Alcohol abuse is a serious problem in South Australia. Majority of people in South Australia consume alcohol on a regular basis. Abuse of alcohol is responsible for significant social, health and economic costs of South Australian community. (Government of South Australia, 2011). Alcohol abuse is a condition in which a person drinks excessively on a regular basis without considering its consequences on health, workplace and society (Smith, 2008). Certain areas are prone for alcohol abuse in SA for example Adelaide. It is mainly due to inequalities in health determinants. The income level of South Australia is 9% below the national average and employment levels are lower than national level (ABC Health & Wellbeing, 2011). People’s health status, socio economic status, and health related behavior is interconnected. People who live in the areas of low socioeconomic status are more likely to be unemployed and consume alcohol. It is mainly due to the extra pressure brought by the unemployment. (Government of South Australia, 2008). Community health nurses (CHNs) can play a major role in reducing inequalities in the society. They can provide broad range of health promotion, early identification and intervention services to people in the community. (Community Health Nurses Western Australia, 2011). This essay deals with role of community nurse in assistance of community with problems such as unemployment, poor socioeconomic status and high alcoholism. It also deals with health promotion strategies and history of current strategies.

Assistance of community nurse in community problems begins with assessment of the community. CHNs should identify inequalities in the population and recognize the vulnerable groups. (Association of State and Territorial Directors of Nursing, 2006). For providing quality care to the community the understanding of the community is essential. It involves understanding of the health determinants, strengths and weakness of the community in terms of resources available and problem solving capacity of the community. (Australian Nursing Federation, 2011). CHNs should take initiatives to collect as much as data about the community they work and translate this in terms of health disparities in the area. Thorough understanding of the community helps the CHNs to understand the root causes of disparities in health. This also helps them in working in partnerships with individuals, families and communities in areas where they live. (Association of State and Territorial Directors of Nursing, 2006). Health determinants are the factors that increase or decrease the degree of health of individual or community; it includes biological, social and environmental factors. Biological factors are genetics, family history of alcoholism and certain personality traits. (The-alcoholism-guide.org, 2010). Social determinants are the societal conditions and this includes poor living conditions, poverty, unemployment and lack of social support. Environmental determinants include sanitation, climate, food habits and ecosystem. (The-alcoholism-guide.org, 2010).

CHNs can assist the unemployed people by informing them about the programs available in the community such as new start allowance, youth allowances. New start allowance is an income support payment available for people looking for job and allows them to participate in activities that increase opportunities of work. (Australian Government Department of Human Services, 2010). They can link jobless people with unemployment service providers to maximize their employment opportunities. More than this CHN should give support and educational programs for community people to develop their own solutions to address their problems. (Australian Government Department of Immigration and Citizenship, 2011). Public health nurse can also help the community in reducing socioeconomic inequalities by improving the social cohesion. Social cohesion means providing equal opportunity to all members of the community in terms of education and access of work. This helps in reducing unemployment and improving socioeconomic status. They can recommend suggestions in Governments policy making by identifying causes of social cohesion. (Australian Government Department of Immigration and Citizenship, 2011).

Community nurse’s sensible approach is very essential in reduction of alcohol abuse in the community. They can inform the community about the health, social and economic harm related to alcohol abuse. Promotion of effective treatment services and adequate referral services helps in reduction of alcohol related injuries. They can protect the family and community from alcohol related harms by empowering them to take effective action and work in partnership. CHNs should motivate the alcoholic people and their families to participate in self help groups available such as alcohol-anonymous, al-teen, and al-anon. (Smith, 2008).

CHNs plays inevitable role in health promotion. Health promotion is the process of enabling people to improve their health. For health promotion in the community building of health policy is very important. (Association of State and Territorial Directors of Nursing, 2006). In case of alcohol abuse public policies like increased alcohol taxes, lowered blood alcohol limits helps in reducing alcohol related harms. Community health nurses can assist in policy making by identifying the needs or problems of the community. They are also responsible for informing and advocating community issues on behalf of people in the community to local state government for effective policy making. (Ward & Verrindier, 2008). Community health nurses also get the opportunity to assess the effectiveness of public health policy and can recommend changes to higher authority if needed (Association of State and Territorial Directors of Nursing, 2006). Community nurse must maintain good contact with all members of the community such as teachers, local government, and other voluntary agencies working in the community. This helps in developing a supportive environment in promoting health in the community. (Ward & Verrindier, 2008).

