Spring 2008

Alcohol-Related Emergency Room Admissions: The Experience of Underage Youth

Rebecca Bunica
Carroll College, Helena, MT

Follow this and additional works at: https://scholars.carroll.edu/nursing_theses

Part of the Public Health and Community Nursing Commons

Recommended Citation
https://scholars.carroll.edu/nursing_theses/33

This Thesis is brought to you for free and open access by the Nursing at Carroll Scholars. It has been accepted for inclusion in Nursing Undergraduate Theses by an authorized administrator of Carroll Scholars. For more information, please contact tkratz@carroll.edu.
Alcohol-Related Emergency Room Admissions:

The Experience of Underage Youth

Rebecca Bunica

Carroll College
This thesis for honors recognition has been approved for the Department of Nursing.

Signature Page

[Signature]
Director

April 18, 08
Date

[Signature]
Reader

April 18, 2008
Date

[Signature]
Reader

4-21-08
Date
Abstract

Alcohol use among the underaged is hard to deny in today’s society, yet even extreme use when the individual ends up in the emergency room at the hospital is portrayed as a non-life-changing event. The aim of the present study is to take a look at the trends of alcohol-related emergency room admissions of underage youths over the past five years as a point of determining the number of individuals admitted and the increase of admissions each year and to combine this study with three personal interviews with those individuals who have been through the actual experience of being admitted to the emergency room related to alcohol use. Data from the hospital were obtained using expedited chart reviews, where all identifying information has been deleted, and the interviews were analyzed using the phenomenology method in order to obtain themes throughout the interviews. Findings indicate an average of 1.00% increase annually of the number of individuals admitted to the emergency room, and the interviews indicated that while being admitted to the emergency room would seem as though it would cause a life-changing experience, issues such as concerns about penalties and what a “great story it was” are what individuals walked away with in the end. Nurses need to be aware that it is the long-term events that will change an individual and his or her drinking habits, not a short-term emergency room admission. This study can be generalized to the greater public wherever there are underage alcohol-related admissions to emergency rooms, but this study only included three individuals and their experience is their own. It is not necessarily what everyone will experience upon admit to the emergency room, and their future is not necessarily going to be the same for everyone.
Acknowledgments

I want to thank the director of my thesis, Dr. Joni Walton, for assisting me with my project. I would like to thank my readers, Joan Stottlemyer and Kim Garrison, for taking their time to painstakingly go through my drafts over and over again. I would like to thank the local community Hospital for allowing me to collect data from medical records and my participants who gave their time and stories to bring this all together. Finally, I would like to thank all my family, friends, and everyone else who gave of their time to help me get my act together and make this all possible.
Dedication

To those who made this a positive experience
To all my friends in low places
# TABLE OF CONTENTS

**SIGNATURE PAGE**......................................................................................................................... 2
**ABSTRACT** ........................................................................................................................................ 3
**ACKNOWLEDGMENTS** ..................................................................................................................... 4
**DEDICATION** ..................................................................................................................................... 5

**TABLE OF CONTENTS** .................................................................................................................... 6

**CHAPTER I** ....................................................................................................................................... 8

**OVERVIEW** ...................................................................................................................................... 8
  *The College Problem* ..................................................................................................................... 8
  *Levels and Patterns of Drinking* ................................................................................................... 9
    *Levels* ........................................................................................................................................... 9
    *Patterns* ....................................................................................................................................... 9
  *Risk Factors* ................................................................................................................................... 10
    *Cultures* ....................................................................................................................................... 10
    *Gender* ......................................................................................................................................... 10
    *Genetics* ....................................................................................................................................... 11
    *Ethnicity* ....................................................................................................................................... 11

**LIFE-STYLE OF THE COLLEGE STUDENT** .................................................................................... 11
  *Factors Affecting Drinking* ......................................................................................................... 11
    *Personal choices* ....................................................................................................................... 11
    *Familial* ....................................................................................................................................... 12
  *Environmental* ............................................................................................................................ 12
    *Housing* ....................................................................................................................................... 12
    *Developmental* .......................................................................................................................... 12
  *Etiology and Pathology* ................................................................................................................ 13
    *Acute alcoholism* ....................................................................................................................... 13
    *Chronic alcoholism* .................................................................................................................... 14

**IMPACT ON THE COLLEGE STUDENT** ......................................................................................... 14
  *Primary consequences* ................................................................................................................ 14
  *Social problems* ........................................................................................................................... 14
  *Legal problems* ............................................................................................................................. 15
  *Educational problems* .................................................................................................................. 15
  *Medical problems* ......................................................................................................................... 15

**Stigma of Alcohol Use** .................................................................................................................. 16
**Treatments: Fixing the Culture** .................................................................................................... 16
  *Individual level* ........................................................................................................................... 16
  *Entire student body level* ............................................................................................................ 16
  *Community level* ......................................................................................................................... 16

**THE NEUMAN SYSTEMS MODEL** ............................................................................................... 17

**REFERENCES FOR FAMILY** ......................................................................................................... 18
  *The National Institute on Alcohol Abuse and Alcoholism* ....................................................... 19
  *College Drinking- Changing the Culture* ..................................................................................... 19
  *Micromedex Healthcare Series* .................................................................................................. 20
  *Medline Plus* ............................................................................................................................... 20

**CHAPTER II** ..................................................................................................................................... 21

**REVIEW OF RESEARCH** ................................................................................................................ 21
  *Factors Related to Alcohol Use* .................................................................................................... 21
    *Evidence-based nursing implications* ......................................................................................... 21
  *Alcohol Prevention Programs* ....................................................................................................... 22
    *Evidence-based nursing implications* ......................................................................................... 22
  *Social Anxiety and Alcohol* .......................................................................................................... 23
    *Evidence-based nursing implications* ......................................................................................... 23
  *Parenting Styles and Drinking Behaviors* ..................................................................................... 24
    *Evidence-based nursing implications* ......................................................................................... 25
underage drinking
Chapter I

Overview

Alcohol-Related Emergency Room Admissions of Underage Youths

Alcohol is a depressant that is the primary choice among any mood-altering drugs in the United States today. As expert Williams states, "Almost one third of all Americans consume enough alcohol to be considered at risk for alcohol dependence, and alcohol abuse and dependence are associated with more than 100,000 deaths from alcohol-related diseases and injuries each year" (Williams, 2005, p. 1775). An even greater problem related to alcohol is the use of alcohol by individuals under the age of twenty-one. The Center for Disease Control asserts, "Alcohol is the most commonly used and abused drug among youth in the United States, more than tobacco and illicit drugs" (Center for Disease Control [CDC], 2007, p. 1). A survey done in 2004 by the National Survey on Drug Use and Health reported, "29% of youth 12-20 years reported drinking alcohol and 20% reported binge drinking" (CDC, 2007, p. 2). Young drinkers are a great concern. "A third of kids ages 12 to 17 had their first drink before 13," says Susan Foster, director of policy research for the National Center on Addiction and Substance Abuse at Columbia University (CASA). That's about 6.4 million kids, many more than there have been historically. Very young drinkers are a huge concern" (qtd. in Millar, 2007, p. 177).

