



# QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

APRIL 2012

*'Aims to strengthen links between women by providing access to information and support'*

## WOMEN & ALCOHOL

### Foetal Alcohol Spectrum Disorder the bad news and the good



*Photo courtesy NSW Rural Doctors Network*

**F**oetal Alcohol Spectrum Disorder (FASD) is a term that describes a range of cognitive, physical, mental, behavioural, learning and developmental disorders resulting from foetal exposure to

alcohol. Drinking alcohol during pregnancy can cause problems for the developing foetus, including organ damage, growth deficiency and brain damage. In extreme cases it can cause death.

Alcohol crosses the placenta to the baby's circulation and can attack cell development, making cells smaller and malformed. Affected children may have problems with learning, remembering,

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communicating and controlling their behaviour.

The good news is that FASD is 100 per cent preventable: if alcohol is not consumed during pregnancy, the baby will not have FASD. However, many pregnancies are unplanned, and most are not confirmed until some time after conception. During this early time it is possible that a foetus could be inadvertently exposed to alcohol.

The concern is that Australian women are drinking more, and greater numbers are 'binge drinking' than in the past. Results from the 2010 National Drug Strategy Household Survey<sup>1</sup> show that the proportion of those drinking at risky levels increases with increasing remoteness. Although there is relatively poor data on the prevalence of FASD in Australia, it is known that FASD is more common in children in Indigenous communities.

Australia has a strong drinking culture and the fact that over 80 per cent of the population aged 14 years and older<sup>2</sup> consumes alcohol makes it the most widely used drug in Australia. This overwhelming social acceptance – sometimes pressure – can make it difficult for a woman to refuse to drink alcohol. But every pregnant woman wants a healthy baby and there could be few stronger incentives for refusing to do what everyone else is doing than the prospect of compromising that baby's future. The risk of damage during pregnancy increases with the amount of alcohol consumed, and going on drinking binges is particularly harmful.

However, women should not be alarmed if they are pregnant and have been drinking small amounts of alcohol

– the risk is probably low (level of risk is difficult to predict because it depends partly on the individual mother and foetus) and stopping drinking as soon as you can increases your chances of a healthy pregnancy.

Health professionals need to screen for women who are at risk and to give them the best advice possible. FASD is a lifetime disability. However, many overseas studies demonstrate that early diagnosis and appropriate intervention can make a huge difference to the life of the person with the disability and the lives of their parents.

Unfortunately, the impacts of FASD are greater in rural and remote areas because infrastructure, health workforce and opportunity for effective

*“ The impacts of FASD are greater in rural and remote areas ... ”*

treatment and management are more limited there. So it is vitally important that national goals for addressing FASD and measures relating to prevention, identification and management are targeted specifically to at-risk populations, such as those in rural and remote areas, particularly the disadvantaged and marginalised.

At a conference presentation Elizabeth Russell said:

When I was pregnant with my children I was living in rural mining towns. Alcohol and one-upmanship were the key links between many of the people in these towns. Each weekend was an excuse to have a barbecue or to go to the pub which was considered by many including myself to be an extension of our lounge room. I drank no more or less than other young women my age pregnant or not. I now have two children with FASD.<sup>3</sup>

It is not a women's issue only. Some health authorities point out that men have been 'let off the hook' for far too long in this area. Men's drinking and other behaviours can have a significant impact on their partners. Their support and understanding is

## Inquiry into FASD

The House of Representatives Standing Committee on Social Policy and Legal Affairs is conducting an inquiry into the incidence and prevention of FASD. The closing date for submissions was 19 March 2012 but other submissions and the progress of the inquiry can be viewed by visiting: [www.aph.gov.au/fasd](http://www.aph.gov.au/fasd)

important in the prevention of FASD or in the management of it.

The National Rural Health Alliance recently made a Submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs: 'Developing a national approach to the prevention, intervention and management of Foetal Alcohol Spectrum Disorder in Australia'. The national strategy should aim for better data on FASD, national action on alcohol use and misuse generally, and targeted programs for women planning pregnancies and at special risk where alcohol is concerned. You can read the submission on [www.ruralhealth.org.au](http://www.ruralhealth.org.au) under 'Publications'.

