

PARTY – does it work?

An overview of Royal Perth Hospital's
experience

Injury 2010, Auckland NZ

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Royal Perth Hospital, WA



Prevent **A**lcohol and **R**isk-related **T**rauma in **Y**outh

“To promote injury prevention through **reality education**, enabling youth to recognize risk and make **informed choices** about activities and behaviours.”

Introduction

- **The scope of the problem -
“The problem with youth
today”**
- **What is PARTY?**
- **PARTY Perth**
- **Does PARTY work?**



From this.... to this?



Health problems affecting youth disproportionately

- Accidental Injury
- Intentional Injury
- Mental Disorders
 - Depression; anxiety disorders; psychoses; eating disorders
- Substance abuse and dependence

Youth health problems

- Tobacco use
- Mental Health Problems
- Obesity
- **Heavy alcohol use**
- **Illicit substance use**
- Risky sexual behaviour
- Physical inactivity
- Poor diet
- Sun exposure
- **Aggressive and antisocial behaviour**

Adolescent health risk vs. major implications for later health

Adolescent Health Problem	Cardiovascular Disease	Cancer	Mental disorders	Diabetes	Asthma	Injury
Tobacco use	✓	✓		✚	✓	
Obesity	✓			✓		
Poor diet	✓	✓		✚		
Physical inactivity	✓			✚	✓	
Heavy alcohol use	✓*	✓	✓	✓		✓
Illicit substance use		✓	✓		✓	✓
Antisocial and aggressive behaviour		✓	✓			✓
Adolescent mental health problems	✓	✓	✓		✓	
Risky Sexual Behaviour		✓	✓			
Sun-exposure		✓				

Legend:

- ✓ major predictor of later illness
- * moderate consumption may bring cardiovascular health benefits
- ✚ predicts poor outcome of disorder
- ✓ predicts later illness but arguably of less major importance

(Patton, 1999)

Western Australian Data

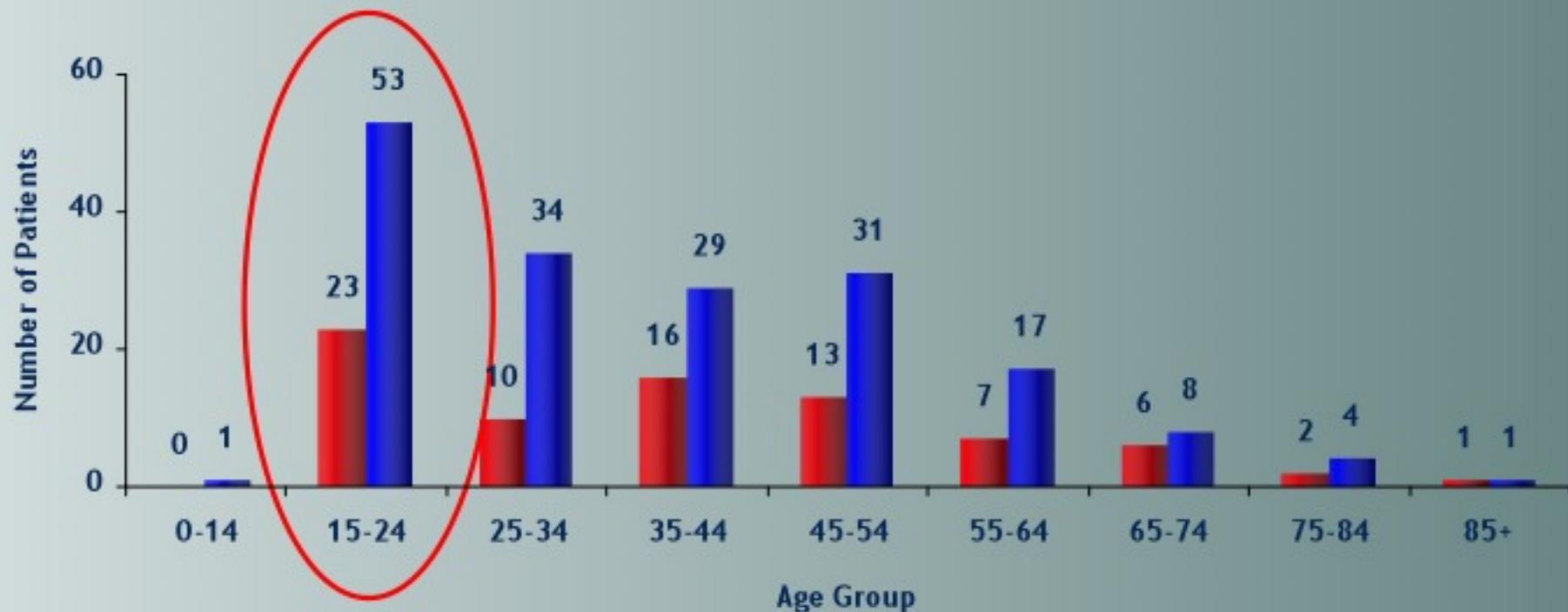
- **256 major trauma admissions to RPH in 2009 (54%) road trauma**
- **Almost 30% (29.7%) major road trauma admissions youth aged 15-24**
- **2 x risk of transport injury death 15-24 age group** (Gillam et al, 2003)

