**ALCOHOL ABUSE IN SOUTH AUSTRALIA**

In Australia alcohol is widely used and enjoyed in the society. In small quantities it causes people to become less inhibited and in large quantities it cause unconsciousness and death. (Australian Bureau of statistics, 2006). Australia stands at 14th rank in per capita alcohol consumption with 9.8liters per person per annum worldwide. Alcohol and other drug abuse play a vital role in social and economic culture of whole Australia including South Australia. (Government of South Australia,2009). Alcohol abuse is a condition in which people consume alcohol on a regular basis without considering the physical, social and economic consequences. (Smith, C .H. 2008). This case study deals with alcohol abuse of South Australians aged over 14-60 years living in urban areas and it is compared with whole Australia. In this age group the most affected population is teenagers. Underage drinking is a serious problem in south australia. 85% school children tried alcohol and many of them eagaging in harmful drinking patterns. In Australia 89.9% of aged over 14 years tried at least sometimes in their lives and 82.9% consumed alcohol (Drug and Alcohol Services South Australia, 2009). It also illustrates the demographic characteristics, prevalence, incidence, health determinants, impacts of alcohol abuse, interventions and role of health professionals to reduce the effects of alcohol abuse.

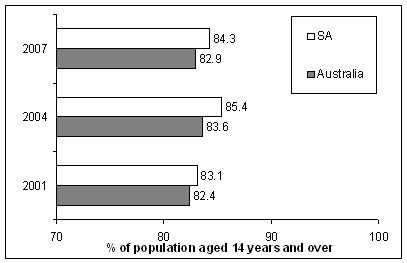
**DEMOGRAPHIC CHARACTERISTICS**

Total population of South Australia is 1.64 million. It involves 812,500males and 832,100 females. (Australian Bureau of Statistics, 2011). Morethan half of the South Australia’s population is living in the urban areas, in this 80% living in Adelaide and surrounding areas. Employment level of South Australians is lower than national average and Income levels are 9% below than national average. (ABC Health &Wellbeing, 2011). The main sources of income are wages and salaries which accounts 55 to 65% of house hold income. Other sources are unincorporated business, pension and benefits. (Australian Bureau of Statistics, 2011).

**PREVALENCE**

Alcohol consumption is highly prevalent in Australia. According to the National Drug Strategy Household Survey report 2007, nine out of ten Australians aged over 14 experiment alcohol and 82.9% consumed alcohol. Overall about 35% of people above 14 years and they put themselves at risk in short term. (Guidelines for the treatment of alcohol problem, 2009). In South Australia 84% population aged over 14 years and above consumed alcohol in 12 months. . (Drug and Alcohol Services South Australia, 2010)

Figure 1: Recent use of alcohol: proportion of the population aged 14 years and over, Australia and South Australia, 2001-2007.



Source: National Drug Strategy Household Surveys (AIHW)

Both in South Australia and Australia the alcohol consumption of male is higher than that of females. There is no substantial difference in alcohol consumption of males and females. (Drug and Alcohol Services South Australia, 2010).The table given below describes alcohol drinking status of people aged 14years and over.

Table 1: Alcohol drinking status: proportion of the population aged 14 years and over, by sex, South Australia and Australia, 2007.

|  |  |  |
| --- | --- | --- |
| **Drinking status** | **South Australia** | **Australia** |
|  | **(percent)** | |
|  | **Males** | |
| Daily | 11.0 | 10.8 |
| Weekly | 47.6 | 46.8 |
| Less than weekly | 28.9 | 28.3 |
| Ex-drinker | 6.4 | 5.8 |
| Never a full serve of alcohol | 6.2 | 8.2 |
|  | **Females** | |
| Daily | 5.0 | 5.5 |
| Weekly | 36.2 | 35.9 |
| Less than weekly | 40.1 | 38.5 |
| Ex-drinker | 8.5 | 8.1 |
| Never a full serve of alcohol | 10.3 | 12.1 |
|  | **Persons** | |
| Daily | 7.9 | 8.1 |
| Weekly | 41.8 | 41.3 |
| Less than weekly | 34.6 | 33.5 |
| Ex-drinker | 7.5 | 7.0 |
| Never a full serve of alcohol | 8.2 | 10.1 |

Source: 2007 National Drug Strategy Household Survey

In South Australia the risks of alcohol related harms are different at each age levels .