### FOR MORE INFORMATION:

National Rural Health Alliance  
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Phone: (02) 6285 4660  
Email: penny@ruralhealth.org.au

### References

- 1 Australian Institute of Health and Welfare, '2010 National Drug Strategy Household Survey Report', available by emailing [aod@aihw.gov.au](mailto:aod@aihw.gov.au) or at <http://www.aihw.gov.au>
- 2 *ibid*
- 3 Russell, Elizabeth, 'Is foetal alcohol spectrum disorder a rural and remote issue? A mother's perspective'. Proceedings of the 11th National Rural Health Alliance Conference, editor Gordon Gregory, Perth, WA, 13-16 March 2011. Canberra: National Rural Health Alliance, 2011.

## OUR NEXT NEWSLETTER

will examine women's health issues on the topic of

### ABORIGINAL WOMEN'S HEALTH

DOES YOUR ORGANISATION HAVE EXPERTISE IN THIS AREA?  
OR ARE YOU A WOMAN WITH KNOWLEDGE / EXPERIENCE ON THIS TOPIC?

Share your insights with over 400 organisations, health workers, and other women in Queensland and beyond...

We welcome your articles, news items, or other submissions.

Please contact us in advance at: [coordinator@qwhn.asn.au](mailto:coordinator@qwhn.asn.au) for full submission guidelines.

**DEADLINE: 25 May**

## snapshot

### NATIONAL WOMEN'S HEALTH POLICY



*“ In 2001, the lifetime risk of cancers attributable to alcohol consumption was 1 in 17 for females.<sup>74</sup> Between 1991 and 2001, the rate for cancers attributed to alcohol consumption in females increased by an average of 1.2 per cent per annum, while the male rate decreased by an average of 0.3 per cent per annum.<sup>75</sup> (p. 46) ”*

Excerpts from the National Women's Health Policy 2010 used by permission of the Australian Government.

Australian Government Department of Health and Ageing (2010) National Women's Health Policy 2010, DoHA, Canberra.



# Women & Alcohol Gender Impact Assessment

*High-risk drinking is on the rise among young women*

While many Australians drink at levels associated with few adverse effects, a large proportion of people drink at “levels that increase their risk of alcohol-related harm”<sup>1</sup>. Regular excessive consumption of alcohol over time places people at increased risk of cancers, hypertension, chronic pancreatitis, cirrhosis of the liver, injuries, violence<sup>3</sup> and brain atrophy<sup>4</sup>. Moreover, alcohol-related harm is not limited to disease or injury of individual drinkers<sup>5</sup>, but “has relevance for families, bystanders and the broader community”<sup>1</sup>.

Research reveals gender differences in alcohol consumption and in associated health concerns<sup>6</sup> ...

## THE ISSUE

The 2007 National Drug Strategy Household Survey found that ... [h]igh-risk and risky drinkers were ... more likely than low-risk drinkers or abstainers to experience high or very high levels of psychological distress<sup>2</sup>. The study found that 68 percent of men and 51 percent of women consumed alcohol ... Among adult men, high risk age groups were 25–34 and 55–64 years. For women it was 45–54 and 55–64 years, though more adolescent girls aged 15–17 years consumed alcohol at high risk levels than adults<sup>7</sup>.

Generally women are found to drink less alcohol than men<sup>6,2</sup>. However ... [i]t is increasingly evident that ... high-risk drinking is on the rise among females, particularly young women<sup>8</sup>.

## Young women

Research conducted with representative samples in Australia, North America and Europe show that thirty to forty percent of young people ‘are binge drinkers’<sup>8</sup>. Binge drinking was defined as “men who consumed more than six standard drinks on any single occasion and women who consumed more than four standard drinks on any single occasion”<sup>8</sup> ... One of the issues with changes in women’s drinking behaviours is that attempts to keep up with men’s drinking in social settings can have adverse effects on women.

The ABS found that ... [m]ore girls drank ... at a risky or high risk level

than boys (6.6 percent compared with 5.9 percent of boys)<sup>7</sup> ...

## Older women

Women’s alcohol consumption and heavy drinking has been found to decrease with age<sup>11</sup> ... Older women have been found to drink more often than younger women, but young women drink more heavily at each episode. Longitudinal research shows that women aged 45–50 are more likely than women aged 18–23 years to drink frequently<sup>11</sup>. The 2007 National Drug Strategy Household Survey also found that adult women aged 40–49 were “more likely than their male counterparts to consume alcohol at risky or high-risk levels for long-term harm”<sup>2</sup> ...

