



2-12 Pentonville Road
London N1 9FP
Tel: 020 7837 5432
Fax: 020 7837 6785
Web: www.fpa.org.uk

SU/Department of Health Consultation
Room 4.6
Admiralty Arch
The Mall
London
SW1A 2WH

17th January 2003

Dear Sir

fpa welcomes the publication of the Department of Health/Strategy Unit consultation on a National Alcohol Strategy. We read the consultation document with interest and are glad to take the opportunity to respond.

As the only national charity working to improve the sexual health and reproductive rights for all people in the UK, our response draws particular attention to the potential negative impact of alcohol on people's sexual health.

Excess alcohol intake heightens the risk of unplanned pregnancy or catching a sexually-transmitted infection. It can exacerbate problems with self-esteem and can affect sexual performance. It makes people more vulnerable to committing or becoming victim to sexual offences. Our response to the consultation document explores these issues in more depth and we also offer suggestions of groups who are most vulnerable as a result of alcohol misuse. These include women, students, teenagers and younger children, particularly those at risk from social exclusion. Our response finishes by drawing attention to the lessons about communication and education that can be successfully learnt from drugs and teenage pregnancy campaigns.

We hope that the issues that we outline will be included in the alcohol strategy as it is developed.

Cultural and Behavioural issues around alcohol use and misuse

Definition of alcohol misuse

Alcohol misuse takes many different guises and, as a result, makes definition difficult. The classic image of an alcoholic as someone who drinks constantly over a long period of time is misleading. Some drink openly while others keep the practice secret, hiding bottles in special locations. Not every heavy drinker



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will display signs such as slurred speech – many who could be classified as alcoholic based on the volume of alcohol they regularly drink will remain coherent and capable of lucid thought and decisions (Winston Churchill being an obvious historic example). Other individuals may start to make unwise decisions after only two glasses. Nor can alcoholism be defined by the choice of drink or its alcoholic strength.

Of particular concern to **fpa** is the phenomenon of binge drinking which has become more prevalent in recent years. The reason for this concern is twofold: this manifestation of alcohol misuse is particularly common among the younger age group, especially young women, and it is associated with social occasions (such as a holiday or a night out on the town) when people are more likely to be seeking a partner. As a result it is associated with a heightened risk of unplanned pregnancy, catching an STI, or vulnerability to sexual offences. At the same time, it is not considered alcohol misuse by many people.

The current measurement of acceptable alcohol intake makes it easy for an individual to justify one night's heavy drinking as having used up one week's "allowance" and, provided they abstain for the rest of the week, they do not consider themselves to have an alcohol problem.

We would like to see the measurements of acceptable alcohol intake amended to take account of the binge drinking phenomenon and the message about this form of alcohol abuse reinforced, particularly among the audience most at risk.

Health: prevention, treatment and the impact on the NHS

Sexually transmitted infections and unplanned pregnancies

The most obvious issue of concern to **fpa** is the association between excess alcohol intake and issues about sexual risk taking which can result in a higher risk of sexually transmitted infections and unplanned pregnancies. Too much alcohol reduces inhibitions and the ability to make informed decisions about whether to have sex and with whom.

Alcohol also impairs the ability to use contraceptive and protective methods and reduces their efficiency. It becomes more difficult to put on condoms correctly and can make it hard to negotiate with a partner over their use so their use is abandoned. If excess drinking results in vomiting, the Pill may not work. Alcohol also increases the risk of simply forgetting to use contraception. Therefore, the application of a robust alcohol strategy should contribute to the Government's strategy to lower rates of STIs and unplanned pregnancies.



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Other sexual health effects resulting from alcohol

It should also be noted that while alcohol may increase desire, it has a negative impact on sexual performance and fertility. We would also draw attention to the serious implications for women who are already pregnant in terms of the risk to fetal development. This issue is beyond our remit but we would highly recommend that the Strategy Unit discuss the subject in more detail with the RCOG.

Mental Health

From our work with professionals and within the community we are aware of problems surrounding the use of alcohol by those who are suffering from low self-esteem, confusion or unhappiness. This can, of course, become a vicious circle as alcohol provides only a temporary relief and the problems are magnified when sober. We draw attention to this as a particular problem for young gay men who may be unsure of their sexuality and, as a result, suffer low self-esteem.

Crime

fpa would like to see the national alcohol strategy include reference to the heightened risk of sexual offences which arises from the misuse of alcohol. The range of offences likely to be committed will vary from unwanted advances in public places (which cause unpleasantness and can lead to further disorder offences) to rape. In recent years the connection between drink and sexual offending has become even more closely linked, with the use of Rohypnol and other such drugs slipped unnoticed into alcoholic and non-alcoholic drinks in pubs and clubs.

Excess alcohol can encourage people to commit sexual offences or leave them vulnerable to becoming victims. Of particular concern in the latter context is the increasing number of women who drink, together with the rise in their alcohol consumption. A high intake of alcohol can lead to high-risk decisions (such as choosing to walk home alone along a less safe route). It also limits a potential victim's ability to escape from unpleasant or dangerous situations – for example they may lose or drop their keys, and they are less capable of walking or running away or taking other physical action to protect themselves.

Alcohol is also a key factor in determining whether or not consent is deemed to have been given if an accusation of a sexual offence is brought. Notably, in recent years, this has been a problem associated with “date rape” cases. In situations which involve one person's word against another, the influence of



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alcohol may have confused either party's understanding of consent. There have also been cases where one party has reconsidered their choice of sexual partner in the cold light of day and has tried to bring a "date rape" charge.

