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Alcohol misuse in adolescents

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Abstract

Alcohol misuse in young people is of growing concern, even though alcohol consumption among adolescents has declined over recent years. Many 15 year olds have already consumed alcohol and adolescents tend to consume large quantities of alcohol in one sitting. This article describes the problem of alcohol misuse in young people and the nurse's role in the prevention and treatment of alcohol misuse in this population. A stepped care, holistic approach is recommended, taking into consideration peer and family influence on alcohol misuse and the young person's motivation to change their behaviour.

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Review

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Aims and intended learning outcomes

The aim of this article is to help nurses understand the implications of alcohol misuse in adolescents. It provides nurses with insight into the assessment, primary prevention and treatment of alcohol misuse. After reading this article and completing the time out activities you should be able to:

- ▶ Recognise signs and symptoms of alcohol misuse in adolescents.
- ▶ Discuss physical, psychological and social implications of alcohol misuse.
- ▶ Describe primary prevention techniques, such as health promotion and motivational interviewing.
- ▶ Implement appropriate assessment and treatment recommendations.
- ▶ Understand the importance of various theoretical models when working with adolescents who misuse alcohol.

Introduction

The implications of alcohol misuse are far-reaching and cumulative, with an estimated cost to the NHS of £3 billion in 2005/06 as a result of conditions associated with alcohol misuse (Balakrishnan *et al* 2009). Alcohol misuse among adolescents is an increasing problem, with eight out of ten people aged 15 having already consumed alcohol (Drinkaware 2012). This figure actually represents a decline in drinking among adolescents over recent years. However, these individuals tend to consume large quantities of alcohol in one sitting, with binge drinking becoming a particular concern. Almost four out of ten of those aged 13-14 who had reported drinking alcohol over the past week had consumed seven units or more; the same proportion of those aged 15-16 had consumed 14 units or more (Bremner *et al* 2011).

It is recommended that men drink no more than 21 units of alcohol per week and women, 14 units (DH 1995). This article describes the problem of alcohol misuse in adolescents. For the purpose of this article, the term adolescent describes people aged 13-19 (Wilder 2003).

Drinking in excess of daily recommendations is a significant concern (Institute of Alcohol Studies (IAS) 2010a). Surveys show that the trend of drinking for effect and to become drunk has grown in adolescents. In 2008, the number of adolescents under 16 years who regularly consumed alcohol had almost tripled since 1990, and those aged 11-15 consumed a weekly average of 5.3 units in 1990 compared with 14.6 in 2008 (House of Commons Health Committee 2009). In 2010, the IAS reported that most adolescents were drinking alcohol regularly by the age of 14 or 15 years and one in ten aged 12-15 reported drinking at least once a week (IAS 2010b). The UK has the third highest prevalence in Europe of 15 year olds who have reported being drunk on ten or more occasions over the previous year (Drinkaware 2012). Many adolescents engage in 'binge drinking', defined as a high intake of alcohol in a short space of time (IAS 2010b). There are currently no guidelines in the UK for alcohol consumption in adolescents, but the recommendations for adults mentioned previously indicate the level of excess drinking in this age group. There has also been an increase in crime, violence and antisocial behaviour among adolescents who consume alcohol (Drinkaware 2012). Around 18% of adolescents aged 12-13, and more than 28% aged 14-15, have caused damage while under the influence of alcohol (Drinkaware 2012). Furthermore, one in ten adolescents aged 15-16 admitted to having been in trouble with the police as a result of alcohol (Drinkaware 2012). The effects of alcohol misuse on adolescents may be physical, psychological and/or social.

Complete time out activity 1

Physical effects

Alcohol misuse can have serious effects on physical health, including sleep disturbance, trauma and dental and oral health problems, as well as leading to complications such as liver disease (Committee on Substance Abuse 2010). Physical effects of alcohol misuse may not be evident during initial assessment or physical examination (Clarke *et al* 2001). In large quantities, alcohol is neurotoxic. Sustained high consumption above the recommended safe intake can destroy brain cells. Adolescent

brains are particularly vulnerable because they are not yet developed fully, with some studies finding impaired memory and reasoning skills in adolescents who engage in binge drinking (IAS 2007).

