BLEEKER A

Presentation for the 2nd International Drugs and Young People Conference

Melbourne, Australia 4-6 April 2001

Introduction - Drug Use and Young People - Rationale for the DSP

Many working in the alcohol and other drugs industry will agree, there is no easy solution to managing the social phenomenon that has become the 'drug problem'. What is continuing to alarm the majority and sustain public interest is the nature and extent of drug use amongst young people (12-24 year olds).

In modern day Australia, rarely a day goes by without mention of illicit drugs in the media. Two distinguishing characteristics of drug use at this point in time, are the inability of public policies to control the problem and the concentration of use amongst the young.

Adolescence as many of you know, is traditionally seen as time of turmoil as young people mature and become adults. The influence of their parents and family diminishes and they begin to spend more time with their peers (Odgers 1998). Reactions to family and school values are challenged as young people work out new ways of relating to the world as an adult. As Nutbeam (1997) points out, adolescence is also an important formative period for patterns of behaviour, which endure into adulthood.

Peer Education

Definition For the purpose of this project, 'peer education' refers to the process of sharing information among members of a specific community to achieve positive health outcomes. As Carnigie (1998) states, peer education's success lies in the passing on of health information among individuals who identify with a particular culture. Through peer led credibility, peer educators can influence a change in sub-cultural norms within a

Within the paradigm of adolescent drug peer education, peer leaders are targeted, selected and trained to inform and encourage others in their social network to adopt healthier lifestyle choices, particularly in relation to drug using behaviours. Those that are reached by the intervention can be encouraged to adopt safer methods of drug use and thereby prevent harmful drug use situations.

Context Peer education initiatives have been documented as far back as Aristotle (Wagner 1982). Historically they have occurred in a variety of contexts and in a number of different settings and situations.

The first documented use of peer education initiatives with adolescents and substance use was in American high schools in the late 1960s (Ward et al. 1997). In the structured setting of a school, students were trained to discourage their peers from taking up drinking and smoking.

Since the advent of HIV/AIDS in the early 1980s, peer education has become an increasingly popular tool to reach 'hidden populations' (such as gay men, sex workers and injecting drug users) with harm reduction information. In the past ten years, peer education has been revitalised as a method of drug education and prevention amongst young people. As governments came to realise the merits of harm reduction methods for HIV prevention and sexual health promotion, peer led initiatives for risk populations such as young people began to expand (Ward et. al. 1997).

Historically, peer education has occurred in many different settings and a variety of situations. These include:

- schools
- universities and colleges
- youth centres
- social settings and
- outreach settings.

The setting of a peer education intervention is determined by the target group and where they can be reached by the initiative.

Rationale

There are many reasons cited in the literature to justify the use of peer based interventions. Turner and Shepherd (1999 pp. 236-7) documented 10 commonly cited justifications for the use of peer education. These include:

1. It is more cost effective then other methods.
2. Peers are a credible source of information.
3. Peer education is empowering for those involved.
4. It utilises an already established means of sharing information and advice.
5. Peers are more successful than professionals in passing on information because people identify with their peers.
6. Peer educators act as good role models.
7. Peer education is beneficial for those involved.
8. Education presented by peers may be acceptable when other education is not.
9. Peer education can be used to educate those who are hard to reach through conventional methods.
10. Peers can reinforce learning through ongoing contact.

These justifications can also be used to justify the evolution of peer education as a method of drug prevention and harm reduction for young people entering adult life. Adolescence is also a time when peer group influences are particularly significant to a young persons development. Hence several other factors can also be cited to rationalise the utilisation of drug peer education initiatives for adolescents. These include:

- increasing prevalence of drug use among people despite anti-drug prevention efforts (Dietze 1998; O'Connor & Saunders 1992)

- lack of drug service utilisation by young people (Ward et al. 1997; Gamble 1994)

- normalisation of drug use among young people (Odgers 1998; Kenrick 1998; Botvin et al. 1986)

- strong influence of the peer group during adolescence, particularly in relation to risk taking behaviours such as drug use.

Efficacy

A meta-analysis of 143 adolescent drug prevention programs conducted by Tobler in 1986, indicated that peer education programs had positive health outcomes in 5 distinct areas:

- knowledge
- attitudes
- drug use
- skills and behaviour

Various studies of peer education projects have indicated substantial changes in knowledge gain and attitude amongst peer educators and those reached by the intervention (Ward et al. 1997; Fors & Jarvis 1995; Tobler 1986).

The success of peer education interventions amongst injecting drug users in the United States, Australia and the Netherlands has also been well documented.