The College Problem

Alcohol is a problem especially with the under-aged, which usually includes the college population. The purpose of this thesis is to gain knowledge about what triggers the college students' drinking habits and if being admitted to the emergency room has an effect on those drinking habits. Ineffective health maintenance is a state in which a
person or group experiences or is at risk of experiencing a disruption in health because of an unhealthy lifestyle or lack of knowledge to manage a condition (Carpenito-Moyet, 2006). This ineffective health maintenance is related to substance abuse and the lifestyle that the individual leads, including his or her past lifestyles and plans for the future.

Levels and Patterns of Drinking

Levels. There are a few levels of drinking. The first would be heavy drinking, which for women would mean more than one drink per day and for men more than two drinks per day. The next level would be binge drinking; for women that would mean more than three drinks during one sitting, and for men more than four drinks during one sitting (CDC, 2007, p. 1). Boyd claims, “Binge drinking and its concomitants are considered the greatest public health problem on American college campuses” (Boyd, McCabe, & Morales, 2005, p. 179). Another level one might consider that does not necessarily pose a problem would be non-binge drinking. They also argue, “Less alcohol consumption (than binge drinking) and is considered a more moderate form of drinking behavior” (Boyd et al., 2005, p. 181).

Patterns. Alcohol abuse is one pattern of drinking that can result in harm to the health of the individual, interpersonal relationships, or ability to work. Ignatavicus and Workman claim, “Alcohol abuse exists when a person does not have a strong craving for alcohol, loss of control, or physical dependence but has problems related to alcohol use” (Ignatavicius & Workman, 2006, p. 100). Problems such as failing to fulfill responsibilities within the home, school, or workplace can be signs of abusing alcohol. The next and most severe pattern of alcohol drinking is alcohol dependence. This is also known as an addiction or alcoholism, a chronic disease.
Risk Factors

Cultures. The National Institute of Health reports, “This culture actively promotes drinking, or passively promotes it, through tolerance, or even tacit approval, of college drinking as a rite of passage” (National Institute of Health [NIH], 2004, p. 12). College is such a major and important period in an individual’s life that it has been dubbed a “culture.” Also evident is the consistency of the number of college students who make this culture their own as described by Boyd:

Over the last 20 years, even with numerous interventions aimed at reducing underage drinking, studies consistently show that more than 90% of college students have consumed alcohol upon entering college and overall, approximately 40% to 45% engage in binge drinking while in college. (Boyd et al., 2005, p. 184)

The college culture is also dubbed as the years when individuals experience, sometimes as a “rite of passage,” drinking and getting drunk. Also found with this experience is that:

Not only do some 1,400 college students between the ages of 18 and 24 die every year as a result of hazardous drinking, but a half million suffer unintentional injuries under the influence of alcohol. Another 600,000 are assaulted by fellow drinking students and more than 70,000 are sexually assaulted. (NIH, 2002, p. 8)

Gender. Males and females experience the effects of alcohol differently due to BMI (Body Mass Index). Also, both genders tend to experience college and drinking
differently. Female undergraduates appear to be increasing their numbers of heavy drinkers. Boyd points out, "In 1993, only 17% of women undergraduates were frequent binge drinkers, but by 2001, 21% of the nation’s undergraduate women were frequent binge drinkers" (Boyd et al., 2005, p. 184). Boyd also states that males also increased in numbers of heavy drinkers, although males have higher rates of drinkers, as their rates increased from 22% to 25%.

Genetics. Boyd argues, “A genetic factor that may place some students at higher risk for alcohol abuse involves a particular variant of the serotonin transporter gene” (Boyd et al., 2005, p. 189). The study by Boyd showed Caucasian students found that this serotonin transporter polymorphism (5-HTTLPR) homozygous gene, which counts for about 30% of the population, accounted for the likelihood of students to engage in binge-drinking behavior.

Ethnicity. Ethnic identity is very strongly correlated with drinking behaviors:

White and Hispanic students tend to drink more than other ethnic or racial groups, and Asian and African American college students tend to report less alcohol use and binge drinking . . . . [T]hese patterns of alcohol consumption have remained fairly consistent over the past 20 years. (Boyd et al., 2005, p. 191)

Life-Styles of the College Student

Factors Affecting Drinking

Personal choices. Students make the decision whether or not to drink when they attend college. This means students who do not drink would probably choose their colleges based on drinking policies and vice versa. For example, students who do not
drink or drink the least tend to attend 2-year institutions, religious schools, commuter schools, or historically black colleges and universities. Alternatively students who do drink or drink the most are most likely to be males, white, members of fraternities and sororities, athletes, and also some first-year students (NIH, 2004).

Familial. Parenting styles are related to the outcome of use of alcohol: Parents who used coercive control (i.e., yelling, screaming, shouting, slapping and hitting) had adolescents who were more likely to show deviance and act out at school. Also, adolescents who reported having more house rules or the highest levels of parental monitoring showed the lowest levels of behavioral problems (i.e., drinking, illicit drug use, deviance, or misconduct at school). (Patock-Peckham & Morgan-Lopez, 2006, p. 1)

In comparison, adolescents with authoritative parents are at a lower risk for substance abuse. Patock-Peckham argues, “Emergence of good control may serve as a resilience factor, which may protect against substance abuse” (Patock-Peckham & Morgan-Lopez, 2006, p. 2).

Environmental

Housing. The amount that students drink depends on their living environment. Usually those who live in housing with sororities or fraternities drink more; those who live on campus drink more, and those who live off campus or students who live with their families tend to drink less (NIH, 2004).

Developmental. College is possibly the first time students have ever been away from parents and home for an extended period of time. This is a time when their choices and
decisions are not influenced by their parents anymore, but by their college peers and environment. Boyd contends, “The college years mark a time of personal growth, albeit with added vulnerability. It is in this developmental transition that alcohol use usually increases and binge drinking occurs” (Boyd et al., 2005, p. 187).

Etiology and Pathology

After drinking alcohol, it is absorbed, as is, into the stomach and the intestine. Alcohol then is taken to all the tissues and fluids in the body. Almost all of the alcohol in the blood is metabolized in the liver through a few pathways. Huether and McCance emphasize, “The major pathway involves hepatic alcohol dehydrogenase (ADH), an enzyme of the cytosol that catalyzes the conversion of ethanol to acetaldehyde” (2004, p. 76). Every individual metabolizes alcohol differently. They also believe, “Genetic differences in metabolism of liver alcohol, including aldehyde dehydrogenases, have been identified. Persons with chronic alcoholism develop tolerance because of production of enzymes, leading to an increased rate of metabolism” (2004, p. 76).

Acute alcoholism. Acute alcoholism affects mainly the CNS but can also stimulate reversible hepatic and gastric changes. These hepatic changes can include “inflammation, deposition of fat, interruption of micro tubular transport of proteins and their secretion, increase in intracellular water, depression of fatty acid oxidation in the mitochondria, increased membrane rigidity, increased reactive oxygen species, and acute liver cell necrosis” (Huether & McCance, 2004, p. 77). Although these changes can occur, most of what happens is the depressing symptoms since alcohol itself is a depressant. Mainly motor and intellectual activity becomes mixed up, so that one has a more difficult time communicating and functioning normally. With even higher levels of alcohol in the
blood, medullary centers in the brain become depressed as well which affects the respirations, causing them to become more deep and shallow.

