

**Fifth Annual Workshop of the International Research Group  
on Gender and Alcohol**

**Reykjavík, Iceland, May 31 - June 1, 1997**

The fifth annual workshop of the International Research Group on Gender and Alcohol (IRGGA) was held May 31 and June 1, 1997, in Reykjavík, Iceland, prior to the annual symposium of the Kettill Bruun Society for Social and Epidemiological Research on Alcohol. IRGGA members share an interest in gender-related influences on drinking behavior and drinking problems, and many members have conducted social and epidemiological research on women's drinking behavior. Forty-three persons attended the IRGGA workshop, representing 17 countries. Numbers of workshop participants and countries represented were the largest in the group's five-year history.

The workshop was held jointly with the European Union BIOMED-II project, "Alcohol Consumption and Alcohol Problems Among Women in European Countries" (hereafter abbreviated BIOMED). Most BIOMED project partners are also members of IRGGA, and the two groups have many common goals and research tasks. BIOMED coordinator Kim Bloomfield (Germany) and IRGGA coordinator Sharon Wilsnack (USA) served as co-chairs of the joint workshop.

**BIOMED Update.** Kim Bloomfield provided a brief report of BIOMED progress since the project was funded in April, 1996. BIOMED's first major research objective is to develop standardized units for comparing alcohol consumption and alcohol problems across European countries. Activities related to this objective, coordinated by Ronald Knibbe (The Netherlands), are summarized later in this report. Progress on the second research objective -- relating gender-specific drinking patterns to acute drinking consequences (coordinated by Salme Ahlström of Finland and Moira Plant and Patrick Miller of Scotland) -- includes preparation of preliminary tables of drinking quantity and frequency by gender and selected sociodemographic characteristics for each BIOMED country, and development of comparable groupings of alcohol-related problems for cross-national comparisons. For the third research objective -- comparing chronic consequences such as alcohol-related mortality and morbidity in the BIOMED countries (coordinated by Francesco Cipriani of Italy and Fredrik Spak of Sweden) -- members are attempting to obtain numbers of deaths from specific alcohol-related causes (by gender and age group) from the national bureau of statistics of each participating country, and are exploring sources of registry data on other medical and non-medical consequences of chronic alcohol consumption. The BIOMED project will meet in Helsinki in October, 1997, and again jointly with IRGGA in June, 1998. A final report will be prepared and a symposium on gender and alcohol in Europe will be held in March, 1999.

**Collaborative IRGGA Papers.** Sharon Wilsnack reported that the collaborative paper, "Gender Differences in Alcohol Consumption and Adverse Drinking Consequences: Cross-Cultural Patterns," is currently under review by the journal

Addiction. This paper, which was revised following discussion at the 1996 workshop in Edinburgh, presents descriptive data on gender- and age-specific drinking patterns and drinking consequences from 16 IRGGA data sets from 10 countries. A paper titled, "Should Alcohol Consumption Measures Be Adjusted for Gender Differences?", was also submitted for publication in Addiction. This review and analysis of issues related to gender differences in alcohol metabolism and alcohol effects was prepared by members of the IRGGA gender adjustment workgroup (Kate Graham, Richard Wilsnack, Deborah Dawson, and Nancy Vogeltanz) and was presented both to IRGGA and in a plenary KBS session in Edinburgh. Subsequent to the Reykjavík meeting, the gender adjustment paper was accepted by Addiction subject to minor revision. A third paper reporting gender-specific relationships between alcohol consumption levels and adverse drinking consequences is currently in preparation (see below).

**BIOMED/IRGGA Alcohol Measures Task Force** . One major convergence of BIOMED and IRGGA goals is the development of reliable and valid gender-sensitive drinking measures for cross-national research. Three IRGGA members (Tom Greenfield, Richard Wilsnack, and Sharon Wilsnack) attended several sessions of the October 1996 BIOMED meeting in Florence, Italy, that concerned measurement issues. Ronald Knibbe and Tom Greenfield reported that topics discussed by the combined group included (1) effects of numbers and types of drinking questions on self-reported alcohol consumption (e.g., quantity-frequency vs. quantity-frequency-variability vs. graduated frequency measures); (2) "coverage" rates of various drinking measures, calculated by comparing consumption estimates based on different self-report measures to alcohol sales data for specific countries or regions; and (3) possible implications of differences in beverage-specific coverage rates and gender differences in beverage choice for survey-based estimates of gender differences in drinking behavior. There was also discussion of the potential value of diary or telephone-reporting methods, and possible artifacts of using such methods. Ronald Knibbe will continue within-survey comparisons of coverage rates of specific drinking questions, and will begin calculating beverage-specific coverage rates for the BIOMED countries. IRGGA members who have data or reports of gender differences in responses to specific drinking questions or measurement methods are asked to send these to Ronald or Tom for review and integration with results of the coverage analyses.

