FACTS ABOUT GIRLS AND ALCOHOL:

- Approximately one-third of all girls have their first alcoholic drink (more than a few sips) before entering high school.\(^1\) Girls are starting to drink at younger ages than ever before: in the 1960’s, only 7 percent of girls reported having their first drink between the ages of 10 and 14;\(^2\) today, nearly one-quarter of all girls report beginning to drink alcohol before age 13.\(^3\) This is especially troubling since those who initiate alcohol use early in life are at increased risk of becoming problem drinkers.\(^4\)

- Nearly half of high school girls drink alcohol and more than 1 in 4 binge drink (consume five or more drinks on the same occasion).\(^5\) Nearly 1 in 5 (18 percent) of 8th grade girls drink alcohol and more than 1 in 10 binge drink.\(^6\)

- Teenage girls who are heavy drinkers (consume more than seven drinks per week on average) are 5 times more likely to have sex – and a third less likely to use protection – than girls who don’t drink.\(^7\)

WHAT MOTIVATES GIRLS TO DRINK?

Girls tend to use alcohol or drugs to alleviate negative mood, increase confidence, reduce tension, cope with problems, lose inhibitions, enhance sex or lose weight.\(^8\) Following is more information about why girls drink:

- **Low Self-Esteem:** Teenage girls with low self-esteem or low self-confidence are twice as likely as those with higher self-confidence to report alcohol use.\(^9\) One study found that girls who at age 12 were low in self-esteem were nearly 2.5 times likelier to engage in heavy alcohol use at age 15 than those higher in self-esteem; no such relationship was found in boys.\(^10\)

- **Peer Pressure:** Peer pressure may be more strongly associated with drinking for girls than it is for boys.\(^11\) Middle school girls who report high levels of peer pressure to drink are twice as likely to use alcohol as those who report less peer pressure; this relationship
between peer pressure and alcohol is not found for boys. When several of a girl’s closest friends smoke or drink, they are more than 7 times likelier to drink alcohol (boys who have several close friends who smoke or drink are only 3 times likelier to drink alcohol).

- **Self-Medication:** Girls who believe that drinking alcohol alleviates boredom or helps them deal with sadness or depression report more alcohol use than those who do not. Girls appear to be attuned to the self-medicating powers of alcohol even before they begin to drink: as early as the 6th grade, girls are likelier than boys to believe that a positive effect of alcohol is its ability to allay bad moods or feelings. Girls who drink heavily are more likely than boys who do so to attribute their alcohol use to the desire to escape their problems, anger or frustration.

- **Concerns About Weight and Appearance:** Regardless of alcohol’s weight-gaining properties, girls who perceive themselves as being overweight, are actively trying to lose weight, or who engage in unhealthy (excessive) dieting behaviors drink more alcohol than girls with healthier weight-related attitudes and behaviors. Girls ages 10 to 15 who report being highly concerned about their weight are nearly twice as likely to get drunk as those who are less concerned about their weight.

**WHAT FACTORS INCREASE THE RISK THAT GIRLS WILL DRINK?**

Family history of substance abuse, prenatal exposure to alcohol, poor parent-child relationships and inadequate parent-child communication, conduct disorders, rebelliousness, depression, anxiety, academic problems, positive attitudes about alcohol, stress and poor coping skills all contribute to the risk that a girl will drink alcohol. Other factors that may increase girls’ risk include:

- **Early Puberty:** Girls who experience early puberty are at increased risk of engaging in substance use earlier, more often and in greater quantities than their later maturing peers. Among 16 year old girls, one study found that early maturing girls (age at first menstruation under 12) were more likely than later maturing girls (age at first menstruation of 14 or older) to have drunk beer before the age of 12 and to be weekly drinkers.

- **Physical or Sexual Abuse:** Girls who have been sexually or physically abused are twice as likely to drink as those who have not been abused.

- **Marketing and the Media:** Alcohol advertising appeals to girls by making drinking (and women who drink) appear fun and sexy. Alcopops and wine coolers (fruit-flavored alcoholic beverages) are particularly appealing to girls who often do not like the taste of beer. Experts agree that advertising exerts an influence on youth drinking patterns.

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WHAT ARE THE CONSEQUENCES OF DRINKING FOR GIRLS?