*Chronic alcoholism.* This is a more serious form of alcoholism as it causes structural changes to the major organs and tissues in the body, most of all the stomach and the liver. How exactly this occurs in the body is controversial, but new studies suggest that it has a link with the generation of free radicals (Huether & McCance, 2004, p. 76). Chronic alcoholism is co-morbid to disorders such as hypertension, acute and chronic pancreatitis, as well as changes in the skeletal muscle. People who have this disorder also have a significantly shorter life span, related to “damage to the liver, stomach, brain, and heart” (2004, p. 77).

*Impact on the College Student*

*Primary consequences.* There can be adverse consequences from drinking, but it is not just the act of consumption itself, but rather only when and if it produces consequences (CDC, 2007). Kinds of consequences are ample and well detailed, but “Primary adverse consequences are usually described in terms of social, legal, educational, and medical consequences experienced by the drinker” (Boyd et al., 2005, p. 181).

*Social problems.* There are also social problems such as fighting when drunk among peers as well as a possible lack of participation in activities. If students are drinking on weekends and then sleeping off the hangover the next couple of days, they have less chance of participating in other activities with peers. Students also have a much higher risk for suicide and homicide with alcohol use and abuse. Other forms of social problems
include “physical or verbal aggression, marital difficulties, loss of important social relationships” (Boyd et al., 2005, p. 181).

**Legal problems.** This one is especially indicative of underage drinkers. It is illegal to drink under 21 years, and this can cause the student to have an MIP (minor in possession) or a DUI (driving under the influence). Arrest for driving under the influence, “public inebriation, open container laws” (Boyd et al., 2005, p. 181) are also some legal problems. One may also have legal problems as a result of physical or sexual assault.

**Educational problems.** As with any drug, there are consequences of drinking, especially underage drinking. College students may experience school problems like higher absence rates due to sleeping in or hangovers, which may lead to poor or even failing grades.

**Medical problems.** Immediate physical problems that can result from alcohol are as simple as a hangover with nausea and headaches to as serious as lifelong chronic illnesses. While drunk, students may experience unwanted, unplanned, and even unprotected sexual activity. According to Ignatavicius and Workman (2006), this may result in unwanted and unplanned pregnancies. A student may also have memory problems, and may even abuse other kinds of drugs. There are also changes that occur in brain development that can and will have life-long effects. An unintentional injury due to being under the influence of alcohol is another way a student’s life is impacted. Any alcohol-related car crashes, burns, falls or even drowning and death from alcohol poisoning can occur due to the effects alcohol has on judgment (Ignatavicius & Workman, 2006).
**Stigma of Alcohol Use**

The stigma attached to those who abuse alcohol is fairly intense. Corrigan claims, “People who abuse substances have been shown to be perceived as more blameworthy than those with mental illness” (Corrigan et al., 2005, p. 545). Research has also proved that those who abused alcohol are viewed as being more dangerous than persons with a mental illness. The results of this study done to find the stigma of adolescents and mental health illnesses versus alcohol dependence found, “specifically, peers who abuse alcohol were viewed more negatively than those with mental illness or leukemia, especially in terms of blame, anger, and dangerousness” (Corrigan et al., 2005, p. 548). When compared to a mental illness, adolescents stigmatize those who abuse alcohol more so than those with a mental illness.

**Treatments: Fixing the Culture**

**Individual level.** This first attempt would be to target all students at an individual level, not just those with drinking problems. According to the NIH, “The risk for alcohol problems exists along a continuum. Targeting only those with identified problems misses students who drink heavily or misuse alcohol occasionally” (NIH, 2002, p. 25).

**Entire student body level.** Students have the ability to attain alcohol with few or no problems. Alcoholic beverages are widely available; students have the time necessary to party and usually the needed security and enforcement of alcohol laws are extremely inconsistent.

**Community level.** The NIH declares, “When college drinking is reframed as a community as well as a college problem, campus and community leaders are more likely to come together to address it comprehensively” (NIH, 2002, p. 26). The focus here
would be to take the problem to the community, to acquire a more personal level such as with the families.

*The Neuman Systems Model*

The Neuman Systems model is a holistic model that takes five individual aspects of healthcare and puts them together and makes it an inter-related system that works together to achieve the optimum level of wellness for each and every client. Haggart asserts, “Each aspect of a person or group (system) can only be understood in relationship to its totality. Each system, according to Neuman, is a dynamic composite of physiological, psychological, socio-cultural, developmental and spiritual variables” (Haggart, 1993, p. 1917). The purpose of her system was that one would have “equilibrium with the environment and this is equated by Neuman with the level of wellness/health of the client/client system” (Haggart, 1993, p. 1917). So, the level of wellness a client would have in each system gave the opportunity for the client to reach, as Neuman stated, “equilibrium with the environment” (Haggart, 1993, p. 1918).

Haggart added, “The goal of nursing in Neuman’s work is to facilitate optimum wellness through interventions aimed at attaining, maintaining and retaining client stability by using primary, secondary and tertiary prevention as the intervention strategy” (Haggart, 1993, p. 1918). While primary intervention is more welcomed and praised by all nursing strategies, it is also important to stabilize a client event when secondary and tertiary prevention must also be utilized. Nurses can use the Neuman Systems Model for the problem of alcoholism. Underage drinking is a prevalent problem that can cause unintentional injuries, so while primary prevention would be an ideal way to prevent this problem, secondary and tertiary prevention may make a greater impact than intervention.
strategies. The push here would be for prevention of underage drinking so as not to lead to other diseases associated with alcoholism. The problem with ineffective health maintenance would be addressed here as well; since prevention can be crucial to the specific problem, health maintenance would be effective in preventing the problem.

Nurses can apply this model easily to this problem and many other problems because it “offer[s] a clear, yet flexible, framework for intervention according to the client’s stated needs” (Haggart, 1993, p. 1919). The nurse can work not only with the healthcare system, but also with the client in order to provide the necessary care that the client needs. The Neuman Systems model also “is fully congruent with today’s health care philosophy by taking a wellness-oriented approach, involving clients in their health care with prevention as intervention” (Haggart, 1993, p. 1917).

It is important that the client has support not only from the healthcare system, but also from family and the community in helping to enforce prevention priorities within the system. He suggests, “Neuman’s model advocates partnership and, by working with a wellness-oriented approach, this is highly congruent with public health requirements and, over a period of time, the model could be a catalyst for increasing empowerment of communities and individuals” (Haggart, 1993, p. 1918). The Neuman Systems model is a holistic view to nursing that communicates not only with the healthcare system, but also with the client and the community at large.

References for Family

The following section is for families of persons who have an alcohol problem and for the clients themselves. Included are informative websites that they can utilize mostly on their own in order to become knowledgeable about their specific disorder. Some websites
need a healthcare professional in order to access them, such as Micromedex which is one of the websites listed, but others are free and user friendly. Refer to Treatments and Medications for other forms of interventions.

*The National Institute on Alcohol Abuse and Alcoholism*

The National Institute on Alcohol Abuse and Alcoholism of the National Institutes of Health is a free, user friendly website for professionals as well as the general public that gives up-to-date, evidence-based practice publications and research information on alcohol abuse and alcoholism. There are specific links for the public and newsletters to aide in informing the public about these problems, and this site can also be utilized in Spanish. The URL for this site is http://www.niaaa.nih.gov/.

