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A drugs and alcohol awareness programme developed, with 12-13 year olds, by the South Western Ambulance Service

The Pacesetters programme is a partnership between local communities who experience health inequalities, the NHS and the Department of Health. The South West Strategic Health Authority has five development initiatives to help reduce inequalities. One of the initiatives has been a health education programme in schools that is an evidence-based intervention to improve or enhance health outcomes, access and service experience for relevant communities.

The changing role of the Ambulance Service

Increasing attendances in hospital accident and emergency (A&E) departments in the UK have been attributed to a greater number of patients presenting with minor injuries (Sanders, 2000). A&E staff believe this type of patient to be suitable for primary care, but "inappropriate" for A&E management. Alternatively, "inappropriate" patients believe they have attended the appropriate service for their medical needs and expectations.

Likewise, demand for emergency ambulances has risen, and callers' perceptions of urgency are known to be unreliable and frequently lead to inappropriate ambulance use by patients who do not need emergency treatment, but do need primary health care. There appears therefore to be a discrepancy between health professional and patient perspectives regarding "inappropriate" attendances. This

inevitably diminishes the effectiveness and efficiency of emergency medical-care service systems (Tanaka et al, 1994).

Patients are generally not medically trained and may experience difficulty in ascertaining the severity of their own condition and requesting/attending the "appropriate" service as defined by trained professionals. The role of the ambulance service is subsequently adapting the way it operates, offering a wider range of skills and resources in order to triage patients urgency more suitably. It also works closely with other health service providers in order to find the most appropriate way to manage rising demand (Wrigley et al, 2002).

The public's knowledge and perceptions of the ambulance service are outdated, providing an opportunity for education and increased awareness.

The South West

An analysis was carried out on statistics, from 2004 to 2007, from the South Western Ambulance Service NHS Trust Audit Department. We found two important discoveries about children and adolescents in Devon, Cornwall, Somerset and Dorset.

Firstly; that of all the children that are attended by the ambulance service, 50% fall into the 11-16 age range. Secondly; that of these 50%, the second highest attended job category (out of an average 32 job categories), was "overdose". Overdose encompasses all aspects of drugs and poisons, but more frequently refers to

alcohol overdose in this age group.

The Pacesetters programme provided an opportunity for the South Western Ambulance Service Trust (SWAST) to work with young people in schools. Although SWAST had not been contacted directly by schools in the past, a number of schools in East Devon and West Somerset were involved in discussions about the Pacesetters programme. They subsequently invited SWAST to present a drugs and alcohol awareness programme.

Method

Over a period of one academic school year, data were collected from three separate school groups aged between 12 and 13 in two large secondary schools in Devon. The data were taken from a health education programme, specifically designed by staff at the SWAST; to meet the needs of the youngsters; to gain information of their current knowledge about drugs and alcohol; to improve their understanding of drugs, alcohol and provide public relation opportunities for the SWAS.

Consultation groups

Three school groups of 6 children were used as "consultation groups", to implement a programme suitable for their level of knowledge, and to use in schools across the South West.

Pilot Scheme

The pilot scheme ran during one full term at a large comprehensive school in Devon (n=800). The workshops were originally designed to be trialled on four groups of 21 children, over four weeks per group. The children were aged 12 & 13 years old. The workshops were developed to be interactive, and promote discussion. The workshops were run by two members of staff from the SWAST Service.

Conclusions from the Pilot Scheme

- The information was appropriate to the target age group, and well received.

- Smaller groups are necessary to maintain control for future sessions.
- Space is needed to provide an ideal learning environment.
- Time is a limiting factor, and workshops need to be realistically planned to cover the necessary content.
- A course of workshops with one single group over time would be more appropriate for the volume of information.
- The groups were not evaluated or measured in any scientific way, other than a voluntary questionnaire by the children. A reliable and replicable way of gathering data and measuring data is needed to make the programme credible.
- Feedback from the evaluation questionnaires were very positive with suggestions for future sessions.

The questionnaire

The Schools Health Education Unit in Exeter were involved as they are the leading provider of health-related surveys for use in schools in the UK. The questions probed the children's knowledge, attitudes and behaviour towards alcohol, controlled drugs and responding to emergencies, and the role of the ambulance service.

Exmouth Community College in South Devon has over 2,450 students, is the largest secondary college of its kind in Europe, and provides secondary education for 11-18 year old students. The programme was included as part of the students' personal, social and health education (PSHE) classes.

Three groups of students aged 12-13 were randomly selected by their teachers to participate in the programme. Each student completed the SHEU online questionnaire confidentially, one week prior to starting the programme. At the same time an equal number of students not participating in the programme (a 'control' group) also completed the questionnaire.

