South Australia is the 5th most populated states in Australia with approximately 1,584,500 people living there. The greater part of people resides in the Capital City (Adelaide). (Australian-Information-Stories.com, 2010). The word Alcohol denotes to ethanol which is seen in drinks for human ingestion (Australian Bureau of Statistics, 2006). Alcohol is a commonly used drug by South Australians, however the social and economic cost is very high, and the increased intake and its consequences are seriously affecting the community (SA Health Comments on Discussion Paper, 2010).Alcohol consumption can have a negative impact on the health of South Australians. In the modern life, alcohol is generally viewed as a normal part of the SA culture. Alcohol holds a set of cultural meaning including social events and religious ceremonies all over the world. Besides this people drink for different reasons, this is for entertainment, to celebrate functions, to remove their sorrows and as a habit. (NHMRC, 2009). Alcohol is used and enjoyed by Australian community as a sedative medicine. The less they take the less suppression, however, the higher consumption may cause lack of awareness and even decease. Besides this higher alcohol intake result in accidents, fighting, suicide and murder (WHO, 2004. Cited in ABS, 2006). Alcohol addiction and abuse was graded 17th in the 20 top reasons of risks of illness and injury for Australians in 2003, and harm from the use of alcohol was the main reason of 5.5 % of disease for males and 2.2 % for females (AIHW, 2006a. Cited in ABS, 2006).

When children turn into teen they make more friends and spend more time with friends so they search for the places where their friends are drinking (Australian Government Department of Health and Ageing, 2006).Abuse of alcohol may affect the socio-economic status of the community very badly; and the consequence may have a key role in the health of the community. (Government of South Australia, 2008). This case study illustrates alcohol abuse in the age group of 14-50 years in South Australia and the comparison of use of alcohol among teenagers’ and the strategies to reduce the alcohol related risks. The data has been gathered from different statistics, book and research from different web sites and Journal articles.

In South Australia, State legislation controls the sale and consumption of alcohol according to the Act 1997(Government of South Australia, 2011). In 2009, 85 % of South Australians over 14 years drank alcohol according to Drug and Alcohol Statistics South Australia. Alcohol is the second largest cause of drug related mortality and morbidity in Australia (after tobacco) (AIHW, 2005a). The 2007 statistic shows that over 4, 66,000 people aged 14 years and above drank alcohol in a dangerous way in the previous 12 months in South Australia. 15, 3000 people are harmed by others because of too much drinking every year. More than 43, 000 South Australian States have been physically misused by individuals impacted by alcohol in the previous years. Over 32, 4000 people reported that they have been verbally misused by alcohol in the earlier years. In 2004/05 more than 6,750 individuals have been hospitalized, and in 2005, 280 deaths occurred in SA due to alcohol abuse. (Drug and Alcohol Statistics South Australia, 2009). The National Drug Strategy (NDS) Household Study suggested that alcohol is the most frequently used psychotropic drug in SA. In 2004, 92.6 % of population over 14 years had taken alcohol in their lifespan and 85.4 % had drunk alcohol in the past 12 months. In 2004, around 10 % of males and females drunken high amount of alcohol that makes them threat of alcohol-related injury in the long term as determined by NHMRC, 2001. Same way males consumed more alcohols than females, i.e. 41.9 % and 32.3 % respectively, and it makes males more risk of damage in the short term according to NHMRC (2001). Nevertheless, female teenagers (47.4%) drink more alcohols than male teenagers (36.9 %) and females were more risk of harm in the short term. (Government of South Australia, 2008). People who drink in risky levels are between the age group of 18 to 39 in male and 18 to 29 in females. (Government of South Australia, 2011). By The 2007 National Drug Strategy Household Survey, 22 % of teenagers drink alcohol at least weekly, and one in 17 (5.7 %) included in verbal abuse to people under pressure of alcohol (Government of South Australia, 2009).