Australia – Road Toll 2008

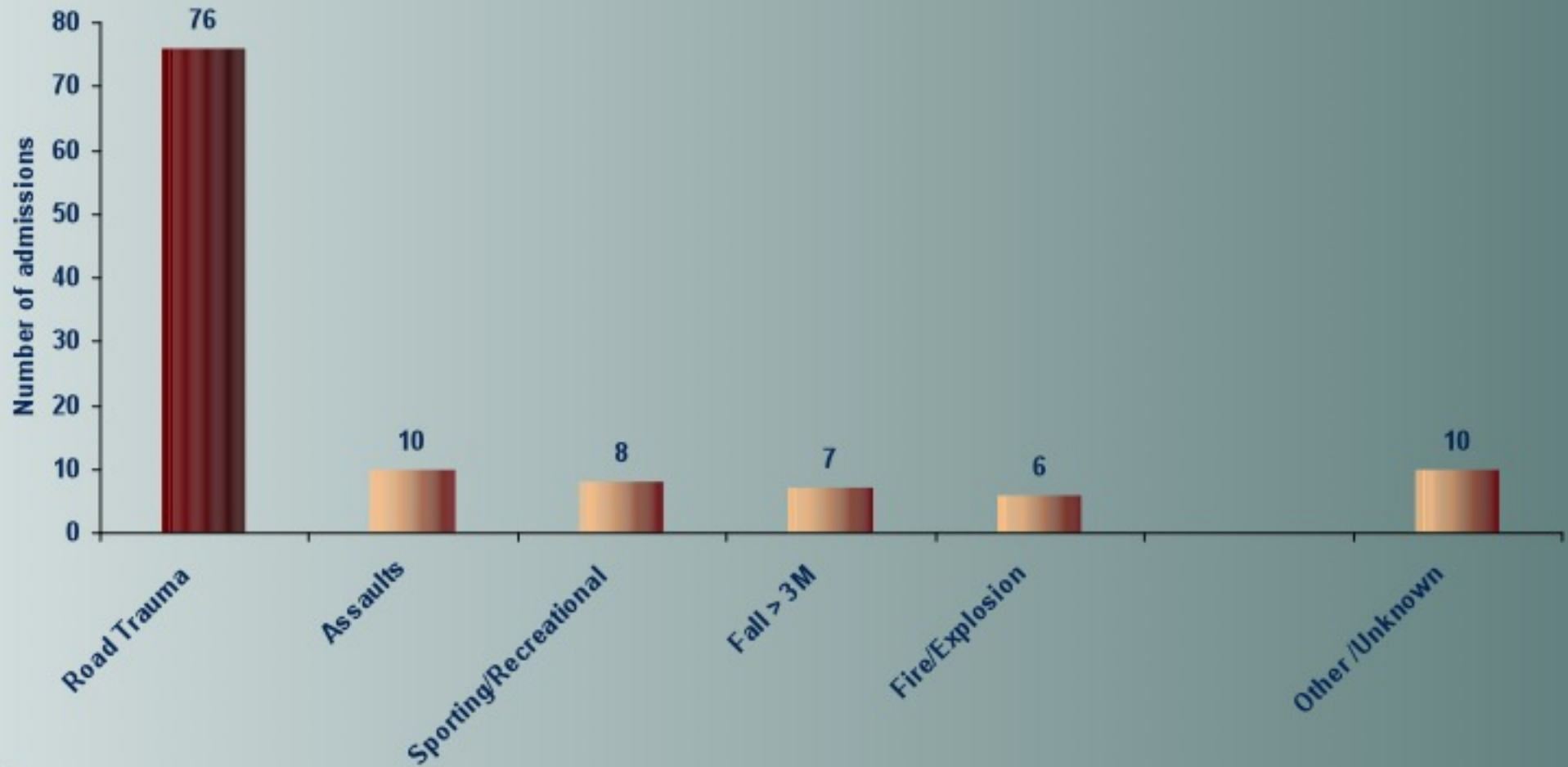
(Australian Bureau of Statistics 2009)

State	Deaths	State	Deaths per 100,000
NSW	397	NT	34.10
QLD	327	WA	9.66
VIC	303		8.03
WA	NZ Deaths 366	NZ Deaths per 100,000	7.64
SA			6.18
NT			5.72
TAS			5.70
ACT			4.07
	14	NSW	
		ACT	