*College Drinking- Changing the Culture*

The College Drinking- Changing the Culture website is a free website devoted to informing college parents, students, and presidents concerning alcohol abuse and prevention. It also has devoted space to high school administrators and parents and students, warning of the future and the college drinking culture. The website was created by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). It is a “one-stop resource for comprehensive research-based information on issues related to alcohol abuse and binge drinking among college students” (College Drinking- Changing the Culture, 2007). The website provides college alcohol policies, alcohol myths, how to get help, what is in the news and even e-cards. The URL for this website is http://www.collegedrinkingprevention.gov/
Underage Drinking

**Micromedex Healthcare Series**

Thompson Gateway provides four different informative and important ways to increase professionals’ and individuals’ knowledge about drugs and diseases. This is a user-and-password required website that requires the user to sign up to use. The first subset is Micromedix Healthcare Series that provides “a wide range of clinical databases, including unbiased, referenced information about drugs, toxicology, diseases, acute care, and alternative medicine” (Micromedix Healthcare Series, 2007). to a variety of diseases and disorders. The CareNotes system “provides the patient with complete, easy-to-understand information about all aspects of their care, medications, and health, in English or Spanish” (Micromedix Healthcare Series, 2007). The website also provides a Formulary Advisor and a PDR Electronic Library that gives information and a tool to access current hospital information and access to FDA approved drug information. The URL for the website is http://www.thomsonhc.com/home/dispatch.

**Medline Plus**

Medline Plus is a service of the U.S. National Library of Medicine and the National Institutes of Health. This website gives the general public and professionals easy-to-understand definitions on major health topics and then links to other important resources including the basics of the health topic, current research on the topic, treatment, rehabilitation/recovery, ability to cope as well as related issues. This is a free, user friendly website that is also vital due to the links to a PDF file for an article entitled “A Recovering Woman’s Guide to Coping with Childhood Abuse Issues” in five different languages including Spanish, Chinese, Korean, Russian and Vietnamese. The URL for the website is http://www.nlm.nih.gov/medlineplus/alcoholism.html.
Chapter II

Review of Research

The following section will review several articles in order to show the validity of all recent evidence-based research and to summarize study findings on the use and abuse of alcohol. The process of reviewing research includes reading and evaluating all aspects of the article including the literature, samples, instruments used, study design, and data analysis in order to ensure the quality of the article being used. The following will review articles concerned with alcohol use and its effects on underage youth.

Factors Related to Alcohol Use

Alcohol use can lead to extremely negative health outcomes. When youth agreed that the taste of alcohol was terrible, the less likely they had used and would ever use alcohol. If youth agreed that drinking was fun, the more likely they were to have used alcohol. These factors increased the odds ratio of when and how much youth would drink, whether recently or when binge drinking increased. When these youth went through high school, the odds that they would have a recent drink or binge drink also increased (Eaton, et al., 2004).

This study was a closed-ended, quantitative survey that “acknowledged a range of personal, social, and environmental influences” (Eaton et al., 2004, p. 95). The question presented was, what correlates of lifetime alcohol use, recent alcohol use, and binge drinking and what personal, social, and environmental influences attribute to alcohol consumption?

Evidence-based nursing implications. It is evidenced that drinking can result in a number of negative outcomes, “including increased risk of accidental death (largely
resulting from motor vehicle crashes), homicide, suicide, sexually transmitted infections, and teen-age pregnancy, as well as juvenile delinquency, other criminal behavior, and impaired physical, social, and mental development” (Eaton et al., 2004, p. 95). The purpose of this study was to ascertain what factors lead up to these risks and to acknowledge those factors in order to prevent the outcomes. In order to prevent the negative health outcomes, a more personal, individual-based intervention program would be more effective than a “one-size-fits-all” intervention program.

Alcohol Prevention Programs

Youth are exposed to alcohol at much younger ages, so the focus of prevention programs that once targeted middle-school-aged children may be more influential if they target elementary-school-aged children. The importance was also based on delaying onset of alcohol use because “research suggests that individuals who begin drinking before age 15 are more likely to become alcohol dependent” (Bell, Kelley-Baker, Rider, & Ringwalt, 2005, p. 171). A point to be made is to delay the age that children begin to use alcohol in order to prevent alcohol dependency later in life. The intervention used was a program entitled Protecting You/Protecting Me (PY/PM), one of the first programs ever to target its material at very young children, beginning in the first grade. The students involved in the program found that besides increasing their knowledge of what alcohol can do to their development, “they also demonstrated changes in attitudes toward underage alcohol use and the harm it causes” (Bell et al., 2005, p. 175).

Evidence-based nursing implications. This study was an evaluation of the classroom-based, alcohol-use prevention and vehicle safety program. The students in the fourth year of the program were surveyed. The question was whether or not the PY/PM program
would help to prevent injury and/or death of children from underage alcohol use and riding in a vehicle when the driver is impaired due to alcohol use. These school-initiated alcohol prevention programs are a common prevention strategy because a school has access to speaking to youth and is a most obvious place to begin as shown in the following statement: “Research has demonstrated the effectiveness of specific school-based strategies, and the benefits of school-based drug prevention are thought to exceed the costs” (Bell et al., 2005, p. 171). School-based prevention programs have been successful and continue to be implemented in schools as well as changing focus to the younger population; it is evident that children are exposed to and begin to use alcohol at much younger ages than once thought.

Social Anxiety and Alcohol

Social anxiety was proposed as a negative factor that motivates college students to drink. Contrary to the more generalized opinion, social anxiety could actually be considered more of a protective factor against problem drinking than a negative factor correlated to negative outcomes due to problem drinking. Two measures of social anxiety were used. The Interaction Anxiousness Scale and the Social Phobia Anxiety Inventory assessed the way to “understand the relation between social anxiety and perceived drinking norms, alcohol expectancies, valuations, and religious involvement by assessing non-treatment seeking college students using” (Ham & Hope, 2006, p. 348).

Evidence-based nursing implications. In a hypothesized full model, “social anxiety was negatively related to alcohol-related problems but was unrelated to alcohol use” (Ham & Hope, 2006, p. 352). Social anxiety is strongly negatively related to the drinking norms that are perceived and is a little less associated with positive expectations. Social
anxiety cannot be associated with negative expectancies or valuations. Also, "perceived drinking norms emerged as the most prominent variable in the relation between perceived drinking norms and drinking- and alcohol-related problems as well as in the ability of perceived drinking norms to mediate the relation between social anxiety and drinking" (Ham & Hope, 2006, p. 354). Overall, the scales used to determine social anxiety and how it pertains to drinking behaviors seemed to ascertain the fact that social anxiety is not correlated with drinking since most youth that do drink are already involved in a social situation and in this way are not socially anxious.

