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Project Officer:

Brad McCloud

The Second Story Youth Health Service, Division of Child and Youth Health
50A Beach Road

Christies Beach SA 5165

Disclaimer

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The Project Partners:

Healthy Cities Noarlunga

Noarlunga Community Action on Drugs

The Second Story Youth Health Service, Division of Child and Youth Health

For further information on the project please contact:

Ms. Gill Faulkner
Program Manager
Second Story Youth Division
Child and Youth Health
50 A Beach Road
Christies Beach SA 5165
Ph: 08 8326 6053
FAX: 08 8326 7232
Email faulkner.gill@cyh.sa.gov.au

Mr David Watts
Program Development Officer
Population Health Programs Division
Drug and Alcohol Services Council
161 Greenhill Road
Parkside SA 5063
Ph: 08 8274 3301
Fax: 08 8274 3399
Email: watts.davidj@saugov.sa.gov.au



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Executive Summary

The *Youth Drug Peer Action Project* was an eighteen-month project that aimed to consult young people living in the outer southern suburbs of Adelaide about drug issues of concern to them and to engage their participation in peer programs and other strategies that would contribute to the prevention and reduction of harm, and the promotion of young people's health. The project was funded by the Commonwealth Department of Health and Aged Care, and was carried out by *Noarlunga Community Action on Drugs (NCAOD)* which is an intersectoral, community-based group made up of government and non-government services, and community members. NCAOD serves as a peak group to foster and coordinate action on drugs within the southern metropolitan region of Adelaide (City of Onkaparinga).

The idea for the project arose from a group of young people associated with The Second Story Youth Health Service based at Christies Beach. The Second Story is a Primary Health Care service working with young people aged 12 to 25 years, is a member of the Noarlunga Community Action on Drugs and undertook to provide the auspice for the project. The Second Story employed and supported the project officer who worked part-time (0.6 FTE) for approximately 18 months on the project.

The project had three broad phases. The first phase consulted young people on their perceptions about drug problems, the effectiveness of current services and programs and what programs and services they believed were necessary for the future. The second phase used this information to develop future youth drug strategies for the Onkaparinga region. Part of this was a key desire on the part of the young people involved in the project to provide feedback to local authorities, service providers and policy makers, and to ensure that their views were communicated as authentically as possible to people who had influence over future drug programs and services. The third phase engaged young people in harm reduction and health promotion strategies to assist their peers. A major part of this phase was peer education, which was a strategy that young people were keen to pursue.

The main outcomes of the project were:

- Consultation with young people
- Consultation with service providers
- Literature review on peer education
- Recruitment and training of peer educators
- Feedback to local authorities on young people's views
- Invited participation in and presentation to the South Australian Drug Summit, June 2002

The South Australian Community Health Research Unit and the Department of Public Health, Flinders University carried out an evaluation.

Overall, the project was shown to be well received by local authorities and service providers who found the perspective of young people on drug issues to be valuable for their planning efforts. The young people involved with the project and the peer education training found the project most beneficial and personally rewarding.

The project has set the stage for the development and implementation of a broader youth drug strategy in the Onkaparinga region and Noarlunga Community Action on Drugs will implement this.



Youth Drug Peer Action Project

Introduction

The Youth Drug Peer Action Project (YDPAP) was an eighteen-month project undertaken by an intersectoral community-based action group called *Noarlunga Community Action on Drugs* in the outer southern metropolitan region of Adelaide (The City of Onkaparinga). Its purpose was to contribute to the prevention and reduction of harm arising from drug use, and to promote health, amongst the young people living in the City of Onkaparinga. The idea for the project came from a group of young people associated with *The Second Story*. Essentially, their idea was to use and involve young people to consult other young people (their peers) about drug issues of concern to them and then to involve them in identifying and contributing to future strategies to address these issues.

A submission to the National Illicit Drug Strategy Community Partnerships Initiative of the Commonwealth Department of Health and Aged Care was developed by Noarlunga Community Action on Drugs on behalf of the group of young people and the project was funded by the Commonwealth. The Second Story Youth Health Service, which is a Division of Child and Youth Health funded by the Department of Human Services in South Australia, undertook to manage and provide the auspices for the project by employing, supporting and supervising the project officer. The project commenced in June 2001 and was completed in December 2002.

This document forms the final report of the project for the Commonwealth and provides a summary of what was achieved, the evaluation results and some critical reflection on the usefulness of the project. A more detailed report which contains practical information on the project that is likely to be useful to community development practitioners, youth workers and others addressing youth drug issues is being produced and will be available at the Second Story or the Drug and Alcohol Services Council (contact details on page 2).

Before discussing the objectives and outcomes of the project, some background information on the setting and context for the project is given below.

