World Health Organization

Gender-responsive approaches to the acceptability, availability and affordability of alcohol

Brief 11

Snapshot series on alcohol control policies and practice

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(Snapshot series on alcohol control policies and practice)

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Contents

About the series iv

Acknowledgements v

Brief at-a-glance vi

The need for gender-responsive approaches to alcohol policies 01

Alcohol-related norms and harm affect genders differently 01

Marketing efforts are increasingly using gendered approaches 02

Alcohol control policies remain largely gender blind 04

Effects of population-level alcohol control policies according to gender 05

Gendered effects of alcohol control policies on the acceptability of alcohol 05

Gendered effects of alcohol control policies on the availability of alcohol 06

Gendered effects of alcohol control policies on the affordability of alcohol 06

A view on practices 07

Supporting women to turn away from home-brewed alcohol in the United Republic of Tanzania 07

Women recovering from alcohol use disorders in Pakistan 07

Providing peer support sessions for men in Scotland 08

Blackwashing, gender and alcohol in Brazil 09

Maori, gender and alcohol in Aotearoa New Zealand 09

The way forward 12

References 15

Annex 1. Methodology for evidence update 20

About the series

In 2022 – more than a decade after adopting the WHO global strategy to reduce the harmful use of alcohol – attention has been called to accelerate the implementation of high-impact interventions for alcohol control. A global action plan for 2022–2030 aims to leverage the available evidence and policy know-how to quicken progress in tackling alcohol consumption and its effects. Making evidence accessible and spotlighting real-world experiences is a core component for advancing the implementation of effective policy interventions.

In 2021, WHO launched a series of advocacy and policy briefs about blind spots serving as a compass for navigating critical topics related to the high-impact and innovative interventions to accelerate progress in reducing alcohol consumption. The resulting topic-specific briefs were considered starting points for navigating the evidence and its use in practice, forming the edition of the Snapshot Series. They provide a portfolio of policy, system and practice guidance for tackling the determinants driving the acceptability, availability and affordability of alcohol consumption.

The topics covered include conflicts of interest, labelling, licensing, unrecorded alcohol, digital marketing, per capita alcohol consumption, no- and low-alcohol beverages, alcogenic settings and adolescents, gender-responsive policies, environment and policy options to respond to emergencies and pandemic situations.

How was this brief developed?

The series has evolved in its approach to best meet the information needs of its readership, applying a four-step process to explore each topic. First, leading experts were engaged in searching and consolidating the available scientific evidence. Second, the first-hand experiences of countries related to the topic were sampled and documented. Third, stakeholders were brought together in webinars to discuss the evidence and country experiences. Lastly, the literature, experiences from countries and insights from discussions were synthesized in a brief report that forms the varied issues of the snapshots.

Audience

The series is intended for a wide audience, including people working in public health and those working in local and national alcohol policy, policy-makers from national, regional and local administrations, government officials, researchers, civil society groups, consumer associations, the mass media and people new to alcohol control policy, research or practice.

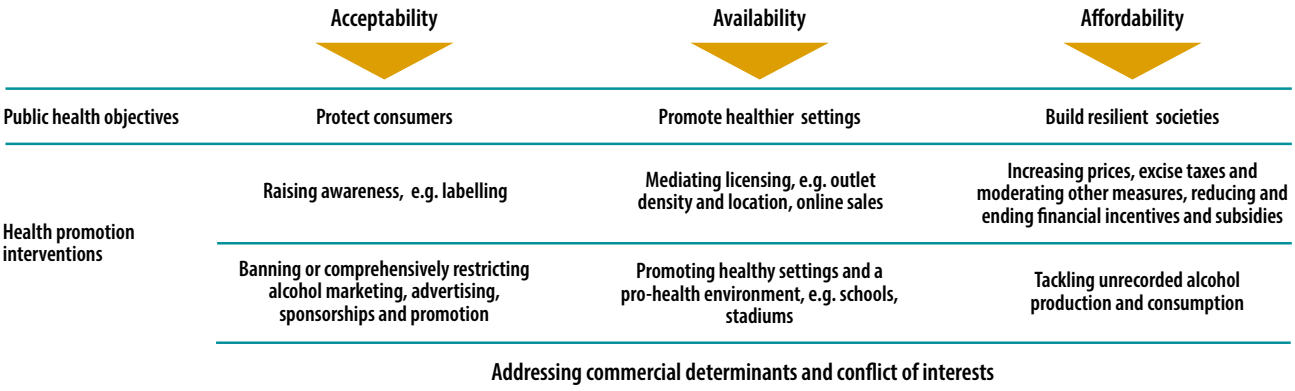
What is a health promotion approach to reducing alcohol consumption?

Evidence demonstrates that cultural, social and religious norms influence alcohol consumption as well as its normalization (acceptability), ease of purchase (availability) and price (affordability). Tackling up-stream the determinants driving alcohol consumption requires a portfolio of policy options that address these multidimensional aspects with population-based interventions proven effective.

Interested in other topics?

Visit the Less Alcohol webpage for other briefs in this series and upcoming webinars. Subscribe to our newsletter to be informed about releases of new briefs and notified of webinars to take part in these conversations. If you have a suggestion for a topic that has yet to be explored, contact the team at lessalcohol@who.int ■

Determinants driving the consumption of alcohol



Acknowledgements

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Brief at a glance

The problem. Gender-related norms persist in our societies, including in the consumption of alcohol. Despite knowing that men and women consume alcohol differently and are affected by its harm differently, alcohol control policies and practice remain largely gender blind. The alcohol industry is increasingly using gendered approaches to appeal to consumers. To keep pace with these changing tactics, it is critical to take stock of what is known about gender-responsive approaches to tackle the acceptability, availability and affordability of alcohol.

The evidence. Highly gendered approaches to alcohol marketing and gender differences in patterns of alcohol consumption and its associated harm are well documented. Significant empirical evidence documents gender differences in alcohol-related norms and harm. However, relatively little evidence has examined the different effects of population-level alcohol control policies on different genders and even less has addressed how gender intersects with socioeconomic status, age, ethnicity, and other factors. Despite this, existing evidence indicates the continued relevance of gender in policy options required to effectively tackle the determinants of alcohol consumption.

