

Young people and alcohol misuse: how can nurses use the Ottawa Charter for Health Promotion?

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ABSTRACT

Alcohol misuse in Australia society is a community issue that can be addressed successfully within a health promotion framework. It is important that strategies are not perceived as 'quick fixes' but work toward addressing some of the underlying structural factors that contribute to the problem.

Objective

The objective of this article is to demonstrate how nurses can use the Ottawa Charter for Health Promotion framework in addressing alcohol misuse among young people.

Primary argument

The Ottawa Charter for Health Promotion (1986) provides a useful framework from which to view the health of whole populations over their life course and in doing so work toward strengthening peoples' health potential (World Health Organization 2005). The relevance of the Charter lies not only in the influence it has on establishing health promotion practice, but also the influence it has on health policy development and health research (World Health Organization 2005).

Conclusion

Parents and community members have an important role to play in addressing alcohol misuse among adolescents but they need to be supported by nurses who can provide care within a health promotion framework.

INTRODUCTION

The Ottawa Charter for Health Promotion (WHO 1986) has been 'phenomenally influential in guiding the development of the concept of health promotion and shaping public health practice' (Nutbeam 2005). The Charter is now more than 30 years old and, as a landmark document, outlines a clear statement of action that continues to have resonance for nurses around the world. The Charter was re-endorsed in Bangkok at the 2005, 6th Global Conference on Health Promotion as it had been in Mexico-City (2000), Jakarta (1997), Sundsvall (1991) and Adelaide (1988). The principles and action areas have stood the test of time in nursing, health policy development and health research.

It is now known there are many factors which influence health and illness. There is generally no single cause or single contributing factor which determines the likelihood of health or illness; rather there tends to be a variety of causes. Factors that determine physical and mental health status include income, employment, poverty, education, and access to community resources. These social factors generate people's life experiences and opportunities which in turn make it easier or more difficult for people to make positive decisions about their health. While there are many actions that a person can take to protect their own or their families' health, very often the social context of their lives makes it impossible to take those actions (Talbot and Verrinder 2005). Health promotion and disease prevention strategies at the societal level are now part of the repertoire of nursing interventions.

The Ottawa Charter highlights the importance of building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services. Used collectively in any population setting, the action areas have a better chance of promoting health than when they are used in isolation. The Charter also highlights the potential role of organisations, systems and communities, as well as individual behaviours and capacities (Talbot and Verrinder 2005).

Health promotion strategies have been used effectively to address health issues that are identified as problems by the community. In Australia and throughout other western countries, the misuse of alcohol by young people has been highlighted as a problem (Toumbourou et al 2003).

Alcohol misuse amongst adolescents

For many Australians, alcohol consumption is a pleasurable part of everyday life (Parliament of Victoria 2004). However in recent years there have been several reports highlighting that the proportion of adolescents consuming alcohol and the amount of alcohol they are drinking is at record levels (AIHW 2008; White and Hayman 2006; Shanahan and Hewitt 1999). The long and short term sequelae associated with risky or high risk alcohol consumption include negative physical, emotional and social consequences (NHMRC 2001). Immediate harms include accidents, injuries, decreased scholastic and sporting performance, aggression, violence, assault, disrupted family relationships, high risk sexual activity, driving while under the influence of alcohol and delinquent behaviour (Jones and Donovan 2001). Among young people aged 16 to 24 years, alcohol related harm is one of the leading causes of disease and injury burden (AIHW 2006). These findings are consistent with population based research in Europe, United States and Canada (Jernigan 2001).

Community concern has been reflected in Australian media reports about 'teenage binge drinking' and the associated harms and generated debate in the Australian media about raising the legal age of alcohol consumption from 18 to 21 years (Editor 2008; Toumbourou et al 2008). In countries outside Australia, studies have demonstrated that raising the legal age for alcohol consumption reduces adolescents' access to alcohol and the subsequent associated harms (Ludbrook et al 2002; Grube 1997). While there are lessons to be learned from these settings, perceptions of health and how to address the determinants of illness have changed due to a combination of well informed 'top-down' and well anchored 'bottom-up' approaches to policy making (WHO 2005). Previous reports in Australia

have suggested there is little community support for any proposed changes to the current age for alcohol consumption and instead focus is more on the enforcement of current legislation (Loxley et al 2004).

Australian parents have a critical role in influencing the attitudes and beliefs of young people toward alcohol consumption. However parents have indicated they are looking for information, skills and community support to assist them in guiding their adolescents' safe use of alcohol (Shanahan and Hewitt 1999). The five action areas of the Ottawa Charter provides strategies from which nurses can support parents to promote health and encourage safe alcohol consumption patterns among adolescents.

By using the framework of the Ottawa Charter, nurses have a strong evidence base and useful framework from which to support families and the broader community in addressing the issue of alcohol misuse among young Australians. Reflecting on their own professional setting, nurses can use the Ottawa Charter framework to guide and inform interventions aimed at reducing alcohol related harm among young people.