**Comparing Standard Alcohol Questions and Randomized Response Techniques**. Zofia Mielecka-Kubien (Poland) summarized her recent study comparing standard survey questions and a randomized response technique. In the latter, question presentation was randomized so that only respondents (not interviewers) knew whether they were answering specific questions about drinking behavior or were simply reading randomly generated numbers. This technique produced lower rates of reported abstinence and higher rates of reported heavy consumption than did the standard drinking questions, with differences larger among women than among men. Differences between standard questions and the randomized technique were largest for less socially desirable beverages, in particular for self-reported consumption of distilled spirits by women. The findings seemed consistent with a greater stigmatization of women's drinking and suggest the value of measurement techniques that maximize the anonymity and privacy

of respondents' self-reports.

**Validation of Alcohol Consumption Measures** . Ronald Knibbe presented additional information about efforts to assess the validity of alcohol consumption measures used in general population surveys in the BIOMED countries. Consistent with earlier comparisons across IRGGA data sets, men's drinking exceeds women's drinking in all BIOMED surveys. Consumption rates vary substantially across the BIOMED countries (highest in the Czech Republic), as does the size of gender differences (smallest in the Czech Republic). Within-survey comparisons of specific questions suggest several general patterns, including (1) the importance of specifying the time frame for reported abstinence; (2) lowest estimates of consumption where questions ask about "usual amount" of drinking, followed by questions asking separately about frequency and quantity of drinking, with the highest estimates produced by questions that ask separately about the frequency, quantity, and variability of drinking; (3) a positive relationship between the number of specific questions and the resulting estimates of consumption levels; and (4) higher estimates when beverage-specific questions are used. Accuracy of consumption estimates is also limited by variations in "drink" sizes internationally and by underestimation of self-reported "drink" sizes at home, where most drinking occurs.

Alcohol sales coverage rates (survey estimates of annual per capita consumption / per capita consumption based on alcohol sales) vary substantially across the BIOMED countries. These differences probably reflect variations in (1) survey questions and methods across the participating countries, (2) how well the sample frame matches the population of consumers, and (3) the completeness of sales data in various countries, influenced by such factors as rates of home production, storage and waste, and import (legal and illegal) and export of alcoholic beverages. As noted in the alcohol measures task force report above, coverage rates also vary across types of alcoholic beverages. Although coverage analyses can identify which types of drinking measures provide the best coverage of per capita alcohol sales, these analyses cannot be gender-specific, given that sales-based consumption estimates are not gender-specific. However, coverage analyses may be useful to BIOMED and IRGGA for identifying which types of measurement errors/variations in coverage have which types of effects on the magnitude of estimated gender differences in alcohol consumption. For example, if coverage is generally higher for wine than for beer, and if women are more likely to drink wine while men more often drink beer, this might mean that actual gender differences in alcohol consumption are somewhat greater than the differences estimated from surveys.

In general discussion, participants addressed the possibility of gender differences in underreporting. Ronald Knibbe hypothesized that irregular drinking patterns (perhaps associated with seasonal and celebratory drinking, and perhaps more common among women) may lead to underreported frequency of drinking in response to questions referring to regular drinking patterns. It is unclear whether the reliability of reported drinking frequencies and quantities is lower among the most frequent and heavier drinkers. Tom Greenfield emphasized the value of qualitative research (e.g., cognitive interviewing) for better understanding the various sources of error in measurement of

drinking behavior.

**Social Indicators of Gender Roles.** Giora Rahav (Israel) described his recent development of an index composed of nine potential societal-level indicators of gender equality. Indicators include demographic characteristics (e.g., sex ratio, child mortality, divorce rates) and various outcomes that may reflect female-male equality (e.g., employment rates, proportion of women in administrative/managerial positions, proportions of women holding political office). Preliminary analyses indicate that a scale of gender (in)equality based on these indicators correlates with gender ratios of drinking behavior across societies.