The know-how. Experiences from seven countries illustrate gendered approaches being used by the alcohol industry (Brazil and the United States of America) and the innovative ways that governments and civil society organizations are tackling the gendered effects of alcohol consumption. This includes promoting employment outside the alcohol industry (United Republic of Tanzania), developing gender-specific supports for alcohol consumption (Pakistan and Scotland), mobilizing civil society to enforce marketing bans (Sri Lanka) and creating culturally sensitive and culturally embedded policies (Aotearoa New Zealand).

The way forward. Alcohol control policies that incorporate gender and gender-equity in their development and implementation are needed. There is also a clear need for policy-relevant research that supports an increased understanding of what works with respect to gender-responsive approaches to reduce the harm caused by alcohol consumption ■

The need for gender-responsive approaches to alcohol policies

> **The differential status of men and women in almost every society is perhaps the most pervasive and entrenched inequity… a societal issue for healt… [it represents] a societal gradient itself *(1)***

Alcohol-related norms and harm affect genders differently

Norms related to gender persist in societies, including in the consumption of alcohol (Box 1). Men are more likely than women to drink alcohol, to consume greater quantities of alcohol and to develop alcohol problems *(2–4)*. According to the Global status report on alcohol and health 2018, in 2016, 54% of men worldwide versus 32% of women over 15 years consumed alcohol. In the same year, the total global average consumption per capita was 19 litres of pure alcohol for men and 7 litres for women *(5)*. Alcohol-related morbidity and mortality also differ by gender. Alcohol consumption accounts for 5.1% of the global burden of disease expressed in disability-adjusted life-years (DALYs), overall, although this is over three times greater for men's consumption (7.1%) than women's (2.2%) *(5)*. Similarly, alcohol-attributable deaths account for 7.7% of all deaths worldwide among men versus 2.6% among women *(5)*.

However, gender differences in alcohol consumption vary over time and between cultures *(3, 6–8)*. Gender differences are more evident in countries with increased gender inequality and among countries with lower income *(5)*. Men and women's drinking has also converged in some countries, especially among younger people *(9–11)*.

Despite the fact that men tend to consume more alcohol, women suffer greater harm at lower levels of alcohol consumption. For example, the effects of alcohol use disorders progress more quickly for women, resulting in a higher likelihood of liver inflammation, cardiovascular disease and selected types of cancer *(12)*. Women are also more likely than men to develop rapidly progressing liver disease, which frequently persists even after abstaining from alcohol *(12)*.

In addition, women are more likely than men to abstain from consuming alcohol but experience disproportionate second-hand harm from alcohol-consuming spouses, partners, ex-partners or family members *(12)*. Men, on the contrary, are more likely to demonstrate hazardous patterns of alcohol use and to engage in drink-driving or aggressive or antisocial behaviour *(13–15)*. Women are also more likely than men to support alcohol-control policies *(16)*.

Box 1. The challenges in the European Union

In this brief, gender is viewed as a socially constructed, relational concept that varies between cultures, over time and across the life-course and as a continuum that includes people who identify as non-binary or transgender or otherwise gender diverse *(17, 18)*. Gender is constantly negotiated and reproduced through social practices and thus can and does change. This brief focuses on sociocultural aspects. However, social expectations of age, gender and intoxication influence the physiological effects of alcohol *(19)*. How gender intersects with other aspects of social position and identity, such as socioeconomic status, age, culture, ethnicity, indigeneity and sexuality, should also be considered.

The relationships between gender, alcohol consumption and harm associated with alcohol consumption vary depending on other aspects of societal power and status *(20)*. For example, gendered norms around alcohol consumption also intersect with social determinants of health, including ethnicity, sexuality, social class, stage of life-course and other markers of identity *(20–26)*.

The legacy of colonialism and economic marginalization have placed indigenous peoples at increased risk of alcohol use disorders *(27)*. For example, in Aoteraroa New Zealand, Māori society had no alcohol before colonization *(28)*. Similarly, indigenous peoples in North America lacked brewing traditions before colonial contact *(29)*. The use of alcohol in trade and diplomacy and exposure to excessive alcohol consumption and violence by soldiers, fur traders and miners resulted in the establishment of alcohol binge drinking cultures among indigenous populations in North America, where there was pressure for men, and sometimes women, to drink alcohol without limit *(30)*. These drinking cultures – along with changes in indigenous economies introduced by the fur trade – also led to women's marginalization *(29)*.

People who identify as LGBTQ+ often consume more alcohol and have more substance use problems than heterosexual and cisgender people and frequently have different norms related to alcohol consumption *(31–34)*. People who identify as non-binary and transgender people, also experience disproportionate harm from other people's consumption, especially sexual violence and harm *(35, 36)*. This may result from several factors, including increased availability in settings defined as being LGBTQ+ friendly, a lack of alcohol-related support that has been tailored for sexual minority and gender-diverse populations or alcohol use as a strategy for coping with continued discrimination, poor mental health and targeted alcohol marketing *(22, 37–46)*. LGBTQ+ identifying individuals do not represent a homogeneous group, and most research has focused on white, highly educated people, who fall within the gender binary *(40)*.

High-risk consumption, adverse drinking consequences and alcohol dependence are especially pronounced among sexual minority women *(40)*. Sexual minority people face additional barriers in seeking and receiving support from alcohol services *(47, 48)* and alcohol interventions are rarely tailored to sexual minority populations *(49)*. In addition, lesbians and bisexual women are substantially more likely than heterosexual women to report negative social consequences from their drinking, and past help seeking for an alcohol problem *(50)*. Sexual minority women are not a homogenous group and alcohol-related outcomes vary by sexual identity (e.g. lesbian compared to bisexual women *(51)*, age, ethnicity and socioeconomic status *(41)*.

There is little evidence about alcohol consumption in the lives of transgender or gender-nonconforming people. However, these individuals may be especially vulnerable to developing harmful patterns of consumption because of discrimination, stigma and pressure to disclose gender identity *(37, 38)*. Research indicates that transgender people have a higher prevalence of heavy episodic drinking *(38, 52, 53)*, greater frequency of heavy episodic drinking, higher rates of lifetime alcohol consumption *(38)* and higher odds of alcohol dependence *(54)* than cisgender people. Young transgender people have increased likelihood of experiencing alcohol-related sexual assault and suicidal ideation compared with cisgender people, and those who reported experiencing sexual assault also reported more heavy episodic drinking days *(52)*. Alcohol interventions do not address the needs of transgender people *(49)*.

