

9 October 2026

Select Committee on Women's Health
PO Box 6100
Parliament House
Canberra ACT 2600
Via womenshealth.sen@aph.gov.au

Dear Committee Members,

Re: [Select Committee on Women's Health](#)

The Alcohol and Drug Foundation (ADF) is Australia's leading alcohol and other drug (AOD) harm prevention organisation. We work nationally to prevent AOD-related harm through evidence-based policy development, education and community programs. A community-centred approach is at the heart of everything we do.

ADF welcomes the opportunity to contribute to the work of the Select Committee on Women's Health. AOD use and related harms intersect with several areas identified in the Committee's terms of reference, including pregnancy, reproductive healthcare, the postpartum period and persistent pain. These experiences can involve changes in AOD use, exposure to dependence-forming medicines, psychological distress and a need for timely and appropriate healthcare and support.ⁱ

Importantly, women's experiences of AOD use and related harm are shaped by gender. While men account for the majority of people using most drugs, women experience distinct patterns of AOD use, dependence and associated health harms, as well as additional barriers to accessing appropriate healthcare and support.¹⁻³ These include highly gendered stigma associated with AOD use and dependence, particularly where this conflicts with expectations around motherhood and caring.⁴⁻⁶ Women are also disproportionately affected by harms arising from other people's AOD use, including AOD-related domestic, family and sexual violence.^{7, 8}

Patterns of AOD use among young Australian women are also changing, with important implications for their health. While alcohol and illicit drug use have historically been more common among young men, this gender gap has narrowed or reversed in some age groups. In 2022–23, young women aged 14–17 were more likely than young men to have recently consumed alcohol (35% compared with 27%).⁹ Illicit

ⁱ See Terms of Reference 1.a, c, d, e, l, j, k.

Level 12
607 Bourke Street
Melbourne VIC 3000

PO Box 818
North Melbourne
VIC 3051

-
 03 9611 6100
 adf@adf.org.au
adf.org.au ABN 66 057 731 192

drug use among young women has also increased, with rates now comparable to those among young men.¹⁰

AOD use and related harms are therefore important considerations in efforts to improve women's health. Governments have significant opportunities to prevent and reduce these harms through evidence-based policies that address the broader drivers of AOD use, alongside accessible, gender-responsive and non-stigmatising healthcare and support.

The recently released report of the federal inquiry into the [Health impacts of alcohol and other drugs in Australia](#) provides an important foundation for further action. The report made several recommendations relevant to women's health, including progressing the [National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018–2028](#), introducing routine AOD screening in antenatal and primary care, and increasing the availability of women-only AOD treatment services. ADF encourages the Committee to consider these recommendations in its work.

On other related matters, ADF considers that government has a number of powerful policy levers to help reduce the risks of AOD related harm experienced by women.ⁱⁱ

Consistent with ADF's expertise in preventing AOD-related harm, this submission focuses on the intersection of AOD use with women's experiences of persistent pain and pregnancy, with particular attention to alcohol and opportunities for prevention.

Women's pain and AOD use

Pain is a highly complex experience shaped by biological, psychological and social factors.¹⁰ Chronic pain and AOD use commonly co-occur, and their relationship can be bi-directional.¹⁰ People experiencing chronic pain are at greater risk of AOD use disorders, while people with AOD use disorders are more likely report pain.^{1, 11–13} AOD dependence – especially of analgesics, can paradoxically increase sensitivity to pain.¹ Co-occurring chronic pain and AOD dependence can create reinforcing cycles of pain and substance use that are difficult to treat, with chronic pain also associated with poorer treatment outcomes.^{12, 14, 17}

While the relationship between pain and some substances – particularly pharmaceutical analgesics such as opioids, is relatively well-understood, the relationship between pain and alcohol is less established. Nevertheless, research suggests that the use of alcohol to self-medicate for pain is common, and that chronic pain can increase the risk of problematic alcohol use.^{1, 13, 15}

