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WOMEN'S NATIONAL COMMISSION

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Response to the National Alcohol Harm Reduction Strategy – Consultation Document

Thank you for giving us the opportunity to respond to this document. As a representative voice for more than 230 non-government women's organisations, we feel that our response will be particularly valuable for the consultation process.

The WNC welcomes the attention that this growing social problem is receiving by the Department of Health. Our involvement in such a consultation is particularly relevant as many of the harmful side effects of alcohol consumption relate both directly and indirectly to women. Domestic violence, sexual assault, unplanned pregnancies, sexually transmitted diseases and poor mental health are all social concerns that lead on from alcohol misuse.

In response to the more specific questions raised in the document:

Question 6: How do you define alcohol misuse? What factors do you take into account?

A clear distinction should be made between alcohol dependence and inappropriate use. Dependence is defined clinically according to DSM IV and ICD 10 criteria. Inappropriate use is defined by society, but since there is no national or international consensus, this is a difficult area for government policy. The best definition is that such use causes significant harm to the individual or others.

Question 9: The specific reference to young women

The WNC welcomes the specific reference given to young women. Binge drinking is a growing problem amongst this group, particularly for students who tend to drink far more than the acceptable weekly allowance. This form of alcohol misuse is not only damaging to their physical health but also to their mental health and personal safety. In a survey in The Times, (25th November 2002) it was found that one third of the women surveyed admitted to having unprotected sex whilst under the influence of alcohol. Young women can also be at a greater risk of date rape and sexual assault in situations involving high alcohol consumption, such as parties and other social settings. As you will know, alcohol misuse amongst young women has also been found to be linked to other risk taking behaviours (such as less physical activity, illicit drug use, unprotected sex and disordered eating), which suggests there are greater mental health issues behind these behaviours. We would suggest that this link be explored and addressed.

Question 17: What, in your experience, are the most appropriate means of prevention of alcohol dependence and serious alcohol misuse? What forms of training are most appropriate for professionals in health and social care as well as other fields, who play a role in prevention?

The National Alcohol Campaign, developed by the Australian Commonwealth Department of Health and Ageing, focuses on young people's drinking and provides information and support for parents. It aims to assist all sections of the community, in particular young people, to develop understanding, attitudes and behaviour enabling them to minimise, and if possible avoid alcohol-related harm. The campaign's primary target audience is teenagers aged between 15 and 17. Parents of 12 to 17 year olds and young adults aged between 18 and 24 years are its secondary target audience. As part of the campaign, extensive developmental and evaluation research has been carried out that may assist you in the development of this strategy, particularly in relation to young people. This research and more information on the campaign can be found at:

<http://www.nationalalcoholcampaign.health.gov.au/>

Question 44: How well is scientific research feeding into alcohol education? Is the message based on sound, unbiased and uncontroversial research and are new findings effectively incorporated?

In the opinion of some of our partner organisations, the greater risk is not that the *research* is biased, but that *educators* are biased and use data improperly. This is indefensible and questions the quality of health education. Frequent misrepresentations include:

- using prevalence data or cost data that relate to acute misuse of alcohol, when discussing dependence;
- quoting figures for 'under-age drinking'. There is no legal definition of the term, it is not illegal *per se* for children to consume alcohol, and even age limits for consumption of alcohol in public places vary between countries;
- equating risks of damage caused by alcohol with damage caused by use of illegal drugs – in order to stress hazards. True comparisons require danger per unit dose, danger per usage-session or danger from usage over a set time-period (e.g. 6 months). Such comparisons are rarely used, but these are the honest ones; and
- claiming there are 'x number of deaths per year caused by alcohol'. This approach is problematic and no longer taken seriously.

Question 55: Are there other commercial interests, which can influence drinking behaviours?

Commercial activity around alcoholic products can have a major impact on drinking behaviours. This can be seen in the production and sale of such products as 'alcopops.' These products are particularly attractive to younger people, particularly young women, as they are cleverly marketed and they can promote increased consumption due to the alcohol content being hidden by sweeteners and flavourings.

I would like to thank you again for the opportunity to comment on the National Alcohol Harm reduction Strategy. Should you have any questions relating to our comments, please phone either Susan Green or Kristi Gooden at the WNC on 0207 276 2551 or 0207 276 2552, respectively.

Yours sincerely



Anne Weyman
Chair
The WNC Health Working Group