Marketing efforts are increasingly using gendered approaches

Alcoholic beverage marketing permeates everyday life by integrating brands into real-world gendered occasions such as sporting events, fashion shows and festivals, social causes, running competitions, tying in branded gendered accessories and enmeshing marketing in a range of other strategies, e.g., extending narratives from other promotional activities, drawing on celebrity endorsements and linking to gendered -highly feminine- accessories such as make-up, clothes, fashion (Fig.1). The alcohol industry further perpetuates differences in consumption patterns between genders to increase overall alcohol consumption. It increasingly uses gender-specific product development and marketing to influence gender norms around alcohol use. The industry has aligned alcohol consumption with culturally desirable notions of masculinity, such as strength, humour and success, and desiderable aspects of femininity, such as being attractive, sociable, caring and empowered, across the globe *(55–57)*.

This has recently been observed in digital marketing for alcoholic beverages, in which a range of femininities has been used to encourage and promote alcohol consumption. This has included aligning products with traditional, idealized femininities, such as developing drinks that are colourful, stylized, pretty and appealing to look at,and aligning products to health and weight concerns, representing them as

healthy or lower in calories *(55)*. Alcohol marketing also emphasizes consuming feminized products as key aspects of friendships among women, draws on notions of feminism, including equality and independence, and references post-feminist ideas of empowerment, fun, pleasure, experimentation and sexual agency.

Digital alcohol marketing has also amplified dominant versions of masculinity. It links products to masculine identities and nationhood and to sport and uses promotional materials containing sexualized imagery, text and the objectification of women, such as sexually suggestive posts, images and photos. It also uses humour, drawing on ideas related to laddishness, blokeyness and gendered banter, and encourages users to like, comment and share content about heavy drinking *(58)*.

In many cultures, consuming alcohol is a way of showing people who you are. Choice of product, brand and drinking vessel can therefore be viewed as demonstrating different sorts of femininities and masculinities *(18, 59, 60)*. Similarly, choosing not to use alcohol or to drink lightly – an increasing trend among young people in many high-income countries – also makes a statement about identity *(61)*. Changing alcohol demographics and social, economic and cultural contexts also play a role.

Fig. 1. The alcohol industry and societal norms influence men and women's alcohol consumption

Source: *(62)*

Alcohol marketing on social media is targeted by gender and also influences gender identities and views about alcohol consumption *(63, 64)*. Generally, women who have consumed alcohol, particularly if they appear intoxicated, are judged more harshly than men *(61, 63, 65, 66)* and relative to men, women continue to find their behaviours in drinking spaces more constrained and scrutinised. Simultaneously, young women now express themselves via Social Network Sites (SNS. This gendered double standard is not new *(67)* but it is amplified by a wider audience on social media *(24)*.

The alcohol industry in India and African countries is increasingly targeting women (Box 2), with specific sweetened beverages being developed and then marketed as representing freedom and empowerment *(68–70)*. Qualitative research demonstrates how young women negotiate contradictory discourses around consuming alcohol in India and Nigeria, challenging traditional gender roles but also experiencing drinking as a practice structured by gender inequalities *(71–73)*.

Box 2. Violating a marketing ban in Sri Lanka

Sri Lanka has the highest per capita alcohol use among South Asian countries *(74–76)*. About 9 million people, equivalent to 40% of the population, consume alcohol; 99% are men. Alcohol is one of the main risk factors for violence against women in the country. Efforts to curb such trends include the 2006 National Alcohol and Tobacco Act No. 27, which states that advertising, promotion and sponsorship of alcoholic products is banned in any form for educational, cultural and sports events.

Despite this ban, in 2021, a beer industry largely present in the country, sponsored by the embassy of the main shareholder European country, launched a campaign to combat gender-based violence against women and girls in Sri Lanka. The post included a slogan: "We must all stand together as one tribe against all forms of injustice and do our part to brew a better and more equitable Sri Lanka." The statement portrayed alcohol consumption in a positive light by linking it to national identity and community integration. The Alcohol and Drug Information Centre, a local community-based organization, mobilized action on social media, submitted an official petition to obtain support from the public, including women's groups, against the campaign. The Alcohol and Drug Information Centre then met with the campaign organizers to explain how the campaign violated the national regulations. Despite these efforts, the organizers did not stop the campaign and continued the social media announcements.

Alcohol control policies remain largely gender blind

Despite significant evidence that the effects of alcohol differ crucially by gender and that the alcohol industry is using sophisticated methods to market alcohol to different genders, alcohol-control policies and practices remain largely gender blind. This may in part represent a lack of research that has considered the differential effects of population-level alcohol policies according to gender. A review of reviews conducted in 2016 highlighted the extent of this gender blindness *(15)*. The review identified 63 systematic reviews on population-level alcohol interventions and found that more than half failed to provide information on individual study findings related to the impact of policies by gender *(15)*.

The next section of this brief provides an overview of what the evidence base shows about the gendered effects of population-level policies on the acceptability, availability and affordability of alcohol ■

Effects of population-level alcohol control policies according to gender

Population-level alcohol policies have consistently been shown to reduce the harm associated with the consumption of alcohol *(15, 77)*. The most effective policies focus on acceptability, e.g., banning or restricting alcohol marketing, advertising, sponsorship and promotion; availability, e.g., limiting hours or days of sale, outlet density or purchase age) and affordability, e.g., increasing taxes or prices, tackling unrecorded alcohol). However, policies seeking to reduce the harm associated with alcohol consumption may affect men, women and other gender groups differently and the potential impact of these policies according to gender has been largely ignored *(15)*.

To retrieve evidence on the topic, the work developed by Fitzgerald *et al* in 2016 *(15)* was updated running additional searches in five academic literature databases: Medline, Database of Abstracts of Reviews of Effects (DARE), Cochrane Database of Systematic Reviews, Campbell Collaboration Library of Systematic Reviews, National Institute for Health and Care Excellence's (NICE) website and Applied Social Sciences Index and Abstracts. Eleven new reviews from 2014 (the date of the last literature search) until August 2022 were identified. Annex 1 provides an overview of the methodology used. This section scopes the recent literature, and synthetizes it along the three pillars of the conceptual framework described in the earlier section "About this series".

Gendered effects of alcohol control policies on the acceptability of alcohol

Advertising and labelling are critical elements that contribute to the acceptability of alcohol, serving to either promote its use or raise awareness about its health effects (Box 3). The initial review of reviews reviews found that men were more likely to be exposed to or influenced by broadcast advertising than women, especially for beer whereas young women may be more exposed to and affected by billboard and print media advertising *(15)*. The current update identified three additional reviews on advertising. Two reviews found no gender differences in drinking after exposure to alcohol marketing *(78, 79)* while a third identified only one study which reported solely on men *(80)*.

