# Women's Health Strategy
# Institute of Alcohol Studies Submission

## About the Institute of Alcohol Studies

The Institute of Alcohol Studies is an independent institute bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society. Our purpose is to advance the use of the best available evidence in public policy decisions on alcohol.

The evidence we submit to this call for evidence is concerned with the impact on women's health of alcohol, both through their own consumption and other people's. We also explore how alcohol services meet women's needs and the improvements necessary for women to be better supported. We welcome the inclusion in the call for evidence of the categories of alcohol and addiction, and health behaviours as topics which the Women's Health Strategy could address.

## Submission summary

Alcohol consumption and resultant harms have historically been higher for men than women, but the gap has narrowed over time. Women are more susceptible to alcohol health harm at lower rates of consumption than men, for example they can develop liver disease after drinking less alcohol and are more sensitive to alcohol-related brain damage. Women also experience specific health risks such as breast cancer and fertility and pregnancy impacts. Women's health is also put at risk by other people's drinking, for example through domestic and sexual violence and by taking on caring responsibilities for high-risk drinkers. Women also experience greater stigma than men in relation to both their own and their family's drinking.

Currently there is insufficient awareness amongst women of the specific health risks that alcohol poses to them and there is a lack of specialist support and treatment available to women. Treatment services often fail to take account of women's needs such as fitting around childcare, anonymity (due to the greater stigma women face) and single-sex spaces, essential for women who have experienced male violence.

## Women's alcohol consumption and its health impact

Women have traditionally drunk less than men but this is less true today. For those born in the early 1900s, men were 2.2 times more likely than women to drink alcohol, 3 times more likely to drink problematically, and 3.6 times more likely to experience alcohol-related harms. For those born in the late 1990s, men were only 1.1 times more likely to drink alcohol than women, 1.2 times more likely to drink problematically, and 1.3 times more likely to experience alcohol-related harms.[1]

Alcohol-related hospital admissions in England have risen for women over the last decade: in 2018/19 there were 494 admissions per 100,000, compared to 440 in

[1] Slade, T. et al.(2016) Birth cohort trends in the global epidemiology of alcohol use and alcohol-related harms in men and women: systematic review and metaregression, BMJ Open.

2008/09.[2] England has seen a significant increase in the alcohol-specific death rate for women since 2001 – an increase of 18% from 6.6 deaths per 100,000 to 7.8.[3]

Increases in women's consumption, and subsequent harms, may partly be a result of alcohol marketing targeted at women. A 2019 rapid review for the Institute of Alcohol Studies identified several ways that women are targeted by alcohol marketing, including:

- Creation of new products
- Lifestyle messages underpinned by gender stereotype, such as slimness/weight, pink, all-female friendships
- Offers of stereotypically feminine accessories such as makeup, and empowerment messages
- Interactive social media involving the public in content creation and the sharing of content, in gendered ways.[4]

Alcohol can be more harmful to women's health at lower levels of alcohol consumption than men. Women reach higher blood ethanol concentrations following the same dose of ethanol, regardless of body weight, due to biological makeup - ethanol is soluble in water and women have a higher ratio of body fat to body water than men.[5] Women therefore have a greater risk of dependence at lower consumption levels than men.[6]

Women who drink at high levels develop more medical problems than men.[7] The physical effects of heavy drinking such as liver disease have a shorter onset time and occur at lower consumption levels among women.[8] Women are also more sensitive to alcohol-related brain damage.[9]

Alcohol is a group one carcinogen,[10] linked to cancers of the breast, mouth, upper throat, larynx, oesophagus, liver and bowel. 11% of all cases of breast cancer in UK women are attributable to alcohol, around 5,000 cases annually.[11] For women up to age 75, the risk of breast cancer rises by 11 cases per 1,000 for every 1.25 units consumed daily, even at low levels of consumption.[12] In purely cancer terms, drinking a bottle of wine a week for women is the equivalent risk of smoking 10 cigarettes (the equivalent figure for men is 5 cigarettes, lower due to the lack of breast cancer link).[13]

