



DRUG SAFETY PROJECT EVALUATION REPORT 2004

EXECUTIVE SUMMARY

The Manly Drug Education and Counselling Centre (MDECC) initially developed the Drug Safety Project (DSP) in 1999 after extensive local community consultation identified a gap in credible approaches to drug education for young people. DSP was developed as a community based peer education project in which young people were recruited through a partner youth agency. They were trained as peer educators, and then provided credible peer education informally to their friends, and formally at organised community events.

The key outcomes of this model included increased drug knowledge and confidence amongst those trained by the project, extensive reach of peer education beyond the scope of the project, and the empowerment of peer educators to make informed choices when dealing with making decisions regarding drug and alcohol use. In addition, the underlying strength of the model was the partnership that was built between MDECC and the partner youth agency. Since then, the DSP project has been successfully implemented on an annual basis.

The year 2002 saw the redevelopment of the DSP model to complement school based education. Recommendations arising from the pilot DSP Peer Education School Program 2002 were incorporated into the development of DSP 2003. DSP 2003 therefore was a move back towards the community model for DSP but adjusted for implementation within the school environment. DSP 2003 was conducted in partnership with two local secondary schools and was also funded by the Alcohol Education and Rehabilitation (AER) Foundation.

DSP is an ever-evolving project that has been revised and improved over the years to meet the changing needs of the community and the target audience. It is to be recognised that both the school based and community based models recruited young people attending local secondary schools but using a different process. Recommendations arising from the 2003 evaluation report highlighted that the

community based model allowed a more direct link between the project and the peer educators that enabled better retention of the peer educators in follow up training and youth events. In turn, this allowed for better collection of evaluation data.

Therefore, DSP 2004 utilised a community based model and recruited young people through school, TAFE, and community settings. The target group were identified as young people at high risk of drug and/or alcohol related harm. The peer education model was given an innovative “edge” this year by utilising the reality TV concept “Survivor Challenge”. This was particularly relevant to the target group, and built an analogy between fun, experimentation, at risk behaviour, and experimentation with drugs and/or alcohol.

Evaluation of this project highlighted a range of positive outcomes – critical relationships were formed with TAFE and a local secondary school and strengthened partnerships with the partner youth agency. Twenty three young people completed their DSP “Survivor Challenge” training program, ongoing education sessions, CPR overdose training, and provided peer education at youth events within their local community. Formal events gave the peer educators the opportunity to formally survey the myths and misconceptions that young people believe about drugs and alcohol. It also ensured that key messages were targeted to dispel these myths. A core group of peer educators promoted the project at Northern Beaches TAFE and to the Student Representative Council at a local secondary school. The project was highlighted at the Network of Alcohol and Drug Agencies (NADA) Best Practice and Innovation for drug and alcohol NGOs Conference 2004, where the peer educators were selected to present their innovative project.

Key outcomes of the evaluation of DSP “Survivor Challenge” 2004 were that the peer educator’s drug knowledge was increased and retained, their levels of confidence were increased (pre survey = 21%, 20 wk survey = 58%), and they reported an increase in their perception of value to society (pre survey = 57%, 20 wk survey = 84%), and self-esteem (pre survey = 21%, 20 wk survey 63%).

The pre and post test results were profound in that they showed not only a retention in drug knowledge, but an increase in drug knowledge at the 20 week survey. This is highly significant in that these results challenge the argument against peer education that young people do not retain the information they have learnt.

Qualitative evaluation of the training program reported overwhelmingly positive feedback in regards to education sessions. Evaluation also consistently highlighted the credibility of the training program delivery, the supportive and safe environment that was created to allow young people to explore the underlying drug education philosophy within a harm minimisation framework. This is supported by the fact that there was 100% retention of peer educators in the project.

It is difficult to evaluate the real reach of the project given the “snow balling effect” of peer education. The peer educators were having a broad spectrum of conversations on a daily basis to family, friends, school peers, and teachers. The ‘hit’ data recorded and evaluated highlighted that most drug information conversations were targeted at friends

as would be expected in a good quality peer education program. 'Hit' data showed that 50% of recipients were identified as friends, and 37% were identified as peers (ie: total friends and peers = 87%). The majority of conversations were identified as being about what they learnt at the camp and follow-up sessions, drug information particularly about alcohol, tobacco, and cannabis, definition of standard drinks, and safe sex education.

In summary, DSP "Survivor Challenge" 2004 met all of its stated aims and objectives. The project developed a sustainable and credible peer education program, and developed a capacity within TAFE, a local secondary school and the community to better address drug and alcohol prevention. The program was successful in that it encouraged young people to become responsible, involved, and empowered within a safe and confidential environment that fostered trust and confidence.