

Background

There is public concern about young women's use of tobacco, alcohol and other recreational drugs. In particular, there is a perception that it is increasing, and there is apprehension about potential long term consequences.

The Australian Longitudinal Study on Women's Health (ALSWH) supports concerns that tobacco continues to pose a major challenge to women's health. Evidence from the Study suggests that inappropriate use of alcohol and other drugs is relatively uncommon and is often limited to a brief period in young women's lives. Nevertheless it has the potential for serious long-term consequences.

ALSWH surveys include a cohort of younger women, who were aged 18-23 when the Study began in 1996, and have now been surveyed three times (1996, 2000, 2003). The surveys have included questions about their use of tobacco and alcohol. After the first survey, once trust with the research team was established, questions were added about their use of marijuana, heroin, ecstasy and other party drugs.

These surveys cover life stages when most of the participants have moved from being students, leaving home and finding their first jobs, through many transitions of early adulthood, into employment and marriage and, increasingly, having children.

Did you know?

Young women's use of tobacco, alcohol, marijuana and other recreational drugs declined as they moved through their 20s.

Tobacco Use

Almost 60% of the younger ALSWH women have never been smokers (see Figure 1). Of those that have ever smoked, 12% had already given up before Survey 1 and this percentage increased to 19% by Survey 3. By Survey 3, less than one quarter (24.5%) remained smokers. Although some women first took up smoking between Surveys 1 and 2 (3.5%), very few did so between Surveys 2 and 3. In contrast, quitting increased.

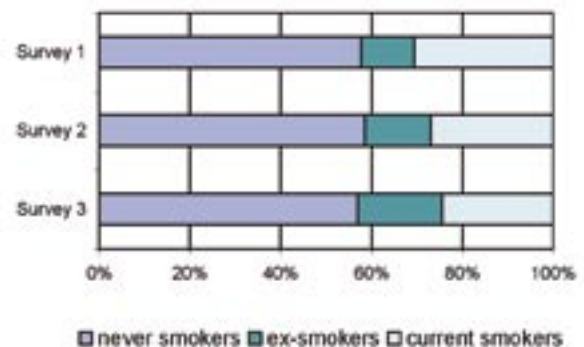


Figure 1. Tobacco use among younger women at Survey 1 in 1996, Survey 2 in 2000 and Survey 3 in 2003

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It's toned down a lot now. ... I think that you start to put into check a lot more what you want out of life ... I think now, myself and most of my friends who are my age are thinking 'we really need to quit now' before it gets to a point where you can't or you want to have kids ... so it's more looking towards quitting, cutting down, smoking much weaker cigarettes and just trying to be a little healthy with it.

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Factors that affect younger women's smoking - evidence from the ALSWH

- social settings, especially clubs and pubs, promote cigarette smoking
- social networks, including workplaces, families and partners, create bonds that can either promote and reinforce the use of tobacco, or act to control smoking
- many girls and young women are afraid of becoming addicted to tobacco
- smoking during pregnancy is very widely disapproved of
- 1/4 to 1/2 of women who smoke give up when they become (or plan to become) pregnant
- smoking around children is becoming socially unacceptable, both due to the effects of passive smoking on the child's health and because it sets a bad example for children.



Alcohol Use

At every survey most of the younger women reported rarely drinking, or drinking at "low risk" according to the Australian Guidelines. The percentage of non-drinkers was 8-9% at all Surveys. At Survey 1, when the women were aged 18-23, 5.6% met the criteria of risky or high risk drinking, but this declined to 3.6% by Survey 3. The main change between surveys was a gradual increase from rarely drinking (which could include heavy drinking occasionally) to low risk drinking (which could include drinking more often but in lower quantities).

Factors that affect younger women's use of alcohol - evidence from the ALSWH

- social settings and social networks strongly influence drinking patterns
- use of tobacco, as well as marijuana and other recreational drugs, is associated with short-term high risk drinking
- heavy drinking is more common among women living in rural and remote areas than in major cities
- when women move from living alone or in shared accommodation to living with their partners, their drinking patterns become less hazardous.

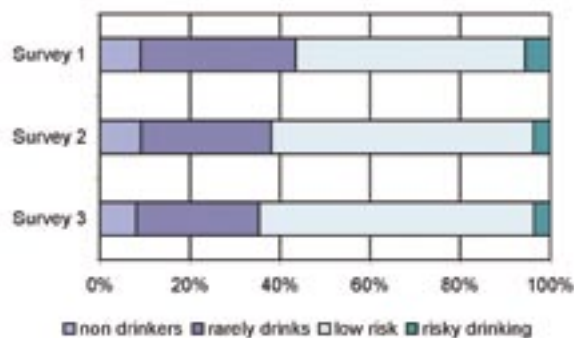


Figure 2. Alcohol use among younger women at Survey 1 in 1996, Survey 2 in 2000 and Survey 3 in 2003