However, alcohol corporations are increasingly focusing on digital marketing, which is significantly changing the reach, ability to target, engage and interact with users and enable them to create brand identities and allegiances *(64, 81, 82)*. One recent review found that the marketing of alcohol in digital spaces and on social media is highly gendered, building on everyday activities and events that include gendered messaging such as sporting events and fashion shows *(83, 84)*. This includes integrating brands into real-world gendered occasions, including festivals and social causes. A systematic review of studies on digital alcohol marketing suggests that greater engagement with this marketing is associated with increased alcohol consumption as well as increased binge or hazardous drinking behaviour *(85)*.

To counteract the effects of marketing, alcohol labelling can be used to enable informed decisions about the products individuals purchase and consume. However, research on gender responses to alcohol labels has focused solely on how warning labels affect women who are pregnant or of childbearing age *(86)*. A systematic review on the use of alcohol labels to prompt changes in drinking behaviour among pregnant women has found that these messages are effective in prompting conversations about risks for women of childbearing age. Labeling helps reduce drinking among low-risk, first-time pregnant women. However, more research is needed to evaluate its effects on women of different ages, locations, and sociocultural backgrounds. *(87)*.

Box 3. The role of the alcohol industry in increasing women's alcohol consumption in the United States of America

Alcohol-related mortality is increasing in the United States and more rapidly among women *(88)*. Alcohol industry targeting women. Women journalists expose practices. Wine industry promoted to women in mid-1940s. Americans skeptical of wine as refreshment, noted by Harvey Posert, early wine marketer. *(89)*. In the 1960s, the wine industry launched a campaign to get their products into houses across the United States. By the 1970s, the wine industry succeeded in making wine glamorous and hip by widening its marketing strategy to housewives and women's clubs. In one decade, Americans doubled their wine consumption, from 267 million gallons in 1970 to 480 million in 1980 *(89)*. In the 1980s, wine marketers targeted women. By the mid-1990s, the industry successfully positioned wine as a women's drink. Women now buy two-thirds of wine sold in the United states and consume 70% of it *(90)*.

In parallel, the spirits industry placed alcopops, known also as "chick beer", in the market. It was a transitional alcoholic product specifically developed to target women. Alcopops peaked in 2004 and established a bridge to parent brands. Sales increased up to 61% between 2000 and 2008 for a specific renowned brand *(90)*. Since then, alcopops became line extensions of distilled spirits, such as flavoured spirits in a wide range of fruits. These industry efforts contributed to creating an individualized and feminized culture of alcohol consumption among women *(90)*.

Gendered effects of alcohol control policies on the availability of alcohol

Relatively little is known about the gendered effects of increased availability of alcohol. Only a few studies (15% or less) on alcohol availability reported findings relevant to gender in the initial review *(15)*.

In 2016, the initial review *(15)*, found mixed evidence for the gendered impact of increasing outlet density on alcohol consumption or harm, e.g., assaults, road accidents, suicide. The review concluded that there was either no gender effect or increased consumption and harm in men. The effect of increased alcohol availability remained unclear as one one study suggested no effect and another suggested a decrease in assaults against women *(26)*.

The current update identified one additional review which reported gender-relevant findings for alcohol availability *(91)*. The review found that earlier bar closing times in Brazil were associated with a significant reduction in homicides and a non-significant reduction in assaults against women. However, the review concluded that there was only weak support for the association between alcohol availability and intimate partner violence *(91)*.

Gendered effects of alcohol control policies on the affordability of alcohol

No consistent gender differences of the direct effect of increased price on alcohol consumption or harm were found in the 2016 review *(15)*, although fewer than 25% of the studies included gender relevant findings.

The current update had similar findings. Some evidence suggested that both men and women "heavy" and "binge" drinkers were unresponsive to increased alcohol prices *(92, 93)*. However, while not conclusive, other reviews did identify a few studies in Europe and the United States suggesting that women drinkers may be slightly more likely than men to respond to changes in the price of alcohol *(78, 92, 94)*.

Despite a lack of clear findings for the direct effects of increased prices, some consistency was identified in the original review for indirect impacts, suggesting that an increase in price could reduce rape, child abuse perpetrated by women, sexual assault and other violence against women, and unwanted pregnancies/teen abortions *(15)*. However, in the current update, one review concluded there was only weak or indirect evidence that increasing the price of alcohol reduced intimate partner violence *(91)*. The review identified two studies from the United States that found that a 1% modelled increase in the price of alcohol was associated with a reduction of 3.1 – 3.5% in self-reported wife-abuse, while the other longitudinal study did not find a not statistically significant association between alcohol tax increase and female homicide rates, although results pointed in that direction ■

A view on practices

In this section, country experiences and practices illustrate initiatives, their opportunities and challenges for tackling the gendered effects of alcohol to inspire action. In some cases, the impact of the initiatives taken was not evaluated, but the process can inform and inspire efforts in other settings.

Supporting women to turn away from home-brewed alcohol in the United Republic of Tanzania

In Arusha, United Republic of Tanzania, home-brewed alcohol is very potent and cheap and in high demand. The producers and sellers of home-brewed alcohol are predominantly women from poor backgrounds, older than 25 years and with little education. They sell and produce home-brewed alcohol to generate resources to support their families. These women are more likely to be exposed to physical violence and to be treated as sex workers, often sexually abused in their homes in the presence of their children.

Women and Children Vision (WOCHIVI) – a community-based organization in Arusha – helps women to move away from brewing and selling home-brewed alcohol and helps them to find other income-generating activities such as farming, growing vegetables or running a small local kitchen. WOCHIVI provides entrepreneurship training, including financial literacy. Even when women who sell home-brewed alcohol shift to another kind of business, the problem in the communities remains, since other women fill vacant spots to keep up production *(95)*.

WOCHIVI together with the Tanzania Public Health Association have also started addressing alcohol availability in communities through a change of local by-laws. For example, the availability of alcohol has been targeted through reducing outlet density and the hours when alcohol can be sold *(96)*.

Women who have shifted from alcohol production and sale to other income-generating activities report improving their quality of life. They report living safer, healthier lives and do not need to hide from the police.

Some former WOCHIVI beneficiaries have mobilized the community in support of by-laws. They have also formed a committee to address violence against women and regularly engage in community training on alcohol harm *(97)*. Alcohol consumption in communities has decreased. Reported physical violence declined from 44% to 12% and sexual violence from 24% to 4% between 2017 and 2021. The productivity of community members has increased *(96)*.