## Diverse groups of women

Research into alcohol use among women from diverse population groups ... is limited ... [A]lcohol studies rarely include sex disaggregated data for diverse groups ...

## Indigenous women

Early research has shown that fewer Indigenous women consume alcohol than non-Indigenous women<sup>15</sup>. However, young Indigenous women consume more than their non-Indigenous peers<sup>15</sup>. This is consistent with later research, which revealed more Indigenous people likely to abstain from drinking alcohol, but with higher levels of consumption among those who did drink than their non-Indigenous counterparts<sup>16</sup>. Also consistent with recent research is that young Indigenous women ... between 14 and 17 years, have been found to drink alcohol at more harmful levels than their male peers<sup>15</sup> ...

## RELATED ISSUES

### Unwanted sex

When women consume high levels of alcohol, they are more likely to

experience some type of sexual aggression, including unwanted sexual contact, sexual coercion, attempted rape and rape<sup>23</sup>. The ABS survey on safety found that 40 percent of the incidents where women who had been physically or sexually assaulted, alcohol was consumed by the victims and/or the offenders<sup>24</sup>. Young women under the influence of alcohol are particularly vulnerable to unwanted sex. Young women who think alcohol enhances their sexual experience ... are most at risk of alcohol-related harm ...<sup>25</sup>. A national survey of Australian Secondary School students found 32 percent of sexually active Year 10–12 female students having experienced unwanted sex<sup>26</sup>. One of the main reasons given ... was that they were too drunk ...<sup>26</sup>

### Violence and homicide

The influence of alcohol on men’s violence against women presents a serious concern. While alcohol is understood to be a trigger of violence rather than a cause<sup>28,29</sup>, there is evidence that it contributes to the severity of the violence inflicted and the injuries sustained<sup>30</sup>. Women whose partners drink excessively are more than twice as likely as other women to experience physical abuse, and more than one-and-a-half times as likely to experience psychological abuse<sup>31</sup>. Alcohol is associated with 44 percent of intimate partner homicide cases in Australia<sup>32</sup>, and 92 percent of cases in Indigenous Australian population<sup>33</sup>. The majority (75 percent) of intimate partner homicides cases involve males killing their female partners<sup>34</sup> ...

*This article is a compilation of short extracts from **Women and alcohol**, Gender Impact Assessment No. 11, January 2010. Reproduced with permission of **Women’s Health Victoria**. QWHN highly recommends reading the full paper (which includes relevant references). Visit <http://www.whv.org.au/publications-resources/gender-impact-assessments>*





# Lesbian and bisexual women



**H**eavy alcohol consumption is thought to be relatively common amongst lesbian and bisexual women, with some authors suggesting that patterns of alcohol use are similar to male levels [23].

Chapter 5 of *The Health and Well-Being of Lesbian and Bisexual Women In Western Australia* (2007) looks at 'Alcohol, Tobacco and Other Drug Use'.

Whilst methodological limitations in previous studies may have introduced bias, there is strong evidence that lesbian and bisexual women consume more alcohol than heterosexual women [9]. A recent U.S. study found that only a minority of lesbian and bisexual women experience problem levels of alcohol use [48]. However, overall levels of alcohol consumption amongst

lesbian and bisexual women remained higher than heterosexual women. In contrast to previous research suggesting that rates of heavy drinking remain consistently higher than those of heterosexual women over time [55], this study indicated that patterns of alcohol consumption were not uniform over age groups. High levels of alcohol use were observed amongst women

## nutrition and alcohol

some common Q & As

### **Is there a safe level of alcohol consumption?**

The National Health and Medical Research Council (NHMRC) guidelines state that:

- For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury; and
- For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

### **Is red wine a good source of antioxidants?**

A Heart Foundation review of antioxidants in foods and drinks in 2010 found a lack of evidence that the antioxidants in red wine can prevent heart disease. The review found that the *quantity* consumed is more important than the *type* of alcohol consumed and that people should adhere to the NHMRC guidelines.

### **Does alcohol cause weight gain?**

For some, the high kilojoule content of alcohol combined with the extra (often unhealthy) food people tend to consume when drinking can result in weight gain. For very heavy drinkers, alcohol may contribute to malnutrition by replacing foods needed for essential nutrients. Alcohol irritates the gut



## food files

with Deanne

NUTRITION MANAGER, HEART FOUNDATION

wall, leading to inflammation and ulceration, and poor digestion and absorption of nutrients.