Peer education makes sense as one approach to reducing drug-related harm and it is likely to be a cost-effective method for imparting drug information to young people. As adolescence is a period when peers tend to have more influence than authority figures such as parents and teachers, peer leaders can model positive patterns of behaviour, which endure into adulthood.

Part 2 – The DSP

The total budget for the project was $32,500 - This figure does not include the wages of 2 staff or any of the formative research that was conducted to inform the project.

DSP Project Aims

The Drug Stop Project aimed to meet the following needs of young people (12-18 year olds) in the Manly-Warringah area:

1. To develop a sustainable peer education project to:

    - prevent the uptake of illicit drug use (including alcohol) with particular emphasis on poly drug use; and

    - prevent problematic drug use amongst non-users and recreational drug users.

2. To develop a capacity within local youth services to better address drug and alcohol prevention issues.

DSP Project Objectives

1. Recruit 40 young people who formed a representative sample of different sub-cultures in the Manly-Warringah area.

2. Educate 40 young people to be drug and alcohol peer educators through:

    - Increasing knowledge of peer educators about the effects and harms of licit and illicit substances, particularly poly drug use.

    - Effecting a change in attitude towards the use and abuse of licit

- Increasing confidence in peer educators to pass on accurate and credible drug information to their peers.

- Empowering peer educators towards making safer choices about drug use in their lives and valuing the importance of a lifestyle that is not drug dependent.

3. Ensuring the continuation of drug and alcohol peer education amongst young people.

4. Increasing the effectiveness of youth workers, working with young people and alcohol and drug problems.

The overall intention of the DSP was to provide a wide range of young people living in the Manly-Warringah area, with the tools for survival of possible experimental and recreational drug use during adolescence through to adulthood. In order to reach as wide a cross section of young people as possible, thirty-seven (13 –19 year olds), were trained to be DSP peer educators. These peer educators were provided with 40 hours of intensive training in drug information as well as in decision-making, confidence building, communication and listening skills, rapport and team building strategies.

DSP Project Strategies

1. The formation of a working group building on the existing Youth Drug and Alcohol Forum steering committee.

2. The development of a peer education package addressing illicit and poly drug use issues (including resource development).

3. The implementation of the peer education project.

4. The evaluation of the project.

5. Ongoing consultation and liaison with youth services willing to implement the package.

DSP Project Target Group

The primary target group for the Drug Stop Project was:

- 40 young people from the Manly-Warringah area to be trained as peer educators.

In addition, the DSP had three secondary target groups:

- Peer educator's family, friends and other associates;
- Young people attending under 18 activities at local youth centres, and
- Local services involved with youth including police, health, councils and welfare.

Peer Education Strategies

The DSP employed two basic forms of peer education to reach as many young people as possible. These strategies were referred to as **Informal and Formal peer education.**

The overall role of a DSP peer educator was to pass on credible drug information onto their friends and associates through casual conversations. This process was referred to as a drug information 'hit'. All peer educators involved with the project were asked to make at least 20 'hits' over the duration of the project.

Informal Peer Education involved peer educators talking to their friends about the harms of drug use and the safer use of alcohol and other drugs. A peer educator was encouraged to have as many conversations or 'hits' as possible. Repeated contacts with the same friends/associates were also encouraged to reiterate behavioral modification.

Guidelines on the roles and responsibilities of peer educators as well as a code of conduct for carrying out drug and alcohol education were distributed to peer educators at the training camp.

At every DSP follow-up session, performance-monitoring information was collected from those attending about the type, amount, and quality of their 'hits'.

Structured Peer Education involved the DSP peer educators engaging in conversations about drugs with strangers who visited the DSP mobile shop front, which appeared at local youth events in the Manly-Warringah area between April-October 1999. As this can seem like a daunting task, even for those more confident and extroverted individuals, a DSP win-a-T-shirt competition was devised, so that peer educators had an introductory tool to begin a conversation. The competition involved young people answering 5 true/false questions correctly about drugs. This tool gave peer educators the opportunity to begin conversations with young people and to correct and clarify any misinformation. These contacts were referred to as 'structured hits'.

At all of these events, approximately 10% of the crowd visited the DSP shop front and collected drug information booklets.

Evaluation Mechanisms

The efficacy of the project was assessed through employing the following methodological tools:

- **A quantitative pre and post-test questionnaire** was administered before the intervention commenced and re-administered six months after the project had been in the field. This questionnaire collected data on drug knowledge; levels of drug use and peer educator's age of initiation into licit and illicit drug use.

- **A quantitative self-completion questionnaire** collected data on the total number of **drug information 'hits' (contacts)**. This information was collected at every DSP follow-up session and also at youth events.

- **Satisfaction surveys** were administered at **the training camp** and at follow-up sessions to assess the relevance of the topic, presenter's competence, and whether there was enough time for questions.