Gender differences in the experience of pain are well-established, but research specifically examining women's AOD use in the context of pain remains limited.^{16–18} Available evidence indicates that women experience additional challenges associated with pain, reflecting both sex-specific biological factors and conditions such as endometriosis, and broader social and cultural determinants.^{1, 19} These challenges may be compounded by AOD-related stigma, particularly where requests for pain treatment are interpreted as drug-seeking behaviour.²⁰

The limited evidence at the intersection of gender, chronic pain and AOD represents an important gap. Greater attention is needed to understanding women's experiences and developing gender-responsive,

ⁱⁱ See Terms of Reference 1.p.

non-stigmatising and integrated models of care that address co-occurring pain and AOD-related needs.^{1, 16} ADF encourages the Committee to recognise this in its recommendations, including through further research and improved coordination between pain management and AOD services for women.

AOD use and pregnancy

AOD use during pregnancy is a complex and highly stigmatised women's health issue. For some women, AOD use during pregnancy occurs alongside significant vulnerability and co-occurring health and social needs, while for others it does not. Women who use AOD during pregnancy can experience profound stigma and shame, creating additional barriers to disclosing their use and accessing appropriate healthcare and support.²¹⁻²³

While a range of substances can pose risks during pregnancy, alcohol warrants particular attention. Prenatal alcohol exposure is associated with adverse pregnancy outcomes, including low birthweight, being small for gestational age, preterm birth and can cause Fetal Alcohol Spectrum Disorder (FASD), a lifelong neurodevelopmental condition.^{24, 25} Australian health guidelines recommend that women who are pregnant or planning pregnancy should not drink alcohol.²⁶ Alcohol is also widely used, socially accepted and readily available, making it a particularly important focus for population-level prevention.

A recent study estimated the prevalence of FASD in Australia at 3.64%, equivalent to approximately one child in every classroom.²⁷ National survey data indicate that approximately one in four (25%) Australian women consume alcohol during pregnancy.²⁸ Importantly, alcohol consumption during pregnancy occurs across socioeconomic groups, with women in the least disadvantaged quintile most likely to report drinking during pregnancy, followed by women in the most disadvantaged quintile.²⁹

Australia has taken important steps to prevent FASD through public education, improved screening and diagnosis, mandatory pregnancy warning labels on alcohol products and the *National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018–2028*.²⁵ These initiatives are important and should continue to be strengthened.

However, preventing FASD cannot rely solely on educating women about the risks of drinking during pregnancy or encouraging individual behaviour change. Women make decisions about alcohol in environments where drinking is highly normalised, alcohol is extensively promoted and readily available, and some products are sold at very low prices. Effective FASD prevention must therefore extend beyond individual behaviour change to address the broader environments and determinants that shape alcohol consumption.

Progress on population-level prevention has been uneven. Recent research found that approximately 20% of alcohol products assessed did not comply with mandatory pregnancy warning label requirements.³⁰ At the same time, important prevention measures have been reversed in some jurisdictions, including the repeal of the Northern Territory's minimum unit pricing policy in 2025, which had reduced the availability of very cheap alcohol.³¹

Alcohol-related harm during pregnancy also extends beyond women's own alcohol use. Pregnancy is a recognised period of heightened vulnerability to the onset or escalation of intimate partner and family violence.³² Alcohol use is associated with family violence, including increased frequency and severity.^{33, 34} These intersecting risks further demonstrate the importance of prevention approaches that address alcohol-related harm across the population, rather than focusing exclusively on pregnant women's drinking.

Prevention and policy opportunities

The impacts of alcohol on women's health extend well beyond the specific areas considered in this submission. Alcohol contributes to women's physical and mental ill-health, financial insecurity and harms arising from other people's drinking, including domestic, family and sexual violence.⁷ Preventing alcohol-related harm across the population therefore has significant benefits for women, regardless of whether they themselves drink alcohol.