### **What impact does alcohol have on long term nutritional health?**

Long term alcohol abuse can:

- increase triglycerides, a type of blood fat that increases risk of heart disease;
- cause cancer of the mouth, throat, and oesophagus;
- cause pancreatitis, a highly painful condition that reduces the body's ability to digest and absorb nutrients.

**To find out more** about the Australian Guidelines to Reduce Health Risks from Drinking Alcohol, visit the NHMRC website:

[www.nhmrc.gov.au/guidelines/publications/ds10](http://www.nhmrc.gov.au/guidelines/publications/ds10)

# at risk of alcohol-related harm

There is strong evidence that lesbian and bisexual women consume more alcohol than heterosexual women

aged 20 to 34 years, but declined sharply amongst those aged 34 to 49 years. This supports the theory that young lesbian and bisexual women are more likely to participate in “bar culture” as a primary means of socialisation [49].

The majority of women (67.7%) reported drinking 1–2 days per week or less ... One in six women (16.9%) drank 3–4 days per week ... 9.5% drank 5–6 days per week ... and 5.9% drank on a daily basis ... This suggests that lesbian and bisexual women consume alcohol more frequently than women in the general population ...

National alcohol guidelines suggest that women should consume an average of no more than 2 standard drinks per day and no more than 14 standard drinks over a week; consume no more than 4 standard drinks in any one day; and have one or two alcohol free days per week [56]. Nearly a third of participants (30.5%) exceeded these guidelines by consuming more than 4 standard drinks in a single day, once a week or more.

Despite 30.5% of participants exceeding recommended guidelines on a weekly basis, only 7% of women described themselves as a heavy drinker. This suggests that these women were unaware that their consumption patterns were potentially harmful and that heavy drinking may be a normalised behaviour amongst lesbian and bisexual women.

Alcohol consumption differed significantly between age groups ... Younger women reported heavier consumption patterns than older women, with women aged 18–24 years reporting particularly high levels ...

These results confirm previous findings that younger lesbian and bisexual women are most at risk of alcohol-related harm and support the “bar culture” theory.



If you have been diagnosed with Polycystic Ovary Syndrome (PCOS) Women's Health have information by leading experts for you.

Presentations are 5 minute videos with a transcript on:

- What is PCOS?
- PCOS and managing your emotions, managing excess hair, insulin resistance, assisted conception
- PCOS – healthy eating and exercise

Watch them at [www.womhealth.org.au](http://www.womhealth.org.au) or at the [womenshealthQLD](#) wide channel at YouTube



This article is a compilation of extracts from **The Health and Well-Being of Lesbian and Bisexual Women in Western Australia**. Reproduced with permission of the author J. Comfort. QWHN highly recommends reading the full report (which includes relevant citations) at: [http://www.qahc.org.au/files/shared/docs/Les\\_WA.pdf](http://www.qahc.org.au/files/shared/docs/Les_WA.pdf)

#### Reference

Hyde, Z., J. Comfort, G. Brown, A. McManus, & P. Howat (2007) *The Health and Well-Being of Lesbian and Bisexual Women in Western Australia*, WA Centre for Health Promotion Research, Curtin University of Technology, Perth, Western Australia.

Women  
IN MIND  
Women

with *beyondblue*



## DEPRESSION AND ALCOHOL

Current research shows that in the last year women who have depression and anxiety also have a 16 per cent greater chance of suffering an alcohol problem. That's six times greater than women in the wider population.

Depression and anxiety can affect anyone at anytime.

Take 'Annie', a successful professional business woman who drank very little until the night she was mowed down by a car whilst out jogging. Her physical injuries took six months to heal. The Post Traumatic Stress Disorder (PTSD) she developed has taken a lot longer to treat. In a bid to cope with the nightmares she suffered as a result of the accident, Annie began to drink more and more until one night her mother found her unconscious on the floor and rushed her to hospital. Eventually she was diagnosed with PTSD and began treatment. It is a long hard road for her, but she is getting better.

According to Associate Professor Michael Baigent from Flinders University and a *beyondblue* board director, depression and alcohol tend to go hand in hand. "When people get depressed

they tend to reach for something they hope will dull the pain. Alcohol is a way of self medicating instead of seeking professional treatment for the problem.