Repeated alcohol misuse in adolescents can damage the oesophagus and cause acute haemorrhage. It can also cause acute gastritis with associated nausea and vomiting, pancreatitis, abdominal pain, metabolic complications such as hypertension or diabetes, and even death as a result of respiratory or circulatory failure, or aspiration of stomach contents after the gag reflex stops working (IAS 2007). Heart failure resulting from dilated cardiomyopathy is another risk factor of alcohol misuse (Rehm *et al* 2003).

Psychological effects

Alcohol misuse is associated with risk of psychological morbidity, particularly anxiety and neurosis (IAS 2007). It can also cause long-term mental health problems such as depression, self-harm, impaired memory and, in extreme cases, psychosis (Singleton *et al* 2001). Alcohol misuse is often associated with self-harm. A survey carried out in 2006 found that of 3,004 respondents who were self-harming, 62% of males and 50% of females reported drinking alcohol immediately before or during self-injurious behaviour (NHS Quality Improvement Scotland (QIS) 2008). Furthermore, 27% of men and 19% of the women in the survey cited alcohol as the reason for self-harming (NHSQIS 2008). Between 15,000 and 22,000 deaths each year are associated with alcohol misuse, some of which are the result of psychological effects and suicide (Cabinet Office Strategy Unit 2003).

Social effects

There has been an increase in anti-social behaviour along with the rise in alcohol misuse, suggesting a link between the two (Anderson and Hungerford 2007). 'Passive drinking' is also a common problem and refers to the secondary damage caused to people other than the drinker. Secondary damage includes the 7,000 people killed or injured annually as a result of drink-driving and 1.3 million children whose emotional development and schooling are disrupted by family drinking (Donaldson 2009). It is not surprising, therefore, that alcohol misuse has become a significant focus in the public policy agenda and an important issue in health care.

Government action

The Department of Health (DH) is responsible for government health policy on the misuse of alcohol. In May 2010, when the Westminster coalition government was formed, it published *The Coalition: Our Programme for Government* (DH 2010). This document cites several commitments to tackling the problem of alcohol misuse, including:

- ▶ Banning the sale of alcohol below cost price.
- ▶ Reviewing alcohol taxation and pricing.
- ▶ Changing the Licensing Act 2003 to give local authorities and the police more power to remove or refuse licences.
- ▶ Allowing councils and the police to shut down shops or bars that persistently sell alcohol to children, and doubling the maximum fine for underage alcohol sales to £20,000.
- ▶ Allowing local councils to charge more for late-night licences to pay for additional policing.

Complete time out activity 2

However, by trying to tackle alcohol misuse through new laws and policies, less emphasis is placed on reducing rates of alcohol misuse through health education and promotion. This is highlighted in data showing low levels of referral to specialist alcohol services (DH 2005, NHS Confederation 2010). Furthermore, in a survey undertaken for the Royal College of Physicians and the Royal College of Nursing, under-investment in staff and services for the treatment of alcohol misuse was noted by 88% of doctors and nurses (House of Commons Health Committee 2009). However, this situation is gradually changing. The DH (2009) has set out a series of high-impact changes for those commissioning alcohol services, based on rigorous evidence of clinical success and cost-effectiveness. Key among the high-impact changes is the appointment of alcohol nurse specialists in emergency departments and acute hospital clinics. The role of these nurses is to work with non-dependent drinkers, such as adolescents, to prevent alcohol dependence. These nurses are also trained to give clinical advice to improve standards of care for alcohol-dependent individuals.

Reasons for alcohol misuse

Reasons why adolescents misuse alcohol are multifactorial and can be placed into three categories: individual reasons, social reasons and peer influence (Honest *et al* 2000) (Box 1). **Complete time out activity 3**

Social motivators for alcohol misuse include escapism, forgetting problems and having 'something to do'. The individual may feel more confident in social situations if he or she has been drinking. The influence of social norms on alcohol misuse include peer pressure, perceived expectation, gaining respect and cultural acceptance. Although it is difficult to predict who is more likely to misuse alcohol, nurses should be aware of some risk factors.