Historically, responses to alcohol-related harm among women have focused heavily on individual behaviour change.^{4, 35} Education, health advice, screening and pregnancy warning labels are important and should continue to be strengthened. Women experiencing alcohol dependence or difficulty reducing their use also require accessible, non-stigmatising healthcare and specialist support. However, these interventions must be complemented by population-level measures that address the broader environments in which alcohol is purchased and consumed.

Governments have well-established, evidence-based policy levers to reduce alcohol consumption and harm through measures addressing price, availability and promotion. The recent federal inquiry into the *Health impacts of alcohol and other drugs in Australia* included recommendation for action in alcohol advertising and alcohol home delivery, alongside improvements to FASD prevention and women's access to AOD treatment and support.³⁶ The ADF encourages the Committee to draw on these recommendations and consider the following opportunities to strengthen population-level prevention.

ADF urges the Committee to consider the following population-level measures to reduce alcohol-related health harm, including that experienced by women.

Pricing measures

Very cheap alcohol remains readily available in Australia, with some products sold for as little as \$0.40 per standard drink.³⁷ Features of Australia's alcohol taxation system contribute to this problem, particularly the *ad valorem* Wine Equalisation Tax, which allows inexpensive wine to attract substantially less tax per standard drink than other alcohol products. Reforming wine taxation and introducing minimum unit pricing at the state and territory level are evidence-based price interventions that reduce the availability of very cheap alcohol and associated harms at the population-level.^{37, 38}

Restrictions on alcohol advertising

Alcohol marketing is increasingly sophisticated and gendered. Products and advertising targeted towards women can exploit concerns about health and body image through claims such as 'natural', 'low-carb', 'skinny' and 'zero sugar', while other marketing associates alcohol with self-care, reward and coping with everyday pressures.³⁹⁻⁴² Digital advertising, supported by data analytics and algorithmic targeting, provides further opportunities to target individuals based on their characteristics, interests and behaviours.⁴³

Australia's current system of alcohol marketing regulation provides inadequate protection from these practices. ADF supports the recent federal inquiry's recommendation to establish a national, mandatory framework for regulating alcohol advertising and promotion.³⁶

Liquor regulation to prevent harm

The Australian Government has an important leadership role in encouraging states and territories to strengthen liquor licensing systems and prioritise the prevention and minimisation of alcohol-related

harm, consistent with commitments to reduce alcohol's contribution to violence against women and children made through National Cabinet.⁴⁴

This should include stronger regulation of the online sale and delivery of alcohol (OS&D), which presents particular challenges for preventing harm. The recent South Australian Royal Commission into Domestic, Family and Sexual Violence⁴⁵ recommended reforms to minimise the contribution of OS&D to violence, with the South Australian Government subsequently passing legislation to strengthen regulation in this area.

Together, these population-level measures offer significant opportunities to prevent and reduce alcohol-related harm among women, including harms arising from other people's drinking. Importantly, population-level prevention can complement gender-responsive healthcare and support without placing responsibility for preventing harm solely on individual women.

Conclusion

Addressing the impacts of AOD on women's health requires a comprehensive approach that recognises women's distinct experiences of AOD use, dependence and related harm. This includes strengthening access to gender-responsive, non-stigmatising and integrated healthcare and support, particularly for women experiencing co-occurring health and social needs.

For alcohol, individual-level interventions must be complemented by evidence-based population-level measures addressing price, availability and promotion. These measures can reduce alcohol-related harm across the community without singling out or stigmatising women, including pregnant women and those experiencing alcohol dependence. Importantly, they can also reduce harms experienced by women as a result of other people's drinking.

For other drugs, governments should continue to invest in coordinated, health-led prevention and harm reduction across health, mental health, housing, criminal justice and other relevant systems. Ultimately, improving women's health requires both supporting women experiencing AOD-related harm and creating environments that prevent harm from occurring in the first place.

ADF would welcome the opportunity to further discuss the impacts of AOD on women's health with the Committee.

Dr James Petty

Senior Policy officer

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E james.petty@adf.org.au

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