

# Sample essay on harmful alcohol use

[Health & Medicine](#), [Alcoholism](#)



## **Harmful Alcohol Use**

Alcohol is an integral part of the society. Being a mood-altering drug, it impairs a person's judgment and the ability to do a routine task. Abuse of alcohol has a severe effect on health that can result into chronic liver disease and increase the risk of one suffering from cardiovascular disease. Statistics shows that even moderate alcohol use increases the risks of accidental injuries (Powel, 2011). The paper discusses a health promotion program that focuses to address alcohol abuse. Different effects and harm of alcohol on the consumers are discussed as well as analysis of effects on the consumer's family. The paper covers chronic diseases caused by alcohol, in addressing the chosen health issue: Harmful alcohol use within Australia. Australian National preventive health agency has proved that 45% of the patients with chronic diseases are caused by alcoholic abuse (Valente, 2012). Such statistics shows that, although some of the chronic diseases are naturally or hereditary, but a good number are because of alcohol abuse or harmful use of alcohol. The promotion program targets the youth between the age brackets of 18 to 45 years. This cohort or age bracket is involved more in alcohol abuse as compared to their senior colleagues. Statistics proves that 57% of people who are alcohol addicts are between the ages of 16-45 years (Crosby, 2011).

The health promotion targets the age group of 16-45 years because it is a cohort, more often than not, associated with drug abuse. Over a long time, the Australian government has tried different methods to reduce the rate of alcohol consumption among the youth, but the problem seems to be increasing. Currently, the government is spending \$1. 7 million yearly

dealing with alcohol related issues among the youths (Bull & McFarlane, 2011). This health program implementation has seen a tremendous reduction in the alcohol abuse among youths. The target group covers 70% of the total alcohol consumers in Australia (Powel, 2011).

## **Social Diagnosis (Step 1)**

The health promotion program uses different steps in analyzing the program. Step 1, involves the social diagnosis. It is true that people values their lives so much, but they ignore to take precaution of alcohol abuse due to less information they have on the effects of alcohol abuse (Wadell & Skarsater, 2009). Many of the alcohol addicts trust the drug abuse councilors, but they do not see the importance of seeking help because they do not realize the seriousness of their problem. The predominant risk factor of chronic disease for cohort 18-45 is harmful alcohol use, and large numbers of the young generation are losing their lives because of this disease (Wadell & Skarsater, 2009). A health promotion program is working with different health departments in curbing the growing consumption of alcohol among the youth. The promotion program requires the community advisory board to work closely with different health departments to offer treatment to patients with chronic illnesses. In addition, prevent harmful alcohol use within Australia, heath officials need to create awareness (Wadell & Skarsater, 2009). People will understand the effects of alcohol abuse in within such platforms of awareness creation. A programming method used in the program is the PRECEDE-PROCEED model (PPM). PRECEED stands for Predisposing, Reinforcing, and Enabling Construct in Educational environmental Diagnosis and Evaluation. On the other hand, PROCEED

means Policy, Regulatory, plus Organizational Constructs within Educational as well as Environmental Development.

## **Epidemiological Diagnosis (Step 2)**

Following step two of PRECEED-PROCEED will reduce the number of patients infected with chronic disease because of alcohol abuse by 40% in the year 2016 after a full implementation of the program (Powel, 2011). The reduction is achievable because of active awareness created within the Australian community. More alcohol addicts are made aware of the health risks they are exposed through excessive alcohol drinking. Research also indicates a correlation between alcohol addicts and abuse of other drugs like cocaine (Crosby, 2011), which can reduce following the implementation of this program. Majority of people who were identified to be harmfully using alcohol, are also shown to have high chances of abusing other drugs (Crosby, 2011). In addition, the program has an objective that by mid-2015, the rate of public awareness on alcohol abuse will have increased to a high level. It is anticipated or expected that the public will take the responsibility of informing one another. It is significant to understand that the program's success will ultimately be based or evaluated on the set objectives set (McKee, et al., 2009).