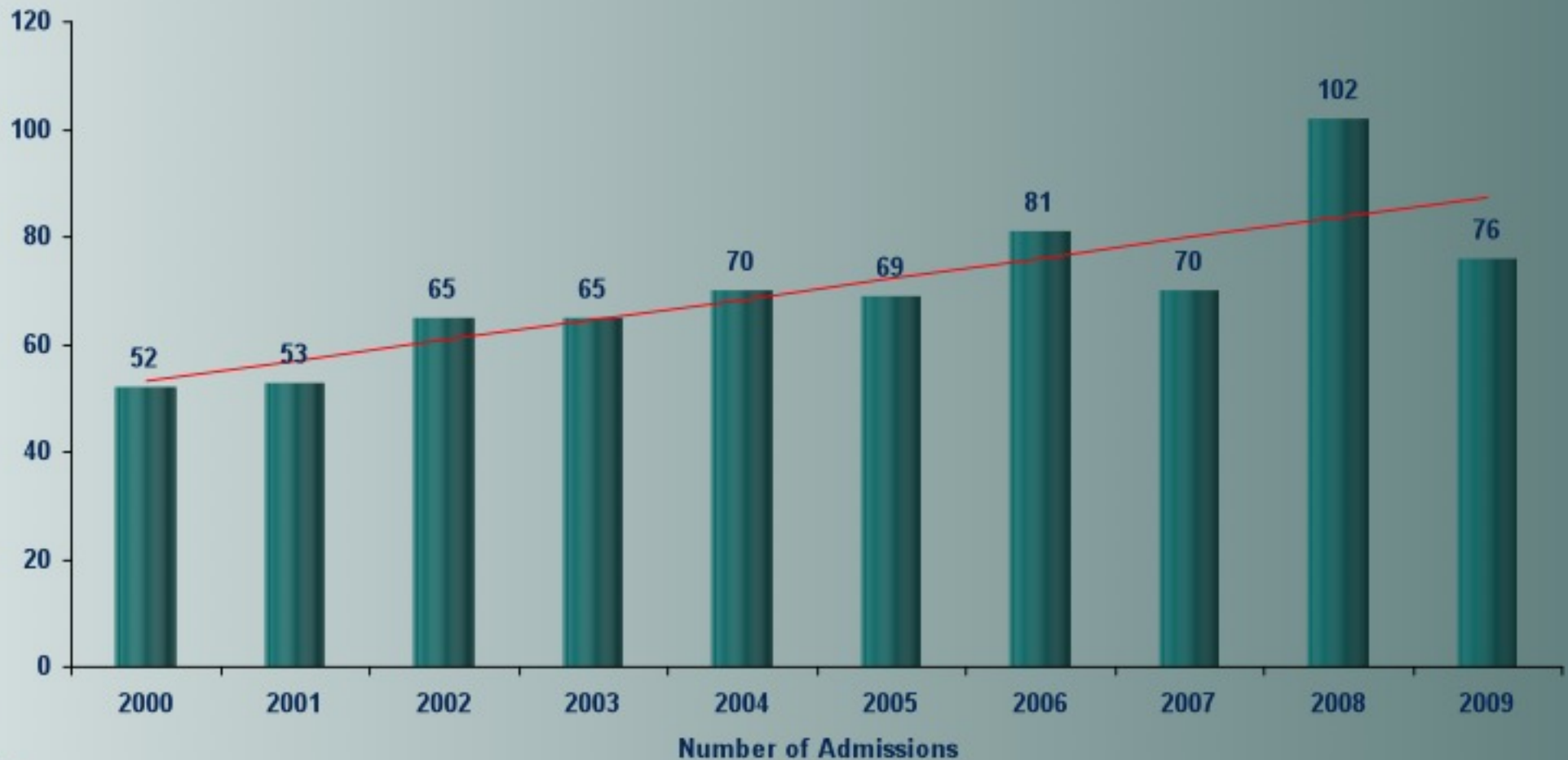
Major road trauma admissions RPH, 2009 (ISS>15)



Cause of Major Trauma (ISS >15) in Youth (15-24 yrs)



Annual Major Road Trauma Admissions (15-24 yrs)



What are the risks?

- P-Plate drivers **5** x more likely to crash
- **8** x more likely fatal injury passenger crash

Why?

- Undeveloped skills:
 - Cognitive
 - Psychomotor
 - Perceptual

-
- Higher exposure to risk conditions:
 - Nights and Weekends
 - With peers (distractions/encouragement)
 - Location – notably rural areas

-
- Risk-taking behaviour:
 - Speeding
 - Alcohol & drugs
 - Lack of seatbelt use
 - Inexperience

Alcohol

- > 10% first year drivers illegal BAC
- ~ 30% of all drink drivers repeat offenders
- Majority male (90%) and < 25 years (65%)
- 2.3 times greater crash risk
- Drink driving associated with drug driving

Where do we fit in?

Office of Road Safety WA -

Towards Zero Road Safety Strategy:

Getting there together 2008 – 2020

- Safe roads and roadsides
- Safe speeds
- Safe vehicles
- **Safe road use**

Drink and drug driving

Restraint use

Fatigue and distracted driving

Novice drivers - GDS

Motorcyclists, Pedestrians and Cyclists

Legislation



save
11,000
people

What is PARTY?



PARTY Mission Statement

“To promote injury prevention through reality education, enabling youth to recognize risk and make informed choices about activities and behaviours.”

Threat (stimulus)

Fear (response to the stimulus)	Control (reaction to the fear)
Inhibitory (shock horror)	Fear Control ("it won't happen to me")
Anticipatory ("that will happen to me if I don't change")	Danger Control ("it can happen to me, but I can avoid the outcome if I adopt the prescribed action")

Maladaptive Coping Responses

- Fatalism ('Nothing I can do about it')
- Avoidance ('Don't think about it and it will go away')
- Religious faith reliance ('God's will or faith will get me through')
- Inaccurate information beliefs ('I'm always in control, I'm a better driver than average')
- Denial ('I haven't had an accident in 5 years so why wear a seat belt')

Negative Consequences

- **Physical** (death, disablement, disfigurement)
- **Social** (embarrassment, no friends)
- **Emotional** (guilt, loss of self-esteem)
- **Financial** (property loss or damage, loss of income source)
- **Loss of life style** (e.g. being in a wheel chair, no money because of loss of income)
- **Loss of freedom** (loss of licence, jail sentence, blindness, loss of limbs)

So in plain English...

- **Thus the strategy is to convince them it can or will happen to them.**

PARTY

Goals and Objectives

- To empower youth to recognise risks.
- To empower youth to make informed, smart choices.
- To increase youths' awareness of personal responsibility for their choices.
- To increase youths' knowledge of the impact of serious injury on quality of life for the individual and community.

In a nutshell...