Complete time out activity 4

Risk factors for alcohol misuse in adolescents are generally indicative of some existing social or psychological disadvantage (Box 2). Being

BOX 1

Reasons for alcohol misuse in adolescents and young people

Individual reasons

- ▶ Drinking as a coping mechanism, either to change mood or reduce feelings of stress via an altered state of consciousness.

Social reasons

- ▶ Brands of alcohol and drinking styles can act as a fashion statement.
- ▶ Drinking can be used to promote social relations such as developing trust with friends and exploring sexual relationships.
- ▶ Alcohol is perceived to have both relaxing and bonding functions within peer groups.
- ▶ Alcohol misuse provides an excuse for bad behaviour.

Peer influence

- ▶ Peer pressure or social expectations that certain kinds of events involve drinking.

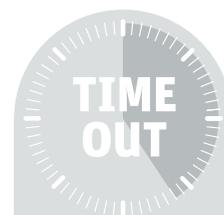
(Honest *et al* 2000)

BOX 2

Risk factors for alcohol misuse in young people

- ▶ Family adversity.
- ▶ Parental drug use.
- ▶ Parental misuse of alcohol.
- ▶ Drug use of older siblings.
- ▶ Low mental ability.
- ▶ Poor academic performance.
- ▶ Truancy.
- ▶ Existing behavioural problems.
- ▶ Low parental supervision.
- ▶ Living with a single or step-parent.
- ▶ Association with risk-taking peers.
- ▶ Socioeconomic disadvantage.
- ▶ Being a university student.

(Institute of Alcohol Studies 2010a)



1 Consider your experience of providing care to adolescents and young people who have misused alcohol. Make a list of some of the physical, psychological and social effects of alcohol misuse on health.

2 Consider government action on alcohol misuse in adolescents and young people. List policies you are aware of and describe how these affect your work. Can you identify any limitations? It might help to search the internet and discuss any identified policies with colleagues.

3 Research suggests there are several reasons why young people misuse alcohol. Think about a young person you are treating for an alcohol-related problem and consider why he or she is misusing alcohol. You may wish to discuss these reasons with a colleague.

4 What do you think are the risk factors for alcohol misuse in adolescents and young people? Compare your list with the information in Box 3. Had you considered all of these factors?

aware of associated risk factors provides nurses with scope for opportunistic health promotion and prevention of alcohol misuse. Research has shown that the younger the age of onset of alcohol misuse, the greater the chance that the individual will develop an alcohol-related problem later in life (Pitkänen *et al* 2006). Therefore, tackling alcohol misuse before it becomes a significant problem needs to be a priority. Simply delaying onset of alcohol consumption from early to late adolescence is an important goal for preventing alcohol misuse (Pitkänen *et al* 2006).

Prevention

The importance of tackling alcohol misuse early cannot be underestimated. Evidence shows that heavy drinking in adolescence increases the likelihood of binge drinking in adulthood (Jefferis *et al* 2005). According to Foxcroft *et al* (2008), the Traditional Public Health Model (Blane 1976), despite being dated, proposes three useful levels of prevention: primary (incidence and prevalence prevention), secondary (early identification) and tertiary (treatment).

Primary prevention is appropriate when dealing with adolescents who misuse alcohol. In this group, the problem is frequently binge-drinking behaviour as opposed to problems of dependence. Adolescents have not usually been drinking long enough to develop dependence. Primary prevention targets current alcohol misuse behaviour, while preventing future dependence.

Two thirds of those aged 12-15 who misuse alcohol obtain much of their alcohol from parents (IAS 2010b). Parents may be responsible for supplying alcohol in the home or storing alcohol where it is easily accessible (Harrington 2000). One UK study found that parental discouragement appeared to be associated with reduced drinking frequency in boys and increased drinking frequency in girls, indicating a need to tailor promotion of safe drinking with this finding in mind (Marsden *et al* 2005). In general, however, adolescents tend to follow their parents' example and it is important for nurses to target parents as well as adolescents in any primary prevention initiatives (Harrington 2000). Adopting a family-orientated approach to primary prevention is supported by the literature. A Cochrane systematic review found that the Strengthening Families Programme showed long-term efficacy for the prevention of alcohol misuse (Foxcroft *et al* 2008).