The Home Office is proposing to change the laws on non-consensual offences such as rape. The penalties for administering drugs in order to stupefy a victim so that they can be subjected to an indecent act without their consent will be increased. There is also a proposal on mistaken belief to change the defence from an "honest" belief in consent to a defence of "reasonableness under the law" – the prosecution will have to prove that there is reasonable room for uncertainty about whether a party consented to sexual relations. We welcome this and hope that the proposals will be mentioned in the national alcohol strategy.

Vulnerable people

Our response has already outlined some of the groups which are particularly vulnerable to the negative effects of alcohol misuse – notably women and gay men.

Children and young people

Children and young people are another vulnerable group, particularly (but not exclusively) those who already suffer from social exclusion. No doubt the consultation will receive other detailed responses about their vulnerability to abuse from adults who drink to excess, or the effects of alcohol intake on youth crime figures. We would like to draw attention to the association between young people's drinking habits and their sexual health.

The average age of first intercourse among 16-19 year olds is now 16 but nearly one third of men (30%) and a quarter (26%) of women in that age group reported first having sex before the age of 16¹. The latest available figures also indicate an average age for first sexual experience of 14 for girls and 13 for boys².

Alcohol is a contributory factor to the lowered age of sexual experience. It weakens the resolve to withstand peer pressure to engage in sexual relations and reduces young people's ability to use skills which they may have been taught to help them decline sex. The younger the age at which sexual relations

¹ Wellings, K. Sexual behaviour in Britain: early heterosexual experience. *Lancet*, vol 358, 1 December 2001 pp 1843-1850

² Johnson AM et al. *Sexual Attitudes and lifestyles*. Blackwell Scientific 1994.



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begin, the more likelihood of a greater number of partners which is a risk factor for sexually transmitted infections. The youngest age groups are also most likely to have unprotected sex, further adding to the possibility of infection or unplanned pregnancy.

Young people who are socially excluded are already more liable to become teenage parents and this can be exacerbated by their alcohol intake because they can face particular difficulty in accessing support networks or outside organisations to seek advice on their alcohol intake or sexual lifestyle. Access to alcohol or sexual health support and advice networks is also a particular problem for all under-16s because both practices are illegal for that age group so they fear the consequences if they approach advice services.

Students

Young people in further and higher education form another group which is particularly vulnerable to alcohol abuse. A number of factors combine to make this the case. There is a popular image of students as regular visitors to the bar – an image which students can feel pressurised to live up to. This is encouraged in reality by the low price of drinks in university and college bars and by the absence of external constraints on students' drinking – they do not have to be alert in the workplace early the next day, they have no parents or partners to warn them of the amount they are drinking, they have few other commitments.

At the same time, students are vulnerable to a number of problems which can be exacerbated by alcohol. Because they are away from home and their regular network for first time they suffer loneliness and feel pressure to drink heavily in order to make new friends and continue to impress them. For many, this will be their first taste of both alcoholic and sexual freedom and making the adjustment to a sensible enjoyment of both can be difficult. Finally, students also suffer problems relating to self-esteem, and previously undiagnosed mental health problems may begin to make an appearance. All these problems can be exacerbated by excess alcohol intake.

Education and Communication

There are several lessons which can be learnt from existing Government campaigns on sexual health, teenage pregnancy, and drug education on what works and what doesn't in relation to public health education projects. We would strongly recommend that the Strategy Unit undertake detailed discussion



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with the relevant teams in the Teenage Pregnancy Unit, Home Office and Department of Health about their work on campaigns in these areas.

The first point to make is that “Just Say No” campaigns do not work. They do not give people the information or the skills required to manage alcohol intake and the attitude of the campaigns is condemnatory.

It is important that education and communication programmes do not condemn the use of alcohol. Condemnation is unhelpful because it penalises the reasonable enjoyment of alcohol as a pleasurable, social experience and drives it underground and further away from help.

Good alcohol education should be integrated into the PHSE curriculum in schools. This will have the additional advantage that the links with sexual health can be explored and young people equipped with the life skills to reach a sensible enjoyment of both. Teaching the skills to manage alcohol intake is crucial – the evidence from sex and relationships education is that young people will still indulge in sexual relations despite knowing the facts about teenage pregnancy and STIs, unless they are taught ways of managing their choices.

Education does not stop with schools. Since students are a particularly vulnerable group, universities and further education colleges have a responsibility to offer advice on the risks and management of alcohol intake.

When devising education and communication programmes it will also be necessary to remember that alcohol misuse is not exclusively the preserve of any one particular class of society. There will therefore probably need to be multiple programmes tailored to the practices and needs of different classes and age groups.

Finally we would like to draw attention to “Sex And Drugs – the Links Explored” which is a research project currently being undertaken by the Sex Education Forum and Drug Education Forum, funded by the Department of Health. The project is due to be completed in July 2003 and aims to identify effective teaching practice when addressing issues on alcohol, drugs and sexual risk taking among young people. We believe that the findings of the project could be of real benefit to the development of the National Alcohol Strategy and we recommend that the Strategy Unit contact the Sex Education Forum to discuss them in more detail.



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We hope that our response will be of use in developing the National Alcohol Strategy and we look forward to seeing the issues that we have raised reflected in the Strategy. If you require further information on any of the points in our response please do not hesitate to contact us on 020 7923 5203 or by e-mail ElizabethB@fpa.org.uk

Yours sincerely

Elizabeth Barlow
Policy and Parliamentary Manager