

Preventing injuries by providing information

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



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Preventing Injuries by Providing Information This essay will be exploring the prevention of underage alcohol consumption and risk and injury prevention by understanding resistance to parental information programs and awareness. First, the burden of injury that underage alcohol consumption poses in Australia, will be outlined, followed by an overview and discussion of a mixed methods study on the ' reasons for non-participation in a parental program concerning underage drinking'. Finally, reasons against early exposure to alcohol and the ethics guiding nurses in their education of alcohol to adolescents will be explored. Alcohol consumption is a significant part of Australian culture (Australian Bureau of Statistics [ABS], 2012) used widely throughout various social and cultural contexts (National Health and Medical Research Council [NHMRC], 2011). Many Australians consume alcohol for reasons such as sociability, cultural participation, religion, peer influence, pleasure, relaxation, mood alteration, enhanced creativity, intoxication, addiction, boredom, habit, to overcome inhibitions and to escape or forget and do ' drown their sorrows' (NHMRC, 2011).

Unfortunately, it is the example of Australian adults and changing social and cultural norms that are dramatically increasing the participation of underage drinking by children and teenagers throughout Australia (NHMRC, 2011).

Also, the availability of alcohol has become more accessible (NHMRC, 2011), increasing the opportunity for adolescents to acquire and consume alcohol in large quantities and without their parents knowledge (NHMRC, 2011). As a result, alcohol related harm, among young people 16-24 years, is one of the leading causes of disease and injury burden in Australia (Ward & Verrinder, 2008) and 52% of all alcohol-related serious road injuries are attributed to

adolescents 15-24 years of age (NHMRC, 2009). In a survey on the use of alcohol by Australian secondary school students, it was found that experience with alcohol was high amongst secondary school students (NHMRC, 2011) and that as age increased, alcohol consumption became more common (NHMRC, 2011). The study reported that by age 14, 90% of students had tried alcohol, and at age 17, 70% of students had consumed alcohol within the month before the survey (NHMRC, 2011). The survey also shows that the percentage of students drinking during the week, increasing with age, ranged from 19% of 12 year olds to 50% of 17 year olds (NHMRC, 2011). Alcohol consumption is second only to tobacco as a preventable cause of drug-related death and hospitalisation in Australia (NHMRC, 2011). Underage consumption of alcohol accounts for 13% of all deaths between 14-17 year old Australians, leading to approximately one (1) adolescent death and 60 adolescent hospitalisations as a result of alcohol per week (NHMRC, 2011) and 1 in 2 adolescents aged 15-17 who become intoxicated will do something they regret (Grace, Moore & Northcote, 2009) . The effects of alcohol on the body are toxic and lead to many chronic diseases and illnesses (NHMRC, 2011), most of which are leading killers within Australia (NHMRC, 2011). Alcohol is a central nervous system depressant, causing immediate, cumulative and prolonged effects on the brain, liver and kidneys (NHMRC, 2011). While adolescents binge and drink alcohol weekly, they cause damage to their bodies. Prolonged alcohol consumption causes many of Australia's highest rates of disease such as, cardiovascular disease, diabetes, obesity, mental health illnesses, liver disease, long-term cognitive impairment, cancer and more (NHMRC, 2011). The risk of injury, as a result

of adolescent alcohol consumption, is not limited to adolescents, but also to the community around them. Alcohol fuelled violence, assault, petty crime, vandalism and road safety (NHMRC, 2011) are all socioeconomic consequences which contribute to the burden of disease and injury within Australia, as a result of underage consumption of alcohol (NHMRC, 2011). In a study by Petterssen, Linden-Bostrom & Eriksson (2009), reasons for non-participation in a parental program ('Strong & Clear') concerning underage drinking is explored and analysed by a quasi-experimental mixed-method design. The study uses a Health Belief Model (HBM) inspired theoretical model to break down their experimental question to three more specific questions, creating three individual models (Petterssen et al., 2009). The first model, Model 1, was obtained by an initial questionnaire, collected the socio-demographic factors of the participants (Petterssen et al., 2009), such as the participants' (parents) age, education level, family structure, number of children, gender of children and employment status (Petterssen et al., 2009). Secondly, Model 2 comprised of factors associated with adolescents and alcohol, such as the participants' perceived susceptibility of their child to underage alcohol consumption and their perceived severity of their child's consumption of alcohol, are analysed via a yes or no, measured response survey (Petterssen et al., 2009). So far both sets of data obtained are quantitative and give the researching team statistical evidence towards their experimental question (Petterssen et al., 2009); however, they are still missing definitive reasons from the participants, as to why they did/did not want to participate in the program (Petterssen et al., 2009). To obtain this distinguishing qualitative data, the third model, Model 3, was used to look at

the perceived benefits, barriers and cue to action (have the participants been aware of/associated with the program before?), in the form of personalised responses to an open-ended question (Petterssen et al., 2009). Responses to this question were content analysed, simplified, categorised into eight main ideas and then split into two themes; family related factors (e. g. parents always know where child is, good relationships and communication within the family, etc.) and program related factors (working late/could not attend meetings/activities, too many family commitments, etc.) (Petterssen et al., 2009). It is the addition of the Model 3, of the overall HBM model, which adds the final understanding to the experimental question, allowing the researchers, Petterssen et al. (2009) to completely understand such a complex and in-depth research investigation. Without these final qualitative responses, researchers Petterssen et al. (2009) would not have been able to definitively understand the exact reasons why parents do not participate in these parental programs. Inference from the quantitative data could have brought researchers to the qualitative reasons of not enough time and lack of need (Petterssen et al., 2009); however this would not have been definitive enough to completely answer their research question (Petterssen et al., 2009). Alcohol is the most common drug amongst youths (Swahn, Bossarte & Sullivent III, 2008) and has been shown that in moderate/heavy amounts, contributes to homicides, motor vehicle accident deaths and suicides in youths under 21 years old (Swahn et al., 2008). Hence this article by Swahn et al. (2008), aimed to examine associations between early initiation to alcohol consumption and the involvement of 3 different types of violence (dating violence, peer violence and suicide attempts), and