Workshop participants felt that Giora's index provides a useful point of departure for cross-national analyses of associations between gender equality and gender ratios of drinking behavior. Kim Bloomfield expressed interest in within-country as well as between-countries analyses. Kim noted the complexity of finding cross-nationally comparable indicators of certain constructs, e.g., educational attainment: given significant differences in educational systems across countries, years of education may be a less valid indicator than measures based on categories or levels of education, on distributions of education within countries, or on typologies that take into account associations between education and other social and economic roles of women. Tom Greenfield suggested that different indicators of gender equality may be more relevant to women's and men's drinking in different societies. It may be worthwhile to analyze how gender differences in drinking behavior are related to individual gender-role measures as well as to a very inclusive scale of (in)equality indicators that would not be unduly affected by any one indicator.

**Marital and Family Influences.** Giora Rahav and Meir Teichman (Israel) facilitated a discussion of potential comparative analyses of interactions among gender, marital and family roles, and alcohol use in IRGGA data sets. In comparison to some other collaborative activities, analyses of marital and family influences would be characterized by even greater heterogeneity of available constructs and measures. Nonetheless, a number of participants expressed interest in attempting such analyses. Jillian Fleming (Australia) agreed to co-chair the marital and family influences workgroup with Meir. During the coming year the workgroup will give additional attention to the availability of measures of physical and sexual abuse and relationship violence in IRGGA data sets.

**Consumption Levels as Predictors of Adverse Drinking Consequences.** Nancy Vogeltanz (USA) presented the results of analyses by IRGGA members Jillian Fleming (Australia), Ludek Kubicka (Czech Republic), Rudie Neve (Netherlands), Fredrik Spak (Sweden), Karen Trocki (USA), and Sharon Wilsnack et al. (USA). These analyses used a revised strategy to describe relationships between alcohol consumption variables (frequency, quantity, and frequency of heavy episodic drinking) and two measures of adverse consequences: (1) problems associated with family, occupation, and health; and (2) alcohol dependence symptoms (morning drinking, difficulty in controlling drinking, blackouts, and guilt/shame about drinking). Logistic regression analyses controlled for age (18-30, 31-50, and 51 and older), and for gender in the three data sets that included

both men and women. The analyses found that gender and consumption measures generally had significant effects on both problem consequences and dependence symptoms, but interaction effects of age or gender with consumption were not significant. Furthermore, age was inconsistently and often nonsignificantly related to adverse drinking consequences, especially in the women-only data sets.

Discussion of the analyses raised questions about (1) some anomalous findings in one data set; (2) the possibility that interactions were affected by multicollinearity or by software problems; and (3) the possibility that using the same age categories across all data sets distorts the true relationship between age and the dependent measures, due to differing age X drinking distributions in different countries. The discussion led to a proposal to repeat the analyses using the same basic model, without interactions, but with age as a continuous variable (squared to correct for skew) for cross-national comparisons. Individual data sets will also be analyzed using age categories that best fit the distributions within each data set, and results for each country will be presented separately. Nancy Vogeltanz will coordinate these final analyses and will draft a report to submit for publication. Several additional data sets not included in the workshop presentation should be available for the final analyses, including surveys from Canada (Graham), Finland (Mustonen), and possibly Germany (Bloomfield). Other IRGGA members with available data sets should contact Nancy as soon as possible in order to include these before the final report is generated.

A future project of this workgroup will be to examine relationships between heavy episodic drinking and specific adverse consequences of drinking. This project will be facilitated by Fredrik Spak.

**Qualitative and Quantitative Research Methods** . Because of a family medical emergency, Dimitra Gefou-Madianou (Greece) was unable to give her invited presentation on alcohol, gender, and culture. Following a discussion of qualitative research on gender and alcohol at the 1996 workshop in Edinburgh, Dimitra Gefou-Madianou had planned to include in her presentation some suggestions for ways in which qualitative and quantitative methods can complement each other in cross-cultural studies of alcohol use. IRGGA and BIOMED members expressed strong interest in inviting her to attend and present at the 1998 workshop in Florence.

In general discussion and in the qualitative workgroup meeting that followed, participants proposed that IRGGA undertake a comparative study of alcohol advertising. Guidelines will be developed for systematic selection of alcohol beverage advertisements in participating countries. Content analysis of the ads will be conducted to identify major themes, including possible themes related to gender and sexuality. IRGGA and BIOMED members' reactions to the proposed study were quite positive. Shoshana Weiss (Israel) and Robin Room (Canada) volunteered to coordinate this project.