*Parenting Styles and Drinking Behaviors*

Parenting styles play a major role in the behavior of children. The Social Learning Theory has suggested that children imitate their parents and thus become their own character. This study formulated that a permissive parenting style was correlated with more negative behavior, and an increased likelihood of alcohol use and abuse. The authors declare, "Adolescents exposed to permissive, authoritarian, and indifferent parenting were 1.8 to 5.9 times as likely to deny parental authority regarding alcohol use" (Patock-Peckham & Morgan-Lopez, 2006, p. 118). A few measures used in this study included the Parental Authority Questionnaire which finds how individuals perceived the parenting style they were raised with. The Eysenck 1.7, a scale for impulsiveness and the drinking control measure (items taken from the Impaired Control Scale), is used to monitor the individuals' drinking control. Parenting styles other than authoritarian are correlated with a greater amount of impulsiveness, which is also associated with alcohol use.
Evidence-based nursing implications. In the matter of parental control and types of parental styles, “behavioral under control is reflected in higher than normal levels of impulsiveness, aggressiveness, sensation seeking, and psychoticism” (Patock-Peckham & Morgan-Lopez, 2006, p. 118). This impulsiveness is correlated with alcohol use and abuse. They observed, “Impulsiveness has been positively linked to both increased alcohol use and alcohol-related problems” (Patock-Peckham & Morgan-Lopez, 2006, p. 118). The Eysneck 1.7 scale was valid and reliable in determining levels of impulsiveness, which is correlated with increased alcohol use and alcohol-related problems.

Motivational Interviewing and Promoting Change in Alcohol Use and Abuse

Motivational interviewing is a way to promote change among students who use and abuse alcohol. This interviewing process is non-confrontational; instead it uses a reflective manner about their perceptions of alcohol use and abuse and asks the interviewees regarding any interventions. It was found that within a six-week followup, all of the participants in this interviewing process showed, “a significant reduction in problematic drinking compared with participants in the assessment-only condition” (Harris, Aldea, & Kirkley, 2006, p. 615). The purpose of the article was to find an approach that would assist those students presenting for self-referred or mandated treatment of alcohol abuse or any other drug issues.

Evidence-based nursing implications. As found within this motivational interviewing approach, it is more motivating for a person to stop a bad behavior if approached in a non-confronting manner. It was found that “[i]nstead of telling clients what to do, they are asked what, if anything, they want to do. Diagnostic labeling is avoided” (Harris et al.,
This interviewing process also works well because it relies on certain ground rules necessary to carry out the process. Some of these ground rules as suggested by Harris are “expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy” (Harris et al., 2006, p. 615). Also essential are encouragement and instillation of hope so the person being interviewed has the ability to “embrace personal responsibility for all things in their lives, both positive and negative” (Harris et al., 2006, p. 615).

*Lived Experience of Alcohol Addiction*

Allowing one to describe an experience, such as alcohol addiction, allows nurses to identify those factors in common in a life that is addicted to alcohol. It also helps those addicted to alcohol to relate their experiences and helps them discover any feelings they have, assisting them in strengthening any existing and also making new coping skills. Four themes were found during this unstructured, nondirective interview: Emotion, Control, Awareness of Others, and The Turning Point. These are common ground factors that each interviewee faced throughout his or her addiction point in life (Zakrzewski & Hector, 2004).

*Evidence-based nursing implications.* A couple of important factors found using this interviewing process were the fact that the participants wanted the interviewer to have been an addict himself or herself. This implies that people feel “more comfortable talking with people who have the same understanding of alcoholism rather than those who do not” (Zakrzewski & Hector, 2004, p. 72). The first important factor is that it is essential for alcohol addicts “to be allowed to speak about their experiences with alcohol” (Zakrzewski & Hector, 2004, p. 72). The second important factor is that “an alcohol
underage drinking 27

addict's silence is partly due to the fact that they are often viewed negatively by society” (Zakrzewski & Hector, 2004, p. 72). To understand the addict’s viewpoint, it is important to allow for freedom and also a comfortable environment in order to learn and become better at providing care for those addicted to alcohol.

It is important to have recent, up-to-date, evidence-based research upon which to base any interventions or therapies that nurses will facilitate when caring for a patient. When factoring in what influences an underage youth to begin drinking, any programs that would affect the initiation age of drinking, parental influences on drinking, and motivational interviewing concerning the lived experience of a person who was addicted to alcohol, one begins to have a good look at what works and what does not work concerning interventions and therapies.

Nursing Interventions

The purpose of this section is to identify all pertinent evidence-based practice nursing interventions for alcohol abuse. This section will focus on traditional interventions, standards of care, preventative measures, national guidelines as well as taking a holistic approach in providing care for alcoholism. These interventions are essential in providing care and also to establish and implement preventative measures that will help to reduce the number of persons who abuse alcohol as well as intervene with those patients who have progressed into the alcoholism category. This section will review pharmacological, non-pharmacological, and complementary alternative methods in which to provide care for and prevention of alcohol abuse.
Brief Summary

The greatest danger of alcohol abuse occurs when a person is without alcohol for a substantial period of time, otherwise referred to as alcohol withdrawal. The precedence for care is to prevent the patient from hurting himself or herself or someone else. A nurse would want to attempt to reorient the patient to person, place, or time as often as possible. Ignatavicius and Workman acknowledge, “The healthcare provider often prescribes medications to calm or sedate the client according to agency protocol or physician preference. Examples of typical drugs that are used are benzodiazepines, such as clordiazepoxide (Librium) and diazepam (Valium), to prevent seizures and DTs” (Ignatavicius & Workman, 2006, p. 100).

They also add, “Nursing care for the client with alcohol use or abuse includes thorough assessment to identify dependence and frequency of use” (Ignatavicius & Workman, 2006, p. 100). Some of these activities include the following: create a low-stimulation environment, monitor vital signs during withdrawal, monitor for delirium tremens (DTs), administer anticonvulsants or sedatives as appropriate, medicate to relieve physical discomfort as needed, address hallucinations in a therapeutic manner, maintain adequate nutrition and fluid intake, administer vitamin therapy as appropriate, provide emotional support to client/family as appropriate, and provide reality orientation as appropriate (2006, p. 100).

Primary Prevention Methods

School-based programs are very good intervention programs to prevent alcohol abuse. One such program was entitled Protecting You/Protecting Me (PY/PM), one of the first programs ever to target its material at very young children, beginning in the first
grade. The students involved in the program found that besides increasing their knowledge of what alcohol can do to their development, “they also demonstrated changes in attitudes toward underage alcohol use and the harm it causes” (Bell et al., 2005, p. 175). Youth are exposed to alcohol at much younger ages, so the focus of prevention programs that once targeted middle-school-aged children may be more influential if they target elementary-school-aged children. The importance was also based on delaying onset of alcohol use because “research suggests that individuals who begin drinking before age 15 are more likely to become alcohol dependent” (Bell, Kelley-Baker, Rider, & Ringwalt, 2005, p.171). A point to be made is to delay the age that children begin to use alcohol in order to prevent alcohol dependency later in life.
Chapter III

Methodology

The purpose of this study is to ascertain the number of alcohol-related underage admissions to the emergency room, as well as explore the lived experience of the individuals admitted to the emergency room. A combination methodology of qualitative and quantitative research was used for data collection. This will in turn help nurses develop a new pattern of thinking and talking to change the mind-set of underage drinkers.