- **Knowledge**
- **Attitude**
- **Behaviour**

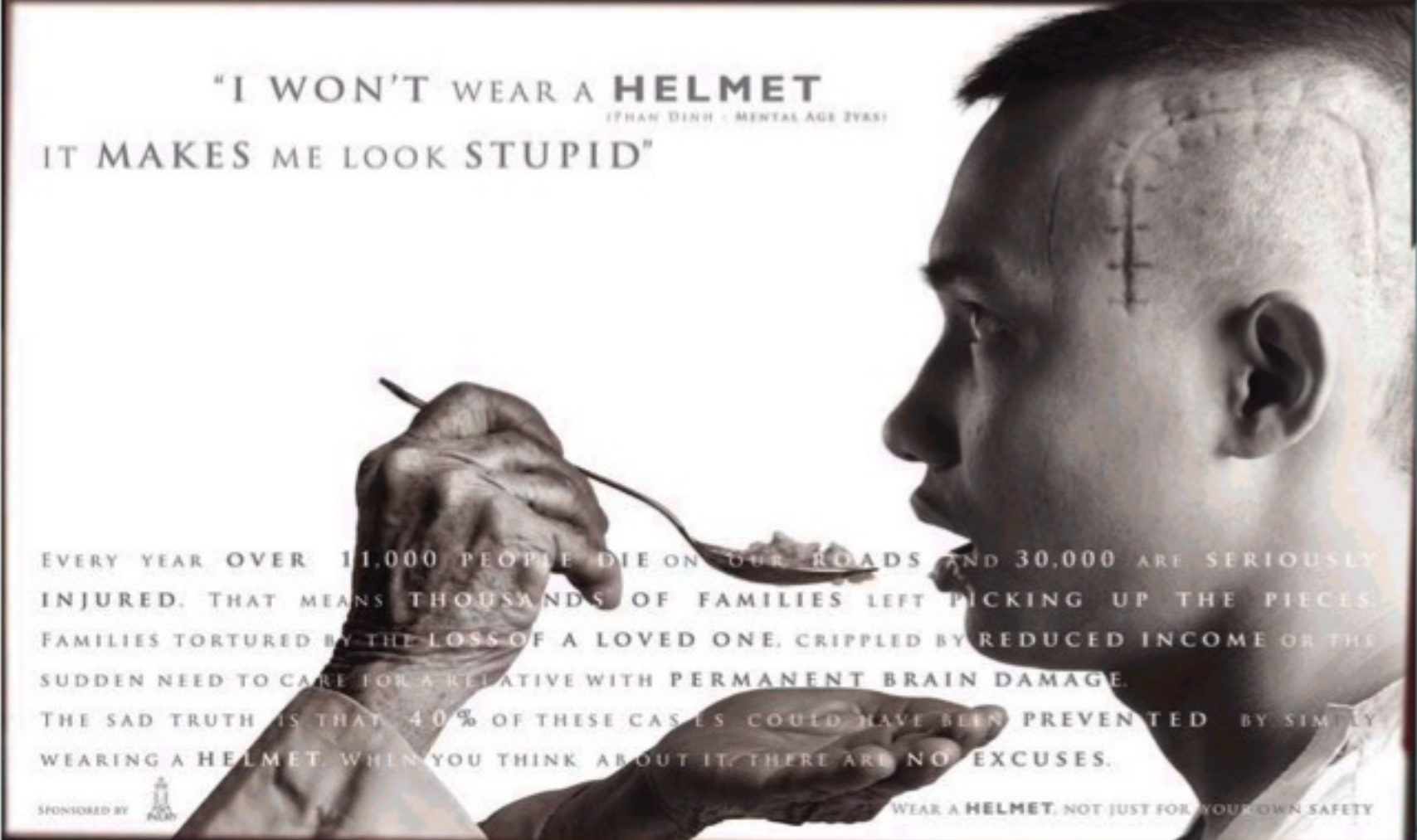
Background

- Sunnybrook Health Sciences Centre, Toronto, 1986
- 70 sites across Canada, United States and Australia
- Licensed by SMARTRISK
- Perth, Melbourne and Brisbane
- (Germany)

Royal Perth Hospital's PARTY


- School Students Years 10,11 and 12
- 30 Students per session
- One session per week during school terms
- Each school one PARTY per year
- Outreach Programs
- Juvenile Justice ~ 6 times per year
- One staff day per year

Each session is conducted once a week



"I WON'T WEAR A **HELMET**
(PHAN DINH - MENTAL AGE 29RS)
IT MAKES ME LOOK STUPID"

EVERY YEAR OVER 11,000 PEOPLE DIE ON OUR ROADS AND 30,000 ARE SERIOUSLY INJURED. THAT MEANS THOUSANDS OF FAMILIES LEFT PICKING UP THE PIECES. FAMILIES TORTURED BY THE LOSS OF A LOVED ONE, CRIPPLED BY REDUCED INCOME OR THE SUDDEN NEED TO CARE FOR A RELATIVE WITH PERMANENT BRAIN DAMAGE. THE SAD TRUTH IS THAT 40% OF THESE CASES COULD HAVE BEEN PREVENTED BY SIMPLY WEARING A HELMET. WHEN YOU THINK ABOUT IT, THERE ARE NO EXCUSES.

SPONSORED BY  WEAR A **HELMET**. NOT JUST FOR YOUR OWN SAFETY

Tour

- Emergency Department
- Intensive Care Unit
- State Major Trauma Unit

Show it how it is....



Spinal Injuries and Rehab Unit

- Respiratory complications
- Lack of mobility
- Bladder dysfunction
- Bowel dysfunction
- Sexual dysfunction
- Pain
- Psychological considerations
- Loss of independence



Paraplegic Benefit Fund (PBF)



Anton Zappelli

'A car for me was a toy, something to have fun in, play with, not something serious'

Anton became a paraplegic when he allowed his girlfriend to drive his car when she did not have a licence. Not long after she began driving, she lost control of the car on the dirt road and it overturned, landing on its roof.