A core theme of the Women's Health Strategy is improving information on women's health.[14] There is currently insufficient information available about the specific health

[2] Public Health England (2020) Local Alcohol Profiles for England.
[3] Office for National Statistics (2019) Alcohol-specific deaths in the UK: registered in 2019
[4] Atkinson AM et al (2019) A rapid narrative review of literature on gendered alcohol marketing and its effects: exploring the targeting and representation of women
[5] Morgan MY, Ritson EB (2010) Alcohol and health: A guide for health-care professionals, Medical Council on Alcohol
[6] National Institute on Alcohol Abuse and Alcoholism (2002) Alcohol consumption and problems in the general population: Findings from the 1992 National Longitudinal Alcohol Epidemiologic Survey
[7] Erol A, and Karpyak VM, (2015) Sex and gender-related differences in alcohol use and its consequences: Contemporary knowledge and future research considerations, Drug and alcohol dependence, pp. 1–13
[8] Guy, J., & Peters, M. G. (2013) Liver disease in women: the influence of gender on epidemiology, natural history, and patient outcomes. Gastroenterology & hepatology.
[9] Hommer, D. W. et al. (2001) Evidence for a gender-related effect of alcoholism on brain volumes. American Journal of Psychiatry.
[10] International Agency for Research on Cancer (2020) List of Classifications - IARC Monographs on the Identification of Carcinogenic Hazards to Humans
[11] Allen et al (2009) Moderate Alcohol Intake and Cancer Incidence in Women, Journal of the National Cancer Institute
[12] Ibid.
[13] Hydes, T. et al (2019) A comparison of gender-linked population cancer risks between alcohol and tobacco: how many cigarettes are there in a bottle of wine?
[14] Department of Health and Social Care (2021) Women's Health Strategy: call for evidence

risks of alcohol consumption for women. For example, a survey carried out by YouGov for the Alcohol Health Alliance in 2018 found that less than a quarter of people (23%) believed that alcohol caused breast cancer when asked.[15]

### Policy recommendations:

- Women would gain health benefits from population-wide measures to reduce alcohol consumption including reductions in the affordability, availability and promotion of alcohol through measures such as minimum unit pricing and advertising restrictions.
- Public health messaging free from commercial influence should highlight specific health risks to women from alcohol including breast cancer.

## Alcohol, fertility and pregnancy

Alcohol affects reproductive health. It has been linked to menstrual cycle dysfunction, a decreased chance of conceiving, worse outcomes from assisted reproductive technology treatment, and earlier menopause.[16] A Danish study found that even small amounts of alcohol can affect a woman's fertility, with those drinking one to six drinks a week almost twice as likely to experience infertility compared with those drinking less than one drink a week.[17] However, evidence suggests that some of the negative impacts of alcohol on fertility can be reversed. A small study from New Zealand found women who reduce their drinking or do not drink at all during fertility treatment were twice as likely to conceive as those who did not alter their drinking patterns before treatment.[18]

The UK Chief Medical Officers advise it is safest "not to drink alcohol at all" during pregnancy and when planning a pregnancy.[19] However, 41% of UK women drink during pregnancy, the fourth highest rate in the world.[20] There is insufficient awareness amongst the population of the risks of drinking during pregnancy. A survey of 18-25 year olds found that over a quarter (26%) of respondents were unable to identify the CMOs' guidance that it is safest not to drink in pregnancy.[21]

Research conducted for the Institute of Alcohol Studies found most midwives advised against drinking during pregnancy. However, knowledge of the CMOs guidelines was lacking due to its insufficient communication to midwives and limited training on alcohol. The research also identified no standardised approach to addressing alcohol consumption during antenatal appointments, with assessment and recording of alcohol consumption inconsistent across the country.[22]

