



DRUG SAFETY PROJECT EVALUATION REPORT 2007

EXECUTIVE SUMMARY

The Manly Drug Education and Counselling Centre (MDECC) 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 are recruited and trained as peer educators, and then in turn provide credible peer education informally to their friends, and formally at organised community events.

The key outcomes of this model include 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 regarding drug and alcohol use. In addition, the underlying strength of the model is the partnership built between MDECC and partner agencies. Since 1999, the *DSP* project has been successfully implemented on an annual basis. *DSP* has been funded by the Alcohol Education and Rehabilitation Foundation (AERF) for a total of four years (2003, 2004, 2006 and 2007).

DSP "Survivor Challenge" 2007 (*DSP* 2007) 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.

DSP 2007 utilised a community based model and recruited young people through school, TAFE and community settings. The target group was identified as young people at high risk of alcohol and drug related harm. The peer education model was given an innovative 'edge' by utilising the reality TV concept "Survivor Challenge". This was particularly relevant to the 26 young people and built an analogy between fun, at risk behaviour, and experimentation with alcohol and other drugs.

Key outcomes of the evaluation of *DSP* 2007 were that the peer educators' drug knowledge was increased and retained. Correct answers to questions in the survey relating to cannabis increased significantly eg "(cannabis causes mental illness)" (pre survey = 15% to 8 wk survey = 77%), questions relating to alcohol also increased and resulted in retention of drug knowledge eg "(alcohol isn't a drug)" (pre survey = 77% to 8 wk survey = 100%).

Peer educators' knowledge relating to personal safety were also increased and retained, for example the questions about whether the ambulance staff always call the police to an overdose situation (pre survey = 23% correct to 8wk survey = 85% correct).

In summary, the pre and post test results indicated increased drug knowledge in that they showed not only retention in drug knowledge, but an increase in drug knowledge at the 8 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.

Peer educators' levels of confidence regarding their ability to disseminate information gained from the *DSP* training to their peers were increased, rating themselves on a scale from 1 to 5 (5 being the most confident). In the pre survey they rated themselves an average of 2, and in the 8 week survey an average of 4.

Qualitative evaluation of the training highlighted that the majority of peer educators reported that educational sessions were "awesome" to "great" providing positive comments on what they had learnt in each training session.

The reach of the *DSP* project was measured by asking peer educators to deliver 'hits' to their peers, friends and family in social settings, around alcohol and other drugs, dispelling myths and misconceptions, passing on safety messages and further information around services available to young people.

Data from the informal 'hits' (drug information conversations) data showed a strong commitment from the peer educators to passing on alcohol and other drug information. A total of 4,657 conversations were conducted. 52% of conversations were with peers, 30% with friends at social events, and 10% with family members. All conversations included discussions about alcohol, 96% about cannabis, and 92% about tobacco. 82% conversations were related to poly drug use, 74% about ecstasy and most conversations were in relation to drug effects (95%) and dispelling drug myths (90%). Harm reduction tips were frequently passed on (82%) and making safer choices were a key component in the overall conversations (68%). These results indicate the high relevance of peer education in responding to the key drug issues in the local community i.e. alcohol, cannabis and tobacco.

In the 8 week survey 52% of peer educators rated themselves as excellent at delivering their 'hit' conversations and 39% as good.

DSP peer educators participated in educational events and ensured that key messages were targeted to dispel myths in relation to alcohol and poly drug use. Awareness was raised highlighting the harms and risks of binge drinking and gaining a better understanding of standard drink measures. Young people gained further information about the harms of mixing drugs with alcohol via educational resources.

The external evaluation of *DSP* 2007 found that most young people became involved with *DSP* because they had a genuine interest in learning more about alcohol and other drugs or they felt it was very relevant to their social situation, as many of their friends experimented with drugs at events and socially. Most of the participants thought the *DSP* project was both very informative and good fun. There was a general agreement about the high standard and thoroughness of the project, and the knowledge and skills of the trainers.

The participants stated they had learnt a lot and gained confidence from the training program. They also highlighted that they were confident that they knew the facts and were able to speak to a range of people that they wouldn't have spoken to before.

In summary, *DSP* "Survivor Challenge" 2007 met all of its stated aims and objectives. The project developed a sustainable and credible peer education program, and developed a capacity within 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 and the knowledge of what our health services have to offer young people.