Another health promotion strategy is strengthening of community actions. Enhancement of available social activities in the community helps in health promotion. Strength based approach ensures the people to take care of their own health by using available resources in the community. (Association of State and Territorial Directors of Nursing, 2006). CHNs should take initiatives in strengthening existing community welfare activities and work upon the assets within the community and strengthen people’s capacity to care of their own health. Reorientation of health care services also helps in promotion of health. Community nurses have a major role in fostering intersect-oral collaboration of health care services. (Ward & Verrindier, 2008). Promotion of health in the community not only requires the community nurse’s responses to manifestations of diseases but also it requires their response on social determinants of health. So collaboration of activities from various health professionals, public, private and voluntary sectors is vital. (Association of State and Territorial Directors of Nursing, 2006).

Development of personal skills of community nurse is very essential in health promotion strategies (Ward & Verrindier, 2008). CHNs are granted societal privilege to practice. So they are responsible to understand and take individual and collective interventions to promote health. (Association of State and Territorial Directors of Nursing, 2006). This necessitates communication, leadership and managerial abilities from nurse. CHNs should advocate the people about what services are available in the community and evaluate its effectiveness and recommend changes. For managing activities in the community proper planning, and organization from the nurses side is necessary. CHN should have knowledge and skills in giving health education to the parents, teachers and students. (Ward & Verrindier, 2008).

The current strategy to reduce alcohol and drug abuse is the National Drug Strategy 2011-2015. It ensures cooperative activities between community state and territory governments as well as nongovernmental sector to build a healthy community by reducing harms in the community. The key features are demand reduction, supply reduction and harm reduction to individuals, communities and families. (Ministerial Council on Drug Strategy, 2011). From early colonization till 1985 national campaign against drug abuse is based on harm minimization. After that national strategies developed under national drug strategy. It is a cooperative venture between commonwealth, state, territory government and the nongovernment sector and aim was minimization of harm in Australian community. In 1989 another national health policy on alcohol formed and it focused the need of comprehensive national approaches to reduce harms. National alcohol action plan 1995-1997 focused mainly on minimization of level of illness and injury due to impact of alcohol. The national alcohol policy 1997-2003 focused on reduction of alcohol related crimes, personal and social disruption. The aim of national drug strategy 2004-2009 was prevention of uptake of drug and alcohol abuse and strengthening of other strategies. (National Drug Strategy, 2001). Then came the current strategy. The activities for achieving the objectives of current strategy are the following.

Present strategy for reduction of alcohol abuse and related harms involve so many activities. All levels of Government that is federal, state and local bodies are working together to reduce alcohol related harms. (Preventative Health Task Force, 2009). The upstream interventions are reduction of physical and economic availability of alcohol. Reduction of physical availability can be achieved through control of provision of license to new outlets and reducing the hours and days for sale. (Preventative Health Taskforce, 2009). Economic availability can be achieved through taxation. The higher alcohol taxation helps in reduction of alcohol consumption. Pricing policies are mainly effective in reduction of alcohol abuse by young adults. (Curtin University, 2007).

Another strategy is effective enforcement of law by federal, state and local governments. It includes minimum purchase age for alcohol. In Australia 18 years is the minimum age for purchase of alcohol. Effective enforcement of this law helps to restrict a minor from purchasing alcohol. (Preventative Health Taskforce, 2009). Drink driving legislations helps to reduce the rates of alcohol related road injuries (Curtin University, 2007). Drink driving counter measures includes checking of blood alcohol concentration and random breath testing. In Australia legal blood alcohol concentration level is up to .05% for full time driver, .001% for learner, .00-.02%for provisional drivers. Random breath testing method also allows identifying alcohol concentration levels. In which any motorist at any time may be required to take a breath test. (Preventative Health Taskforce, 2009). Sobriety check points allow law enforcement officers to check driver for alcohol impairment. Drivers are systematically stopped given breath test to measure alcohol impairment. Increasing penalties for drink driving is also an effective strategy to reduce accidents. (Curtin University, 2007).

Midstream interventions include strategies taken under state level. It includes server interventions. It helps to reduce immediate harm on drinkers. Server interventions include training of people employed in bars and beverages. The main objective of this is to prevent harm due to intoxication and drink driving by alcoholic people. Other serving practices includes, providing food, refusing services to intoxicated or minor drinkers and slowing of services to drinkers showing signs of intoxication. (Curtin University, 2007). Regulation of alcohol promotion helps in reduction of alcohol consumption. It can be achieved by ban of advertisement of alcohol related substances. (Preventative Health Taskforce, 2009). Mandatory health warning labels on alcohol also makes an effect on peoples drinking behavior (Curtin University, 2007).

