

HAZDRINK

Hazardous Drinking in Youth: A public health nurses approach

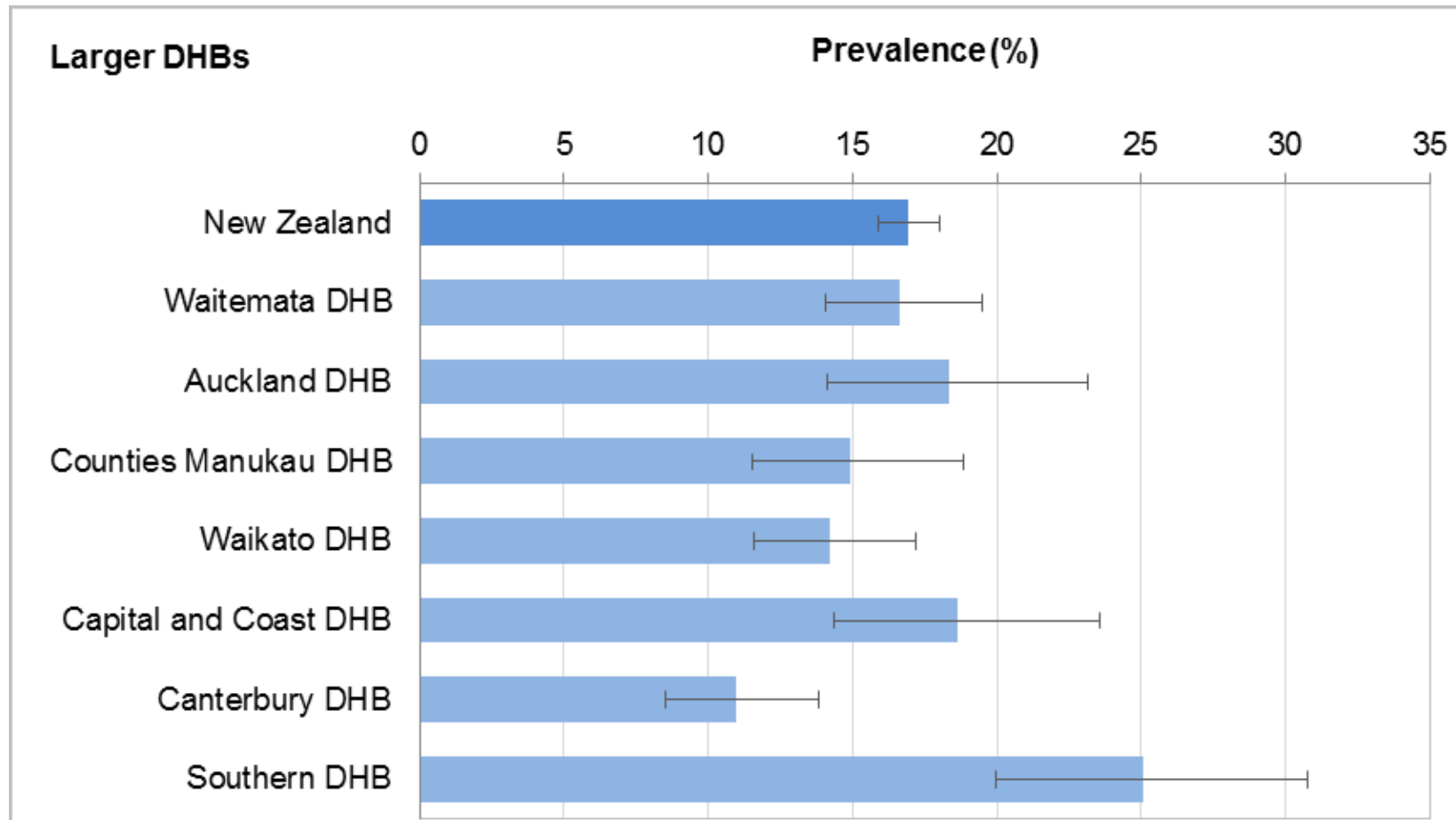
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2015