"And conversely, those women who already have an alcohol or substance abuse problem are more than two or three times more likely to have a mental illness compared to the broader population. Excessive alcohol and many substances such as cannabis, amphetamines, and benzodiazepines can cause depression and anxiety.

"One of the many problems we see, especially with younger women, is the need for alcohol to get them through a social situation. Not only does this set them up for habitual drinking, it can also trigger Social Anxiety Disorder, which can become a lifelong problem. Many of these women lose the ability to socialise without a drink in their hand."

If you think you have depression/anxiety and/or an alcohol problem, the sooner you get treatment, the sooner you can recover. Visit: [www.beyondblue.org.au](http://www.beyondblue.org.au) or call the helpline on **1300 22 4636**.





# what's on?

Important Events, Conferences and Workshops

**4 MAY  
2012**

**THE MENTAL HEALTH AND WELLBEING OF YOUNG PEOPLE SEMINAR 2012 – BRISBANE, QLD.**

Australia's leading experts will be in Brisbane to present authoritative and up-to-date information on current issues surrounding young people today! NEW Topics this year include major and current issues: Cyberbullying - Practical Strategies; Drug and Alcohol Update 2012; Porn and its Impact on Young People; Violent Video Games and Violent Behaviour; Re-understanding the Developing Brain; Meditation in Schools for Better Mental Health; The Mental Health of Girls; Promoting Positivity for Mental Health & Wellbeing; Depression Proofing Schools.  
FOR INFORMATION visit: <http://www.qldalliance.org.au/mental-health-wellbeing-young-people-seminar-brisbane-2012>

**5-6 JUNE  
2012**

**2012 AUSTRALIAN WINTER SCHOOL CONFERENCE (Alcohol & Drug Foundation Qld) – GOLD COAST, QLD.  
*looking back | looking forward***

The conference aims to present best practice initiatives and interventions to respond to clients affected by alcohol and other drugs and mental health issues. The event provides numerous opportunities for professional networking, collaboration, discussion and debate. The theme highlights the advancements in the alcohol and other drug and mental health sectors as well as providing the opportunity to talk openly about pending changes to the health landscape.  
FOR INFORMATION visit: <http://www.winterschool.info/>

**14-15 JUNE  
2012**

**INTERNATIONAL WOMEN'S CONFERENCE – CAIRNS, QLD.**

***Connecting for Action in the Asia-Pacific Region***

Conference themes: Building Sustainable Communities, Women and Economic Development, Making Women's Lives Safer, Women's Leadership and Governance.  
FOR INFORMATION visit: <http://www.jcu.edu.au/iwc/>

**23 JULY  
2012**

**QCOSS STATE CONFERENCE 2012 – ROCKHAMPTON, QLD.**

The Queensland Council of Social Service Inc (QCOSS) is hosting a one-day Conference in Rockhampton. The conference will offer you a chance to: build your skills for client-centred service delivery; debate the "two-speed" economy and how to work within it; focus on the needs of people experiencing disadvantage; and hear about the latest reforms impacting on the community sector (and our service users).

FOR INFORMATION visit: <http://www.qcoss.org.au/qcoss-state-conference-2012> or contact Donette Fanti Ph: 07 3004 6936 or Email: [donettef@qcoss.org.au](mailto:donettef@qcoss.org.au)

**7-9 AUG  
2012**

**QUEENSLAND VIOLENCE AGAINST WOMEN CONFERENCE 2012 – BRISBANE, QLD.**

Hosted by the Domestic Violence Research Centre.

FOR INFORMATION Contact Fiona Stait or Amanda Whelan on 3217 2544 or [fiona@dvr.org.au](mailto:fiona@dvr.org.au)

**7-10 MAY  
\*2013\***

**7th AUSTRALIAN WOMEN'S HEALTH CONFERENCE – SYDNEY, NSW.**

***Gender Matters – Determining Women's Health*** (Call for abstracts open until 30 September 2012)

The 7th Australian Women's Conference will continue Australia's focus on showcasing cutting edge research and best practice approaches in women's health policy and practice locally, across Australia and internationally. 'Gender Matters: Determining Women's Health' promises to be vibrant and energising in every respect.