South Australian government activities include Police Drug Diversion Initiative (PDDI), Drug and Alcohol Clinical Advisory Service (DACAS), Alcohol Drug Information Services (ADIS) and metropolitan services. PDDI activities include identification of minors bring them from judiciary system into educational activities and treatment. DACAS provides guidance to health professionals. ADIS provides 24hour free telephone guidance and counseling to general public. Metropolitan community services also include free counseling and educational activities (Government of 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 include educational activities at local community level helps in reduction of alcohol abuse. Aim of educational activities is creation of awareness and improvement of knowledge about alcohol abuse in people. (Community Health Nurses Western Australia, 2011). Mass media campaigns extensively help the general population to enhance health promoting behavior and raise awareness of unhealthy behavior such as alcohol abuse. For developing healthy attitudes in school children towards alcoholism, health education activities are also focusing on children. Parents must also inform about the need of giving adequate information to the children about alcohol abuse and setting limits to their activities. (Curtin University, 2007).

Thus let us arrive at an inference that the issues of alcoholism, unemployment and poor economic status might appear an interrelated and disturbing problem in the community. (Government of South Australia, 2008). This problem can be kept under control with combined efforts of governments, academicians, police authorities, health authorities and most importantly the public itself with civic sense (Ward & Verrindier, 2008). It is indisputable that community nurses play the most important role in community development. If all these bodies are united in their efforts these issues can be addressed effectively. This is not only a concern of our nation but also a global concern and too important to be neglected.

REFERENCES

ABC Health & Wellbeing. (2011). *Australian Health Map*. Accessed on August 20,

2011, from http://www.abc.net.au/health/healthmap/sa/

Association of State and Territorial Directors of Nursing. (2006). *The Public Health Nurses Role in Achieving Health Equality: Eliminating Inequalities In Health*. Accessed on August 28, 2011, from http://www.astdn.org/downloadablefiles/ASTDN-health-equity-11-08.pdf

Australian Government Department of Human Services. (2010). *Newstart Allowance*.

Accessed on August 28, 2011, from

http://www.centrelink.gov.au/internet/internet.nsf/payments/newstart.htm

Australian Government Department of Immigration and Citizenship. (2011). *A National*

*Plan to build on Social cohesion, Harmony and Security.* Accessed on August 29,

2011, from http://www.immi.gov.au/living-in-australia/a-multicultural-

australia/national-action-plan/nap.htm#c

Australian Nursing Federation. (2011). *A Snapshot of Nursing Roles in Primary Health Care*. Accessed on 31, August 31, 2011, from http://www.anf.org.au/pdf/Fact\_Sheet\_Snap\_Shot\_Primary\_Health.pdf

Curtin University. (2007). *Effectiveness of Health Promotion in Preventing Alcohol Related Harm.* Accessed on September 5, 2011, from http://cbrcc.curtin.edu.au/books/howat%20et%20al%202007.pdf

Community Health Nurses Western Australia. (2011). *Community Health Nurses at Work.* Accessed on August 29, 2011, from http://www.chnwa.org.au/community

healthnurseatwork/tabid/63/Default.aspx

Government of South Australia. (2011). *Drug and Alcohol Services South Australia*.

Accessed on August 12, 2011, from http://www.dassa.sa.gov.au/site/page.cfm?u=203#e215 &u=176#dac

Government of South Australia. (2008). *South Australia : Our Health and Health Services.* Accessed on August 1, 2011, from http://www.sahealth.sa.gov.au/wps/wcm/connect//south-australia-our-health and health2389ed0042607ecfb917bfb44d317729services.pdf?MOD=AJPERES& CACHEID=2389ed0042607ecfb917bfb44d317729

Ministerial Council on Drug Strategy. (2011). *National Drug Strategy 2010-2015.* Accessed on September 8, 2011, from http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/DB4076D 49F13309FCA257854007BAF30/$File/nds2015.pdf2011

National Drug Strategy. (2001). *Alcohol in Australia Issues and Strategies*. Accessed on August 15, 2011, from http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/alc- strategy/$FILE/alcohol\_strategy\_back.pdf

Preventative Health Task Force. (2009). *Best practice in prevention.* Accessed on

September 4, 2011, from http://www.health.gov.au/internet/preventativehealth/publishing.n sf/Content/09C94C0F1B9799F5CA2574DD0081E770/$File/alcohol-4.pdf

Smith, C.H. (2008). *Alcohol Use and Abuse,* Boston: Harvard health publications.

The Alcoholism Guide. (2011). *T he Causes of Alcoholism*. Accessed on

August 19, 2011, from http://www.the-alcoholism-guide.org/causes-of- alcoholism.html#axzz1XPrCiroq

Ward, B., & Verrinder, G. (2008). Young people and alcohol misuse:how can nurses use the Ottawa charter for health. *Australian Journal of Advanced Nursing, 25*(4), pp.114-119.