A range of additional techniques were used to measure changes to the subjects thinking, behaviour and feelings in relation

to drugs and alcohol. This was done through group work, practicing decision making through role play and scenario simulation, practical skills training, and reinforcing learning with interactive quizzes and written material.

The programme

Week 1 - general knowledge of drugs and alcohol, for example: "What drugs do we know?"; "What do drugs do to your body?" and, "Which drugs are dangerous?".

Week 2 - focus specifically on alcohol including, "How do we know how much is too much?",

Week 3 - emergency situations arising from overdose, and coping mechanisms. A number of scenarios were presented eg: *"Your 13 year old friend has been drinking 6 alcopops over the last 2 hours. They normally have a couple with friends at the weekend. They are now complaining of a severe headache and seem confused. You know they banged their head in rugby today, but had no obvious injuries. They now start: Vomiting: Their pupils are large: they start to slur. They are conscious and their breathing is fine. They complain that their vision is blurring. What do you do?"*

Discussion

Literature review

A literature review found an increasing numbers of urban adolescents are being exposed to serious health risks. As a result, allied health professions have more opportunities for health promotion and risk reduction interventions. The review also found that behaviour change models can help to clarify thinking and make practice more effective. *The Health Action Model* (Tones, 1987) and *The Stages of Change Model* (Prochaska & DiClemente, 1982) suggest that learning life skills, such as how to be assertive, may be essential before someone is ready to change their behaviours. In the school programme we held workshops about coping strategies and role played certain situations. We discussed the importance of the new behaviour and

provided role-play situations, with no right or wrong answers, but gave opportunities to practice saying "no" reinforcing the skills needed in real life situations.

Survey results

The survey results came from a small group (total n=45). Although 85% of the students agreed that "they are in charge of their own health" one third of these students felt that they were under pressure from peers or friends to smoke/drink/take drugs or risk losing that friendship. This suggests that perhaps the skills we gave them to cope with certain situations were not relevant to these students, or were not practiced enough for them to feel confident in using them.

75% of the pupils agreed that "some people develop mental illness when they take drugs often", however, over half of the students thought it would never happen to them. There is room for improvement in the programme to question and provide an opportunity to change ways of thinking.

It was notable that nearly half of the students recognise alcohol as being a dangerous drug that is linked to deaths of young people in this country, and 40% of these students stated they don't drink and don't plan on starting. This is encouraging since, if 40% of our group have not yet tried alcohol, hopefully we have introduced the programme at an early stage in their lives and help prevent them drinking.

There was a statistical significance in the differences pre- and post-test for the response of ringing 999 and also responses to the actions they would take and why. This suggests a positive effect of the programme.

The results also suggest that these youngsters have a rather patchy understanding of the risks and effects of different sorts of drugs eg. 20% thought that drugs make you feel more awake, including alcohol. McIntosh et al (2003), suggest that pre-teens had a very limited, vague and often erroneous knowledge of illegal drugs.

However, overall, the group had a good understanding about dangerous drugs regardless of the physical effects on the body.

Evaluation of the programme

Positive aspects:

- The programme was measurable.
- The programme information was age-specific and therefore relevant and understandable to the students.
- The programme concentrated a great deal on alcohol as this drug is particularly prevalent amongst teens, usually the first drug of choice and particularly relevant to SWAS regarding the number of 999 calls we receive for youngsters.
- The evaluation methods were appropriate.
- It was fun and interactive for the students, so the information will become more memorable.
- The groups were broken down into groups of 5 to encourage interaction and participation.

Negative aspects:

- The sample size was smaller than was hoped.
- There was no continuity when the Programme Lead left
- There were time constraints for the amount of information we had to give.
- There was no retest of the programme group compared to the control group at a later date.
- There was no feedback from the students to make improvements to the programme.

Recommendations

- A bigger sample could be used for the programme (more groups from more schools).
- Consistency by way of a regular teacher or Lead, present from planning through to collating results and reporting back to the students.
- The information could be spread out over 4 or 5 weeks, and a mini test done at the end of each session.
- There should be more time spent on the practical life-skills and role play so students feel confident in real situations.

- An IT interactive session at the end of the course could be introduced, so that students can all use their information packs to reference any queries anonymously on the computer, or with the teacher.
- A retest at a later date would be more scientific and test reliability to see if their beliefs or behaviours have changed in that time period.
- Getting feedback from the students participating.
- It would be advantageous to do a longer term or repeat programme to reinforce the positive behaviours already learnt, adapting the programme to deal with new situations as they get older.

Conclusion

The Pacesetters health education programme was researched, justified, evaluated proficiently and was relevant and applicable at the time. The programme has an opportunity to be re-written, to extend the period it is rolled out and include more information. This has been a pioneering role for the Ambulance Service, offering solid education, as well as good PR for the SWAS.

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