Acknowledgements

Patients and their families
Emergency Dept nursing and medical staff
ICU nursing and medical staff
ICU Equipment PCA
Trauma Unit
Orthopaedic ward nursing staff
Neurological ward nursing staff
Trauma Resident
Patient Support Services
St.John Ambulance
Injury Survivors
Paraplegic Benefit Fund (Australia)
Ward XI
Physiotherapy
Clinical Psychology/Pastoral Care
Security
Catering Department
Trauma Registry
Facilities Management



But does PARTY work?



OUTCOMES OF AN INJURY AWARENESS AND PREVENTION PROGRAM

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INTRODUCTION

The P.A.R.T.Y. (Prevent Alcohol and Risk Related Trauma in Youth) Program was developed in 1986 for the community served by the Regional Trauma Centre at Sunnybrook and Women's College Health Sciences Centre in Toronto, Canada. The program consists of a one-day, in-hospital, injury awareness and prevention program for 30-35 students, age 16 years and over. The purpose of P.A.R.T.Y. is to provide useful, relevant information to young people about injury (trauma) that will enable participants to recognize potential injury producing situations, make informed prevention oriented choices and adopt behaviours and actions that minimize risk.



The critical, dynamic relationship between choice, independence and injury is explored. Led by a multidisciplinary team of health care professionals the program introduces the students to patients with severe injuries and highlights mechanisms of injury prevention. The program begins at Sunnybrook & Women's and continues at a spinal cord rehabilitation hospital.

AIM

The purpose of this study was to determine if participation in the P.A.R.T.Y. Program reduced the incidence of driving related offences and injuries.

METHODS

The study group consisted of consenting students aged 16 years and older who attended the P.A.R.T.Y. Program from January 1993 to December 1997. The control group was made up of students matched from the same age group and geographic area who had not attended the P.A.R.T.Y. Program. Ontario Ministry of Health and Ontario Ministry of Transportation data were used to determine injuries and traffic offences in students three to seven years after P.A.R.T.Y. Program participation.

CONCLUSION

This study demonstrates beneficial effects of a program designed to modify risk-related behaviours and decrease traumatic injury in young people. Further study is required to determine if the benefits of P.A.R.T.Y. remain long-term.

RESULTS:

ONTARIO MINISTRY OF HEALTH DATA

Control Group = 125,207

of admissions = 2721 (2.2%)
of deaths = 18

Study Group = 3,295

of admissions = 31 (0.9%)
of deaths = 0

KEY MECHANISMS OF INJURY

Study Group

Suicide Attempts: 10
Other: 8
MV Traffic: 7
Falls: 4

Control Group

	1993	1994	1995	1996	1997	TOTAL
Suicide Attempts	160	177	195	178	181	891
Other	126	118	93	82	109	528
Assault	71	79	63	87	75	395
MV Traffic	100	70	86	75	60	391

RESULTS:

ONTARIO MINISTRY OF TRANSPORTATION DATA

Study Group

of offences = 1360 (1.6%)
Alcohol = 7 (0.3%)
85% of offences = speeding 10-20 over limit

Control Group

of offences = 2106 (1.9%)
Alcohol = 63 (1.5%)
65% of offences = speeding 10-20 over limit

VISIT US AT

www.partyprogram.com

IN THEIR OWN WORDS

It was all the emotions you could ever feel rolled up into one.
A life saving experience that everyone needs.
What I consider to be a "bad day" is actually not so bad at all.
It made me realize how one little mistake can affect you for the rest of your life.
I never thought that could happen to a human body.
It was a very influential experience mainly because we were talking face to face with people that were once just like us.
Real, not like stuff on T.V.
This was the greatest experience for me because no other lecture or activity has ever hit me as hard as this program did.
The realization that you are not invincible.

A P.A.R.T.Y. DAY IN PICTURES



Arrival



Paramedic



Trauma Room



Equipment



Head



Spine



Critical Care Team



Lunch



P.T.O.T.



Injury Survivor Stories

Results from a ten-year analysis of a **PARTY** Program in Canada

(Banfield et al, 2004)

- 10% - less likely to have a **speeding** offence
- 75% - less likely to have an **alcohol** offence
- 50% - less likely to have a **seatbelt** offence
- 10% - less likely to have a subsequent **collision**

(compared to control group)

P.A.R.T.Y. Program

(Prevent Alcohol and Risk Related Trauma in Youth)



P.A.R.T.Y. Program

(Prevent Alcohol and Risk Related Trauma in Youth)



J. Corbett, Trauma Services, Royal Perth Hospital

Results

By the end of 2008, 1400 youth had participated in the P.A.R.T.Y. Program at Royal Perth Hospital.

Age of students



P.A.R.T.Y. Program

(Prevent Alcohol and Risk Related Trauma in Youth)

J. Corbett, M. Gape, Trauma Services, Royal Perth Hospital, Western Australia.



Background

The P.A.R.T.Y. (Prevent Alcohol and Risk Related Trauma in Youth) program is a dynamic, interactive, injury prevention program for teenagers. Developed in 1998 in Toronto, Canada, it has been operational at Royal Perth Hospital, Western Australia, since 2006.

The greatest incidence of death and injury occurs in the 15-24 year old age group and is due predominantly to road trauma. This program is a vital component in the growing community effort to reduce death and injury in alcohol and risk related incidents.

Aim

The program aims to empower youth to make choices that minimise risk-taking behaviour and increase knowledge regarding the impact of injury on quality of life.