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Table 2 : Risk of alcohol-related harm in the long term: proportion of the population aged 14 years and over, by age, South Australia, 2007.

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| --- | --- | --- | --- | --- | --- |
|  |  | **Level of risk** | | | |
| **Age group** | **Abstai-**   n**ers** | **Low risk** | **Risk** | **High risk** | **Total Risks** |
| **(percent)** | | | | | |
| 14-19 | 25.5 | 67.2 | 5.5 | 1.7 | 7.2 |
| 20-29 | 7.3 | 80.8 | 10.0 | 1.9 | 11.9 |
| 30-39 | 8.9 | 77.3 | 8.2 | 5.5 | 13.7 |
| 40-49 | 9.3 | 80.6 | 5.9 | 4.1 | 10.0 |
| 50-59 | 15.6 | 74.9 | 6.3 | 3.1 | 9.4 |
| 60+ | 26.0 | 69.3 | 2.3 | 2.3 | 4.6 |
| Aged 14+ | 15.7 | 75.1 | 6.0 | 3.2 | 9.2 |

Source: 2007 National Drug Strategy Household Survey (AIHW)

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**MORTALITY AND MORBIDITY**

Excessive consumption of alcohol or alcohol abuse is one of the most important risk factor of mortality in Australia. (Australian Government, 2010). Alcohol is the second most cause of drug related deaths and hospitalizations in Australia. It is the main cause of deaths in Australian roads (Australian Bureau of Statistics, 2006). In Australia alcohol related harm causes around 3000 deaths and 65,000 hospitalizations every year (Curtain University, 2011). According to the National Drug Research Institute Data 2004, there were 400 estimated deaths in South Australia due to alcohol consumption, 270 male death and 130 female deaths.The main causes of male deaths were liver cirrhosis, suicide, road traffic injuries, and esophageal cancer. Causes of female deaths were supraventricular cardiac dysarrythmias, hemorrhagic stroke, suicide, breast cancer and liver cirrhosis. Heavy alcohol consumption over a period of time causes health related problems. (Government of South Australia, 2008). It increases risks of cancers, liver disease and cognitive problems. (Australian Bureau of Statistics, 2006).In case of teenagers one teenager died in each week due to risky use of alcohol.(MBF,2010). Alcohol consumption contributes 3.2% of total burden of disease and injury in Australia

(Australian Government Preventive Health Task Force, 2009)

**HEALTH DETERMINENTS**

Health determinants are the factors that increase or decrease the degree of health in individual or community (Australia’s Health, 2006). Health determinants include social, environmental and biological factors. (World Health Organization, 2011). These factors affect alcohol consumption.

**BIOLOGICAL DETERMINENTS**

Genetics has an impact on alcohol abuse (National Treatment Referral, 2002). Genetics accounts for about 60% of alcoholism (Alcoholism and Drug Addiction Help, 2011). Individuals with a family history of alcoholism are prone to develop alcohol abuse (About.com, 2011). Certain personality traits such as perfectionism, incapacity to deal with frustration and emotional immaturity are at risk of developing alcohol abuse (The-alcoholism-guide.org, 2010). More than this people with lack of impulse control are also at risk of alcohol abuse. For these people compulsive drinking become a habit out of control. (National Treatment Referral, 2002).

**SOCIAL DETERMINENTS**

Social determinants are the societal conditions. (Australian Medical Association, 2007). Alcohol is considered in the society as a method for socialization and to reduce stress. Alcohol is socially acceptable and legal. (The alcoholism guide, 2011). Teenagers are influenced by societal cultures and this leads to massive teenage consumption of alcohol (Alcoholism and Drug Addiction Help, 2011). Health inequalities are other social determinants leads to alcohol abuse. These includes poor living conditions, lack of employment, poor education, poverty, social exclusion, lack of social support . (Australian Medical Association, 2007). Peer group pressure is also a social factor affect alcohol abuse (Alcoholism Support, 2011).

**ENVIRONMENTAL DETERMINENTS**

Environmental determinants include factors such as where we live, the state of environment such as sanitation, water availability, climate, land and food habits and ecosystem. (World Health Organization, 2011). Growing up in a community or family where alcohol is widely used and easily available can make people at risk of alcoholism. Promotion of alcohol through media advertisement also influences alcohol consumption of people including teenagers (The-alcoholism-guide.org, 2010). Increased intake of sugar and lack of exercise can also lead to abuse of alcohol. (National Treatment Referral, 2002).