People with different social status and from different professions can acquire alcohol addiction. They have different reasons to become addiction such as particular attitude towards life, some atmosphere and social issues. It is not hereditary, but studies shown that children from alcoholism families are more prone to take alcohol and alcohol-related experiences are normal to them in SA; however the pattern of intake differs with each person. Children with more restrictions and protections try alcohol drinks for an experience when they gain freedom, later on they get addicted to alcohol. A person with low endorphins, which is an enzyme produce by human brain, can experience alcohol abuse. Alcoholic, expect and wait for something better to happen, but in real life there can be ups and downs. They try to cope with and try to develop the quality of life but the outcome might be opposite. The producers and distributors are more risk to turn into alcohol. Unemployment is also an important reason for alcohol addiction. Alcohol is accepted in the society, excess drinking in a party gives a sign of masculinity so people become addicted, therefore, in a way community is also helping the individual to drink. (Alcooholism-org, n.d).

[**The harmful use of alcohol amongst Indigenous Australians**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/plain-language/the-harmful-use-of-alcohol-amongst-indigenous-australians)

* + [**Indigenous: National**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/policies-strategies/indigenous-national)[**Indigenous: States and Territories**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/policies-strategies/indigenous-states-territories)
  + [**General: National**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/policies-strategies/general-national)
  + [**General: States and Territories**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/policies-strategies/general-states-and-territories)
  + [**Related publications**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/policies-strategies/related-publications)
  + [**Health promotion resources**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/resources/health-promotion-resources)[**Practice resources**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/resources/practice-resources)
  + [**Journals**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/resources/journals)
  + [**General**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/publications/general)[**Specific topics**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/publications/specific-topics)
  + [**Key references**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/publications/key-references)
  + [**Conference presentations**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/publications/conference-presentations)
  + [**Courses and training**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/alcohol-workforce/training)[**Job opportunities**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/alcohol-workforce/job-opportunities)
  + [**Conferences, workshops and events**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/alcohol-workforce/conferences)
  + [**Funding**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/alcohol-workforce/funding)
  + [**Related publications**](http://www.healthinfonet.ecu.edu.au/health-risks/alcohol/alcohol-workforce/related-publications)
* [**Introduction**](file:///C:\Users\rf\Desktop\New%20folder%20(5)\Risk%20factors%20alcohol%20abuse.mht%23introduction)
* [**Effects of alcohol use**](file:///C:\Users\rf\Desktop\New%20folder%20(5)\Risk%20factors%20alcohol%20abuse.mht%23effects-of-alcohol-use)
* [**Short-term health effects**](file:///C:\Users\rf\Desktop\New%20folder%20(5)\Risk%20factors%20alcohol%20abuse.mht%23short-term-health-effects)
* [**Long-term health effects**](file:///C:\Users\rf\Desktop\New%20folder%20(5)\Risk%20factors%20alcohol%20abuse.mht%23long-term-health-effects)
* [**Social consequences associated with alcohol use**](file:///C:\Users\rf\Desktop\New%20folder%20(5)\Risk%20factors%20alcohol%20abuse.mht%23social-consequences-associated-with-alcohol-use)
* [**Alcohol use in Australia**](file:///C:\Users\rf\Desktop\New%20folder%20(5)\Risk%20factors%20alcohol%20abuse.mht%23alcohol-use-in-australia)
* [**Drinking guidelines**](file:///C:\Users\rf\Desktop\New%20folder%20(5)\Risk%20factors%20alcohol%20abuse.mht%23drinking-guidelines)
  + [**Summary of guidelines for low risk drinking [14]**](file:///C:\Users\rf\Desktop\New%20folder%20(5)\Risk%20factors%20alcohol%20abuse.mht%23summary-of-guidelines-for-low-risk-drinking-14)
* [**References**](file:///C:\Users\rf\Desktop\New%20folder%20(5)\Risk%20factors%20alcohol%20abuse.mht%23references)

