

THE WALL STREET JOURNAL.

FRIDAY, JUNE 21, 2013

© 2013, Dow Jones & Company, Inc. All Rights Reserved

Why She Drinks: Women and Alcohol Abuse

Women's growing predilection for wine has a darker side—and the only way to deal with it is to acknowledge the profound differences between how women and men abuse alcohol.

BY GABRIELLE GLASER

A few summers ago, I stuffed my car full of the last flattened cardboard boxes from a cross-country move and headed to the recycling depot of my suburban New Jersey town. I pulled up behind a queue of slender women at the wheels of shiny SUVs. Their eyes concealed by giant sunglasses, they hopped from their seats to their open trunks and, one by one, reached for the bags that are the totems of upper-middle-class life: silver ones from Nordstrom, plain ones from Whole Foods. Out poured wine bottles, clanking into the rusted recycling truck.

In Portland, Ore., where I lived for six years, I would watch most Sunday nights as a neighbor deposited two giant Merlot bottles in my recycling bin. Her house was a block away, and she had her own bin—but apparently mine seemed like a more discreet place to stash her empties. In New York's Westchester County, where I had lived previously, women would pass around a flask at dreary school functions. Alcohol and motherhood were intertwined, so much so that after I had my third daughter in the anxious autumn after 9/11, I received bottle after bottle of wine as baby gifts.

The growing female predilection for wine seems at first glance like a harmless indulgence for harried mothers who deserve a break. There are T-shirts with a spilled wineglass that say, "Not so loud, I had book club last night." Nearly 650,000 women follow "Moms Who Need Wine" on Facebook, and another 131,000 women are fans of the group called "OMG, I So Need a Glass of Wine or I'm Gonna Sell My Kids." The drinking mom has become a cultural trope, from high-brow to pop: Jonathan Franzen's Patty Berglund wanders through the first half of "Freedom" with a ruddy complexion he calls the "Chardonnay Splotch." Wine

is so linked to the women of "Real Housewives" that several cast members have introduced their own brands. That's no accident: According to the Wine Institute, an industry trade group, women buy the lion's share of the nearly 800 million gallons of wine sold in the U.S. annually—and they are its primary drinkers.

Indeed, more women are drinking now than at any time in recent history, according to health surveys. In the nine years between 1998 and 2007, the number of women arrested for drunken driving rose 30%, while male arrests dropped more than 7%. Between 1999 and 2008, the number of young women who showed up in emergency rooms for being dangerously intoxicated rose by 52%. The rate for young men, though higher, rose just 9%.

These numbers are not driven solely by young women living it up on spring break. A recent Centers for Disease Control and Prevention study of binge drinking—that is, having four or more drinks for women or five or more for men within two hours—revealed a surprising statistic. While the greatest number, 24%, of binge-drinking women are college-age, 10% of women between 45 and 64 said they binge drink—and so did 3% of women older than 65. The college-age binge drinkers and the senior binge drinkers overdid it with a similar frequency, about three times a month.

Gallup pollsters have repeatedly found that the more educated and well off a woman is, the more likely she is to imbibe. White women are more likely to drink than women of other racial backgrounds, but in the past few decades the percentage of women who classify themselves as regular drinkers has risen across the board. An analysis of the drinking habits of 85,000 Americans in 2002 found that 47% of white women

reported being regular drinkers, up from 37% in 1992. The percentage of black women who said they drank regularly rose from 21% to 30%, and the percentage of Hispanic women who said the same grew from 24% to 32%. (American Indian and Asian-American women were not included in the study.)

In one sense, the rising rates of alcohol consumption by women are a sign of parity. But this is one arena in which equal treatment yields unequal outcomes. Women are more vulnerable than men to alcohol's toxic effects. Their bodies have more fat, which retains alcohol, and less water, which dilutes it, so women drinking the same amount as men their size and weight become intoxicated more quickly. Males also have more of the enzyme alcohol dehydrogenase, which breaks down alcohol before it enters the bloodstream. This may be one reason why alcohol-related liver and brain damage appear more quickly in heavy-drinking women than men.