**IMPACTS OF ALCOHOL ABUSE**

**INDIVIDUAL IMPACTS**

Impact on health may be short term or long term. Short term effects include euphoria, stimulation of behavior, slurred speech, nausea, vomiting, visual impairment, loss of consciousness, loss of bladder control, coma, death and alcohol intoxication.(Drug and Alcohol Services,2010).Long-term effects include hypertension, stroke, digestive system problems, concentration and memory problems, brain damage with personality disorders and cancer of stomach, esophagus, and mouth. (Drug and Alcohol Services, 2010). Alcohol is also responsible for 30% of road accidents, 12% suicides, 44% fire accidents, 10% industrial accidents and 34% of falls and drowning. (Drug and Alcohol Services, 2010).In case of teenagers short term impacts involves road accidents, high sexual activity, depression, suicidal tendency, assault, aggression ,delinquent behavior, low academic performance and disrupted family relationships.Long-term impacts includes learning difficulties, memory problems, alcohol related illnesses.(MBF,2010).

**FAMILY IMPACT**

Alcohol plays a prominent role in domestic violence. It includes hitting, slapping, throwing objects and marital conflicts. (Addiction Recovery Basics, 2010).The effect of alcohol problems in children and family can enter into every area of life. Alcohol abuse alters the structure and functions of family. (Alcohol Concern, 2006). Alcohol abuse can cause mental health and cognitive problems in children where their parents abuse alcohol. Child loss their childhood and they have to take responsibility of themselves and siblings where both parents were drunk. Alcohol abuse also affects quality of parenting. Alcohol abuse parents are unavailable, unpredictable and inconsistent in their behavior. It affects children’s psychological development (Australian Medical Association, 2009). Other impacts on family are economic insecurity, loss of job, infidelity, prostitution, and child abuse. (Addiction Recovery Basics, 2010).

**COMMUNITY IMPACT**

In South Australia each year 153,000 are threatened by persons who drank too much. Over 43,000 reports that they have physically abused by somebody affected with alcohol (South Australia Police, 2011). More than 324000 South Australians state that they have been verbally abused by someone affected with alcohol (Drug and Alcohol Services of South Australia, 2009). Humiliating drinking effects result in social exclusion. Hangovers of alcohol use may lead to work place absenteeism, low performance in work and work place accidents. (Drug and Alcohol Services of South Australia, 2009). Other social impacts are minor offensive behavior to severe antisocial behavior. This includes theft, robbery, violence, crime, child abuse and murder. (Australian Indigenous Health Info net, 2011).In case of teenagers, they become victims of violence and sexual assault. They also commit crimes and violate laws for collecting money for drink(Australian Government Department of Health and Ageing, 2008).

**ECONOMIC IMPACT**

In Australia harmful consumption of alcohol accounts, social costs $15 billion each year. Majority of this is from tangible costs which include road accidents, crime, productivity in workplace and health care. Intangible cost includes loss of life, pain and sufferings. (Australian Government Department of Health and Ageing, 2008). Economic impacts of alcohol abuse are severe both in poor and rich. Other than the money spent for alcohol, heavy drinkers need money for medical and legal expenses. They have to suffer with economic problems such as lower wages due to absenteeism, lose of employment opportunities, and decreased eligibility for loans. (Green Facts, 2011).

In Australia prevention of alcohol related harm is taken as a responsibility among all levels of government. The federal, state and local government is working together to minimize alcohol related harms (Australian Government Preventive Health Task Force, 2009).

**UPSTREAM INTERVENTIONS**

Regulation of physical and economic availability of alcohol and other federal strategies help in the reduction of alcohol consumption (Australian Government Preventive Health Task Force, 2009). Regulation of physical availability of alcohol includes reduction of alcohol availability in terms of retail availability. It can achieve through reduction in hours and days of sale. Control in the provision of license to new alcohol outlets also helps in regulation of physical availability of alcohol (SA Health Comments, 2010). Regulation of economic availability of alcohol includes taxation (Australian Government Preventive Health Task Force, 2009). Price of alcohol always has an impact on drinking behavior (SA Health Comments, 2010). For the reduction of alcohol consumption of teenagers, strong enhancement of laws relating to minimum legal purchase age helps in prohibition of a minor from purchasing alcohol. In Australia minimum age for legal purchase of alcohol is eighteen. To reduce drink driving strong enforcement of random breath testing is necessary. (Australian Government of Preventive Health Task Force, 2009).