Sample and Setting

Individuals ages 10-20, who were included in the expedited chart review and were admitted to the community emergency room related to alcohol use over a six-year period, 2002-2007, were included in the quantitative segment of the study. The data collected from these individuals were from a rural northwestern community hospital.

Also for the qualitative segment of the study, individuals were asked to volunteer by means of a campus-wide e-mail, from a 4-year liberal arts college, if they had lived the experience of being admitted to the emergency room for alcohol-related incidences.

Data Collection

There were two forms of data collection in this research process. The first was with Expedited Chart reviews. The data was collected for admissions to the emergency room at a community hospital related to alcohol and was stripped free of any identifiers. The past five years were collected, 2002-2006, as well as the current year. A portion of this research was to process collection of aggregate data on these admissions and to collect ongoing data on a quarterly basis to determine ongoing effects of alcohol and emergency
room admissions. The second portion of this research was to understand the lived experience of the individual who have actually been admitted to the emergency room related to alcohol use. Individuals were asked to share their thoughts and feelings about alcohol use and ending up in the emergency room.

*Expedited chart review.* Expedited chart review was used for research involving retrospective review of patient records for which it is necessary to collect identifying information or maintain a link to the data source. This link may be maintained when gathering aggregate data of the previously obtained data to continue collecting data for purposes of research and analysis.

*Phenomenological method.* According to Leedy and Ormrod (2005), “[a] phenomenological study is a study that attempts to understand people’s perceptions, perspectives, and understandings of a particular situation” (p. 139). This method was useful for extracting information from the lived experience of the participants in the study. This was done using Giorgi’s method of analysis which will be discussed in a later section.

*Confidentiality.* Confidentiality was maintained during the research process. Interviews were held in a private, closed-door environment and subjects’ identifying information was not used in any part of the process. Information collected from the hospital was free from any identifiers and was kept under lock and key. Confidentiality was important to keep the psychological and emotional well-being of the clients intact. This research was not to expose faults or shortcomings of an individual but rather to learn from the lived experience.
Underage Drinking 32

Data analysis. A combination methodology of qualitative and quantitative research was used for data collection and will be analyzed separately. Data analysis for the expedited chart review was in the form of charts, graphs, and tables while formulating means, modes, and averages.

The phenomenological research was analyzed using Giorgi’s method which includes the following while reading over the interviews:

1. Identify statements that relate to the topic
2. Group statements into "meaning units"
3. Seek divergent perspectives
4. Construct a composite.

(Leedy and Ormrod, 2005, p.140)

Giorgi’s method begins by reading the entire transcript of the interview that occurred straight through to gain a sense of the entire experience. Next one re-reads the entire transcript to find the core meaning of the experience the participant underwent, while looking for any "meaning units." The researcher takes these meanings, and examines them for any repetitious meanings, clarifies and elaborates if needed. Then the researcher relates the meanings to each other to gain an understanding of the whole. Next the researcher reflects on the meaning units and extracts the core experience from each participant. The next step the researcher does is to take this core portion and transform the meaning into the language of science when possible. Finally, the researcherformulates a description of the meanings found of the experience of all the participants (Fain, 1999, p. 230).
Limitations. This study was limited by small sample size and all participants selected from Helena, Montana. Only one hospital was used to obtain data, also from Helena, Montana. Because of this small sample size and one source for data obtained for emergency room admissions, the analysis was not as generalized as with a larger sample. Also, there were only three participants in the interviewing process, which can easily skew themes and bias answers.
Chapter IV

Results

The purpose of this thesis was to ascertain the number of alcohol-related underage admissions to the emergency room, as well as explore the lived experience of the individuals admitted to the emergency room. The following charts and graphs help to visualize the number of underage drinkers who were admitted to the emergency room for alcohol-related reasons. The charts are in chronological order from the year 2002 through 2007.

Quantitative Results

Appendix A is a direct representation of the number of individuals that were admitted to the emergency room in the respective years. The first age range, 0-10 year olds, were total number 0 across all five years. The following figures are found in Appendix B. In the year 2002, Figure B4.2, there was one 11-13 year old admitted to the hospital, and age range 14-17 year olds there were 19 admits, and 18-20 year olds were 11 admits. In the year 2003, Figure B4.3, the numbers were 2, 9 and 12 for the number of individuals admitted to the emergency room, respectively to the ages as stated above. In 2004, Figure B4.4, the numbers were 0, 11-13 year olds, 13, 14-17 year olds and 13, 18-20 year old admits to the emergency room. In the year 2005, Figure B4.5, the numbers were 1, 4, and 10 respectively to the ages as stated above. Finally in the year 2006, Figure B4.6, in the age range of 11-13 year olds, there were 3 admits, for the ages 14-17 year olds, there were 15 admits, and for the 18-20 year olds there were 17 admits to the emergency room.
The following figures give a clear look at the increase of alcohol-related emergency room visits in the last five years. From 2002 through 2006 the total number of admits increased from 49% to 51%. Each year the trend has been that the age range of 18-20 year olds are among the highest group to be admitted to the emergency room, with the year 2002 being an exception as the largest group to be admitted was among the 14-17 year olds.

The following figures are split into quarters of the year 2007 to show what time of the year the number of emergency room admits increased. The following figures can be found in Appendix C. The first quarter, Figure C4.7, which was January 1st through March 31st, there was a total of four admits to the emergency room. The second quarter, April 1st through June 30th, Figure C4.8, there were eight admits to the emergency room. The third quarter, July 1st through August 30th, Figure C4.9, there were five admits to the emergency room. Finally the fourth quarter, October 1st through December 31st, Figure C4.10, there was a total of two admits to the emergency room.

**Qualitative Results**

The purpose of this thesis was to ascertain the number of alcohol-related underage admissions to the emergency room, as well as explore the lived experience of the individuals admitted to the emergency room. This portion of results is those of the individuals who were interviewed and have been admitted to the emergency room related to alcohol use. There was one main theme that encompassed several sub-themes prevalent throughout the interviews. The main theme was that the ER accomplished nothing. The sub-themes were Paying the Penalties, Having High Blood Alcohol Content (BAC), and Drinking for Fun. For all of the participants in these interviews, all related
that the emergency room trip ended up being just another day, basically a funny experience that was a really good story and something that nobody else should have to experience because it was very expensive. In the following quotes that describe the themes, all initials used are pseudonyms.

*ER Accomplished Nothing.* All of the participants related that the emergency room trip did nothing to change their present or future drinking habits. The focus rather was on the implications of the present fees and fines and on their future with jobs. The ER trip did not change anything as one participant explains, “I doubt it. You know, the ER definitely scared me, like that was the first time I ever blacked out... I don’t like the fact that I can’t remember what happened and what I did” (E.G., Personal communication, February 15, 2008). Another individual replied, “No. I think cuz I don’t remember most of it. I think if it was more memorable it probably would’ve had a bigger effect on me. But I was blacked out the whole time” (A.A., Personal communication, February 28, 2008). Another individual remarked, “Heck, I know of another individual, they got their stomach pumped and all that. They’ll still go out and nothing changed it. It could go on forever. I’ve seen one too many things. I’ve seen a lot of stupid things!” (E.G., Personal communication, February 15, 2008). Even a few years after the event a participant replied, “But, like being overage now, it [ER trip] didn’t really... So, I still have to change those habits, not necessarily stop drinking entirely” (E.W., Personal communication, February 14, 2008) One participant replied, “I was a little bit more sober and I could remember what we were talking about, and everything. So it worked out well. I definitely couldn’t be like, hey go out and drink while you are underage, ‘cuz its not that bad ya know. I think for certain people it could be really bad” (E.W., Personal
communication, February 14, 2008). In the end there were no regrets: “Not really, I mean it’s just what happened. There’s nothing I can do about it. . . . It’s the way things are. You know, you make choices in your life and dwell on what happened, and say why did I do that?” (E.G., Personal communication, February 15, 2008). One individual simply replied, “No [no regrets]” (A.A., Personal communication, February 28, 2008). Another individual remarked “Went to class that day! So, yah, it’s a pretty good story” (E.G., Personal communication, February 15, 2008).

