Drug education: an approach to awareness

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This short paper describes an attempt to promote positive acceptable attitudes towards drugs and medicines in a group of over 150 4th-year comprehensive school students as part of a wider course aimed at encouraging social awareness.

Few groups have greater opportunity than teachers to provide knowledge and information leading to personal decision-making that would promote good health. The means by which this goal can be achieved are, however, less certain. Strategies aimed at providing information about drug abuse can actually lead to drug abuse and experimentation. Those taking a moralistic approach can cause confusion when the dichotomy with a more favourable image afforded by the media or within the family or peer group is noted. Likewise, excessive emphasis upon danger can be counter-productive. For these reasons, exercises aimed at strengthening decision-making, based upon information gathered by students in a structured manner, may hold particular promise.[1]

Objectives

The general objectives of the exercise were:

1. **To give children a realistic attitude towards medicines.**
2. **To increase their knowledge about the subject.**
3. **To encourage a realistic information-driven attitude towards them.**
4. **To help children to make sensible judgments about medication.**
5. **To promote the concept of informed positive decision-making.**

The home audit

Prior parental consent to the conduct of the exercise was obtained. An informal meeting of staff was held, during the course of which objectives were agreed. The year-group consisted of 157 mixed sex 4th-year students at a comprehensive school in a dormitory suburb on the west side of Nottingham, 4 miles from the City centre. The total was easily and readily divisible into seven, each under the supervision of a familiar and informed teacher. The students were asked to conduct an audit of all medicines, medications, drugs or other therapeutic substances to be found in their own homes on a specified evening, as follows:

1. Its name.
2. Its origin. Was it obtained:
   (a) On prescription from doctor or hospital?
   (b) Over the counter from shop or supermarket?
   (c) Over the counter from chemist (pharmacy)?

The students brought their individual lists to the class tutor with whom they were discussed and collated before being consolidated on to one data sheet. The seven data sheets were subsequently collated prior to discussion with and presentation to the entire year group.

The plenary session

The year group was assembled in the school hall in a semi-circle consisting of the seven groups, each with their class tutor. The session was conducted by J. L. Skinner, who began by congratulating the students on the effort they had made in collecting the data. They were then asked to state the benefits of medicines, and the following list was generated:

1. They cure illness.
2. They keep us alive.
3. They relieve pain.
4. They relax us.
5. They calm us.
6. If sad, they make us happy.
7. They protect us against illness.
8. They send us to sleep.
9. They stop people having babies.
10. They keep us going.

From this student-generated list a discussion emerged concerning the normality and frequency of many symptoms. It was stressed and accepted that many symptoms were normal feelings which did not require treatment. The relationship between working hard and feeling tired was discussed. The prevalence of headache emerged – "Hands up anyone who has had a headache in the last month" produced a brisk response.

The class was next invited to generate a list of the costs and risks of medication. The following list of areas of concern was developed, and each item discussed:

1. Medicines are expensive.
2. They may have side-effects.
3. Some have a short shelf-life and must be stored under special conditions, e.g., antibiotics in the fridge.
4. Some medicines interact with other substances to produce symptoms.
5. Medicines can be dangerous to little brothers and sisters.
6. They may be a danger to the finder if they are lost or mislaid.
7. There are risks in under-dosage.
8. Over-dosage can be dangerous.
9. Doctor's instructions must be followed, with special reference to the completion of a course of medication.
10. The label should always be read.
11. Some drugs lead to habit formation.

The students were then shown a doctor-generated list of the uses of the therapeutic substances which their audit had identified:

1. For the relief of pain.
2. For skin problems (including antiseptics).
3. For trauma (including burns).
4. For respiratory symptoms (including colds, allergies, coughs, and sore throats).
5. For gastro-intestinal problems (including indigestion, constipation, and diarrhoea).
6. For miscellaneous problems (including travel sickness, tiredness, and anaemia).

The group was then invited to ask questions. These included:

1. Why are some tablets so attractively coloured?
2. How many one safely dispose of surplus medicines?
3. Why are there so many different types of aspirin?
4. Do healthy people need additional vitamins?

Data and findings

Of the seven groups, the data from six was collected in such form that it could be analysed in accordance with the protocols. This is displayed in the table opposite, which shows the number of items obtained from each source as documented by each group. It can be seen that the average number of therapeutic items per home was 14.9.

The members of the 7th set noted that most were not prescribed by the doctor but represented self-medication; that aspirin-based substances were the most prevalent; and that the variety of brand names virtually defied identification. Observers were impressed by the enthusiasm with which the exercise was undertaken by the students, and the quality of student-teacher interaction.

Group	No. of pupils	Source of items			Total No.	No. per home
		Doctor	Shop	Chemist		
1	23	57	266	128	451	19.6
2	25	54	129	130	323	12.9
3	23	53	178	123	354	15.4
4	21	15	184	85	284	13.5
5	23	29	66	205	300	13.0
6	23	34	78	237	349	15.2
Total	138	242	911	908	2061	14.9

The results of the home audit, carried out by 138 pupils, are given here. It will be seen that non-prescribed drugs outnumber prescribed drugs by almost 8 to 1.

Evaluation

Haes and Schuurman,[2] in their classical study of drug education methods, comment upon the difficulty of developing instruments which will measure change in terms of goal achievement. Staff involved in the conduct of this exercise found that social maturity increased with discussion of the problems preoccupying students in class and plenary sessions, and commented upon its impact on classroom atmosphere and human relationships within the school.

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References

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