Introduction

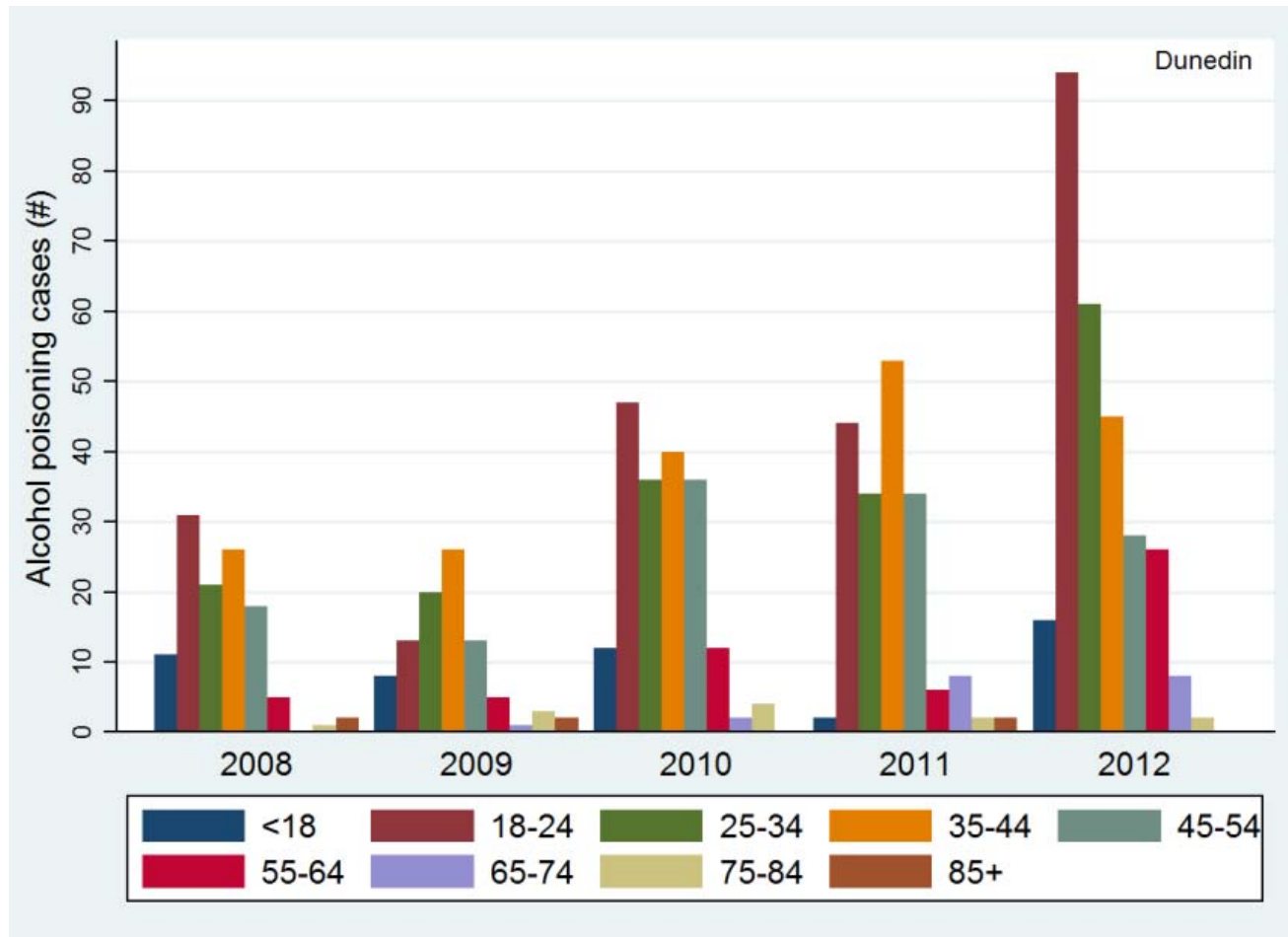
- Hazardous drinking refers to an established drinking pattern that carries a risk of harming physical or mental health, or having harmful social effects to the drinker or others.
- Acknowledgement to Gerard Kenny, Mike Hammond, Cathy Jansen & Chris Griffiths who championed the cause for the SDHB.

Age-standardized prevalence of hazardous drinking among adults aged 15 years and older by district health board (DHB)



(Public Health South, 2013).