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[15] Alcohol Health Alliance (2018) How we drink, what we think
[16] Van Heertum, K., & Rossi, B. (2017) Alcohol and fertility: how much is too much? Fertility research and practice
[17] Tolstrup, J. S. et al. (2003) Alcohol use as predictor for infertility in a representative population of Danish women. Acta obstetricia et gynecologica Scandinavica.
[18] Gormack AA, et al. (2015) Many women undergoing fertility treatment make poor lifestyle choices that may affect treatment outcome, Human reproduction.
[19] Department of Health (2016) UK Chief Medical Officers' Alcohol Guidelines Review: Summary of the proposed new guidelines'
[20] Popova, S. et al (2017) Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. The Lancet Global Health.
[21] National Organisation for Foetal Alcohol Syndrome-UK (2020) National poll of young adults
[22] Schölin L, et al (2019) Alcohol guidelines for pregnant women: Barriers and enablers for midwives to deliver advice

There are associations between alcohol consumption and adverse pregnancy outcomes such as pregnancy loss.[23] Heavy drinking is linked with increased likelihood of low birthweight, preterm birth and being small for gestational age.[24] Alcohol consumed in pregnancy can have lifelong consequences for the baby in the form of Fetal Alcohol Spectrum Disorders (FASD), neurodevelopmental disorders often linked to behavioural, memory, and emotional difficulties. Over 400 medical conditions can co-occur with FASD, affecting nearly every system in the body, including the central nervous system, vision, hearing, cardiac, circulation, digestion, musculoskeletal and respiratory systems.[25] A recent study found that 17% of children assessed screened positive for FASD, suggesting FASD is a significant public health concern in the UK.[26]

Despite the potentially high prevalence of FASD there is insufficient understanding of the condition amongst professionals. In evidence provided to the Alcohol Harm Commission, parents of children with FASD highlighted the struggles they experienced in securing a diagnosis for their children.[27]

Scotland introduced guidelines to identify FASD in 2019,[28] these are currently lacking elsewhere in the UK. NICE is preparing a Quality Standard on FASD but its progress has been slowed by the pandemic.

### Policy recommendations

- The CMO's drinking in pregnancy guidelines must be better communicated to both health professionals and the general public, including communicating the rationale for the precautionary principle.
- Healthcare and childcare professionals must receive guidance and training to help them identify cases of FASD and better support families who experience it. The forthcoming NICE Quality Standard should support clinicians in making an FASD diagnosis.

## Access to treatment

It is estimated that 0.6% of women in England are alcohol dependent. [29] The majority of women who need it are not in receipt of specialist treatment, as with men. Women make up 40% of 'alcohol only' clients and 27% of 'non-opiate and alcohol' clients in treatment services in England.[30] However, treatment services have typically been designed around male service users, with few designed to meet women's needs, for example through providing childcare or women-only spaces.[31] Motherhood can be a barrier to seeking treatment as mothers may fear the involvement of social services or being seen as a 'bad' mother – concerns that can be experienced even more strongly by women in minority ethnic groups.[32]

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[23] Van Heertum, K., & Rossi, B. (2017) Alcohol and fertility: how much is too much? Fertility research and practice
[24] Patra, J., et al (2011) Dose–response relationship between alcohol consumption before and during pregnancy and the risks of low birthweight, preterm birth and small for gestational age (SGA)—a systematic review and meta-analyses. BJOG
[25] Popova, S., et al (2016) Comorbidity of fetal alcohol spectrum disorder: a systematic review and meta-analysis. The Lancet.
[26] McQuire, C., et al (2019) Screening prevalence of fetal alcohol spectrum disorders in a region of the United Kingdom: a population-based birth-cohort study. Preventive medicine.
[27] Alcohol Harm Commission (2020) It's everywhere' – alcohol's public face and private harm
[28] Healthcare Improvement Scotland and SIGN (2019) SIGN156 - Children and young people exposed prenatally to alcohol. A national clinical guideline
[29] NHS Digital (2016) Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing,
[30] Public Health England (2020) Substance misuse treatment for adults: statistics 2018 to 2019
[31] Alcohol Change UK (2019). Women and alcohol: why we need a trauma-informed response
[32] Dr Rachel Herring, Dr Helen Gleeson,Mariana Bayley (2019) Exploring pathways through and beyond alcohol treatment among Polish women and men in a London Borough

Women who drink harmfully can experience greater stigma than men, which can impact upon their ability to seek treatment. There is less acceptance of women's alcohol use and female drinkers are more likely to be portrayed negatively.[33] Women who drink are more likely to be demonised in the media,[34] and characterised by media as being out of control and unnecessarily risky.[35]

### Policy recommendations

- All alcohol-related services should provide access to women-only spaces.
- There should be increased availability of residential treatment and recovery support for women and their children.
- There should be increased availability of services, including online, where women can access support anonymously.