Paying Penalties. As mentioned in the main theme, paying penalties is all the participants focused their attention and their energy on. One individual remarked “I think I had to do 40 hours of community service and then $200 and some odd dollar fine and then it sucks because you have to pay insurance for community service and you have to pay a fee for community service so I ended up paying like $70 dollars on top of that. . . . As long as I didn’t get another similar ticket in the next year following that, then I was deferred. . . . I went to court the other day and it’s all sealed and closed. . . . and that was my concern, I was like are you sure!? Cuz I don’t want them to think I was lying or anything, and she was like, yah if anybody calls up we say there is no record” (E.W, Personal communication, February 14, 2008). Another individual mentioned, “It was a very expensive night. It was like $1,500 or something like that. Between the MIP and the hospital and the ambulance ride, it was around $1,500, something like that” (E.G., Personal communication, February 15, 2008). Another individual did not even get penalties because of the intensity of the ER admission and went straight to inpatient therapy; this individual remarked, “I think I might have gotten something; I’m not sure. I
think I got out of a lot of it by going to inpatient” (A.A., Personal communication, February 28, 2008).

High BAC level. Each individual had a near-death experience. All related to their greater than normal blood alcohol content level as seen with the following participant, “My respiratory rate was so low that she [friend of individual] thought I was stopping breathing. . . so essentially what happened was that the combination of the alcohol and medication made me very, very, very sleepy, to where I wasn’t breathing” (E.W, Personal communication, February 14, 2008). Another individual explained, “I guess from my understanding from the stories that they told me is that they could tell that I was wasted beyond belief. I guess they have this way to estimate your alcohol blood content before you vomit and I guess mine was like three or something. It was like to the point, like man, maybe you should’ve died” (E.G., Personal communication, February 15, 2008). Finally another individual related, “My alcohol poisoning was so high that I actually should’ve been dead compared to my body size. I was gone, I was puking and convulsing and I was actually almost dead, cuz hypothermia had set in cuz I was out in the snow. And I guess my alcohol level was so high that I should’ve been dead. But I don’t remember how high it was” (A.A., Personal communication, February 28, 2008).

Drinking for Fun. Trying to get to the bottom of why the participants ended up in the emergency room, their replies in the beginning were they drank for fun, because their tests were done, because they were bored. One participant related the event to be funny, “I was like goofy the entire time basically when I went to the hospital, yah, I was way gone!” (E.W, Personal communication, February 14, 2008). Another response was, “I’ll drink a beer if I could like every night if it weren’t so expensive. . . . I like the taste of
.. It really depends on the situation; usually I get drunk on the last night of finals, right before Christmas. Like a de-stress or with everybody, have a good time” (E.W, Personal communication, February 14, 2008). One reason includes rewarding oneself for a job well done such as the following participant, “I was doing well in the class and I was getting an A... so I got invited to go out, have a good time” (E.G., Personal communication, February 15, 2008). Another response included, “You know, just relaxing. You know I drink a few beers, and usually it never got out of control” (E.G., Personal communication, February 15, 2008). Another individual replied, “Boredom, yah. I don’t really drink to get rid of my problems, or escape. I think when I was younger I might have, but it was more like curiosity and just wanted to know what it was like. Like my second time drinking I didn’t really have the concept of like alcohol poisoning and like you don’t drink all of it. To me I just thought if you want to get as drunk as possible you drink all of it, but it’s not the case. And then like as I got older, it was just boredom. Like I would get bored and I would want to go out and have fun, and enjoy myself and I like what alcohol does” (A.A., Personal communication, February 28, 2008).

Despite near-death experiences, the participants all related that the emergency room trip accomplished nothing more than being a bother to their present and future lives. It all ended up being just another day, and their focus was on paying the penalties and that they would all just go on and use alcohol in order to have fun and give them something to do to get over being bored.
Chapter V

Discussion

It is well known that underage drinking is still prevalent in today’s society, and remains as dangerous as ever. Hollingsworth and his co-authors explain, “An estimated 63,718 people died of causes attributable to alcohol in 2000, making harmful drinking one of the leading causes of death in the United States” (Hollingsworth, Ebel, McCarty, Garrison, Christakis and Rivara, 2006, p. 1). We have a law that prohibits underage drinking, but few by far follow the rules. Data collected from the emergency room prove that underage drinking occurs, and adds to the fact that it is unsafe behavior, as people have been admitted to the emergency room related to alcohol use. Those who have lived the experience of having to go to the emergency room due to alcohol use may have a different view on underage drinking, or just drinking in general. Much attention has been given to college-age drinking as found in many forms of research, and an attempt at changing the culture and stigma attached to underage drinking. Yet little attention has been given to the participant who underwent drinking and then ended up in the emergency room. This could be for a number of reasons including shame on the part of the individual, guilt, or the idea of “invincibility” when adolescents think that they can get away with anything and walk away without getting hurt.

Although each participant related his or her emergency room experience as a life and death experience, not one of them stated that the experience was life-changing. The focus of each participant was on the penalties he or she was required to pay and fear for future jobs. The only impact the legal system had was the fine to be paid and the community service needed to be completed. Although the latter was stated to be something “fun” and
"easy to accomplish," no impact that would make a life-changing effect. Yet, "[a]side from the fact that underage drinking is illegal, it poses a high risk to both the individual and society" (Miller, Naimi, Brewer, & Jones, 2007, p. 76). It is obvious that the regulations and laws in place for underage drinking are not having as great an impact on underage drinking as society would like. As shown in this research, "[u]nderage drinking is widely recognized as a leading public health and social problem in the United States and is associated with the 3 leading causes of death among youth (unintentional injury, homicide, and suicide)" (Miller, Naimi, Brewer, & Jones, 2007, p. 76).

All three individuals had near-death experiences, but their concerns were based on the penalties accrued post-ER trip. The fines and community service hours were the main concern tied in with what the future would bring if they were stuck with an MIP, or if their current or future jobs would be affected by the fine they had received. All the individuals mentioned that the trip to the emergency room did not change anything. They were concerned that the fact that they could not remember anything of what happened "freaked" them out. As one participant explained, "I always remember stuff, and being that fact that I kinda like spaced out and couldn’t remember it, it was kinda like, ok, that was freaky! I don’t like the fact that I can’t remember what happened and what I did" (E.G., Personal communication, February 15, 2008).

