



## **Alcohol and Families Alliance – Response to Women’s Health Strategy – June 2021**

The [Alcohol and Families Alliance](#) (AFA) is an alliance of over 40 organisations from across voluntary and statutory sectors operating in the remit of alcohol, drug and family services in the UK. Each organisation is committed to reducing alcohol related harm experienced by families, and together our alliance provides evidence and expertise on the subject of families and alcohol.

As an Alliance, we believe that:

- Current policy does not sufficiently protect children and families from alcohol related harms
- The misuse of alcohol can have serious and detrimental effects on the health and wellbeing of children and families
- The negative effects of alcohol on children and families are not necessarily confined to those incurred by drinkers diagnosed as hazardous, harmful or dependent
- We should encourage an open conversation about alcohol and its effects on families, that challenges stigma and stereotypes
- Families deserve help and support to understand the potential impact of alcohol on their family and relationships

### **Women’s voices**

#### **Women and Alcohol Treatment**

There is a clear lack of female representation in substance use treatment services. Recent statistics show that more than two-thirds of people in treatment were male and less than one-third female (69% male to 31% female). Whilst the divide is smaller in relation to alcohol specifically, men still make up 60% of the treatment population and women 40%<sup>1</sup>. This brings about many challenges and can lead to services inadvertently being designed around the needs of men with women finding their experiences and needs, such as provision of childcare or women-only spaces, overlooked, and be seen as environments they feel unable to engage in.

This underpins the need for gender and trauma informed services, including both specialist and mainstream female only services, of which there is a lack of current provision. Research by Agenda and AVA in 2017, found that less than half (49.0%) of all local authorities in England and only five unitary authorities in Wales (22.7%) report substance misuse support specifically for women and that where this was provided it was often either a weekly women's session within a mixed gender service, or a substance misuse midwife. Mixed-gender substance use support groups, which in some

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<sup>1</sup> Public Health England (2020), [Adult substance misuse treatment statistics 2019 to 2020](#)

areas are the only type of support available, are particularly unsuitable for women who have experienced abuse or violence<sup>2</sup>.

It has also been highlighted that many wider public services are seen to be unsafe spaces for women and girls. Research by Agenda in 2021 estimated that 1.6 million women have experienced sexual harassment when accessing a public service. This can include hostels, mental health hospitals, job centres, GP's and other public service settings (such as schools, police station and social services.)<sup>3</sup>

### Alcohol and Domestic Abuse

Evident associations exist between alcohol consumption and domestic abuse. Domestic abuse is gendered, disproportionately affecting women. Whilst alcohol should never be seen as a cause or excuse for domestic abuse, in many cases alcohol is a contributing and aggravating factor. Sheffield Hallam University and Alcohol Change UK's 2018 Family Life in Recovery report indicated that 32% of family members were victims of family violence when their loved one was in active addiction, decreasing to 11% when their loved one entered recovery<sup>4</sup>.

Furthermore, it is common for women who experience domestic abuse to use alcohol as a coping mechanism, with research in 2010 indicating that survivors were twice as likely as their violent partner to drink after abuse<sup>5</sup>.

Practitioners in drug and alcohol family support and domestic violence services have highlighted the disparate nature of services, along with the difficulty those working on the frontline face in keeping up to date with other services and making connections with other professionals due to pressures on their own workload. Furthermore, some professionals lack the confidence to deal with issues of abuse along with a lack of specialist training in the issue in which their own service was not specialist (domestic abuse practitioners are not widely trained in substance use issues, and substance use family support service practitioners are often not trained in domestic abuse).<sup>6</sup>

Specialist, gender-informed support should be available for individuals and families affected by both of these issues wherever it is required, and these services should take a trauma-informed approach to supporting individuals and families. Scottish Health Action on Alcohol Problems and the Institute of Alcohol Studies recommend increasing availability of and access to residential treatment and recovery support for women with children, along with anonymous support services for women, such as online portals<sup>7</sup>.

Multi-agency working between services is essential to address these complex issues, which often do not sit in isolation. Survivors of domestic abuse where alcohol was linked may come into contact with a range of services including alcohol treatment services, mental health services, social care, primary care, carers' services, criminal justice services, and domestic abuse services. These services are frequently commissioned in different systems, by different agencies, using different funding

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<sup>2</sup> Agenda/AVA (2017), [Mapping the Maze](#)

<sup>3</sup> Agenda (2021), [Unsafe Spaces: Sexual Harassment in Public Services](#)

<sup>4</sup> Sheffield Hallam University and Alcohol Change UK (2018), [Understanding recovery from a family perspective: A survey of life in recovery for families](#) p3

<sup>5</sup> University of Bedfordshire & Alcohol Concern (2010), [Grasping the Nettle: alcohol and domestic violence](#). p2

<sup>6</sup> Adfam (2021), [Women, domestic abuse and someone else's substance use](#). p13-14

<sup>7</sup> SHAAP and IAS (2018), [Women and Alcohol: Key Issues](#). p2

streams. This results in issues around joint-working and those needing these services falling between the gaps. Services must work together to provide holistic support, and should be planned and commissioned jointly with coordinated outcomes, whilst being properly funded to achieve these outcomes.

## **Information and education on women's health**

### **Drinking during pregnancy**

Drinking during pregnancy can impair foetal development leading to Foetal Alcohol Spectrum Disorder (FASD) amongst children. A 2017 study looking at national, regional, and global prevalence of alcohol use during pregnancy estimated that 41% of pregnant women in the UK drink during pregnancy<sup>8</sup>.