Still, modern women haven't caught up to the drinking habits of America's early settlers, whose only safe beverage was alcohol. Historians estimate that colonial men and women drank about a gallon of low-alcohol beer or hard cider a day. In a collection of 500 recipes that Martha Washington left to her granddaughter, 50 were for boozy drinks, plus a couple of hangover cures.

The growing sales of wine to women can be traced to some clever marketing decisions in the 1960s by California's vintners. Wineries had all but perished during Prohibition, and the beverage was considered the drink of poor immigrants and Skid Row drunks. Americans, accustomed to more straightforward spirits and beer, were slow to warm to wine's complexities.

Wine also felt off-limits to women. It was consumed mostly in restaurants, where waiters offered men the wine list, the first taste and the cork. Strategists saw a growth opportunity in the vast numbers of postwar housewives. "We used to joke that if we could just get a bottle of sherry into the kitchen, we'd be off and running," says Harvey Posert, one of the industry's early promoters.

Vineyards got an unexpected boost from Jacqueline Kennedy, who in 1962 led 56 million viewers on a televised tour of the White House. In the dining room, the camera panned to the elegantly laid table, lingering for a few seconds on the crystal glasses next to each place setting. Few could afford the first lady's designer clothes, but the crystal, manufactured in West Virginia, was a small piece of Camelot glamour that women could own for themselves. It took the Morgantown Glass Co. factory years to fill all the orders.

Getting female buyers for the wine, though, was another challenge. In California, where laws allowed wine to be sold in supermarkets, Robert Mondavi's marketers hired middle-age housewives to stand at in-store tasting booths. The saleswomen offered shoppers sips from bottles that would pair perfectly with what they had planned for dinner. The friendly older women helped turn the younger women into confident consumers.

Women's magazines offered tips on how to order, serve and drink the stuff; McCall's magazine, in 1977, featured wine as essential to an "Anti-Stress Diet." Meanwhile, women in California were beginning to make wine, too, experimenting with tastes and textures that appealed to them.

Today, wine is certainly in American kitchens. It's there for enjoyment, of course, but also as a respectable antidote to modern stress—especially for women.

Some social scientists link the rise in female alcohol consumption to the changing role of women in society. Rick Grucza, an epidemiologist at Washington University School of Medicine in St. Louis who studies alcohol-use disorders, correlates women's drinking to the rise in female college attendance. Others suggest that many women continue unhealthy postcollege drinking patterns in male-dominated industries such as finance and technology. Still others find a link among women who step away from their careers to be at home. "The baby's crying, they're not getting paid, they're bored and anxious—and feel

guilty that they're bored and anxious," says Mary Ellen Barnes, a psychologist in Rolling Hills Estates, Calif., who treats many female heavy drinkers. Drinking several tall glasses of wine can make those feelings recede—at least for a few hours.

Does that amount to a drinking problem? Doctors around the world differ. The National Institutes of Alcohol Abuse and Alcoholism and the Department of Health and Human Services say that for American women, anything more than a drink a day is risky. In countries such as France, Italy and Spain, where life expectancy for women is longer, authorities set the safe threshold at double that—and sometimes higher.

Many of the women whom I interviewed said that the strict limits set by American law helped to drive their drinking underground. A few glasses slide into a whole bottle, which becomes an embarrassing habit that needs to be concealed.

As she approached her 50th birthday, Joanna, a Pennsylvania information-technology specialist, grew tired of hiding her 1.5-liter empties from her husband. Joanna (who asked that her name be changed to protect her privacy) began attending meetings of Alcoholics Anonymous at the suggestion of her psychiatrist. In the U.S., the 12-step abstinence- and faith-based program is embraced by the nation's courts, much of the medical establishment, insurance companies and popular culture as a one-size-fits-all approach to harmful drinking.

A.A. was founded in 1935 by two men who believed that alcohol dependence could be tamed by regular attendance at group meetings with other recovering alcoholics. Its doctrine calls for members to tame their egos, abstain from all drinking and acknowledge they are in the grip of a force they can combat only with help from a "higher power."

It doesn't take an advanced degree in gender studies to realize that this approach—which has worked well for millions of people—may not be perfect for women whose biggest problem is not an excess of ego but a lack of it. Women are twice as likely to suffer from depression and anxiety as men—and are far more likely to medicate those conditions with alcohol.