Similar effects of the same approach have been documented in other communities as well. Systematic analysis and reports from implementing civil society organizations show overall reduced alcohol harm in project areas. In the Iringa area, reported violence among women dropped from 35% in 2017 to 22% in 2021 *(98)*.

Local by-laws have led to improvements in some communities. However, interventions are not harmonized across wards. The existence of by-laws and the level of their implementation depend on the activity of organizations that address the alcohol harm in these communities. This could be addressed through a national law that would regulate the production, distribution, promotion and sale of alcohol.

Women recovering from alcohol use disorders in Pakistan

About 96% of adults in Pakistan do not use alcohol. Alcohol consumption is forbidden and stigmatized for men and taboo for women. Although men represent the largest proportion of alcohol users and people with alcohol problems, some women experience alcohol use disorders.

Overall alcohol and drug treatment services are highly deficient and based on confrontational approaches. They are accessed only by men and do not address the

needs of women substance users. Women who use alcohol and other drugs face a lack of gender-friendly services and are generally reluctant to seek professional help because of social stigma, family reputation, marital risks and cultural constraints. In effect, they doubly suffer in silence or are at risk of being exploited by fraudulent doctors, dubious faith healers and untrained mental health personnel *(99)*.

Peace Inn is working with women suffering from substance use and mental health disorders and has shifted conventional practices to motivational interviewing and motivational enhancement therapy. Peace Inn works in collaboration with clients to strengthen their motivation and commitment to change using non-judgemental, patient-centred conversation in a safe environment. The focus is on providing flexibility and offering a menu of services while keeping sociocultural issues in view.

These approaches have resulted in women entering, engaging and remaining in treatment, which in turn promotes long-term recovery. At Greenfield Hospital of Psychiatry, 20 women who were suffering from substance use and mental health disorders were treated over one year. An additional 45 women were enrolled for outpatient counselling and support. Efforts to train more personnel to provide gender-sensitive treatment are underway.

Women suffer greater harm at lower levels of alcohol consumption. For example, the effects of alcohol use disorders progress more quickly for women, resulting in a higher likelihood of liver inflammation, cardiovascular disease and selected types of cancer

The experience of Peace Inn working with women with alcohol and other drug-related problems has emphasized the importance of removing barriers that hinder women from accessing, engaging and remaining in treatment and strengthening long-term recovery. Addressing interpersonal, intrapersonal, systematic and structural barriers using outreach, conducting focus-group discussions and support groups for women increases their motivation. When women's urgent concerns men are resolved, they are more likely to develop trust and engage actively in treatment and recovery planning.

Providing peer support sessions for men in Scotland

Scottish Families Affected by Alcohol and Drugs is a national charity that supports anyone affected by someone else's alcohol or drug use *(100)*. As part of its work, family development officers host a men's group, a virtual space for men to socialize, explore difficulties and find solutions together.

In the United Kingdom, about one in three adults say they have been negatively affected by someone else's alcohol or drug use *(101)*. One of Scottish Families' main goals is to ensure that families are supported. Personnel had noted that most people who attended routine family support services were women. In response to this, the team at Scottish Families planned a one-off event to encourage men to engage with its services. This developed into a regular men's group that has supported nearly 20 men.

The main objective of this initiative has been to create a space for men, who appear to be least likely to come forward for support, to obtain peer support from others who understand their thoughts and feelings. The group takes a more formal, structured approach than other family support groups hosted by Scottish Families. It follows the structure of recovery meetings, which are attended by more men than women. The family support officers leading the meetings say that attendees engage well with this approach, and this is evidenced by sustained attendance. Every meeting has a set agenda, a guest speaker and a structured plan. Men engage particularly well with a problem-solving approach, collectively finding solutions to presenting issues and challenges. Using this approach, the team has created an initiative that is especially appealing to men affected by someone else's substance use.

At the group, the attendees have an opportunity to talk about their circumstances and develop a plan with the support of the personnel and the other members of the group. The group provides a space for men to release emotions they may be hiding from family and friends, often including anger. After emotions have been shared, the group seeks practical solutions, which the family support officers can begin to help put in place. A group attendee explained that this group is his main form of support in coping with his loved one's substance use. "When I am here with the other guys, I can say exactly what I want without worrying more about my wife's reaction will be and the realities I have about my daughter's future."

Plans for the near future involve creating a webpage on the Scottish Families website dedicated to the men's group and creating an email address specific to the group. The focus going forward is to continue to grow

the group and reach as many men as possible who are affected by someone else's substance use.

Blackwashing, gender and alcohol in Brazil

A national survey carried out during the COVID-19 pandemic in Brazil showed that women are most severely affected by alcohol consumption, especially because of domestic violence *(102)*. These results uniquely quantify the impact of alcohol through a gender lens, since national statistics still lack disaggregation by race and sex or gender.

All social classes can be victims of violence triggered by alcohol consumption, but the intersection between racism and sexism in Brazil – which is an important aspect of this society – can explain in part why Black Brazilian women are most often the victims of domestic violence. Being a Black woman in Brazil also means being a victim of multiple inequalities, such as racism, sexism and social class. Black Brazilian women also face additional barriers in accessing health-care services.

Women are more likely than men to abstain from consuming alcohol but experience disproportionate seco nd-hand harm from alcohol-consuming spouses, partners, ex-partners or family members

In addition to these deeply rooted social inequalities, women and Black people are the primary targets of advertising in the alcohol industry, which regularly uses practices of blackwashing and pinkwashing to sell more alcohol to women *(103)*. Corporations use these strategies to display antiracist or pro-feminist ideas.

In 2023, ACT Promoção da Saúde, a Brazilian civil society organization dedicated to preventing risk factors for noncommunicable diseases, including alcohol control – published a report exploring the alcohol industry's blackwashing practices. Specifically, the report investigates how the beer industry in Brazil targets ethnic groups *(104)*. The report is a first step towards studying the narrative used by the alcohol industry and what they are doing in practice to encourage consumption.

