



Faculty of Public Health

Of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

OSPHE 049

Drugs Education Programme

Drugs Education Programme

CANDIDATE PACK

Candidate task

You are working in the public health department of the local health service. You are required to advise and negotiate actions to support the local drug prevention work with young people. You are meeting the chairman of your Primary Care Organisation (PCO)¹.

You have 8 minutes preparation time followed by an 8 minute discussion which will start with a verbal briefing by you lasting no more than 2 minutes.

Outline of the situation

You are working in a PCO. Your board chairman is keen to support a drugs education programme targeted at 15 year olds in the area.

The programme that the Chairman is supporting has been designed by a retired policeman who has had extensive press coverage for his work. He runs sessions in school time and has developed all his own material. Teachers like it, as does the local MP who has heard about it from the education service. Your chairman is being asked to publicly support the work and the PCO is being asked to make a contribution to the materials and venue hire.

Last year two 13 year old boys died of overdoses of illegal drugs in two separate incidents in your community and the MP has called for 'something to be done'.

You have been asked to meet with the chairman and brief him/her about appropriate action to be taken to prevent drug overdoses based on current knowledge. You should brief your chairman to understand how to ensure that the relevant action is agreed to support the drug prevention programme for your population, jointly with local government.

Candidate guidance

You are expected to identify:

- why this is important and who is at risk;
- what sorts of interventions are effective;
- what some of the limitations might be in the proposed programme and possible ways forward.

¹A Primary Care Organisation (PCO) is an NHS organisation that provides community and primary health care and commissions health care from community and hospital services. In England these are called Primary Care Trusts (PCTs). A Health Board in Scotland performs some similar functions. PCTs and Health Boards generally cover designated areas and populations within those areas.

At the Station

In the room you will find a role-player as the Chairman of your Primary Care Organisation plus an examiner. Sometimes there may be an observer who is training as an examiner or they may be monitoring the conduct of the examination.

The main examiner will greet you and check your name and number. The examiner will introduce you to the chairman who will then open the discussion by asking you to outline the key points.

Candidate Briefing Pack

1. Local population profile summary.
2. Summary of Drug Use Prevention: a review of reviews (Health Development Agency 2003).
3. Extract from National Healthy School Standard. Drug Education. Department of Health, Department for Education & Skills 2003.

1. Local population profile summary

Your primary care organisation covers a population of 300,000 which is mainly urban. There are wide contrasts in the socioeconomic characteristics with some very affluent areas and others which include wards in the most deprived 10% in the country. Heavy industry is in decline and being replaced by the finance and service sector. Unemployment levels have not yet recovered from the job losses.

Teenage pregnancies have failed to drop despite significant investment in services. Attainment levels for GCSEs (age 15/16) are around the national average but staying on at school or entering training rates are low.

2. Summary of Drug Use Prevention: a review of reviews (Health Development Agency 2003)

Drug use in 11-15 year olds in England has continued to rise with 20% of this age group using illicit drugs in 2001. The probability of a young person developing problems through drug misuse increases directly with the number of risk factors, although these links are tenuous. Risk factors include:

- Individual biography, Personality factors, Familial factors, Environmental/contextual factors, Educational factors.

Some are more at risk than others and have been identified as:

- Children whose parents misuse drugs, Young offenders, Looked after children, Young homeless, School excludees, Sex workers.

Evidence suggests that the following are effective:

- Interactive education programmes using peers are more effective than non-interactive interventions in preventing drug misuse.
- Information based programmes, including project DARE (led by police officers) have not had much effect.
- Teacher-led programmes can change attitudes and awareness.
- Peer-led interventions tend to benefit the young person delivering the programme most.
- British parent-orientated programmes are poorly attended especially by those who smoke and drink more heavily.

Components of effective programmes i.e. those that influence attitudes, beliefs or behaviour:

- Effective programmes include booster sessions.
- Intensive programmes given a large amount of curriculum time (10 or more sessions) are effective although intensity alone is not sufficient.
- Effectiveness of individual elements of multi-component programmes have not been sufficiently assessed.

Recommendations

In the absence of rigorously evaluated programmes it is recommended that prevention programmes should:

- Focus on those areas indicated as being most likely to effect positive change in attitudes, normative beliefs and behaviours that prevent and/or reduce drug use.
- Include an evaluation of process and delivery and where possible an evaluation of impact and outcomes.

3. Extract from National Healthy School Standard. Drug Education, Department of Health, Department for Education & Skills 2003 p9

Minimum criteria for drug education

Local programmes must also have measures in place for assessing school achievement against the minimum criteria. Details of how local programmes can support the minimum criteria and whole school approach to drug education are included in section 7.

The minimum criteria (Standard 3.5.2e):

- The school has a named member of staff and a governor who are responsible for drug education provision.
- The school has a planned drug education programme involving development of skills which starts from early years and identifies learning outcomes, appropriate to pupils' age, ability and level of maturity and which is based on pupil's needs assessment.
- The school has a policy, owned and implemented by the whole school, including parents/carers, for managing drug-related incidents which include identifying sources of support for pupils and alternatives to exclusion.
- Staff understand the role schools can play in the national drug strategy and are confident to discuss drug issues and services with pupils.
- The school works with the police, youth service and local drug services in line with the DAT strategy to develop its understanding of local issues and to inform its policy.

