since the last 5 months. She had a dependence on alcohol since the last 5 years and excessive intake since the last 5 months. She consumed about 500 ml to 1 litre of country made liquor since the last 15 years. Though she was brought up in a family where liquor was prepared at home and her mother was an alcoholic she never consumed until and unless after marriage she started consuming as advised by her local female friends to avoid mosquito biting while working in fields. And gradually she started overcoming loneliness with due use of alcohol. There was no history of other psychiatric illness in the past as well as in the
family. There was no history of other substance abuse but strong family history of alcohol abuse in parents and brothers. Current local and systemic examination revealed mild tremors of hand with mental state examination with intact consciousness, alertness, cooperativeness with feelings of helplessness, hopelessness and death wish was present. Detailed physical and neurological examination were normal and laboratory investigations revealed mild rise of liver enzymes. Even Hamilton’s Depression Scale gave a score of severe depression.

The patient was diagnosed as a case of “alcohol dependence syndrome, currently on a clinically supervised maintenance or replacement regime with severe depression” as per the tenth revision of International Statistical Classification of Disease and Related Health Problems (ICD -10) criteria.

DISCUSSION

In India, the North Eastern part of the country holds the population of large number of tribes with different rites and rituals. But many have do one thing in common and that is the traditional way of consuming home-made alcohol in festive occasions. But due to this availability of liquor at home and the people dealing in making it at home itself do make such people not only males, but women and adolescents too to be vulnerable to abuse and dependant on alcohol. And this is not very uncommon. Here many patients with alcohol dependence do have history of making liquor at home. So we do need to probe and enquire more in this part of the country regarding substance abuse related health issues and for the better understanding and awareness of the degrading effects of liquor in these communities.

When women do come forward for treatment, they are faced with the lack of gender-sensitive treatment programs and flexible treatment delivery systems that account for their limitations and increased home responsibilities and also lack of social support system. So they are left with no choice but to continue drug use. Thus, there is an urgent need for treatment and prevention approaches to consider the problem of drug abuse impact on women from all these angles, as well as from the context of empowerment, support, and de-stigmatization of women. It is thus imperative to evolve a focused policy to address gender issues in relation to drug abuse and to develop treatment modalities that are gender-responsive or sensitive to needs of women, such as counselling, family therapy.[1]

The singular theme that cuts across any substance use in women in any country, however, is the intense stigma suffered by these women, which acts as a significant barrier to treatment and encourages the victimization of drug using women.[2]
REFERENCES