The Conference is relevant to: service providers, policy makers, managers, researchers, women's health, mental health, community health, social and community services, Aboriginal controlled services, migrant and refugee services, reproductive services, legal services, universities, disability services, allied health care, public health, educators, academics, local councils, Local Health Districts, Medicare Locals, Government, non-government and private sectors.

FOR INFORMATION visit: <http://www.womenshealth2013.org.au> or contact:  
AWHN 2013 Conference Secretariat, ICMS Australasia Pty Ltd, GPO Box 3270, Sydney NSW 2001  
Ph: 02 9254 5000 Email: [info@womenshealth2013.org.au](mailto:info@womenshealth2013.org.au)



## women's health on the net

Hot Spots on the Internet for Women

### A CHANCE TO LOOK AFTER YOUR HEART HEALTH

[www.goredforwomen.org.au](http://www.goredforwomen.org.au)

Did you know that more than two thirds of women who have high cholesterol and high blood pressure mistakenly rate their health as good to excellent?

You can learn more about how simple changes can lower your risk of heart disease by signing up for the Heart Foundation's free, six week *Healthy Heart Challenge*.

Registrations for 2012 open on 1 May at [www.goredforwomen.org.au](http://www.goredforwomen.org.au) and the

Challenge starts on Monday 4 June. Select one of four goals to be on your way to better heart health soon.

### NETWORK OF IMMIGRANT AND REFUGEE WOMEN AUSTRALIA

[www.nirwa.org.au](http://www.nirwa.org.au)

NIRWA is an independent National Network which represents and advocates on behalf of and with immigrant and refugee women living in Australia. The Network raises issues and needs that affect immigrant and

refugee women and advocates for immigrant and refugee women at the national level by working to achieve cultural, social, economic, education and gender equality. Approximately 225 organisations and 20,000 individuals are affiliated with NIRWA. The new website provides links to organisations of interest to immigrant and refugee women, including National Women's Alliances, human rights, government, and non-government organisations, as well as information on policy, submissions, and projects.

# Logan Women's Health and Wellbeing Centre



Logan Women's Health and Wellbeing Centre is a community based organisation committed to improving the health and wellbeing of women in Logan City and surrounding areas. 2012 marks the twenty-year anniversary of the organisation, with core funding through the National Women's Health Program now administered by Department of Communities. Services include:

- Counselling and art therapy
- Support and social groups
- Physical wellbeing programs, such as fitball and bellydancing
- Health promotion resources, displays and projects
- Information and referral
- Professional development courses
- Nutrition and cooking workshops
- A volunteer program
- Rooms available for hire
- Complementary therapies, such as yoga and massage

The Centre is located next door to the railway station in Mary Street, Kingston, which is 30 kilometres south of the Brisbane CBD. Logan City is one of the most socio-economically disadvantaged areas in Australia, with many people from refugee and migrant backgrounds, and high rates of disability, chronic disease and unemployment.

The need for support services continues to grow, while the level of recurrent funding remains constant. Creative and entrepreneurial responses are needed in this challenging landscape. Logan Women's Health and Wellbeing Centre has established a reputation for being able to think differently about how resources are

used and working in partnership with other like-minded parties. It has been able to generate funds by introducing small fees for participants, hiring space to other

support services, delivering professional training courses to workers, and setting up a pre-loved clothing boutique within the Centre called 'Pandora's Box'.

One of the most innovative responses has been the establishment of a social enterprise, 'Tasty Fresh Community Catering'. Tasty Fresh is unique in the fact that both the products and the processes have positive social impacts.

This is achieved by:

- Increasing access to healthy food options
- Bringing greater awareness about the health benefits of good nutrition, and
- Offering flexible and supportive work opportunities for women affected by mental health issues and those at high risk of developing chronic disease

It responds to the issues of obesity, poor nutrition and social exclusion by challenging the way we think about food and ways to work with disadvantaged women.

*What if food was more than fuel to get you through the day?*

*What if it had the power to bring people together to be happier and healthier?*

*What if making food could be a pathway to connection and confidence for isolated and depressed women?*

*What if food could also be a means of cultural expression, social investment and healing in our communities?*

Tasty Fresh provides support, training and job opportunities for under-privileged women in Logan

City. It creates an intermediate labour market within a women's health centre that produces and celebrates nutritious and tasty food. Tasty Fresh provides: catering for events, functions, meetings, conferences, workshops and courses; pre-packaged meals; and workshops which encourage healthy eating and improve cooking skills.