Māori, gender and alcohol in Aotearoa, New Zealand[1]

Herbert and Maynard describe Māori and alcohol consumption in Aotearoa, New Zealand, taking a gender perspective *(105)*. As they note, alcohol was not present in Māori society, the indigenous people of Aotearoa, New Zealand, before British colonization in the early 1800s *(106, 107)*. Since alcohol was introduced, Māori have sought to minimize and control its effects through prohibition, petitions, supporting temperance activities and via the institution of Māori wardens. One of the more well-known and controversial Māori led prohibitions occurred in the early 1900s on the eastern coast of the North Island in the tribal territory of Ngāti Porou. Sir Apirana Ngata – a strong advocate for alcohol prohibition – with the support of Ngāti Porou *wāhine* (women), was able to implement complete prohibition across the East Coast district from 1911 until 1922 at a time when alcohol use was prevalent across Aotearoa New Zealand *(107)*. This was achieved despite challenges from some Ngāti Porou *tāne* (men), who felt increasingly frustrated by prohibition activities *(107)*.

Despite Māori-led efforts to control alcohol use, the processes of colonization have seen commercial interest and government responses prevail, often diminishing the impact of Māori agency and resulting in significant, intergenerational and disproportionate effects among Māori compared to non-Māori. Moreover, although *tāne* Māori are more likely to drink hazardously, *wāhine* Māori disproportionately experience the harmful effects of alcohol use in relation to friendships, social life, home life and financial position, both from their own alcohol consumption and that of someone else *(108)*.

Disproportionate harm from alcohol among Māori and similarly situated indigenous peoples is argued to have arisen from the intergenerational harm of colonization, including systematic marginalization, dispossession and racism *(109, 110)*. The misuse of alcohol has been explained as one way colonized indigenous peoples have attempted to cope with the suffering of colonization *(106, 109–111)*. Alcohol harm inequities highlight key failures by governments to address these systemic issues and uphold their obligations to Māori as determined in Te Tiriti o Waitangi (the Treaty of Waitangi). Further, responses to alcohol and its harm often draw on individualistic understandings of gender embedded in broader colonial frameworks. These frameworks do not align with *kaupapa* Māori (Māori perspectives) approaches that emphasize holistic understandings of well-being, interconnected perspectives and the centrality of *whānau* (family) and collective social structures as well as fail to consider gender and gender roles as they relate to Māori communities *(108)*.

[1] This section is adapted from Herbert and Maynard *(105)*.

Te Tiriti o Waitangi and Māori rights

Te Tiriti o Waitangi is a major constitutional and foundational document for the government in Aotearoa New Zealand. It details the relationship between Māori and the British Crown, recognizing Māori rights to *tino rangatiratanga* (variously translated as self-determination, sovereignty and absolute sovereignty) and equity, among others. Also important to acknowledge is He Whakaputanga o te Rangatiratanga o Nu Tireni (Declaration of Independence of the United Tribes of New Zealand) signed in 1835 by *rangatira* (Māori chiefs) and representing an internationally recognized decree of the independent state of Aotearoa New Zealand *(112)*. Māori rights in Te Tiriti o Waitangi also have parallels to the United Nations Declaration on the Rights of Indigenous Peoples, especially the right to self-determination and the right to (good) health *(113)*.

Māori have taken alcohol-related claims to the Waitangi Tribunal, a permanent commission of inquiry established in 1975 tasked with making recommendations to the authorities on Māori-led claims of governments breaches of Te Tiriti o Waitangi. Such claims highlighted the governments' failure to actively protect Māori from the harmful effects of alcohol, to recognize Te Tiriti o Waitangi in alcohol policy and law and to address systemic drivers of alcohol harm. Specifically, there have been claims associated with prejudicial and disproportionate alcohol harm among *wāhine* Māori, including suffering verbal abuse and physical harm, separation from their *tamariki* (children), breakdown of *whānau*, loss of *wairua* (spirit), poor mental and physical health and socioeconomic deprivation (sourced from specific briefs of evidence associated with the Wai 2700 Mana Wāhine Kaupapa Inquiry). The claims also emphasize that the needs of *tamariki* Māori born with fetal alcohol spectrum disorder place a significant burden on *wāhine* Māori and exacerbate existing inequities.

Te Tiriti–centred and *kaupapa* Māori solutions

The following examples highlight *Tiriti*-centred and *kaupapa* Māori solutions to addressing alcohol harm in Aotearoa.

Giving effect to Te Tiriti o Waitangi in alcohol control law

Maynard provides an overview of how Te Tiriti o Waitangi may be meaningfully embedded in the Sale and Supply of Alcohol Act 2012, arguably the nation's most significant law informing alcohol access and control *(114)*. Given synergy between Te Tiriti rights and those in the United Nations Declaration on the Rights of Indigenous Peoples, these suggestions may apply to other indigenous peoples in countries where the Declaration has been adopted. Briefly, Maynard asserts that Te Tiriti–informed legislation must "empower *whānau*, *hapū* (subtribe or extended families), *iwi* (tribes) and *rōpū* Māori (Māori groups) to meaningfully and effectively participate ... and determine ... decisions made about alcohol in their communities ... should they wish to" *(114)*. In addition, legislation should effect change to achieve equitable health and social outcomes for Māori. This requires: general and explicit reference to Te Tiriti throughout alcohol legislation; a process and environment that enables meaningful Māori participation in determining decisions about alcohol licensing; putting in place and strengthening effective measures within the legislation that are geared toward achieving equity for Māori; effective accountability and monitoring structures that enable Māori surveillance over government action addressing alcohol harm; and ensuring Te Tiriti–aligned engagement with Māori in redesigning alcohol law *(114)*.

Kaupapa Māori initiatives to support safe and alcohol-free pregnancies

The health promotion branch within Te Whatu Ora (Health New Zealand) recently adopted a revised national alcohol harm minimization framework which centres Te Tiriti o Waitangi and equity *(115)*. The framework recognizes the importance of Māori voice and *kaupapa* Māori initiatives and ensuring a focus on mobilizing *whānau* and communities, with less emphasis placed on individual responsibility. In the context of supporting safe and alcohol-free pregnancies, this has translated to a broader programme of work aimed at supporting *whānau* and communities to develop *kaupapa* Māori solutions to minimizing alcohol harm and improving maternal well-being *(116)*. Examples include *Whare Tangata* – an online series highlighting *wāhine* Māori sexual health experiences, questions and use of contraception as told by the *wāhine* themselves – and Ngā Wānanga o Hine Kōpū – a free *kaupapa* Māori and strengths-based labour, birth and parenting initiative for *whānau* *(116)*. Māori-led reframing of the narrative surrounding fetal alcohol spectrum disorder has also occurred in recognition that Māori have long understood the impact of alcohol on all whānau members, including pregnant *wāhine* and their unborn *pēpī* (babies) and that protecting unborn *pēpī* requires a safe, supportive environment within a *whānau* rather than an individual context *(117)*.