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**MAIN MARKER
EXAMINER PACK**

Examiner situation

Examiners will not be required to participate. The role of chairman will be taken by a non-marking examiner in the station.

As marker examiner you welcome the candidate and check the candidate name and number. You introduce the chairman who then opens the discussion with the candidate and ends it.

Examiner Answer guidance

The candidate needs to identify that the politically-preferred intervention to support the policeman's health education programme may not have the strongest evidence base (i.e. led by ex-policeman, lack of evidence) and if introduced widely could also undermine some existing well evidence-based activity. The candidate is expected to provide a balanced and assured approach to discussing the dilemma this poses in advising the PCT appropriately. However, lack of detail means that the specific programme described may be effective and there is no way of knowing from the presented material if that is the case or not. Finding out more about the proposed programme then adopting a pilot, evaluative approach may be offered as a solution, but the candidate may adopt alternative stances. Outlining how this programme could be evaluated in lay terms but relating to public health theory is part of a successful answer.

Examiner briefing pack (these will be inserted by the Faculty office)

Candidate pack, Actor briefing pack.

Marking Guide for Examiners

1. Has the candidate appropriately demonstrated presenting skills in a typical public health setting (presenting to a person or audience)?

Avoids jargon. Is clear. Appropriate language for the audience. Maintains eye contact. Appropriate manner for the situation. Shows empathy. Inspires confidence.

2. Has the candidate appropriately demonstrated listening skills in a typical public health setting (listening and responding appropriately)?

Ensures actor questions are answered appropriately. Answers totality of the question. Manner of response appropriate. Recognises the political dimension for the chairman.

3. Has the candidate demonstrated ascertainment of key public health facts from the material provided and used it appropriately?

Sets out the wider context of the problem of young people and drug misuse. Discusses the roles of the different agencies involved in drug prevention. Identifies high risk factors. Sets out what does and does not work for young people as per briefing pack particularly the positive use of peer-education and teacher-led work, and the less well evaluated interventions such as the DARE work and also parent-based programmes in some high-risk groups.

4. Has the candidate given a balanced view and/or explained appropriately key public health concepts in a public health setting?

The link between risk factors and drug misuse including specific vulnerable groups and the implications for programmes of action and targeting. Link to local population profile. Identifies the low follow-on rates of young people leaving school (demographic profile) as a potential important local factor.

Evaluation and the need for evidence of effectiveness even in the field of health promotion. Outlines potential approaches.

5. Has the candidate demonstrated sensitivity in handling uncertainty, the unexpected, conflict and/or responding to challenging questions?

Non confrontational. Ensure balanced view. Acknowledges uncertainty. Acknowledges the political pressure to 'do something'. Handles suggestions based on less robust evidence. Can separate 'what the evidence tells us' from the need for pragmatic action and maintaining support of and from the chairman.

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ACTOR BRIEFING PACK

Station background

The briefing pack outlines characteristics of the local population, especially the industrial heritage which has created a mixed picture as new industries sprout up. In particular, a marked feature of the area is the low uptake of work, further education or other follow-on course of young people aged 15 upwards in the area which may be an important aspect of the local problem.

The approach used in the project favoured by you (the chairman), and the local teachers and MP, (an ex-policeman using their own materials) looks from existing literature as if it may be poorly evidence based. As such, the candidate is expected to identify this possibility and discuss caution in wholesale adoption of the drugs-programme as it stands. This is especially important if it displaces other well evidence-based work such as peer-led or teacher-led initiatives. However, the actual programme in question has not been subject to adequate evaluation and cannot be assumed to be similar to the DARE or other less well evaluated programmes. So the candidate has an opportunity to identify that robust evaluation could be a sensible approach. This has the advantage of maintaining your chairman's support and that of the local MP who has already spoken publicly about their enthusiasm of this programme.

Actor Brief

The chairman has had a very successful career in the private sector and has turned to public service since losing her/his 20 year old son. She/he holds various other high profile public offices covering a diverse range of organisations and since coming into the chairmanship is generally perceived to have had quite an impact on getting things done locally.

You feel that your trust board should be more supportive of this kind of initiative but have asked public health for a view. You should challenge reasons for not supporting this high profile project.

The issues that need to be covered in your questions: Evidence of effectiveness and the need to evaluate actions if there is not much evidence to support. The candidate needs to be able to justify her/his recommendations but propose a reasonable way forward which might include some pilot work on this programme whilst supporting other evidence-based work e.g. a peer-led programme in schools.

You open the discussion by thanking them for coming along and asking them to spend a couple of minutes giving you their assessment of the problem of drugs and young people and what can be done about it. You should not interrupt until after 2 minutes.

Questions to be covered, (rephrase if needed)

“So are you saying there is more to this than just health education?”

“What about all those at risk young people – we can’t do anything about them surely?”

“Why don’t you think the policeman’s programme isn’t worth supporting?”

“You seem to be saying this school programme isn’t looking good – so what shall we do?”

If the candidate rejects the programme outright or does not volunteer that piloting or other evaluation may be appropriate, specifically ask:

“We don’t really know if this programme is effective or not do we. What could we do to find out?”

The actor should summarise his views and test them with the candidate when the one minute bell goes.

Any ‘No Go’ areas

None.

Level of conflict

You should press the candidate to justify their specific reasons if they reject the programme outright and ask specifically about evaluation techniques.