## Harms linked to other people's drinking

Women's health can be affected by the alcohol consumption of people around them, through both alcohol-related violence and the impact of family members' drinking.

## Alcohol and violence against women

There is a clear link between domestic violence, sexual violence and alcohol. According to the World Health Organization, alcohol consumption – especially at hazardous and harmful levels – is a major contributor to intimate partner violence.[36] 25%-50% of those who perpetrate domestic violence have been drinking at the time of assault,[37] and perpetrator's alcohol consumption is also strongly correlated with sexual assault.[38] 38% of respondents to the Crime Survey for England and Wales who experienced rape or assault by penetration since the age of 16 (96% of whom were women) reported the offender(s) to have been under the influence of alcohol.[39]

For both domestic and sexual violence, serious violence is more likely when alcohol is involved. Cases of domestic abuse involving severe violence are twice as likely as others to include alcohol,[40] and the risk of rape is twice as high for attacks involving drinking offenders.[41] A separate study reported that alcohol consumption by a sexual violence perpetrator may make a serious assault more likely with a greater degree of sexual abuse taking place and more likelihood of physical injury.[42]

The experience of male violence can make women more likely to drink - women who have experienced extensive physical and sexual violence are more than twice as likely to have a problem with alcohol than those with little experience of violence and

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[33] De Visser & McDonnell, 2011; Sanders, 2012, cited in SHAAP and IAS (2018) Women and Alcohol: Key Issues
[34] Day, Gough, McFadden, 2004, cited in SHAAP and IAS (2018) Women and Alcohol: Key Issues
[35] Patterson, Emslie, Mason, Fergie, & Hilton, 2016, cited in SHAAP and IAS (2018) Women and Alcohol: Key Issues
[36] World Health Organization Intimate Partner Violence and Alcohol Fact Sheet, p.1
[37] Bennett and Bland (2008) Substance abuse and intimate partner violence. National online recourse centre on violence against women
[38] Standerwick et al (2007) Binge drinking, sexual behaviour and sexually transmitted infection in the UK. Cited in Royal College of Physicians (2011) Alcohol and sex: a cocktail for poor sexual health. Report of the Alcohol and Sexual Health Working Party.
[39] Office for National Statistics (2018) Sexual offences in England and Wales: year ending March 2017.
[40] McKinney C. et al (2008) Alcohol availability and intimate partner violence among US couples, Alcoholism: Clinical and Experimental Research, pp. 169–176
[41] Brecklin and Ullman (2002) The Roles of Victim and Offender Alcohol Use in Sexual Assaults: Results from the National Violence against Women Survey, Journal of Studies on Alcohol and Drugs, Volume 63: Issue 1
[42] Ullmann and Knight (1993) The efficacy of women's resistance strategies in rape situations. Cited in Royal College of Physicians (2011) Alcohol and sex: a cocktail for poor sexual health.

abuse.[43] Alcohol may also become embedded in an abusive domestic abuse relationship and perpetrators can use alcohol to control their victims.

ONS figures show that around 10% of those accessing domestic violence support services (95% of whom were women) had an "alcohol misuse need".[44] However, there is insufficient coordination to equip services to help women with multiple support needs, which can lead to survivors prioritising one need over another.[45] Domestic abuse survivors can be turned away from refuges due to their alcohol needs. An analysis found that only 26% of refuges reviewed in London reported that they "always" or "often" accept women who use alcohol or other drugs.[46] Women who have experienced male violence may be reluctant to engage in mixed-gender alcohol treatment services, however, women-only provision of substance use is available in less than half of local authorities in England and Wales.[47]

### Policy recommendations:

- A comprehensive, cross-departmental alcohol strategy to ensure that the needs of those affected by alcohol-related violence, are met. Responsibility for the strategy should sit with a ministerial lead responsible for reducing alcohol harm.
- Domestic abuse and alcohol treatment services must be better coordinated to meet women's needs, including women-only spaces in alcohol treatment.