**Future Directions**. IRGGA and BIOMED members met in five workgroups for discussion of future collaborative activities. Members of each workgroup are listed in attachments to this report. Workgroups identified the following goals and activities for

the coming year.

Alcohol Measurement Workgroup (Ronald Knibbe, Tom Greenfield, chairs): (1) conduct within-survey comparisons of alcohol measures (within individual BIOMED and IRGGA survey data sets), focusing on how different questions affect estimated gender differences (a) in average consumption and (b) in consumption of 300 grams and of 600 grams of ethanol per month; (2) given gender differences in beverage preference, study beverage-specific coverage rates and their potential effects on estimated gender differences in alcohol surveys; (3) explore the feasibility of comparing diary methods and survey recall methods to identify gender differences in underreporting of drinking frequency and of quantity per drinking day.

Adverse Consequences Workgroup (Nancy Vogeltanz, chair): (1) finish comparative analyses of consumption levels as predictors of adverse drinking consequences, by gender and age; (2) conduct analyses of heavy episodic drinking as a predictor of specific drinking-related problem consequences; (3) identify additional countries and data sets for inclusion in consumption X consequences analyses.

Gender Roles/Social Indicators Workgroup (Kim Bloomfield, Giora Rahav, chairs): (1) identify or develop a list of variables common to all countries in the areas of sociodemographic characteristics, subjective life satisfaction measures, and health/lifestyle measures, and years for which these measures are available; (2) review response categories and frequency distributions for these variables to determine the best categories or cutpoints for comparative analyses; (3) eventual goal: conduct multi-level comparative analyses of how gender-role patterns for a society and for individuals in those social contexts affect women's and men's drinking. Kim Bloomfield and Sharon Wilsnack are communicating with Kaye Fillmore (USA) about coordinating BIOMED/IRGGA social indicator activities with Kaye's analyses of gender roles and alcohol use in her collaborative longitudinal data sets.

Marital and Family Influences Workgroup (Jillian Fleming, Meir Teichman, chairs): (1) identify relevant items related to sexual, psychological, and physical abuse in available data sets; (2) design gender-specific analyses of abuse and alcohol/drug use, including individual or family characteristics that may intensify or diminish risks of abuse; (3) explore ways to integrate relevant findings from clinical and general population studies.

Qualitative/Quantitative Methods Workgroup (Jacqueline Wiseman, chair). Goals identified in Reykjavík workshop: (1) identify good examples of qualitative research on gender and alcohol from different countries; (2) find point(s) of convergence of ongoing studies (e.g., bar studies/youth/gender/courtship); (3) encourage Dimitra Gefou-Madianou to participate in 1998 workshop; (4) develop a comparative qualitative study of alcohol advertisement in IRGGA countries. Additional goals suggested in June 15, 1997, memo from Jacqueline Wiseman: (1) encourage all IRGGA members (as well as those showing initial interest in qualitative methods) to use qualitative methods in research situations where this would be beneficial;

(2) find various ways of integrating results of quantitative and qualitative research techniques, and share these consolidating strategies with one another; (3) develop and improve our use of qualitative methodology adapted to the study of gender differences in alcohol use and its consequences. The June 15 memo contains a number of specific suggestions for information exchange among members interested in qualitative research approaches. Any interested members who did not receive the memo are encouraged to contact Jacqueline Wiseman or Sharon Wilsnack. IRGGA and BIOMED members wanting additional information about the alcohol advertising study should contact Shoshana Weiss or Robin Room.

**IRGGAnet.** Nancy Vogeltanz has established and will maintain a listserv network for IRGGA members to use for communicating with one another on a variety of issues related to gender and alcohol and other topics of interest. IRGGAnet will function as email, but all messages sent and received through the IRGGAnet address will be automatically sent to all list members. All IRGGA and BIOMED members with email addresses will receive an electronic message alerting them that they have been signed on to IRGGAnet. This welcome message will contain general information about how to send and receive messages, how to sign off the list if desired, and other basic information. Nancy and the North Dakota team look forward to many lively and interesting discussions via IRGGAnet with our distinguished colleagues!

**1998 Workshop.** The sixth annual IRGGA workshop will be held in Florence, Italy, preceding the Kjetil Bruun Symposium June 1-5, 1998. The workshop agenda will include reports from each workgroup regarding progress toward the goals identified at the Reykjavik meeting. Dimitra Gefou-Madianou will again be invited to participate and to present her paper on alcohol, gender, and culture. Additional information about the workshop, and about coordination of BIOMED and IRGGA