Māori wardens work with *whānau* and communities

Māori wardens were informally established in the 1860s with the aim of maintaining social order and control with a particular focus on delinquency and alcohol use *(118)*.

In 1945, the institution of Māori wardens was formally recognized and provided with specific alcohol related statutory functions and powers. This institution was seen by some as a form of tribal self-determination or indigenous framework of control for the regulation of alcohol *(118, 119)*. In 2020, there were just over 1000 Māori wardens throughout Aotearoa New Zealand, 59% of whom were women *(120)*. Māori wardens deliver unique voluntary services to *whānau* and communities. The key guiding principle underpinning their approach is *aroha ki te tangata* (love for people) *(120)*. This values-based approach and wardens' own personal connections in their community enable them to support *whānau* through challenging situations, including alcohol-related ones. The work of Māori wardens in reducing alcohol harm and improving *whānau* and community well-being has great impact *(121)*: for example, sitting alongside *whānau* at addiction recovery programmes to provide additional and culturally responsive support; ensuring that *whānau* arrive home safely following alcohol consumption in the community; informing *rangatahi* (youth) and *whānau* of alcohol bans and their consequences; partnering with businesses to reduce shoplifting that is compounded by problematic alcohol consumption; and supporting the reduction of alcohol outlets in communities and ensuring that Māori wardens can speak, as of right, at any alcohol licensing hearing *(121)*. These examples highlight the successes of Māori wardens working in a *kaupapa* Māori way, to prevent and reduce alcohol-related harm.

Women in Nigeria initiate alcohol consumption with low-strength beverages and prefer these to full-strength beer brands because of their sweet taste and low strength *(112)*

Māori in Aotearoa New Zealand, provides a focus on gender and recognizes Te Tiriti o Waitangi and Māori rights in the context of alcohol harm minimization. Importantly, it has asserted the need for Tiriti centred and Kaupapa Māori solutions to addressing alcohol harm in the context of alcohol law and policy, health promotion, and community work. The examples presented in this case study illustrate diverse ways in which application of a Tiriti lens and Māori leadership may define the management of alcohol and its harm, in line with kaupapa Māori perspectives that privilege whānau and community voice and collective wellbeing to benefit all peoples in Aotearoa ■

The way forward

This section provides initial suggestions for considering gender-inclusive alcohol policies to encourage action beyond this brief

The limited evidence base makes it difficult to know how population-based policies to tackle alcohol and its harm may differentially impact on men, women and other genders. Ignoring gender may lead to inaccurate conclusions. Tackling the challenges requires a multistakeholder coordinated approach. Some examples are provided below for policy- and decision-makers, civil society and community-based organizations as well as researchers and research institutions.

Policy- and decision-makers

- Policy- and decision-makers should develop alcohol-control policies that address dimensions of acceptability, availability and affordability and incorporate considerations of gender and gender equity across diverse ethnic, cultural, socioeconomic, age and minority groups.
- Policy - and decision - makers should consider the inclusivity of existing and future alcohol control policies. Box 4 provides a recommended list of questions to help develop gender transformative alcohol control policies.

Addressing acceptability

- Policy- and decision-makers should build coalitions across countries, government sectors and products to challenge pervasive and new forms of digital alcohol marketing and draw attention to how this is gendered.

Addressing availability

- Policy- and decision-makers should draw on evidence-informed, high-impact, population-wide and cost-effective policy options to reduce the availability of alcoholic beverages, including limiting retail hours.
- Policy- and decision-makers should fund additional policy-relevant research on the gendered effects of policies that reduce the availability of alcohol.

Addressing affordability

- Policy- and decision-makers should draw on evidence-informed, high-impact, population-wide and cost-effective policy options to address affordability, including applying and increasing taxes on alcoholic beverages.
- Policy- and decision-makers should fund additional policy-relevant research on the gendered effects of increasing the price of alcoholic beverages.

Civil society and community-based organizations

- Civil society and community-based organizations should build grassroots efforts that challenge how the alcohol industry targets men, women and other genders, including in low- and middle-income countries, for example through online social media campaigns, such as #dontpinkmydrink.
- Civil society and community-based organizations should partner with relevant organizations to reduce stereotypical views of gender in alcohol control policies and to promote gender-responsive approaches to substance use.

Box 4. Checklist for moving towards gender-transformative alcohol control policies

These questions are a starting-point for helping researchers and policy- and decision-makers to develop gender-transformative alcohol control policies.

1. Are gender considerations integrated into this policy?

- Does the policy consider evidence on how gender and its intersections with class, ethnicity and culture influence alcohol-related behaviour and harm?
- Is the language used in the policy gender neutral or gender blind?
- Does the policy dismiss or ignore a specific gender?
- Is there any evidence for this policy being effective in reducing consumption or alcohol-related harm among men, women and/or other genders?
- Have marginalized and vulnerable groups in society been involved in decision-making about the policy?

2. Can the policy be more gender and culture specific to provide transformative ways to reduce alcohol consumption?

- Does the policy address how gender-related inequities in alcohol-related harm have arisen?
- Does the policy consider harmful gender roles, norms and relations related to drinking and seek to reduce them?
- Does the policy address ways to counter the commercial determinants of health such as alcohol industry tactics to increase alcohol consumption in targeted gender groups?

3. Does the policy address the social determinants of inequities in alcohol-related harm?

- Does the policy explicitly consider how gendered social structures and power relations play a role in alcohol use and related harm?
- Does the policy consider how improving social structures and power relations may reduce alcohol-related harms for specific gender groups?

4. Is the impact of the policy equitable? Could the policy affect men, women, or other genders in different ways?

- Could the policy have a disproportionate impact on different gender groups?
- Could the policy stigmatize any gender groups?
- Could the policy have a differential impact on genders within various groups in society, such as indigenous populations or communities, migrants or refugees, vulnerable populations, people of different ages and people in poverty?
- How will the impact on gender groups be evaluated?

Researchers and research institutions

- Researchers and research institutions should focus on identifying how gender and intersecting factors such as class, ethnicity and culture are implicated in alcohol consumption and its related harm (Fig.2).
- Researchers and research institution should evaluate the gender inclusivity of existing and future alcohol control policies.
- Researchers and research institutions should publish examples of gender-responsive policy-approaches that have been used in a range of contexts.
- Researchers and research institutions should work alongside policy-makers to undertake policy-relevant studies that evaluate existing approaches that explicitly tackle gender and other equity-relevant characteristics.
- Researchers and research institutions should analyse and present data separately for men, women and other genders in alcohol research and monitor and report both direct and indirect policy impacts by gender.