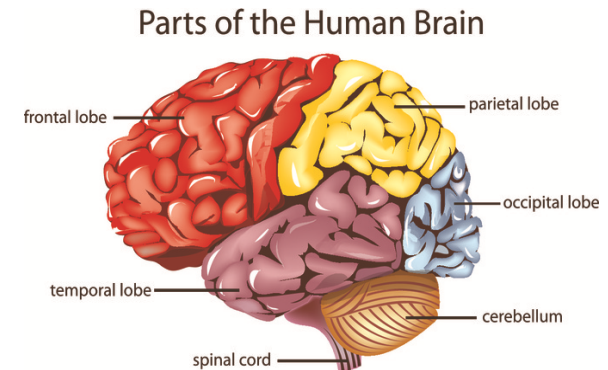
Number of alcohol poisoning cases treated at Dunedin Hospital 2008–2012, by age.



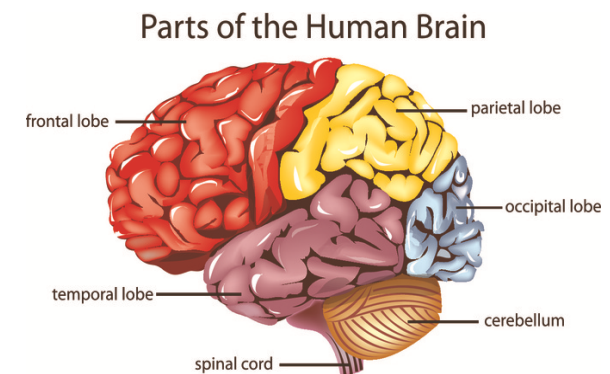
(Public Health South, 2013).

Significance of brain development

- An adolescents brain is biologically different from an adult brain.
- The pre frontal cortex is being reconstructed during adolescence and “offline” for renovations.
- The pre frontal cortex has a critical role in memory ,impulse control, decision making and planning.
- This executive thinking stops us taking actions that may cause harm and injury.



- The limbic system is associated with emotional thoughts and feelings.
- This emotional region of the brain has a greater effect on decision making and reward seeking during adolescence.
- The emotional region is not wired up to the decision making frontal cortex region or the “don’t do it” centre.



Alcohol and the Adolescent Brain

- Harm can be both immediate and long term.
- The plasticity of the brain makes it more vulnerable to toxic insults such as alcohol and other drugs.

1. Dependence

2. Sensitivity to alcohol

3. Changes to brain structure and function

4. Gender difference

5. Brains have to work harder

6. Risk of foetal alcohol spectrum disorder.

Important considerations with regard to the brain's sensitivity to alcohol during adolescence

- Relatively insensitive to the negative effects of alcohol such as sleepiness /loss of motor coordination /slurred speech , however Increase sensitivity to the feel good effects
- Less sensitive to the 'hangover' effect of excessive alcohol.