In 2016, following an evidence review, the UK Chief Medical Officers (CMOs) published a guideline on drinking during pregnancy, advising that if pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all. However, research conducted in 2019 by the Institute of Alcohol Studies (IAS), University of Edinburgh and University of Hull found that a lack of promotion of the guidelines, along with conflicting messages from midwives and healthcare professionals, and the lack of mandatory pregnancy warning labels on alcohol products and advertising, have caused confusion amongst the public and largely prevented the CMOs' guidelines from getting through to pregnant women<sup>9</sup>.

Furthermore, as part of Adfam's project supporting families of children with Foetal Alcohol Spectrum Disorder (FASD) funded by the Government's Innovation Fund, findings from consultations conducted in 2020 with frontline professionals and families found a lack of consistent support available nationally for families of children with a FASD, combined with a lack of specialist knowledge and understanding around FASD amongst frontline professionals. This in turn leads to an absence in many children receiving a formal diagnosis, and accessing support as a result. Amongst the practitioners that took part in this consultation, there was a strong desire for more training to enable them to better understand FASD and how to support people and families affected by it<sup>10</sup>.

As outlined by FASD Network UK, FASD is a lifelong disability. Individuals with FASD have their own unique areas of difficulty and commonly experience daily challenges and require support in a range of areas including with motor skills, physical health, learning, memory, attention, emotional regulation, and social skills<sup>11</sup>.

The Alcohol and Families Alliance believes the Government must support the effective communication of the Chief Medical Officers' alcohol guidelines to frontline professionals and the general public, in particular the guidance on drinking in pregnancy.

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<sup>8</sup> Popova S., Lange S., Probst C., Gmel G. & Rehm J. (2017) Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis

<sup>9</sup> Institute of Alcohol Studies (IAS), University of Edinburgh and University of Hull (2019), [Alcohol Guidelines for Pregnant Women: Barriers and enablers for midwives to deliver advice](#).

<sup>10</sup> Adfam (2020)

<sup>11</sup> [FASD Network UK](#) (2020)

## Women's health across the life course

### Caring responsibilities

The experience of many family support services is that women rather than men primarily become the carers of a loved one with an alcohol problem. Though statistics show that a similar number of men and women self-report being affected by the substance use of a loved one in the UK, it is also clear that associated harms fall disproportionately on women. 18% of women affected report having to take on caring responsibilities vs only 11% of men<sup>12</sup>. Other associated harms include mental ill-health, relationship difficulties, financial strain, isolation, stigma and violence and abuse, all of which affect women at a reportedly higher rate<sup>13</sup>.

Adfam carried out a survey called 'Picking up the Pieces: caring as a result of somebody else's substance use' in 2019, which found that 98% of (the 98% women) carers who took part do not feel that their role as a carer is recognised or understood by wider society, 90% feel the same about social services, and many of these women do not formally identify themselves as carers, acting as a barrier to them receiving specific carers' support. Furthermore, it is common for women to experience stigma, which in turn leads to isolation and also acts as a barrier to them seeking help<sup>14</sup>.

A number of women with lived experience of being the family member of someone with an alcohol or drug problem gave evidence at a Roundtable event organised by Adfam in January 2019, providing insight into why women are more likely to take on caring responsibilities than men and left to 'pick up the pieces'<sup>15</sup>.

*"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."*

*"It is so unusual for men to be in support groups, or talking about these things."*

*"I think that men simply don't get exposed to the situations in the same way, and as a result they grow up without the emotional lexicon that women have access to."*

Another specific caring role taken on by many women is that of kinship care. This takes place in families with parental alcohol misuse, where another family member/s step in to take care of the children. It is often grandparents who take on these responsibilities and research has shown that 45% of children are living in kinship care as a result of parental substance use<sup>16</sup>. Taking on the responsibility of raising young children is demanding, especially for someone dealing with a loved one's alcohol misuse at the same time. Many kinship carers also suffer severe financial hardship due to their caring role<sup>17</sup>.

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<sup>12</sup> [Adfam/ YouGov \(2019\)](#)

<sup>13</sup> [Ibid](#)

<sup>14</sup> Adfam (2019)

<sup>15</sup> Adfam (2019)

<sup>16</sup> Kinship (2020), [Kinship care state of nation survey 2020](#)

<sup>17</sup> Hunt, J. & Waterhouse, S. (2012) Understanding family and friends care: the relationship between need, support and legal status. University of Oxford & Family Rights Group

The Alcohol and Families Alliance believes that 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.

Furthermore, 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.

### **Impacts of COVID-19 on women's health**

The COVID-19 pandemic, restrictions and resulting changes to people's lives in the UK has caused an increase in both problem drinking and levels of domestic abuse. A study by Alcohol Change UK found that 38% of people who were already drinking heavily before the lockdown indicated that they had been drinking even more during the lockdown<sup>18</sup>. In addition the National Domestic Abuse Helpline has seen a 61% increase in calls and contacts logged between April 2020 and February 2021.<sup>19</sup>

Furthermore, as a result of COVID-19 the nature of contact has changed and moved online, bringing about various difficulties but also opportunities to think about how services can be delivered to best support families affected by alcohol misuse. One particular challenge is ensuring digital inclusion to marginalised groups without access to the appropriate technology. Issues also exist around accessing online services, particularly families that are living with someone with an alcohol problem, and feel unable or unsafe to disclose private or confidential information about their situation.

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<sup>18</sup> Alcohol Change UK (2020), [Research: drinking in the UK during lockdown and beyond](#)

<sup>19</sup> Refuge (2021), [A year of lockdown: Refuge releases new figures showing dramatic increase in activity](#)