also to determine whether early initiation to alcohol consumption was associated with perpetration or victimisation of dating and peer violence (Swahn et al., 2008). The study used questionnaires, given to all public school students at 16 public schools in a high-risk community (i. e. poverty, unemployment, single-parent households, etc.) in grades 7, 9, 11 and 12 (Swahn et al., 2008). The overall findings of this research shows that, relative to non-drinking teenagers, children exposed to alcohol before the age of 12 years old, were significantly associated with dating violence victimisation, suicidal ideation and suicide attempts, but not associated with peer and dating violence perpetration, when controlling for age, gender, race/ethnicity, socio-demographic characteristics, other substance abuse, parental monitoring and more (Swahn et al., 2008). Pre-teen alcohol drinkers were also significantly associated with more forms and greater occurrences of violent behaviours, than non-drinkers (Swahn et al., 2008). Overall, the study determined that more needs to be done to reduce and delay adolescents' alcohol use, by treatment of paediatric alcoholism, enforcement of the minimum legal drinking age and increased prices for alcohol and monitoring alcohol availability and advertising (Swahn et al., 2008). Nurses value a socially, economically and ecologically sustainable environment promoting health and wellbeing (Australian Nursing and Midwifery Council [ANMC], 2008), and while parents and community members have an important role to play in addressing alcohol misuse among adolescents, they need to be supported by nurses who can provide care within a health promotion framework and encourage safe alcohol consumption patterns among adolescents (Ward & Verrinder, 2008). The Federal Government of

Australia provide the public with guidelines to safe drinking, and state that as it is not possible to determine a ' safe' or ' no risk' amount of alcohol consumption for children and teenagers (NHMRC, 2009), hence the safest option for younger people is not to drink at all, and for older teenagers (15-17 years), to delay the initiation of drinking for as long as possible (NHMRC, 2009). Therefore, under ethics value statement 8, nurses have a duty to youth to, create supportive environments and help youths to develop personal skills which encourage them to make decisions about their health and wellbeing and to take action to protect their own and other's health and safety (Ward & Verrinder, 2008). Nurses must also re-educate adolescents and their parents to what ' safe conduct' is (Ward & Verrinder, 2008). This includes educating parents against providing alcohol to their children and educating adolescents of the detrimental effects of alcohol on social, economic, family and personal facets of life (Ward & Verrinder, 2008). Supplying adolescents with an understanding of the risks and harms of alcohol use, giving them a safe and honest environment to communicate in and giving them power to make their own decisions will give them control of their lives and make them responsible for their actions (Ward & Verrinder, 2008). This essay discussed the burden of injury underage drinking poses in Australia, why parents are resistant to participate in parental programs targeted at their child's underage drinking and explored the ethics and nursing strategies behind educating adolescents and discouraging early exposure to alcohol. It found that the burden of injury in Australia is high (NHMRC, 2011), and parent education and participation against early alcohol consumption needs to be encouraged (Petterssen et al., 2009). Nurses were

also found to be a great tool in aiding parents and adolescents against underage drinking (Ward & Verrinder, 2008), providing education and a safe environment for discussion and empowerment for parents and adolescents (Ward & Verrinder, 2008). Reference List Australian Bureau of Statistics [ABS]. (2012). Alcohol Consumption in Australia: A Snapshot, 2007-08 (Report No. 4832. 0. 55. 001). Australian Nursing & Midwifery Council [AMNC]. (2008). Code of Ethics for Nurses in Australia. Retrieved from <http://www.nursingmidwiferyboard.gov.au/codes-and-guidelines.aspx#codeofethics> Grace, J., Moore, D. & Northcote, J. (2009). Alcohol, Risk and Harm Reduction: Drinking Amongst Young Adults in Recreational Settings in Perth. National Drug Research Institute. Perth, Western Australia. National Health and Medical Research Council [NHMRC]. (2009). Australian Guidelines to Reduce Health Risks from Drinking Alcohol. Canberra: Commonwealth of Australia. Retrieved from http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ds10-alcohol.pdf National Health and Medical Research Council [NHMRC]. (2011). Alcohol and Health in Australia. Canberra: Commonwealth of Australia. Retrieved from <http://www.nhmrc.gov.au/your-health/alcohol-guidelines/alcohol-and-health-australia> Petterssen, C., Linden-Bostrom, M. & Eriksson, C. (2009). Reasons for non-participation in a parental program concerning underage drinking: a mixed-method study. BMC Public Health, 9(1), 478. doi: 10. 1186/1471-2458-9-478 Swahn, M., Bossarte, R. & Sullivent III, E. (2008) Age of Alcohol Use Initiation, Suicidal Behaviour, and Peer and Dating Violence Victimization and Perpetration among high-risk, seventh-grade adolescents. The Official Journal of the American Academy of Paediatrics, 121, 297-305. doi: 10. 1542/peds.

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