Method

Participation is offered to all high schools in the Perth Metropolitan area. The program operates during school terms and is conducted weekly with a total of 30 students attending in any one session. The program comprises of a one day excursion to the hospital. On arrival, data on baseline risk-taking behaviour, knowledge and attitudes is gathered from students using a questionnaire. On completion of the program the same questionnaire is used to ascertain any changes.

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- WHO (2007). Youth and Road Safety (Report), World Health Organization, Geneva, 2007

Conclusion

This Program is a vital component in the growing community effort to reduce death and injury in alcohol and risk related incidents. "Road traffic crashes are the leading cause of death for 10-24 year olds." (WHO, 2007), and Australia continues to have a high road toll. Health Promotion and Prevention is arguably the most effective way to improve the health of our community.

Results

By the end of December 2008, a total of 2657 participants had attended the program. The following graphs demonstrate the results from 2004 high school students in Years 10, 11 and 12 who had consented to complete the questionnaire.

Age of students attending the P.A.R.T.Y. Program



Do you think the P.A.R.T.Y. Program will make a difference in your behaviour?



Discussion

Initial results from the data collected so far demonstrates that there is a change in knowledge, and attitude towards risk-taking behaviour. "Road traffic crashes are the leading cause of death for 10-24 year olds." (WHO, 2007), and Australia continues to have a high road toll. Health Promotion and Prevention is arguably the most effective way to improve the health of our community.

Conclusion

This Program is a vital component in the growing community effort to reduce death and injury in alcohol and risk related incidents. "Road traffic crashes are the leading cause of death for 10-24 year olds." (WHO, 2007), and Australia continues to have a high road toll. Health Promotion and Prevention is arguably the most effective way to improve the health of our community.

Helping Deliver a Healthy WA



Delivering a Healthy WA

1400 youth had participated in the P.A.R.T.Y. Program at Royal Perth Hospital.

Y Program



It make a



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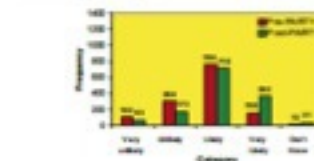
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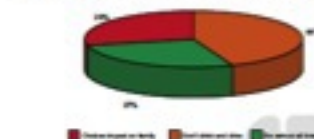
Do you think the P.A.R.T.Y. Program will make a difference in your behaviour?

Do you think the P.A.R.T.Y. Program will make a difference in your behaviour?

What are the chances of sustaining a head or spinal cord injury because of participating in a risk taking activity?



The top three lessons the students learnt



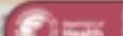
ed so far demonstrates that there is a change in attitude towards risk program can be attributed to the various resources working together. West Australians are given the best chance to learn about the realistic program brings together many partnerships and has the potential to ur in youth, especially on the road.

established six priority areas documented in their Strategic Intent 2005-2010, longer and better lives for all Western Australians. The Program Healthy Communities:

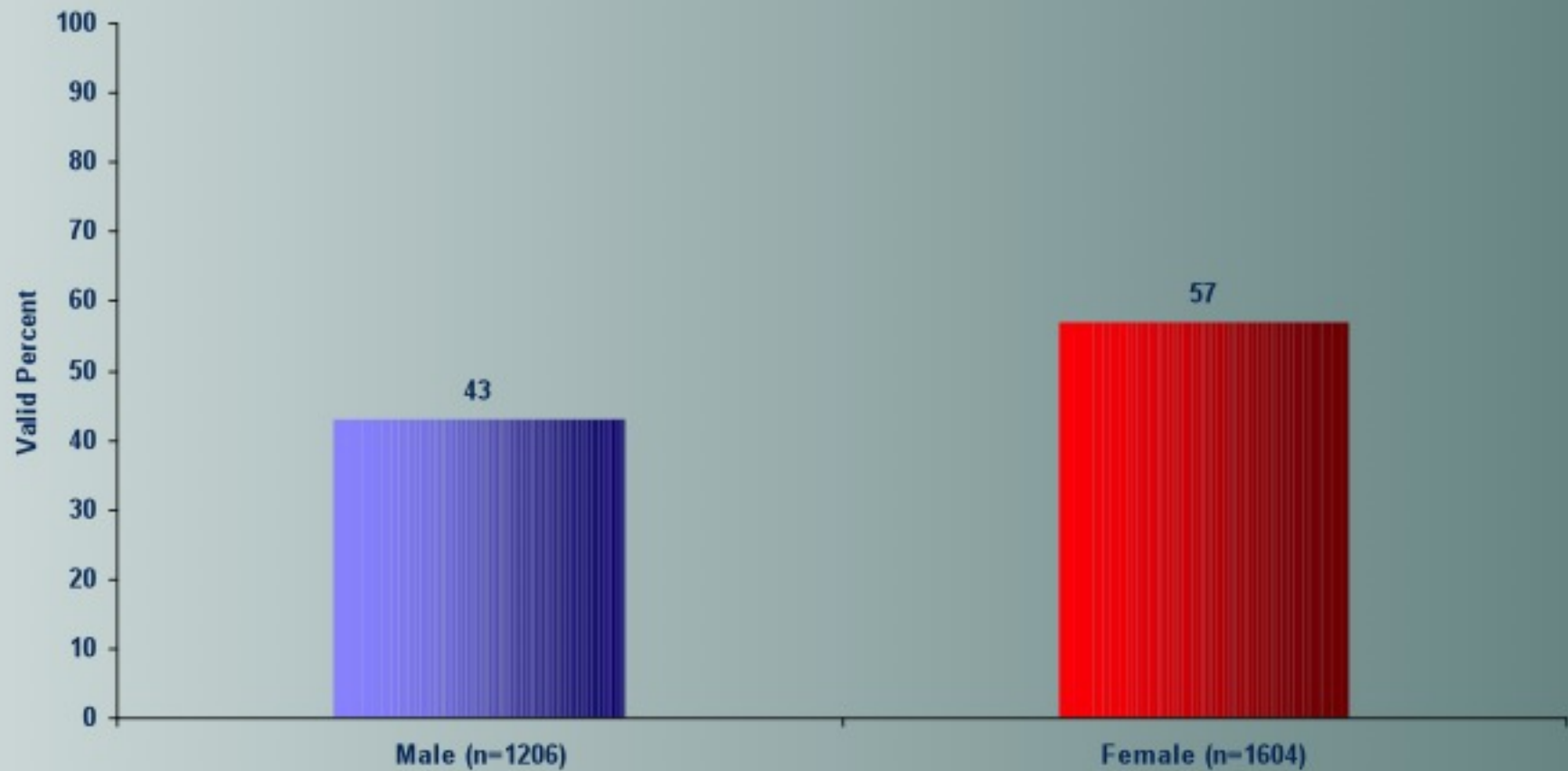
lifestyles, working on the prevention of all health, and the related health promotion Program."