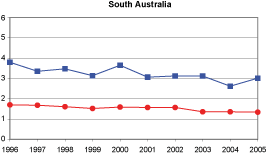
Alcohol intake is harmful to health and for the social performance in the society, it is an avoidable reason for death and hospitalization when drink too much. It causes serious problems for an individual, same time it affect their family, friends and the community too. (Government of South Australia, 2008). Excessive drinking every day can have more adverse effects on body. Self injury and road accident are more common with alcohol abuse in SA; seriousness depends on the kind of injury. Hangover comes from too much drinking, when this happen body try to protect by producing enzymes to remove toxins from the body but the enzyme production is a very slow process. When large amount of toxin accumulate, it affect the metabolism and person present with different hangover syndromes. Dehydration is another problem with excess drinking, alcohol always has a diuretic effect, and they lose fluid from body as urine. While they lose fluid, automatically they lose vitamins and minerals. Sleeping trouble is another cause with alcohol, sleeping pattern changes with it. Some people may experience unconsciousness which is very danger; they may have breathing difficulty, cold skin and vomiting without waken up. Mental disorders are some other problem especially with teenagers. (Dillon, 2009). Some long term effects are non-curable. Drinking alcohol can have long term risks such as heart and liver damages, cancer, ulcer, high blood pressure, infertility, stopping of menstruation on women and brain damage. It affects the central nervous system which leads to personal and behavioral changes or lose of memory. Reducing wait is another problem with alcohol abuse because of not eating properly. (Government of South Australia, 2011).

Most of the time children learn the habit of alcohol intake is from their family itself, it may be from one of the family members. At the same time family will experience the consequence badly. The increased density of alcohol consumption results in child abuse. (Australian Research Alliance for Children & Youth, 2006). There may be domestic violence, issues with mental health, poverty, splitting of relationship and people become homeless and financial problems are associated with alcohol consumption. Apart from this people engage in unsafe sex and which result to spread of sexually transmitted diseases. Those parents who drink large quantities may not be able to look after their children anymore and children may send to their relatives for care or may provide with babysitting. (Australian Research Alliance for Children & Youth, 2006). Family relationship problems and fight occurs according to the pattern of consumption (Bouma, Halford & Young, (2004).

Alcohol abuse is a very dangerous problem in Australia which cost more than 15 billion dollar in 2004/05 (Australian Government Department of Health and Ageing, 2008). National wide the total cost of alcohol related harm is approximately $ 15.3 billion each year. In which $ 1.6 billion in crime, $ 3.6 billion in lost workplace production, $ 2.2 billion in accidents and $2 billion in health care. (SA Health Comments on Discussion Paper, 2010). Alcohol related crimes are fights with other people and with police, drive after drink, rapes, work place absence and harm to the properties. When they do such crimes, they may be asked to do community works or may send to prison. Therefore, individuals get bad names, and have a bad record in the employment history. Drinking related incidents make people to laugh up on them and bullying may occur from society. Work related problems such as poor performance, accidents at work place contribute to risk at employment. Social separation, reduce opportunities, less friends or loose friendship and reduce sexual interest are other social problems with alcohol intake. Teen with alcohol consumption have problems with coping. (Government of South Australia, 2011).

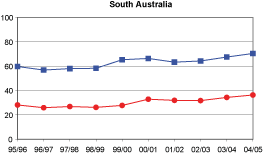
National Drug Institute (NDRI) provided alcohol-related mortality statistics was originally obtained from the Australian Bureau of Statistics (ABS). In 2004, intake of alcohol assigned 400 deaths in SA. The numbers of male deaths (270) were double as that of female deaths (130) with alcohol related problems. From 1998 to 2004 both male and female deaths stayed stationary each year and the normal rate was 305 and 135 respectively. Every year nearly 300 people die and more than 7000 people hospitalized in South Australia with alcohol consumption (Government of South Australia, 2011). The NDRI analysis of information was taken from Australian Health and Welfare Institute National Hospital Morbidity Data base pointed that from 1999/00 to 2001/02 the hospital admissions because of alcohol consumption were constant in SA with an average of 5,831 hospitalizations per year. As that of mortality rate, morbidity rate was also higher among males than females throughout this period due to alcohol ingestion (Government of South Australia, 2008). According to the Statistics, one teenage die and 60 hospitalized every week (, 2011).