Complete time out activity 5

The Strengthening Families Programme is an internationally recognised evidence-based programme that provides family skills training to reduce problem behaviours, including alcohol misuse in adolescents. Parents and adolescents participate in the science-based programme both separately and together. Parenting skills, children's life skills and family skills training are delivered over 14 sessions, with topics including learning positive interactions, communication and effective discipline. The programme was developed in the 1980s as part of a National Institute on Drug Abuse research project and has demonstrated positive results for families of different ethnicities and cultural backgrounds (Kumpfer *et al* 2008).

Assessment and treatment

Primary prevention starts with an initial assessment, during which nurses should evaluate the level of motivation or desire of the individual to change his or her behaviour related to alcohol misuse. This can be achieved via motivational interviewing (Miller and Rollnick 2002), a person-centred style of communication designed to help resolve any ambivalence an individual might have about changing unhealthy behaviour. It attempts to guide the individual towards choosing to change his or her behaviour, rather than imposing expectations of change on the individual. If a young person feels he or she does not have a problem, then it is more likely the parents, social worker and GP need support to assist them in dealing with their anxieties and frustrations about the young person's behaviour (Ross 2003). Motivational interviewing can also be effective in helping adolescents realise they have a problem that needs to be addressed (Marlatt *et al* 1998).

The Theory of Planned Behaviour (Ajzen 1991) can be used to encourage behaviour change. This is a model of the relationship between attitude and behaviour, proposing that intentions play a key role in behaviour. While the theory assumes that intention is the most important determinant of behaviour, it also suggests that perceived behavioural control and subjective norms (for example, whether important others will favour the behaviour) contribute to the development of intention. By targeting perceived behavioural control through boosting adolescents' self-confidence to tackle alcohol misuse, as well as targeting social norms such as peer pressure and drinking to fit in, nurses can engage with adolescents better to address alcohol misuse.

The importance of individual beliefs regarding alcohol consumption has led to the recommendation that this model should be used to understand alcohol misuse and help develop interventions (French and Cooke 2012). An understanding of the Theory of Planned Behaviour model can assist nurses in identifying the multifactorial issues surrounding alcohol misuse in adolescents. According to the model, targeting adolescents' attitudes and beliefs might be a more effective approach than solely targeting the problem behaviour. Indeed, this approach has been successful with smoking campaigns.

Regardless of motivation, a risk assessment is needed, especially if the person is under 16. Even if the person is over 16, he or she must be competent to provide informed consent to treatment. 'Gillick competence' is a term used in medical law to decide whether a child of 16 years or younger is able to consent to medical treatment. It states: 'As a matter of law the parental right to determine whether or not their minor child below the age of 16 will have medical treatment terminates, if and when the child achieves sufficient understanding and intelligence to enable him to understand fully what is proposed' (Gillick vs West Norfolk and Wisbech Area Health Authority and DHSS 1986).

Models of Care for Alcohol Misusers (DH 2006) provides a stepped care model across four tiers to support the commissioning of alcohol services (Box 3). For nurses working with adolescents who misuse alcohol, tiers 1-3 are most relevant and pertain to the identification of alcohol misuse, the provision

BOX 3

Models of Care for Alcohol Misusers

Tier 1: Non-specialist services offering screening, identification and brief advice in a range of primary health and social care settings for alcohol misuse.

Tier 2: Open access, low threshold services for alcohol misuse.

Tier 3: Structured community-based specialist treatment services for alcohol misuse and dependence.

Tier 4: Inpatient detoxification and rehabilitation services for severely dependent drinkers.

(Department of Health 2006)

of brief advice and education, and access to specialist alcohol treatment services where necessary. Specialist services target the behaviour and effects of alcohol misuse and include walk-in clinics and psychological support for adolescents seeking help. Treatment can be provided in primary care (for example, a practice nurse providing brief advice during a series of consultations), acute hospitals (for example, alongside the treatment of liver disease) and other specialist settings (for example, counselling as part of a substance misuse service) (National Audit Office 2008). The achievement of treatment goals is usually measured through reduction in alcohol consumption or misuse, and improvement in any physical, psychological or social implications of misuse (DH 2009).