Consequences of drinking for girls can include academic problems, menstrual problems, poor overall health, mental health problems, accidents, as well as the development of dependence on alcohol or other drugs. Subuse and abuse during puberty can adversely influence girls’ normal growth and maturation. Other consequences may include:

- **Suicide**: Alcohol is estimated to be involved in 8 percent of teenage girls’ suicides. Teenage girls who drink frequently are almost 6 times more likely to attempt suicide than girls who never drink, and girls who are diagnosed with alcohol use disorders are twice as likely to have attempted suicide. A study of adolescents found that for girls, suicidal thoughts and behavior tend to lead to problem drinking, while for boys the reverse was true. Because alcohol is a central nervous system depressant, it may increase the risk of suicide in already depressed or suicidal individuals. Drinking may reduce inhibitions and impair the judgment of someone who is contemplating suicide, making suicide attempts more likely.

- **Violence**: Teenage girls who drink are at increased risk of being victims of dating violence such as shoving, kicking, punching and rape. Alcohol also puts young girls at risk for exhibiting violent behavior; girls who binge drink are 3 times more likely than their nondrinking peers recently to have gotten into a physical fight.

- **Unsafe Sex**: Alcohol use is one of the best predictors of sexual activity and risky sexual behavior among teens; those who drink are more likely to have sexual intercourse, to have it at an earlier age, and to have sex with more partners than teens who do not drink. Teenage girls who drink are more likely than girls who do not drink to have unprotected sex, which puts them at risk for unplanned pregnancies and sexually transmitted diseases, including AIDS.

WHAT CAN WE DO TO PREVENT THE PROBLEM?

While few programs are designed around factors that specifically and uniquely influence girls to use or refrain from using substances, research does highlight some factors that may enhance the effectiveness of prevention programs for girls:

- **The Family**: Although family supervision and support are important in preventing substance use among both girls and boys, they are especially important for girls.

- **The School**: Feeling connected to school may be a stronger predictor of school performance for girls at high risk than for boys at high risk. This is especially meaningful when considering that poor school performance in adolescence increases the risk for alcohol and drug abuse in early adulthood.

- **Female Role Models**: Programs that provide girls with positive female role models may improve intervention effectiveness for girls.
• **Life Skills:** Since relationships and attachments to others are central to girls’ growth and development,\(^43\) the acquisition of life skills and social skills may be of particular importance to prevention programs for girls.\(^44\)

• **Timing:** Prevention programs that begin early, in grades 4 through 8 – generally before girls have begun using substances – are especially effective for girls.\(^45\)

• **Physician Screening:** Adolescent girls rely heavily on their doctors or other health care professionals for information about their health.\(^46\) Unfortunately, too many doctors fail to educate their young female patients about drinking. While drinking is among the top 10 most frequently cited health topics that adolescent girls feel their doctors should discuss with them, only 23 percent of girls say their doctors discuss drinking with them.\(^47\) Physician screening for adolescent substance use is also uncommon.\(^48\) One of the barriers to physician screening for adolescent substance abuse is a widely accepted screening tool;\(^49\) furthermore, none of the available screening tools incorporate questions that are sensitive to the different gender-based risks for substance abuse.

**WHAT SHOULD WE DO IF WE SPOT GIRLS IN TROUBLE?**

Because evidence suggests that the window of time between the onset of regular drinking and the onset of problem drinking is shorter for females than for males, the need for early detection and intervention is critical for girls.

Few programs exist that specifically address the treatment needs of substance-abusing girls. There is an urgent need for more research aimed at developing and evaluating substance abuse treatment programs that are effective for girls.

The following signs could indicate that a girl may be involved in substance abuse, including alcohol use:\(^50\)

**Changes in Behavior:**
- Missing school, declining grades or discipline problems;
- Dropping old friends and getting new ones;
- Dropping activities such as sports;
- Increased secrecy;
- Unusual borrowing of money;
- Sudden mood changes, aggressiveness, irritability;
- Restlessness, excessively talkative, rapid speech;
- Irresponsible behavior, poor judgment;
- Depression;
- Forgetfulness, slurred speech or difficulty expressing thoughts;
- Lack of coordination, poor balance.

Signs of substance abuse in a young person may be difficult to detect given the common presence of mood changes, erratic sleeping patterns and changes in hobbies or interests in many teens. A parent’s best defense is an ongoing dialogue with teens concerning their friends and activities. Parents who wait until they notice warning signs might wait too long.

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24 Ibid.


26 CASA. (2003). The formative years.

27 Ibid.


32 Ibid.


34 CASA. (2003). The formative years.


Ibid.


Ibid.