the growing community effort to reduce death and injury in alcohol crashes are the leading cause of death for 10-24 year olds." (WHO, a high road toll, Health Promotion and Prevention is arguably the most ur community.

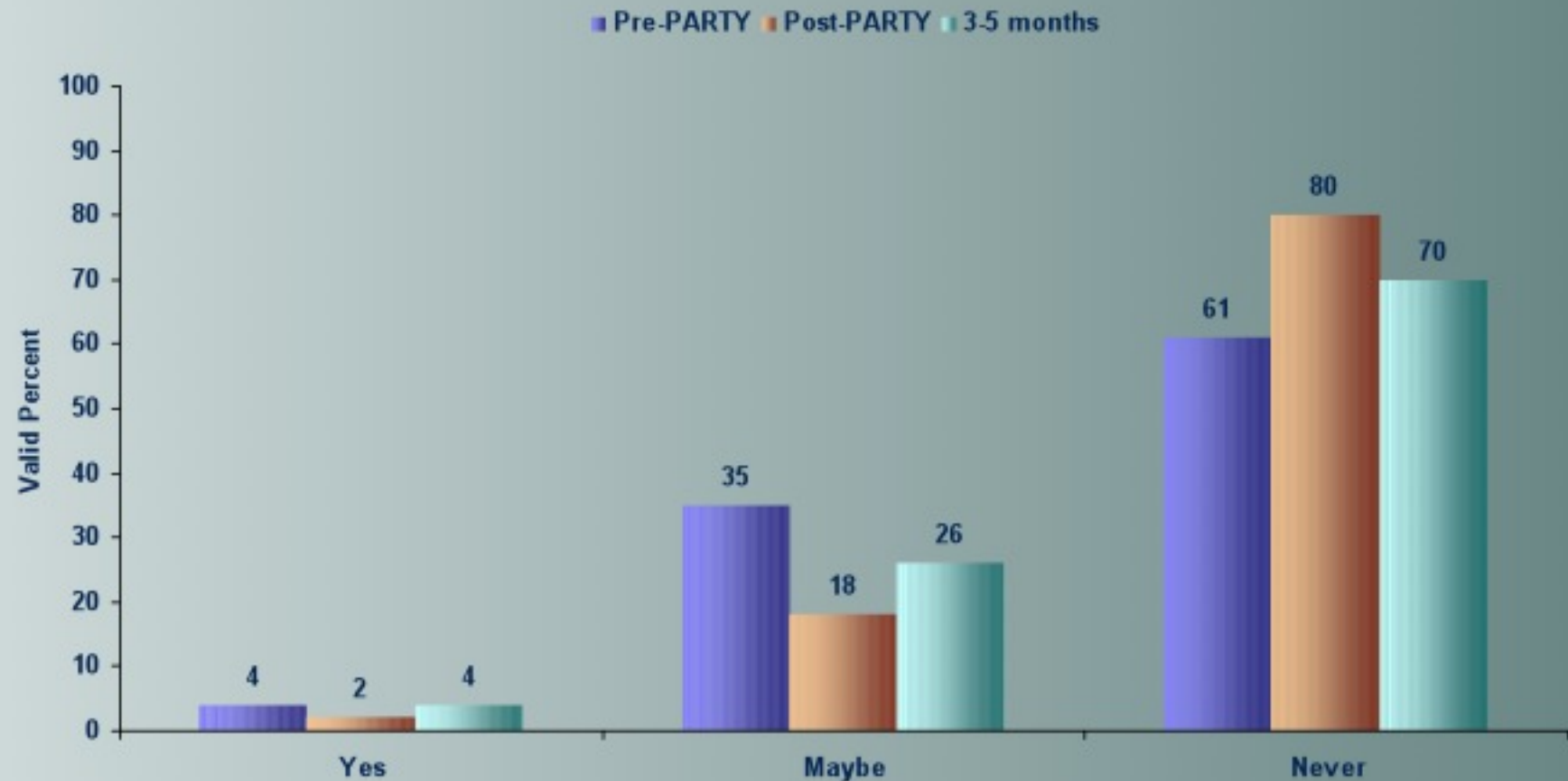
NT ALCOHOL AND RISK RELATED TRAUMA



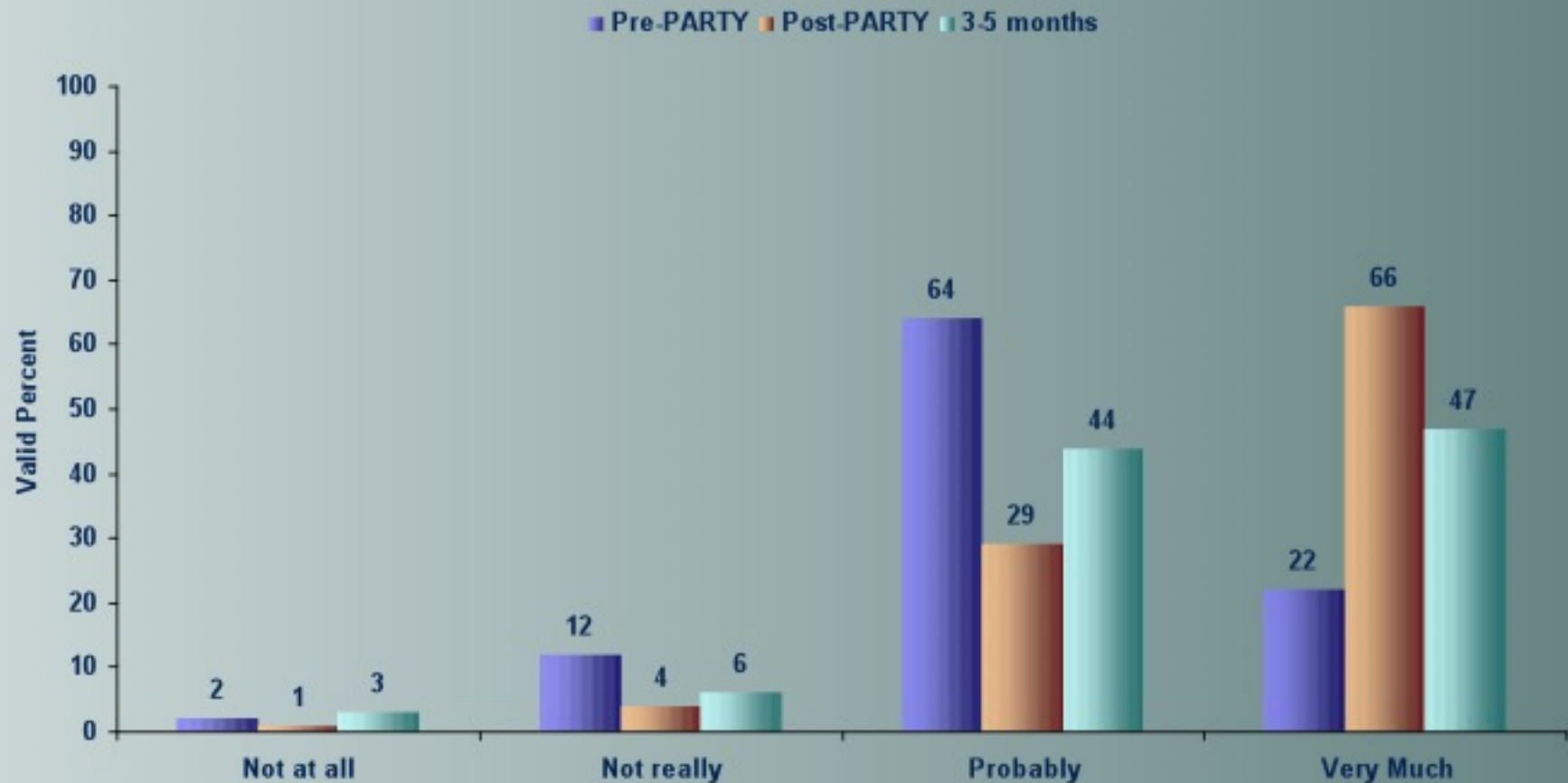
2,810 High School Students



Would you drive whilst over the legal alcohol limit?



Do you think PARTY will make a difference to the way you think about your actions in the future?



Students' responses [sic]

“In short I have learnt don't drink and drive, wear a seat belt, don't drive like an idiot, don't take peer pressure, and behave and be careful on the roads because your not putting just urself at risk but everyone else on the roads too.”

“I personally do not want to end up in a wheel chair for the rest of my life unable to do many or everything for myself, or see any of my friends like that and i will do all i can to set a god example by not crossing that stupid line.”

“We were shown the methods of going to the toilet when paraletic...

...having a greater respect for people who are paraletic and the process which they have to go through, the recovery alone being an epic battle.”

And finally...

“After what I saw that day I’m not sure yet what impact it will have on me. I hope to make better decisions in the future.”

Long term evaluation

- Juvenile Justice retrospective cohort study 2006-2009 (censor date 30 June 2010) Repeat traffic-related offences (Police Department)
- Juvenile Justice 2006-2010 (censor date 31 Dec 2013) Hospital admissions (WA Data Linkage Unit)
- Student 5-year prospective follow-up (NHMRC pending) Hospital admissions (WA Data Linkage Unit)

So what is the best approach to this problem?

**“Popular Approaches Are
Ineffective, effective
Approaches Are Politically
Impossible”**

By Robin Room, Centre for Social Research on Alcohol and Drugs, Stockholm University, 2000.

Systems approach

- Parental Intervention
- Risk perception training
 - Simulated driving programmes
- Social marketing campaigns
 - “Friends Don’t Let Friends Drive Drunk”
- School training programs
- Graduated Driver Licensing Systems (GDLS)
- Vehicle restrictions
- Alcohol interlocks
- Modifying the road environment
- Improved public transport
- Legislation:
 - Stricter penalties or demerit point systems



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Other injury prevention initiatives



Thankyou!

(How many glasses of wine did you have with lunch?)



**Call a cab
before it's
home to
go time.**