For nurses to provide holistic care, it is important to explore beyond the issue of alcohol misuse, taking into consideration the adolescent's



5 Go to www.mystrongfamily.co.uk and look up the Strengthening Families Programme. How can it support young people who misuse alcohol? Is there a similar programme in your area? If so, you may wish to inform your colleagues.

References

- Ajzen I (1991) The theory of planned behavior. *Organizational Behavior and Human Decision Processes*. 50, 2, 179-211.
- Anderson Z, Hungerford D (2007) *The Royal Accident and Emergency Department: Assault and Last Drink Location Yearly Report April 2006 to March 2007* Centre for Public Health, Liverpool John Moores University, Liverpool.
- Balakrishnan R, Allender S, Scarborough P, Webster P, Rayner M (2009) The burden of alcohol-related ill health in the United Kingdom. *Journal of Public Health*. 31, 3, 366-373.
- Blane HT (1976) Issues in preventing alcohol problems. *Preventive Medicine*. 5, 1, 176-186.
- Bremner P, Burnett J, Nunney F, Ravat M, Mistral W (2011) *Young People, Alcohol and Influences: A Study of Young People and their Relationship with Alcohol*. Joseph Rowntree Foundation, York.
- Cabinet Office Strategy Unit (2003) *Alcohol Misuse: Interim Analytical Report*. Strategy Unit Alcohol Harm Reduction Unit, Cabinet Office, London.
- Clark DB, Lynch KG, Donovan JE, Block GD (2001) Health problems in adolescents with alcohol use disorders: self-report, liver injury, and physical examination findings and correlates. *Alcoholism, Clinical and Experimental Research*. 25, 9, 1350-1359.
- Committee on Substance Abuse (2010) Alcohol use by youth and adolescents: a pediatric concern. *Pediatrics*. 125, 5, 1078-1087.
- Department of Health (1995) *Sensible Drinking: Report of an Inter-Departmental Working Group*. The Stationery Office, London.
- Department of Health (2005) *Alcohol Needs Assessment Research Project (ANARP): The 2004 National Alcohol Needs Assessment for England*. <http://tinyurl.com/2d722t> (Last accessed: May 31 2012.)
- Department of Health (2006) *Models of Care for Alcohol Misusers (MoCAM)*. The Stationery Office, London.
- Department of Health (2009) *Signs for Improvement: Commissioning Intervention to Improve Alcohol-Related Harm*. <http://tinyurl.com/y9h4z5s> (Last accessed: May 31 2012.)
- Department of Health (2010) *The Coalition: Our Programme for Government*. <http://tinyurl.com/38o4nxa> (Last accessed: May 31 2012.)
- Donaldson L (2009) *150 Years of the Annual Report of the Chief Medical Officer: On the State of Public Health 2008*. <http://tinyurl.com/2wu9thd> (Last accessed: May 31 2012.)

living circumstances and level of social support. This can be achieved by working with staff in schools, careers services, housing associations and other community agencies. In addition, it is important to investigate whether the young person is misusing any other substances. Adolescents who misuse alcohol are more likely to take illegal drugs, particularly amphetamines and cocaine (IAS 2007).

A person-centred approach is required when working collaboratively with adolescents to develop an agreed plan of action. An overall aim needs to be established. Abstinence might be the nurse's goal, but not the goal of the young person. In such cases, it is vital that nurses provide harm-reduction messages. For example, if adolescents insist on using alcohol, they should be advised to choose drinks with the lowest percentage of alcohol. A behavioural approach using drink diaries is also a useful strategy when working with adolescents, as it gives them responsibility for self-monitoring and provides a baseline of their

drinking behaviour (Ross 2003). Consideration should be given to literacy levels and helping adolescents to find creative ways of recording the information, such as using pictures instead of words. By reflecting together on the diaries, nurses and adolescents can begin to identify patterns of use, which forms a template for the best way to work together to reduce or change the behaviour.

Conclusion

Alcohol misuse in adolescents is increasing and nurses have a key role in providing health education and prevention. A stepped care approach that takes into consideration peer and family influence on alcohol misuse can assist nurses to deliver appropriate levels of support based on individual need. At all levels of support, a person-centred, holistic approach is required that takes into consideration the young person's motivation to change **NS**
Complete time out activity 6



6 Now that you have completed the article, you might like to write a practice profile. Guidelines to help you are on page 51.