Use of marijuana and other recreational drugs

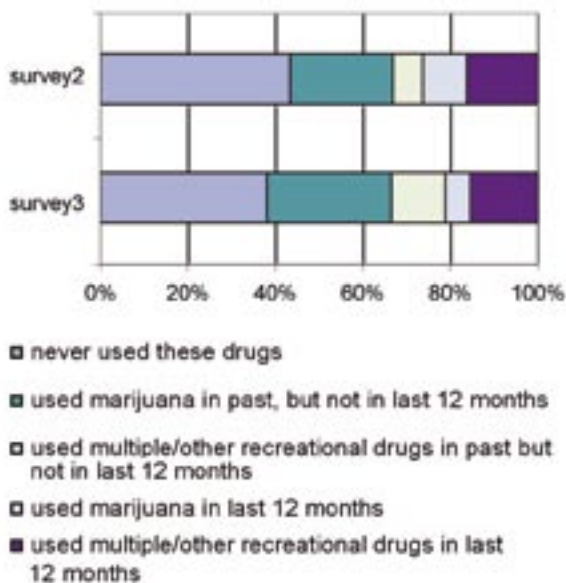


Figure 3. Use of marijuana and other recreational drugs between Survey 2 in 2000 and Survey 3 in 2003

At Survey 2, when the women were first asked about their use of marijuana and other recreational drugs, 43.5% said they had never used them. Almost all women who had ever used recreational drugs had used marijuana, but the numbers using any single drug other than marijuana were very small, so they were grouped together as “multiple/other drug” users. At Survey 3, the percentage who had never used drugs dropped to 38.1% while the percentage who had used marijuana or other drugs but not in the last 12 months increased, indicating that more than 10% had tried drugs for the first time during this period but had not used drugs recently. By Survey 3 only 5.7% reported using marijuana in the last 12 months and another 15.4% reported using other drugs.

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I smoked marijuana daily for around 8 years, I then suffered from anxiety and stopped working for 2 months due to the anxiety. I gave up the marijuana and caffeine in the last 2 months which has stopped the anxiety and I changed and found a happier job

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Factors that affect younger women’s use of marijuana and other recreational drugs

- social settings and social networks strongly influence women’s use of marijuana and other recreational drugs
- recreational drugs are associated with use of tobacco and alcohol
- use of recreational drugs is more common among women with poor mental health
- fear of adverse health effects may inhibit women from continuing to use marijuana and other recreational drugs.



The Australian Longitudinal Study on Women’s Health is a landmark study funded by the Australian Government Department of Health and Ageing and conducted by a team of researchers at the Universities of Newcastle and Queensland.

The study:

- is designed to monitor and document the health and wellbeing of Australian women in urban, rural and remote areas
- aims to provide policy relevant information to contribute to health and welfare planning
- began in 1996 with a representative sample of 40,000 Australian women in three age groups
- includes younger women born 1973-78, middle-aged women born 1946-51, and older women born 1921-26
- has the capacity to link Medicare data on service usage with survey information
- collects data on physical and emotional health, health service use, life course events, demographics, and social and behavioural factors
- is planned to run for twenty years or more.

Multiple drug use

Figure 4 shows the percentages of younger women who were current tobacco smokers, drank at high levels associated with short-term or long-term risk, and/or used marijuana or other recreational drugs at Survey 3. More than 60% reported none of these behaviours.

Tobacco was the most commonly used drug, alone or with marijuana and other recreational drugs. Alcohol was less commonly used, and only 4.1% reported having used all types of drug in the last 12 months.

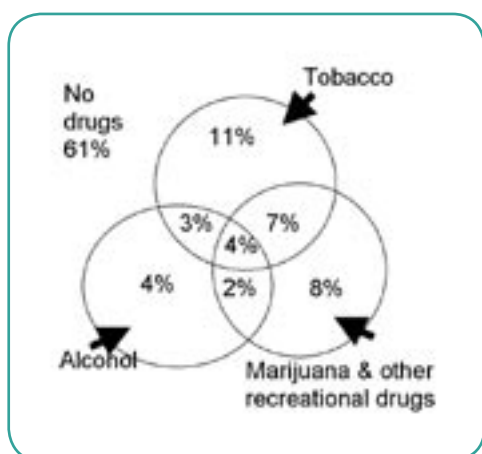


Figure 4. Pattern of use of tobacco, alcohol at risky levels and marijuana and other recreational drugs at Survey 3 for younger women in 2003

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After the death of my 48 hour old baby - I was at the lowest point in my life - I tried to hide from reality with drugs, usually a mixture of ecstasy, speed, pot and alcohol in one night - not too smart!! I worked out that was not resolving issues - just increased the desire to end my life.

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Much of my drug and alcohol use came as a result of my depression following the death of my partner when I was 20.

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Policy Issues

- Social environments encourage and sustain the use of tobacco, alcohol, marijuana and other recreational drugs. Bans on smoking in pubs and clubs may help to break the tobacco-alcohol nexus and help young women to reduce their drug use.
- There is widespread social disapproval of smoking in pregnancy and around children. Women are strongly motivated to quit smoking when they become (or plan to become) pregnant. Promotion of tobacco control in health care settings as well as the general community can help women and their families to create and maintain smoke-free environments for children.
- Poor mental health is associated with higher use of all drugs. While sorting out the order of causation requires more longitudinal data, recognition of the strong link should be taken into account in public health action.



Find out more

Background information on the entire project can be found in the companion report in this series:
Australian Longitudinal Study on Women's Health: The First Decade.

For surveys, details of scientific publications, and other information see the project website:

<http://www.newcastle.edu.au/centre/wha>

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