## **Behavioral and Environmental Diagnosis (Step 3)**

The third step in the model focuses on behavior and environmental diagnosis. Due to much pro-alcohol adverts in Australia, the program aims to reduce the number of alcohol advertisement. This action will reduce the level of alcohol drinkers by 30% within the first four months (Crosby, 2011). The

first eight months will witness erection of anti-drugs billboard in 60% of the total area of the society (Crosby, 2011). Most of the drinking places such as bars and pubs will be served with notice showing alcohol consumers the effects of alcohol on their health. On the behavioral diagnosis, there will be a decrease in negative behaviors, which are influenced by alcohol consumption. A period of one year after implementation of the program has experience a reduction in the use of hard drugs that can contribute to chronic disease. Both the chronic patients and the general community should embrace the environment and behavioral factors that help in reducing the effect of chronic diseases (Safety, 2009), one of which is halting harmful use of alcohol.

### **Educational and Ecological Diagnosis (Step 4 in the model)**

In the step four of the promotional program, the public are educated the causes and prevention of Chronic diseases caused by harmful use of alcohol. The program involves the informed citizens in helping lobbying with the local government to restrict publication of narcotic drugs, as well as alcohol in the region. That is, restriction of billboard, posters, and even media advertisements promoting harmful alcohol consumption. This action has reduced the alcohol consumption by 20% in the region (Marks & Sisirak, 2010). The local government is urged to construct free clinics where patients suffering from chronic diseases, particularly, due to alcohol are treated free of charge. This has reduced the high number of deaths from chronic diseases illness. For the health promotion to succeed in the community, it is prudent that the whole community gets involved and actively participates in the promotion.

## **Administrative and Policy Assessment (Step 5)**

Step five involves analysis of administration and policy. This health promotion program in curbing alcohol consumption is adequately funded to continue running the promotion. The program is financially boosted by the nongovernmental organizations that support the idea of building free clinics for alcohol related chronic patients. The program has received \$150, 000 from the local government. The government also has sponsored the creation of anti alcohol consumption posters and its distribution in the whole community. The program has got a boost from the volunteers but offer to do a tremendous job in the achievement of the health program. The program has support from youths who have reformed from alcohol consumption. Groups have decided to support the promotion program within the social media frame. They teach other youths on the health issues related to the consumption of alcohol. The health promotion program can be a success only with the support of the youth who are more energetic and flexible to promote the program.

## **Implementation (Step 6)**

In the sixth step, entail drafting and finalizing the program before the real implementation occurs. The health program implementation starts by surveying the character behavior, and the cultural influence that may oppose the program implementation. This is followed by a look out on a specific group who are affected by the consumption of alcohol, in this case cohort 18-45 years. The local authority is then expected to give the program a go-ahead notice. An evaluation of the program before implementation will offer a clear picture of the actual situation on the ground (Crosby, 2011). The

program could succeed by doing a clear evaluation before its real implementation.

### **Process Evaluation (Step 7)**

With a clear blue-print of the health promotion program in the 7th step; there is a requirement to check on the fidelity of the workers. In the health promotion program, the staff may or may not faithfully follow protocols and the procedures developed during the programming stages. This is the reason monitoring is required for the program to succeed (Wadell & Skarsater, 2009). After monitoring, there is a requirement for a correct feedback, which will give way for the next step to be rolled. The monitoring stage will include the process of asking the chronic patients their take on the program. The question will extend to the alcohol consumers and non-alcohol consumers in the society (Watkin, 2012).

### **Impact Evaluation (Step 8)**

On the program reaching its maturity and there is a clear ascertain fidelity, the evaluators check on whether the objectives and subjective in step three were met. The process is referred to as impact evaluation of the program. The reduction of alcohol consumption by 30% were met within the period set by the program. The impact evaluation done on the eighth step is to access if the program has achieved its short-term goals, which should be readily seen (Johnson, 2011). For example, the behavior did not change the environment where there is alcohol abuse. The evaluation may at times show that the target environment was changed. Such a case gives an indication that the program has succeeded in reducing harmful alcohol

consumption in that environment. In addition, it reflects that chronic health issues that are alcohol related will reduce due to the activeness of the program. The program's success depends on its earlier stages of implementation (Johnson, 2011).

### **Outcome Evaluation (Step 9)**

In this last step, a successful health program may have an inter-relation with improved indication of health. The success of the health promotion may not also have a direct correspondence to achievement of the objectives in step three. Nevertheless, it is significant to take in account that the health promotion program has been initiated or implemented within the area it was designated for (Marks & Sisirak, 2010).