Many women who drink heavily are also the victims of sexual abuse and have had eating disorders. The idea of being powerless can underscore a woman's sense of vulnerability, researchers say. "Women need to feel

powerful, not like victims of something beyond their control," says Dr. Barnes. "It gives women power to feel they themselves can change."

Scientists are continuing to explore the biochemical differences in the way that alcohol affects men and women. Studies show that after drinking, men report feeling more powerful, often overstating their capabilities and accomplishments, while women say that it makes them feel more affectionate, sexy and feminine.

In Europe, Hong Kong and elsewhere in the industrialized world, clinicians treat alcohol-use disorders with a variety of techniques developed in the nearly eight decades since the founding of A.A. (Researchers favor the term "alcohol-use disorder," which encompasses a range of severity, over "alcoholism.") Many combine different behavioral therapies with medications such as naltrexone and topiramate, which help block cravings. Both drugs have proved to be effective in helping patients abstain or moderate. Studies around the world have found that for those who are not severely alcohol-dependent, controlled drinking is possible. Advocates of the 12-step program reject these findings and continue to maintain that abstinence is the only remedy.

For Joanna, wine was a nightly antidote for her pressure-filled job. It also provided a respite from a decade of depression after her parents' deaths.

Joanna tried some coed and women's A.A. meetings, but she never felt comfortable exposing herself to strangers. Her concerns were not unfounded: A.A. members talk about the tendency of old-timers to take sexual advantage of fragile newcomers, an act known as the "Thirteenth Step." Questioned about the sexual abuse of young women by one of its own trustees, the A.A. board's Subcommittee on Vulnerable Members responded in 2009 that it could not do anything to oversee tens of thousands of meetings each day. The public-information officer at A.A.'s central office in New York had no comment.

A.A.'s membership surveys reveal that 12% of members are ordered to attend by the courts. Though most have been charged with drunken driving, some are sex offenders and other felons with violent backgrounds. In Hawaii in 2010, a veteran with a history of violence, ordered by authorities to attend meetings after a stay in a psychiatric hospital, killed a woman he met in A.A. and her 13-year-old daughter before

shooting himself.

A.A. views the thousands of meetings that take place each day as the work of autonomous groups, responsible for supervising themselves. A group based on anonymity, board members argued, could not do anything to screen members without undercutting its basic principles.

Joanna searched for new options and found the website of Dr. Barnes and her practice partner Ed Wilson. The two offer five days of intensive personal counseling. The idea is to examine what triggers a woman's drinking and to help her decide how she might design a healthier life. "Most of our female clients slip into harmful drinking in their 40s and 50s, masking the discomfort of fluctuating hormones, the adjustment to an empty nest, the death of parents and other role losses," Dr. Wilson says.

For many such women, the problem is learning how to moderate their drinking rather than stopping completely. Decades of research show that it is possible, Dr. Wilson says, and it has been his practice's experience. Clients visit a family doctor who conducts a physical exam and prescribes naltrexone. Once clients return home, they may follow up with the psychologists by phone for several months.

To Joanna, the treatment, which costs \$8,750, offered brevity, privacy and encouraging results. Dr. Wilson said that his practice's 240 clients reported a 70% success rate after six years, having achieved their desired goal of moderation or abstinence.

Joanna, who decided it would be easiest to quit booze altogether, hasn't indulged in nearly four years. She credits her therapy and three months of naltrexone, which in some small studies has been shown to reduce alcohol euphoria most effectively in women, as well as meditation, for her success. "It's liberating," she says. "I remember what I read at night now."

Mark Willenbring, a psychiatrist in St. Paul, Minn., and a former director of treatment research at the National Institute of Alcohol Abuse and Alcoholism, believes that the new drugs, along with others in development, will lift the stigma of alcohol-use disorders, much as Prozac changed views of depression.

Notwithstanding the well-publicized trips of celebrities to rehab, fewer than 10% of the estimated 20 million Americans with harmful drinking habits ever receive specialized treatment. That could change, Dr. Willenbring argues, if primary-care doctors were trained to

administer antirelapse drugs and counseling to those on the less troubled end of the spectrum.

That would be good news for the many women who have crossed beyond a controlled sipping point but are unable to spend a month in rehab and uncomfortable with the notion of powerlessness.