Drinkaware (2012) *Alcohol and Young People*. <http://tinyurl.com/ybf3kq8> (Last accessed: May 31 2012.)

Foxcroft DR, Ireland D, Lister-Sharp DJ, Lowe G, Breen R (2008) Primary prevention for alcohol misuse in young people. *Cochrane Database of Systematic Reviews*. Issue 3, CD003024.

French DP, Cooke R (2012) Using the theory of planned behaviour to understand binge drinking: the importance of beliefs for developing interventions. *British Journal of Health Psychology*. 17, 1, 1-17.

Gillick vs. West Norfolk and Wisbech Area Health Authority (1986) <http://tinyurl.com/ceupu7w> (Last accessed: May 31 2012.)

Harrington V (2000) *Underage Drinking: Findings from the 1998-1999 Youth Lifestyles Survey*. <http://tinyurl.com/cabfam6> (Last accessed: May 31 2012.)

Honest T, Seymour L, Webster R (2000) *The Social Contexts of Underage Drinking*. <http://tinyurl.com/bvzln3b> (Last accessed: May 31 2012.)

House of Commons Health Committee (2009) *Alcohol: First Report Session of 2009-10*. <http://tinyurl.com/yafsmom> (Last accessed: May 31 2012.)

Institute of Alcohol Studies (2007) *Binge Drinking: Medical and Social Consequences*. The Institute of Alcohol Studies, Cambridgeshire.

Institute of Alcohol Studies (2010a) *Binge Drinking: Nature, Prevalence and Causes*. Institute of Alcohol Studies, Cambridgeshire.

Institute of Alcohol Studies (2010b) *Adolescents and Alcohol*. Institute of Alcohol Studies, Cambridgeshire.

Jefferis BJ, Power C, Manor O (2005) Adolescent drinking level and adult binge drinking in a national birth cohort. *Addiction*. 100, 4, 543-549.

Kumpfer KL, Pinyuchon M, Teixeira de Melo A, Whiteside HO (2008) Cultural adaptation process for international dissemination of the Strengthening Families Program. *Evaluation and Health Professions*. 31, 2, 226-239.

Marlatt GA, Baer JS, Kivlahan DR *et al* (1998) Screening and brief intervention for high-risk college student drinkers: results from a 2-year follow-up assessment. *Journal Consult Clinical Psychology*. 66, 4, 604-615.

Marsden J, Boys A, Farrell M *et al* (2005) Personal and social correlates of alcohol consumption among mid-adolescents. *British Journal of Developmental Psychology*. 23, 3, 427-450.

Miller WR, Rollnick S (2002) *Motivational Interviewing: Preparing People for Change*. Second edition. The Guilford Press, New York NY.

National Audit Office (2008) *Reducing Alcohol Harm: Health Services in England for Alcohol Misuse. Report by the Comptroller and Auditor General*. The Stationery Office, London.

NHS Confederation (2010) *Too Much of the Hard Stuff: What Alcohol Costs the NHS*. NHS Confederation, London.

NHS Quality Improvement

Scotland (2008) *Understanding Alcohol Misuse in Scotland: Harmful Drinking: Alcohol and Self-Harm: Final Report*. NHS Quality Improvement Scotland, Edinburgh.

Pitkänen T, Lyyra A, Pulkkinen L (2006) Age of onset of drinking and use of alcohol in adulthood: a follow-up study from age 8-42 for females and males. *Addiction*. 100, 5, 652-661.

Rehm J, Gmel G, Sempes CT, Trevisan M (2003) Alcohol-related morbidity and mortality. *Alcohol Research and Health*. 27, 1, 39-51.

Ross A (2003) Drug and alcohol work in child and adolescent mental health. *Nursing Times*. 99, 29, 26-27.

Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H (2001) *Psychiatric Morbidity Among Adults Living in Private Households, 2000*. Office for National Statistics, London.

Wilder EJ (2003) *The Theoretical Basis for the Life Model*. <http://tinyurl.com/cvjbw58> (Last accessed: May 31 2012.)