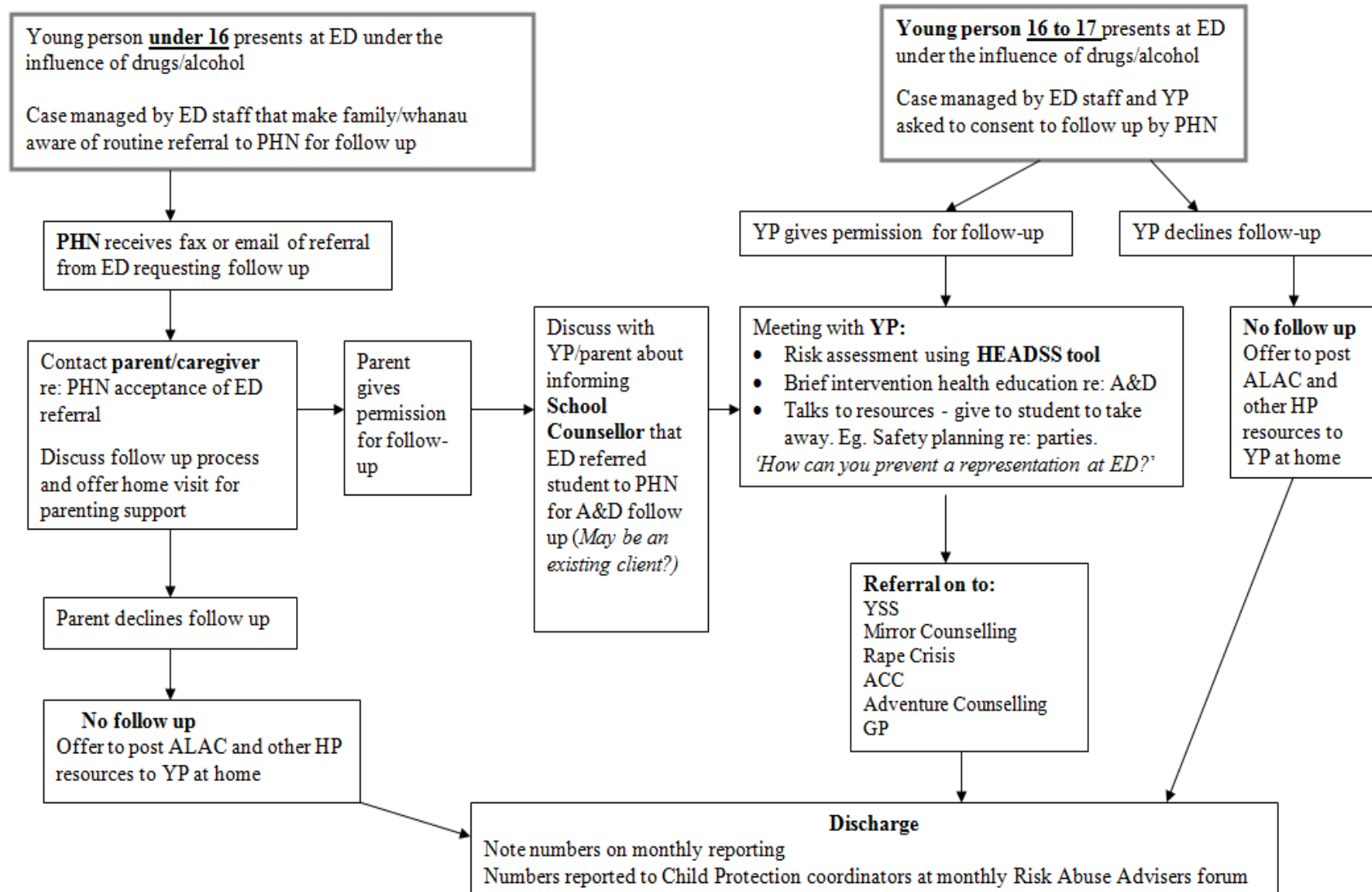
The sexual assault assessment and treatment service in SDHB stats show

- The most at risk group are girls between the ages of 16-24 yrs
- 60% involve alcohol
- 805 assaulted by an acquaintance
- Time of incidents usually between midnight and 8am.



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**Follow up pathway for Young People (YP) presenting at Emergency Department (ED) under the influence of alcohol/drugs
SDHB shared protocol (HazDrink) with ED, Public Health Nurses (PHN) and Child Protection coordinators**