## Familial alcohol consumption

Individuals drinking at high levels can result in their family members taking on caring responsibilities, either for the drinker or the drinker's dependents (known as kinship care). The call for evidence notes that women disproportionately take on caring responsibilities. This is also true when caring for those experiencing addiction: research carried out for the charity Adfam found that women are more likely to take on caring responsibilities for family members using substances than men.[48] Harms associated with caring and familial substance use include mental ill-health, relationship difficulties, financial strain, isolation, stigma, violence and abuse, all of which were reported to affect women more than men.[49]

Testimony given to Adfam by experts by experience gives some indication of why women may be more likely than men to take on caring roles:

> "Men do not feel the impact of familial crises related to substance misuse in the same way that women do."
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> "Whenever there was a crisis in my household, for example if my older brother was kicking off, my younger brother would run off to avoid the older brother's problems. Perhaps because I am a women, and perhaps because I am the

[43] Women's Aid - the nature and impact of domestic abuse.
[44] Office for National Statistics (2018) Table 63: Personal characteristics of clients accessing Independent Domestic Violence Advisor (IDVA) services that use SafeLives' Insights tool.
[45] Fox and Galvani (2020) Substance Use and Domestic Abuse. Essential Information for Social Workers BASW.
[46] Against Violence and Abuse (2014) Case by Case: Refuge provision in London for survivors of domestic violence who use alcohol and other drugs or have mental health problems, p.17.
[47] Agenda and AVA (2017) Mapping the Maze: services for women experiencing multiple disadvantage in England and Wales Executive Summary.
[48] A survey carried out in 2019 for Adfam by YouGov found that 18% of women affected report having to take on caring responsibilities compared to only 11% of men.
[49] Ibid.

older sister, I would always run off to support my younger brother, before I thought about myself."

Caring for a loved one who uses substances can have a profound impact on carers, impacting on their physical and mental health, exposing them to stigma and affecting their ability to work:

> "Women also feel the stigma of familial substance misuse so much more. They feel that everything is their fault, and often society does blame mothers for their children's struggles. Women tend to be at home more, so your role is to keep everyone together. This is why women are targeted for emotional abuse. We give unconditional love, but we also get the stigma and the judgement."

> "My daughter was drinking and in an abusive relationship. I was receiving constant calls and could not focus on my work. I took unpaid leave for 6 months. I had been under a lot of stress before I left work, so at the end of the 6 months they didn't want me back."

> "Services are often blaming mothers and carers."

The issue of stigma is particularly relevant as the call for evidence states that "embarrassment or stigma should not be a barrier to women seeking the help and care they need."[50]

A survey by Adfam found that 98% of the (98% female) carers who took part do not feel that their role as a carer is recognised or understood by wider society and that many of these women do not formally identify themselves as carers.[51] Experts by experience described the lack of support available to them:

> "I have never received any support. When I have spoken to a doctor or a therapist they have simply told me to stop caring."

One expert by experience described how they felt this issue was not given sufficient attention by policy makers, due to gender:

> "Although the majority of service users I come across are women, and the majority of service providers I have come across are women, policy makers tend to be males. How do we get through to them, help people to understand what we are going through."

### Policy recommendations:

- Those caring for a relative who drinks alcohol harmfully should be fully informed about the rights and benefits to which they are entitled as a carer.
- Kinship carers and the children they look after should receive the same support and benefits as foster carers. This includes free priority school admissions, pupil premium plus, free childcare, an exemption from the spare room subsidy and the benefits cap.

[50] Department of Health and Social Care (2021) Women's Health Strategy: call for evidence
[51] Adfam (2021) Women, domestic abuse and someone else's substance use