**MIDSTREAM INTERVENTIONS**

Drug and Alcohol Services South Australia (DASSA) established in 1984 provides state wide service for the prevention of harmful intake of drugs and alcohol. DASSA activities include Alcohol Drug Information Services (ADIS), Drug and Alcohol Clinical Advisory Service (DACAS), Police Drug Diversion Initiative (PDDI), metropolitan community services. ADIS is a 24hour telephone service giving guidance and counseling to general public, families and alcohol abuse people. DACAS provide guidance to health professionals who provide service to alcohol affected clients. PDDI activities include detection of minors using alcohol and drugs and bring them from justice system into educational activities and treatment. Metropolitan community services include free counseling, consultation and educational activities. (Drug and Alcohol Services South Australia 2011). State Government responsibilities include strict law enforcement, provision of treatment services, regulation of licensing policies and education activities in schools (Australian Government of Preventive Health Task Force, 2009)

**DOWNSTREAM INTERVENTIONS**

Local government has important role in public health. Its role in alcohol related issues are public policy initiatives, server programmes, and licensed premises. Licensed premises include design and construction of bars such as space ventilation and so on. Server programmes helps to decrease the risk of intoxication in drinkers by giving training to the workers. Another intervention is related to drink driving. It includes education programmes in the community. For the prevention of teenage drinking, parents should give proper information to their children about effect of alcohol use and set limits to their children. Parents must take initiatives to maintain a good relationship with their children and try to become a part of their lives. (Australian Government Department of Health and Ageing, 2008). Provision of woolsheds in the communities is other intervention. Woolshed provides therapeutic environment and give structured programs for work. It is associated with half way homes. (Drug and Alcohol Services South Australia 2011).

CHALLENGES OF IMPLICATION:The main challenge in implication of alcohol policies in Australia are cultural inertia surrounding Australia. Another challenges the division of responsibilities among three levels of government, political and economic importance and their influence in alcohol related industries. (Australian Government of Preventive Health Task Force, 2009)

**ROLE OF HEALTH PROFESSIONALS**

Health professionals are the personnel’s regularly seeing the results of injuries, accidents and diseases due to alcohol abuse. Health professionals are considered as sources of information so they can play a vital role in health promotion including alcohol related problems. (Australian Health Review, 2010).Health professionals main roles in reduction of alcohol abuse can be discussed under three headings. This includes primary, secondary and tertiary prevention. (Nambi. S 2008)

PRIMARY PREVENTION:It focuses on promotion of health. Special attention must be given to high risk groups such as teenagers and adolescents. Health professionals should take initiatives to conduct Student Taught Awareness and Resistance (STAR) programmes in educational institutions to teach the students to avoid high risk taking activities, Strengthening family programmes which is for drug abusing parents and their children.(National Institute of Drug Abuse, Health professionals working in the community should arrange health education programs to educate the public about consequences of alcohol abuse. (Nambi,S. 2008).

SECONDARY PREVENTION involves treatment and family therapy. Alcoholism is considered as a family disease with family as the focus of treatment. Health professionals should involve whole family to the treatment of alcohol abuse. Promotion of alcohol abused people and their family members to participate in self help groups such as Alcohol Anonymous, Al-Anon, Al-ateen. Alcohol anonymous group is a group of people stopped drinking. It plays a pivotal role in the recovery of people with alcoholism. Al-Anon is a group for the women of alcoholic people and al-ateen stands for the children of alcohol abused people. Referral services to these groups helps families to consider alcoholism as a disease and reduce its impacts on family members.(Barnett, M. A, 2003).

TERTIORY PREVENTION: It focuses on the reduction of disability and promotion of restoration. It includes rehabilitation activities. Health professionals should also promote the continuation of participation of drinkers and their family members in self help groups. Educate the community members about the de-addiction centers and rehabilitation services available in the community. (Nambi, S. 2008).

**CONCLUSION**

In short, it is clear that alcohol abuse is a serious problem, not only affects the drinker, but also it contributes significant impacts in community, family and economy of the nation(Addiction Recovery Basics, 2010).Australian Government has implemented various programmes and initiatives as a joint effort between state, local government and non governmental organisations(Australian Drug Information Network, 2011). For preventing alcohol related harms Integrated approach from multidisciplinary health professionals is also very important .

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