HAZDRINK in Otago

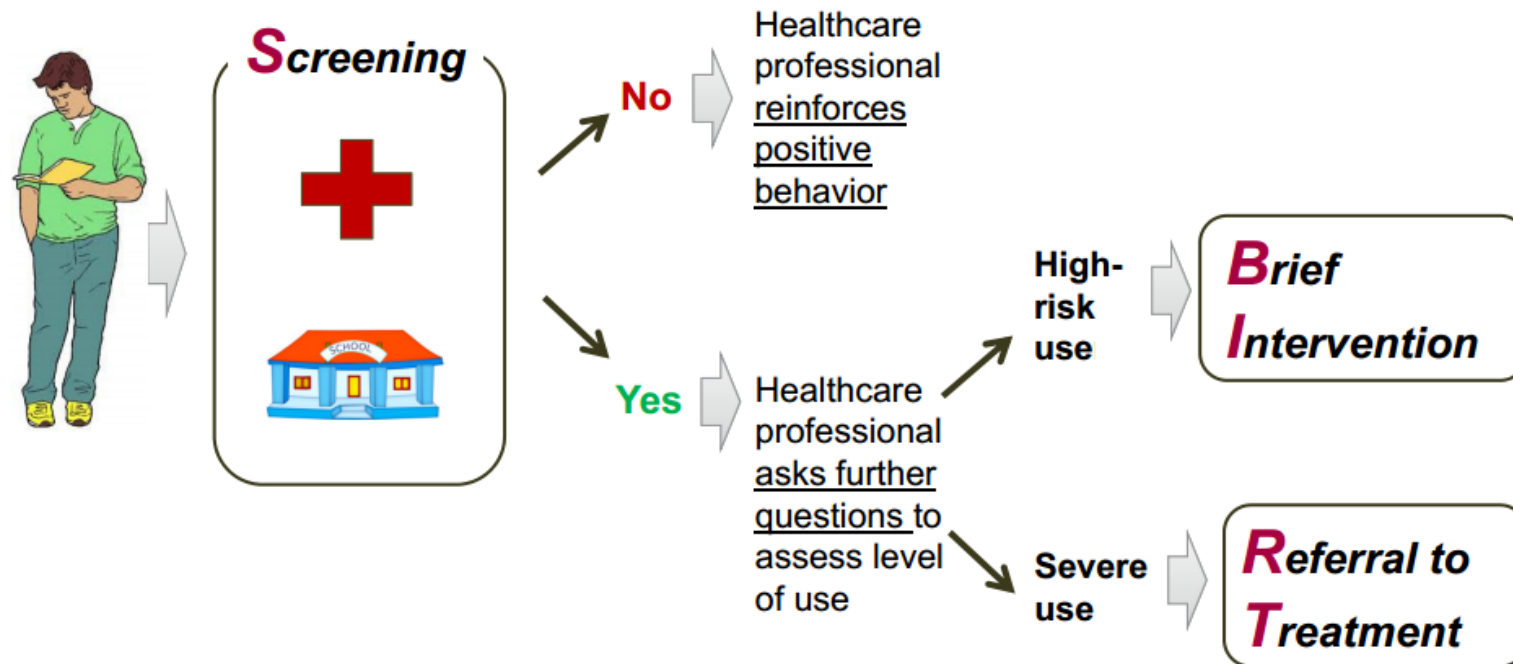
- **Dunedin**– coordinated by Mike Hammond. Referrals received directly from ED, child protection and children's inpatients (23 referrals)
- **Dunstan**– A number of individual cases are followed up through youth health clinic's part of HEADSS assessment.
- **Oamaru**– referrals via ED Oamaru and Dunedin Ed (4 referrals)
- **Balclutha**– referrals received through GP and after hours sometimes ED in Dunedin (Milton) (5 referrals). PHN now at Telford Polytech and since this initiative the referral numbers have reduced

ABA

A = ask

B = brief -
intervention

A = assess &
advise



A=ASK

- Ring client/family- discuss PHN involvement through ED HazDrink process
- Offer home visit, see at school,
- or offer to post resources if decline visit.

B= BRIEF

- Engagement
- Home visit
- Support
- Education



- STEP 1: ASK TWO AGE-SPECIFIC SCREENING QUESTIONS
 - One about their friends drinking
 - One about client's drinking frequency
- STEP TWO: IDENTIFY RISKS – how much?
 - Lower , Moderate, or Highest risk
 - Use what you already know about client and ask more questions as needed.

On how many DAYS in the past year did your patient drink?



Estimated risk levels by age and frequency in the past year

National Institute on Alcohol Abuse and Alcoholism. Available at:
<http://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf>

Some common anecdotes

“I can do a 24er and not even feel drunk”

And how come you can drink so much? ---- *“start at lunch time miss”*

“I drink to get drunk and check out the standard drinks on the bottle”.

“I started off by say no (to sexual intercourse) but just gave in at the end cos I was pissed.”



The D&S of HeaDSs

- HeaDSs *(is it an Alcohol and/or Drug event [both?])*
- Assessment Advice
- Safety planning
- Referral

A= ADVICE TO YOUNG PERSON

- Discuss the costs and benefits of alcohol use
- Discuss the risks to health
- Most don't know what hazardous drinking is
- Provide advice in how to minimise the potential harm – how to keep mates safe
- Don't normalise long term or binge drinking
- Provide education on help seeking behaviours

To PARENTS

- Parents have rights and responsibilities: it is OK to say **NO-** be **Courageous**
- ‘You have a right to **know where your young person is...**’
- Don’t leave it to chance – ‘**Phone the other parent...**’
- Right to enforce ‘**curfew...**’
- ‘Arrange how young person **getting home...**’

Typical Cases

- Often **after a weekend**
- Can effect **any socio economic** group
- Some young people / parents just get caught out – **regrettable event**
- **Compounded by other issues** / stressors in the family e.g parent hospitalised/ bullying in school/ relationship breakups at home or for the young person/ A&D use in the home/ peer pressure/ other behavioural and/or mental health issues

Case study



Where to from here?

- Build networks with primary care: Practice nurses and GPs.
- More alcohol education – raise the awareness during 'O' week
- More research on the effects on young person's brain
- Develop more champions in ED, primary care
- South Island Alliance – nil tolerance



References

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