### **Strength of the Program**

The health promotion program on harmful alcohol abuse has strengths and weaknesses. The program will create awareness in both the alcoholics and non-alcoholics (Marks & Sisirak, 2010). The built clinics proved helpful because the treatment is free for the patients. The program has also managed to reduce alcohol consumption in the area. The health promotion seemed appealing to the whole community; more people were inclined to join and support the program. Strength of the program is that it uses reformed alcohol addicts in creating alcohol abuse awareness in the community. For example, it is easier for an addict to listen to a reformed alcohol addict, than listen to a person who has no experience with alcohol.



## **Weaknesses of the program**

Despite the program's strength, it has weaknesses. For example, after the construction of the clinic, there is no clear structure for the maintenance of the clinics that is issues of sustainability are not addressed (Crosby, 2011). This program seems to be much concentrated on alcohol abuse of 18-45 years, leaving a whole lot of people who might be suffering from other effects of alcohol abuse. Chronic health issues do not affect many of the Australian citizens within the targeted group, and they may pay no attention to the program. The promotion has no clear structure of its operation for more years to come. For example, after the implementation of the program, there is a requirement for a plan that will keep the alcohol abuse awareness in the society. There is a little relationship between the program and primary care concept. The weaknesses of this program need to be addressed to avoid the collapse of the program.

## **Recommendations**

The program needs more improvement to see its success in the Australian society. The whole society needs to be brought on board in the implementation of the program to increase the community participation (Marks & Sisirak, 2010). The rationale behind this is that the involved group will feel great to be part of a team transforming the society. For the full success of the health promotion program, the government needs to maintain and keep running the constructed clinics. This means that they will provide medical services in the clinic and pay salaries of health workers. To keep on the awareness of alcohol abuse running, there is necessity for more funds, the government and well wisher need to drive in more funds, which will help

in maintaining the effectiveness of the program in the community (Wadell & Skarsater, 2009)..

## **Summary**

In conclusion, PPM has been in use in the health promotion for a very long time. The PPM guides the program and makes the programmer logically think the desire to achieve the goals set by the program. Although the focus of the program is mainly on alcohol abuse and its health effects, many people who use alcohol, tend to use other drugs. For example, more often than not, alcohol drinkers smoke tobacco. In the event of tobacco and alcohol use, the interactive health effects of the two drugs results in higher levels of health-related harm. The health promotion programs may have some weaknesses, but its importance in the society could be realized within the first month of its implementation.

## **References**

- Bull, S., & McFarlane, M. (2011). Technology-based health promotion. Los Angeles, [Calif.: SAGE.
- Crosby, R. (2011). What is a programming model? An introduction to PRECEDE-PROCEEDjphd\_235 7.. 15. Journal of Public Health Dentistry. ISSN 0022-4006, 10(11), 7-15.
- Johnson, B. (2011). Psychoanalytic Treatment of Psychological Addiction to Alcohol (Alcohol Abuse). *Frontiers in Psychology*, 2, 12-145.
- Mckee, M., Belcher, P., & Hervey, T. (2009). Reducing harm from alcohol. *BMJ*, 338(mar20 2), b1191-b1191.
- Powell, J. (2011). Alcohol and Drug Abuse Issues in Older Persons as

Revealed Through the Comprehensive Drug, Alcohol, and Mental Health Treatment Systems. *Care Management Journals*,

Wadell, K., & Skärsäter, I. (2009). Nurses' Experiences Of Caring For Patients With A Dual Diagnosis Of Depression And Alcohol Abuse In A General Psychiatric Setting. *Issues in Mental Health Nursing*, 28(10), 1125-1140.

Marks, B., & Sisirak, J. (2010). *Health matters for people with developmental disabilities: creating a sustainable health promotion program*. Baltimore: Paul H. Brookes Pub. Co.

Safety, H. a. (2009). *Report on National Invitational Symposium on Youth Illicit Substance Abuse and the Justice System*. Ottawa, Ont.: Coalition on Community Safety, Health and Well-being.

Valente, T. W. (2012). *Evaluating health promotion programs*. New York: Oxford University Press.

Watkins, C. (2012). *Alcohol abuse*. Detroit, MI: Greenhaven Press.