There were no long-standing consequences for these individuals, or for anyone who gets admitted to the emergency room related to alcohol use. Once the community service hours are completed, and the fines have been paid, they become history. Some of the individuals related the experience to be, "funny and a great story." The participants were very nonchalant in relating their stories. They seemed oblivious to the physical
implications, especially when asked what their blood alcohol level was and how that related to their life and death experience. In the end, most of them left in a few hours and the event was in the past; one even went to all the classes the same day.

Many of us know exactly why individuals drink underage or in the college years. It could be as innocent as they were curious. Their parents never let them drink in high school, and college provides a new and un-chaperoned environment. Individuals are left to make their own choices, and curiosity gets the best of them. A need to have fun, a good time and kill the boredom is another reason given by the individuals. A few considered the use of alcohol as a reward, the end of a long semester and finals out of the way. Also, participants mentioned a weekend getaway, de-stressor, and the common cliché, “it makes me feel sexy!” (E.W, Personal communication, February 14, 2008). When participants were asked what they would say to their peers after their emergency room experience they replied, “No, it’s not worth it, guys. Because it’s a big fee and you should know eventually, you could get caught.” (E.W, Personal communication, February 14, 2008). Or from another, “It’s not as fun as it looks, and when you get older it has major consequences. It may be cute and fun when you are young but not cute and fun when you are like 40” (A.A., Personal communication, February 29, 2008). One individual has already given up hope:

Do not drink underage. But kids are so desensitized to it that they’re like ok let’s do it! I could go up and tell some high schoolers holding a beer in their hand and be like, hey I ended up in the hospital because of that. Oh, big deal, it’s your fault. They won’t listen. So, it’s kinda like, I could share my story and have no problem doing it, but at the same time it’s not gonna
make a difference. I mean there might be one that might be like, yah that
guy kinda has a point. But at the same time they get to college and they’re
like wow, with this situation, I see no problem. I guess you could say I
don’t really believe in my voice being heard. It’s sad I guess but I don’t
know. (E.G., Personal communication, February 15, 2008).

Programs or attempts to reduce underage drinking and the causes of underage
drinking have had some impact, but not as much as society would like as evidenced by
the increase in the number of problems related to alcohol use as well as the numbers of
admissions to the emergency room related to alcohol use. A more effective way to
combat underage drinking would be to implement what the participants stated and re-
stated the ER trip had an effect on. The penalties, all of which consisted of personal time
and personal money, were the factors that affected the participants the most. So factors
such as monetary gain and personal free time are factors that individuals in the college
age group value. The only way to counteract the college drinking culture is to hit where it
hurts the most. Alcohol is sold at a fairly reasonable price, without a sales tax. Studies
have shown that an increase on alcohol tax as well as reducing advertising for alcohol
would be the most effective forms to reduce the harmful effects of problem drinking:

Tax increases and reduced advertising cannot alone combat the adverse
effects of harmful drinking in the population. Other strategies such as
drinking and driving media campaigns, random alcohol screening, brief
interventions delivered in the primary care, school districts, college, or
inpatient, setting can reduce harmful drinking and the resources expended
may be cost effective. Problem drinking is more complex than tobacco use
and wide-scale effective interventions will need to extend beyond tax
increases and media bans (Hollingsworth, Ebel, McCarty, Garrison,
Christakis and Rivara, 2006, p. 8).

The first portion of this research looked at the number of underage admissions to the
emergency room that were alcohol related. The data presented give a clear look at all of
the ages side by side to see at what age an individual would most likely be admitted to the
emergency room. A few factors are relevant to this study: “It is estimated that the odds of
future alcohol abuse or dependence are 7% greater for each year of age, below age 21,
that alcohol consumption begins. The risk of adult alcohol dependence is two- to three-
fold greater for individuals who began drinking by age 12 compared with those who
began at age 19” (Hollingsworth, Ebel, McCarty, Garrison, Christakis and Rivara, 2006,
p. 1).

Nursing Implications

The information in this study must make the nurse aware of the multiple effects that
alcohol and underage drinking can have on the individual. Alcohol has a harmful effect
not only on the individual’s health, but there are cascading effects beginning with
neglecting responsibilities, missing school, and other consequences that occur from
problem drinking. A few evident consequences are as follows:

A number of studies have shown the harmful health and social
consequences of underage drinking, such as neglecting responsibilities,
getting into fights or arguments, missing school, driving after drinking,
engaging in suicidal behavior, and engaging in risky sexual behavior.
Underage drinking is also associated with carrying weapons, using illicit
drugs, and having unprotected sexual activity. Some long-term effects of alcohol use during adolescence include increased risk of alcohol dependence, learning impairments, and memory impairments.

(Hollingsworth, Ebel, McCarty, Garrison, Christakis and Rivara, 2006, p. 8)

The nurse must also be aware that life and death are not factors that will change individuals’ views on drinking but rather other components may make a greater impact on their lives. Factors such as monetary gain and increase in personal free time are better predictors of decreasing the number of problem alcohol incidences. The more time spent in community service and the greater number of dollars the penalty are what will influence the individual rather than a simple trip to the emergency room.

Future Research

In future research, it would be helpful for a number of factors to be added. The first would be to expand the number of participants to truly have a feel for whether or not monetary gain and personal free time are factors that could influence the future of alcohol use. The second would be to expand the qualifications for participants to include those that merely drank alcohol underage, and not just those who ended up in the emergency room to determine more factors as to why they drink and what their opinions are as to how the drinking culture can be altered. Finally, for the first part of the study, it would be helpful to include other hospitals in the area and attain their numbers of alcohol related admissions of underage youth, to have a true comparison for how many individuals are admitted the emergency room related to alcohol use.
Conclusion

So many individuals have given up on having their voices be heard. It truly seems like a lost cause. To the individual hearing these experiences, alcohol does not equal destruction of life or the future, because it does not for the individual who has experienced it. He or she would encourage others not to do it, but for reasons outside of life itself. It makes one wonder how much value life has. Of course it does not help that college-age individuals are at the indestructible phase of life, where it could happen to everybody else, but not themselves. Ultimately it is their choice.
References


http://www.collegedrinkingprevention.gov/


Underage Drinking, 49

http://www.thomsonhc.com/home/dispatch


Number of Alcohol Related Emergency Room admissions
Figure 4.1

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>18-20</th>
<th>14-17</th>
<th>11-13</th>
<th>0-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of Admissions

Appendix A
Appendix B

Figure B4.2. Number of ER Admits 2002

Figure B4.3. Number of ER Admits 2003
Figure B4.4. Number of ER Admits 2004

Figure B4.5. Number of ER Admits 2005
Figure B4.6. Number of ER Admits 2006
Appendix C

Figure C4.7. Number of ER Admits in First Quarter of 2007

01/01/07 to 03/31/07

Number of Admits

0-10 11-13 14-17 18-20 Total

Age

Figure C4.8. Number of ER Admits in Second Quarter of 2007

04/01/07 to 06/30/07

Number of Admits

0-10 11-13 14-17 18-20 Total

Age
Figure C 4.9. Number of ER Admits in Third Quarter of 2007

07/01/07 to 09/30/07

Figure C4.10. Number of ER Admits in Fourth Quarter of 2007

10/01/07 to 12/31/07