Using the Ottawa Charter as a framework to address the determinants of illness associated with alcohol misuse

1. Action area 1: Build healthy public policy

Building healthy public policy is one of the solutions to improving health. All public policy should be examined for its impact on health and, where policies have a negative impact on health, strategies implemented to change them. Healthy public policy is needed to ensure that people are safe. In recent years, initiatives to reduce alcohol related harm have increasingly been focused on high risk individuals (Parliament of Victoria 2004). While these strategies may be appropriate for individuals, they do little to reduce the burden of disease at the community level (Midford 2004). There are risks attached to focusing on individual behaviours and victim blaming instead of addressing the structural

causes of ill health. Community action strategies are an important way of addressing alcohol related harm (Parliament of Victoria 2004). Regulation and restriction of sales, increased server liability, increased alcohol taxes and lowered blood alcohol limits are some of the policy areas which have been shown to be effective in reducing alcohol related harm (Parliament of Victoria 2004). Healthy public policy affects the entire population directly or indirectly. Nurses have a key role in informing and advocating on behalf of clients, families and the broader community and in promoting effective public policy.

2. Action area 2: Create supportive environments

Healthy public policy assists in creating supportive environments that are important in ensuring that everyone lives in a place that is safe and enjoyable. Alcohol misuse is not just something that pertains to young people; it is a problem that impacts on all members of the community. In a society where alcohol is often seen as an integral part of life (Australian Government 2006) and alcohol misuse is implicated in one third of all road accidents (Australian Government 2001) what is defined as safe needs to be re-considered. Parents commonly supply alcohol to their adolescents (Graham et al 2006; Ward et al 2006; Shanahan and Hewitt 1999) and in Australia enforcement of current legislation to restrict underage access to alcohol is 'patchy' (Loxley et al 2004). As a result, many adolescents find access to alcohol easy. In addition, alcohol advertising that is targeted to youth is often linked with social and sexual success and hence contravenes the Alcoholic Beverages Advertising Code (Jones et al 2001).

Public policy designed to create supportive environments has resulted in the 'settings' approach to health promotion, where working for change occurs through partnerships at the community level (Talbot and Verrinder 2005). Nurses, for example, have a role in

facilitating interaction between teachers and parents and between local government and school communities so they can exchange information, ideas, clarify values (McMurray 2003) and identify strategies that will focus on reducing alcohol related harm among young people. Nurses can encourage and establish primary care partnerships to develop alcohol action plans designed to improve the health and wellbeing of adolescents.

3. Action area 3: Strengthen community action

Strengthening community action is important and so there needs to be mechanisms by which the community can participate in decision making as a community and not just as an individual. Communities can determine what their needs are and how they can best be met. Thus greater power and control remains with the people themselves, rather than totally with the 'experts'. Community development strategies are one means by which this can be achieved. To date in Australia there have not been any formal consultations with youth about raising the legal age of alcohol consumption. Central to the success of the Ottawa Charter is increasing people's control over their own health and issues that impact on it. The participation of youth groups is critical to the principles of equity and participation. In countries outside Australia, some community mobilisation programs have been effective in changing community factors (e.g. under age access to alcohol) that influence alcohol use amongst young people (Holder et al 1997).

There are a number of successful community mobilisation approaches that have focused on reducing alcohol related harm among young people (Hingson and Sleet 2007; Hanson et al 2000). The role for nurses is to draw on these examples to successfully mobilise young people to be involved in the decision making process about issues that impact on their health and wellbeing.

4. Action area 4: Develop personal skills

Developing personal skills is important if people are to feel more in control of their lives and have more power in decisions that affect them. Helping people develop their skills ensures that people have the information and knowledge necessary to make informed choices. In Australia, many parents find it hard to communicate with their adolescents about alcohol (Shanahan and Hewitt 1999). It is also clear that many parents find themselves isolated and powerless to do anything about their adolescents' alcohol misuse (Shanahan and Hewitt 1999). Systematic reviews of alcohol and other drug education programs in schools indicate that effective school based programs should begin before initiation to alcohol and other drugs and that content should include social skills and resistance training. In addition, community values, societal contexts and information about drug related harm need to be included (Midford et al 2002).

Alcohol education programs that provide information alone have limited success (Foxcroft et al 2003). Without an understanding of alcohol related harms and interventions to address those harms, parents and community members cannot support initiatives for changes (Howat et al 2007). Nurses can work with parents, teachers and students to provide formal and informal education (WHO 2005) which informs alcohol related harm reduction policies.

5. Action area 5: Reorient health services

Reorienting health care is important in ensuring that health promotion is everybody's business. Re-orientating health services means that nurses have a pivotal role in fostering intersectoral collaboration between the health sector, police, education, adolescents and parents. There is some evidence to suggest that brief interventions can have some effect in reducing alcohol related harm among young people (Loxley et al 2004). However recent

overseas evidence suggests that in settings that are most commonly used by adolescents, many health practitioners are not comfortable and adequately skilled when working with young people (McPherson 2005).

Working in partnership with other health care providers, nurses can encourage positive health practices where brief interventions that focus on harm reduction, can be provided from places where young people congregate (McMurray, 2003).

CONCLUSION

The development of evidence informed practice in nursing includes using robust health promotion models and methods to address complex issues such as alcohol misuse. The five action areas of the Ottawa Charter integrate the various perspectives on health promotion. Used collectively, they still serve a useful function in directing the practice of nurses who work with young people, their families, and the community.

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