**Alcohol- Related deaths in South Australia** Au



Source: NDRI (2009) National Alcohol Indicators Bulletin 12)

**Alcohol attributable hospitalization in South Australia**

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(Source: NDRI (2009) National Alcohol Indicators Bulletin 12)

To reduce excess intake of alcohol, the government has established different law, committees and strategies in the Local, State and National level (National Alcohol Strategies, 2009). The policies are designed to help people at work, licensed places and sporting areas where it can be carried out. (Government of South Australia, 2009).

Appointed groups are responsible for looking after and managing alcohol abuse and the Government have set some principles to support these groups. The main aims of these strategies are to decrease alcohol related problems to family, society and to individuals. (National Alcohol Strategies, 2009). The lists of Support groups are: Alcohol and other Drug Council of Australia, Alcohol Education and Rehabilitation Foundation, Australian Center for Addiction Research and National Alcohol Campingn. Self-Management And Recovery Training Australia supplies online support (Australian Drug Information Network, 2011).

SA has adapted some policies in order to reduce the alcohol related harm and it applies in a greater extend to the community. At first there are some liquor license law which keeps a record of persons alcohol related problem, applying annual fees or renewal fees, regulate the availability by minimizing the opening hours of shops and restrictions of licensed premises for liquors. Apply fines for those who break the Code of Practice. (SA Health Comments on Discussion Paper, 2010). South Australian Drug and Alcohol Service provide a range of support programs for the society which helps people to cut down alcohol and to reduce alcohol related program. They arrange counseling’s, assessments and refer people to different community groups, give educations and teaching for people with drug related issues. (Government of South Australia, 2011). SA Government-Department of Health-Drug and Alcohol South Australia offer different strategies for prevention, education and intervention methods. Convalescent rehabilitation services are provided by DrugBeat of South Australia Program. (Australian Drug Information Network, 2011).

The local community has arranged a confidential counseling service to find out the problems which can create alcohol addiction. The local governing agencies provide treatment for those who have harmful alcoholic syndromes and arrange addiction centers or rehabilitation centers. Arrange discussion groups so that they can open their minds, this can be with peer groups or with colleagues. (Government of South Australia, 2008). Drug and alcohol recourse unit give assistance and advice to the staff of hospitals to handle individuals who have problems with the use of alcohol and they give rehabilitation facilities for the patients. (Government of South Australia, 2011). Social control of alcohol is another key for reduction of alcohol abuse, which are some regular laws assigned by police or municipal council. By these laws penalties and suspensions are applied for those who break it such as sale of liquors to underage people. Awareness programs are included with Responsible Services to tone up the potency of social control by liquor law. (SA Health Comments on Discussion Paper, 2010). Royal Adelaide Hospital-Drug and Alcohol Resource Unit do identification, management and referrals for individuals. The Salvation Army provides home services and Baptist Care give counseling’s for homeless people with alcohol abuse. (Australian Drug Information Network, 2011).

It is the responsibility of the nurse is to check the patient carefully for complications and treat patiently and when the patient comes to normal advice for de-addiction treatment. Patient might be shy and withdrawn from family and society but nurses must take initiation for communication and help them to regain normal life, group discussions is one of the main component in this. (Nambi, 2008). As a health professional we should educate the youngsters as well as the parents, parents must take responsibility to have an open family discussion hence both side can talk freely even the debates. They grow physically as well as mentally and begin to start separate from their parents try to be independent. Today alcohol and drugs are available more than in the past so youngsters face more problems since they try to mingle with their peer group and imitate them. (Dillon, 2009).

As a whole, my case study points out the statistics, impacts, interventions and the support groups available in South Australia. Research from National Survey of Mental Health and Well-being in 2007 found that 22 % of people have problems with alcohol abuse in their life. In the one year survey there have been over 40,000 physical harms, 12, 5000 assaults and 42, 50000 verbal threats have reported in SA. (SA Health Comments on Discussion Paper, 2010). In brief teenagers are the most affected groups with highest mortality and morbidity.