- **Workers Evaluation of Training Camp**. All workers attending the DSP training camp were also asked to fill in a qualitative questionnaire documenting their experience of being involved with the training weekend.

- **A focus group** with 6 peer educators was also conducted in early October by the external evaluator following completion of all project training. The purpose of the focus group was to tease out some of the finer details of the peer educator's experience with the project.

- **A qualitative questionnaire** was also administered to the **parents of the DSP peer educators** to ascertain their thoughts on their child's involvement with the project.

Outcomes and Results of the DSP

Findings reveal that the project was successful at reaching a wide cross section of young people who would usually not have had exposure to this type of drug information. A process evaluation of the project revealed that the DSP performed better than originally anticipated by recording at least 3 times more 'hits' than expected. Approximately 2,300 'hits' were recorded over the life of the project (1600 were informal contacts with friends, etc. and 671 were made with strangers at youth events).

Most 'hits' were made with close friends (23%), followed by schoolmates (21%) acquaintances (19%) and parents (15%). Younger and older siblings came in at 8% and 6% respectively. If the parents and siblings figures are added together the combined total for families is 29%, meaning that peer educators spoke mostly with their close family about what they had learnt through their participation in the project. Other people reached by the project-included strangers, school and music teachers, dealers, grandparents and other non-immediate family.

The drugs most commonly spoken about in informal settings included cannabis (20%) alcohol (19%) and tobacco (17%). The next most popular drugs that were discussed were ecstasy 11% and speed (amphetamines) 10%. Coincidentally these figures are reflective of the drugs most commonly used by young people in Australia (National Drug Strategy, 1999).

The majority (42%) of informal conversations with friends lasted between 5-10 minutes and at least 29% of conversations were between 10-20 minutes long.

Most conversations started in structured settings (i.e. youth events) were about cannabis and lasted less than 5 minutes. Most drug education literature that was distributed at these events was about cannabis and alcohol.

A quantitative pre and post-test analysis of the DSP peer educators revealed that the project contributed to an increase in drug knowledge. The average score pre-test was 12/30 and post-test it was 22/30. When this was tested for significance, results indicated that there were significant changes ($p<0.05$). Results documenting changes in attitude and confidence amongst peer educators trained by the project were more difficult to quantify because the survey instrument was not sensitive enough to measure these outcomes. Most peer educators reported qualitatively that their confidence had increased as a result of participating in the DSP. I am still trying to find another way of measuring changing attitudes to drug use.

Conclusion

In summary, the DSP can be considered a public health success. It met almost all of its stated aims and objectives and reached more people than expected, with accurate and factual drug information. The project also empowered peer educators (and those reached by the project) to make informed choices when dealing with decisions regarding drug and alcohol use.

A total of 36 (97%) of peer recruits graduated from the project in October 1999. Participation rates remained extremely high and averaged 74% throughout the six months the project was in the field. The DSP was particularly successful at retaining young men (13-16 year olds) who had a 95% participation rate to all DSP training sessions. This is a particularly significant result as young men are often very difficult to engage in any type of health promoting behaviour.

One of the underlying strengths of the intervention was the partnership that was built between the Manly Drug Education and Counselling Centre and Manly Youth Council. This collaboration ensured that we were able to recruit high calibre peer educators who were motivated to learn about drugs and in turn spread the word amongst their friends. Ultimately, this resulted in strengthened health outcomes for many young people living in the Manly-Warringah area of Sydney.

Post-script

DSP # 2 has just been completed and I am currently crunching the data and results for this project. Many changes from the initial evaluation of DSP # 1 were incorporated into this project – most specifically the renaming of the project to the Drug Safety Project. Also of significance to this project was that we recruited and trained 20 young people and targeted those that were a little older than the first group. This intervention is ideally suited to 15-20 year olds who are exposed to drug use through their own or their friend's drug using behaviour.

For DSP # 2 we attended more high profile youth events such as Homebake and Big Day Out and managed to secure the same amount of hits as DSP # 1.

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In conclusion, some tips for you to take away with you to consider if you want to set up a peer education project in your service.

- **Involve the target group in the design of the intervention to advise on relevance of education/training etc.**

- **Work in conjunction and partnership with a local drug and alcohol service and youth agency (for credibility and capacity building)**

- **Choose peer educators who have credibility with your target group - 'talking not preaching'**

- **Keep the education/training sessions as interactive and participatory as possible**

- **Utilise existing youth friendly drug and alcohol information**

- **Organise a 2-3 training camp for peer educators as this provides an incentive for young people to be involved and also enhances the group/team process and consolidates learning.**

- **HAVE FUN…….. and don't forget to evaluate your intervention.**

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