Fig. 2 Key messages for alcohol researchers about gender

Source: (62)

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Annex 1

Methodology for evidence update

The searches focused on affordability, availability and acceptability. An overview of systematic reviews was used as the starting-point *(1)*. Five academic literature databases were searched from 2014, when the original review was conducted, until August 2022: Medline, Database of Abstracts of Reviews of Effects (DARE), Cochrane Database of Systematic Reviews, Campbell Collaboration Library of Systematic Reviews, National Institute for Health and Care Excellence's (NICE) website and Applied Social Sciences Index and Abstracts. The initial search produced more than 10 000 hits, so it was refined by applying search terms to titles only. See example search strategy below: Medline search strategy.

Alcohol

1	Alcohol drinking.m_titl.	1494
2	alcoholic beverages.m_titl.	736
3	alcoholic intoxication.m_titl.	760
4	(Alcohol* or drink*).m_titl.	164086
5	(Beer* or wine* or liquor* or spirit* or alcopop* or premixed or ready to drink or RTD).m_titl.	23673
6	(Drunk* or intoxicat*).m_titl.	18121
7	1 or 2 or 3 or 4 or 5 or 6	57318

Availability

8	(Availability or minor or underage or (minimum adj3 age)).m_titl.	31977
9	(Outlet* or bar*1 or pub*1 or tavern* or nightclub* or shop* or restaurant).m_titl.	41036
10	(serve* or serving or staff* or sell or selling or sale or supply* or supplier* or supplied or vendor* or purchas* or licens* or licenc* or distributor*).m_titl.	77561
11	(open* adj3 (hour* or day*)).m_titl.	211
12	(Monopol* or privati* or restrict* or rationing or rationed).m_titl.	57109
13	8 or 9 or 10 or 11 or 12	2472949

Affordability

14	(Afford* or price*1 or pricing or cost*1 or loss-lead*).m_titl.	125111
15	(Tax or taxes or taxation or levy or levies or duty).m_titl.	12534
16	(Income or salary).m_titl.	22071
17	14 or 15 or 16	62261

Acceptability

18	"Acceptab*".m_titl.	10051
19	(Marketing or Advert* or Promotion* or promoting or Sponsor* or packag* or product placement).m_titl.	75710
20	((alcohol* or drink* or beverage* or tax) adj2 (package* or label*)).m_titl.	146
21	Marketing.m_titl.	7854

22	Advertising as Topic.m_titl.	0
23	Social marketing.m_titl.	592
24	(Televis* or TV* or Radio or Radios or Motion picture* or Movie* or Billboard* or Poster or Posters or Newspaper* or Magazine* or Mass media or Internet or music or entertainment or message*).m_titl.	53623
25	(Norm* or normative or cultural).m_titl.	241200
26	(Attitude* adj3 (drink* or alcohol* or chang*)).m_titl.	1917
27	((soci* or cultur*) adj3 accept*).m_titl.	410
28	((information* or education*) adj (campaign* or provi*)).m_titl.	950
29	18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28	95802

Final search

30	(13 or 17 or 29) and	7 8531
31	limit 30 to yr="2014 -Current"	1001

Study selection, data extraction and analysis

The search results were downloaded into bibliographic software, Zotero, and then exported into Excel to facilitate screening against the inclusion criteria. Two researchers first screened titles and abstracts against the review inclusion criteria and then obtained and screened full text for potentially relevant studies.

The inclusion criteria were the same as for the original review.

1. Does the review have a stated aim to evaluate interventions to reduce alcohol use and/or related harm and report outcome data on alcohol use and/or related harm?
2. Does the review concern intervention effectiveness? Does it include studies with controlled, before-and-after or time-series designs?
3. Is at least one of the interventions reviewed at the population level? Exclude interventions involving interaction between health professionals and individuals or groups and interventions selectively targeting high-risk individuals, such as those convicted of alcohol- related offences.
4. Is the review a systematic review? Does the study report search strategy details, inclusion and exclusion criteria and clearly identify all included studies? Exclude reviews of reviews.

If the answer to all four questions above was yes, the review was then assessed for relevant gender content by using the search option using key terms, such as male, female, women, woman, man, men, girl, boy, gender, sex, mother, father, maternal, paternal, daughter, son, pregnant, pregnancy, schoolgirl, schoolboy, husband, wife, wives, spouse, spousal.

If the review focused on gender, it was included and assigned to the relevant policy area: affordability, availability or acceptability. Non-English language reviews were excluded because of lack of resources for full-text translation.

Data were extracted directly under the key policy areas that were the focus of this review – affordability, availability and acceptability – thus providing the narrative summary.

Eligible reviews

Overall, 11 new reviews published since 2014 met the eligibility criteria, in addition to the original review. Initially, the searches produced 1001 unique hits. The full text of 103 potentially relevant articles was screened, and nine new reviews were identified in this way *(2–10)*. The reference list of one review of reviews *(11)* was also screened and led to the inclusion of another two reviews *(12,13)* ■

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Gender-related norms persist in our societies, including in the consumption of alcohol. Despite knowing that men and women consume alcohol differently and are affected by its harm differently, alcohol control policies remain essentially gender blind. Highly gendered approaches to alcohol marketing and gender differences in patterns of alcohol consumption and its associated harm are well documented. Relatively little evidence has examined the different effects of population-level alcohol control policies on different genders and even less has addressed how gender intersects with socioeconomic status, age, ethnicity, and other factors. Experiences from countries illustrate gendered approaches being used by the alcohol industry (Brazil and the United States) and the innovative ways that governments and civil society organizations are tackling the gendered effects of alcohol consumption. This includes promoting employment outside the alcohol industry (United Republic of Tanzania), developing gender-specific supports for alcohol consumption (Pakistan and Scotland), mobilizing civil society to enforce marketing bans (Sri Lanka) and creating culturally sensitive and culturally embedded policies (Aotearoa New Zealand). There is a clear need for policy-relevant research that supports an increased understanding of what works with respect to gender-responsive approaches to reduce the harm caused by alcohol consumption.

Less Alcohol Unit
Department of Health Promotion

Website: https://www.who.int/teams/health-promotion/reduce-the-harmful-use-of-alcohol

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