Through this venture, disadvantaged women have the opportunity to take on a variety of roles, including food preparation, administration, marketing and workshop support. In its first two years of operation, 47 women have completed training, with dramatic improvements in their physical and mental health. It is hoped that within three years, Tasty Fresh will be operating with 10 full time equivalent positions and will directly enrich the lives of more than 80 women and their families.

Logan Women's Health and Wellbeing Centre is committed to supporting this venture, exploring other funding opportunities and developing partnerships that will build its financial sustainability.

In the meantime, Tasty Fresh customers are able to enjoy affordable, nutritious and tasty food products and know that they are helping women in their local community.

## LOGAN WOMEN'S HEALTH AND WELLBEING CENTRE

Ph: (07) 3808 9233

Email: admin@loganwomen.com.au  
Address: 1 Mary Street Kingston 4114  
Brisbane Queensland Australia  
PO Box 46 Kingston 4114



### RISKY DRINKING?

Are you confused about what risky alcohol use is? Don't worry you are not alone. Reducing harm from alcohol has been fraught with well meaning policy makers who have tried hard to simplify a very complex issue. The current National Health and Medical Research Council's Guidelines aim to assist people to make informed choices about how much they drink.

Guideline	Evidence	Suggested action
Reducing the risk of alcohol-related harm over a lifetime	The lifetime risk of harm from drinking alcohol increases with the amount consumed.	For healthy men and women, drinking no more than two standard drinks* on any day reduces the lifetime risk of harm from alcohol-related disease or injury.
Reducing the risk of injury on a single occasion of drinking	On a single occasion of drinking, the risk of alcohol-related injury increases with the amount consumed.	For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.
Children and young people under 18 years of age	For children and young people under 18 years of age, not drinking alcohol is the safest option.	Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important. For young people aged 15-17 years, the safest option is to delay the initiation of drinking for as long as possible.
Pregnancy and breastfeeding	Maternal alcohol consumption can harm the developing fetus or breastfeeding baby.	For women who are pregnant or planning a pregnancy, not drinking is the safest option. For women who are breastfeeding, not drinking is the safest option.

#### Reference

Australian Guidelines to Reduce Health Risks from Drinking Alcohol. National Health and Medical Research Council. Canberra. February 2009.

\* A standard drink is 10 g of alcohol. For example this corresponds to 100 ml of wine (less than a usual glass). In Australia, all bottles, cans and casks containing alcoholic beverages are required by law to state on the label the approximate number of standard drinks they contain.

## 7th Australian Women's Health Conference

GENDER MATTERS:  
DETERMINING WOMEN'S HEALTH  
7-10 May 2013

[www.womenshealth2013.org.au](http://www.womenshealth2013.org.au)

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#### CHAIRPERSON &

North Qld Representative

Dr Betty McLellan

#### TREASURER/SECRETARY &

Central (South) Qld Representative

Belinda Hassan

#### Far North Qld Representative

Romina Fujii

#### Central (West) Qld Representative

Sue Manthey

#### South Qld Representative

Vacant

### HAVE YOUR SAY...



We are interested in your feedback on the quality of the newsletter, and issues and topics you would like to see in future editions.

If you have something to say please contact Maree Hawke on (07) 4789 0665 or email us at: [coordinator@qwhn.asn.au](mailto:coordinator@qwhn.asn.au)

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## MEMBERSHIP

To become a member of QWHN, simply fill in this form and send to QWHN at PO Box 1855, THURINGOWA BC, QLD 4817

Membership of the Network is open to women's organisations and individual women who are in agreement with the Network's purpose and objectives.

Name:	NEW MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	
Phone:	Fax:
Email/Web:	
Profession / Organisation (if applicable):	
<b>MEMBERSHIP FEES:</b> Individual (unwaged or student) — \$5.50; Individual (waged) — \$11.00; Organisation — \$33.00	

Please find enclosed a cheque/money order for \$ ..... for one financial year's membership (1 July 2012-30 June 2013)

Do you consent to your name, as part of the membership list, being distributed for networking purposes?  YES  NO

I/We hereby agree to abide by the Purpose, Objectives and Policies of the QWHN. (see web site [www.qwhn.asn.au](http://www.qwhn.asn.au))

Signature .....

Date .....

TAX INVOICE  
ABN 11700374032