Setting and Context of the Project

Project Setting: The City of Onkaparinga

The project served the City of Onkaparinga, which is the large outer southern region of metropolitan Adelaide (Figure 1). The City of Onkaparinga is itself a relatively new amalgamation of several smaller local council areas. With a population of approximately 140,000, the City of Onkaparinga is the largest local government area in South Australia.

In physical terms, the city stretches from the coast to the Adelaide Hills, which forms a backdrop. To the North, it is physically separated from the rest of metropolitan Adelaide by an escarpment that runs from the Adelaide Hills west to the coast. This tends to give Onkaparinga not only a physical separation from the rest of Adelaide, but also creates the sense of a psychological separation as well. To the South, the City is bounded by rural areas. Overall there is strong identification with beaches and sea given its proximity to the coast. The commercial and administrative heart of the City is Noarlunga Centre.

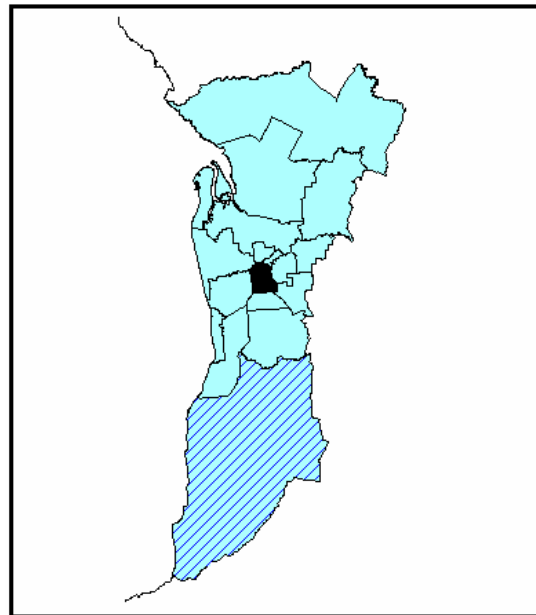


Figure 1: Metropolitan Adelaide. Shaded area is the City of Onkaparinga. Black area is the Adelaide CBD.

In socio-economic terms it is again a mixed area with new housing developments and much vacant land available for infill. There are old public housing areas and areas of light industry. Thus the City is a mixture of socially advantaged and disadvantaged areas where statistical averages can be deceptive. There is a high proportion of young people and young families in the area with 40% of the population under the age of 25 years which underscores the importance of focusing on drug prevention. There is also a higher than average unemployment rate with unemployment amongst 15 to 19 year olds at around 36%. The City's population is predominantly Anglo-Celtic with migrants from non-English speaking countries making up only 7.3% of the population. There is an Aboriginal community of about 2,000 persons, half of whom are under the age of 19.

Population Characteristics

The following gives a brief demographic description of the City of Onkaparinga¹.

(i) Age:

Approximately 40% of the population is under the age of 25 years and this is higher than the Adelaide average (34.1%). There is also a lower proportion of older people (65+) in Onkaparinga (8.9%) than in Adelaide (14.1%).

(ii) Ethnicity:

The majority of the population were born in Australia (74.4%) while the most significant other group are people born in the UK (14.5%). There is also a significant Aboriginal community of about 2,000 people.

(iii) Housing:

The majority of houses (78%) are single dwellings which are either being purchased or have been purchased. 13% are rented privately and 8% rented from the government.

(iv) Employment:

Amongst the working population 57% have full-time employment and 30% part-time. 10.8% are unemployed. Among young people 15-24 years of age, 43.1% have full-time employment, 35.6% part-time and 19.5 % are unemployed.

(v) Social Security Dependency:

A little less than one-third of the population are on some form of social security and this is slightly less than for Adelaide as a whole.

Project Partners

Noarlunga Community Action on Drugs Forum

Noarlunga Community Action on Drugs (NCAOD) is a partnership of government and non-government human service agencies and community members which has come together in order to prevent and reduce the harm arising from drug use to the community living and working in the City of Onkaparinga. It was formed in 1998 following a public meeting convened by a local member of parliament to discuss concerns about drug use.

At the public meeting a number of parents expressed concern for their children growing up in an environment where there is increasing availability and use of illicit drugs. The Noarlunga Health Service² and the Drug and Alcohol Services Council³ convened a meeting of local organisations and interested individuals to explore interest in developing a long-term strategy to address drug issues in the South. From this Noarlunga Community Action on Drugs was formed and has continued to meet strongly since.

The Noarlunga Health Service and the Drug and Alcohol Services Council jointly convene and provide executive support for the Forum. It meets regularly on a six-weekly basis. NCAOD consists of government and non-government services from the local region along with a number of community representatives. The membership includes:

- Health services
 - Noarlunga Health Services
 - Drug and Alcohol services Council
 - The Second Story Youth Health Service Division of Child and Youth Health

¹ <http://www.onkaparingacity.com>

² The Noarlunga Health Service is responsible for health services throughout the City of Onkaparinga.

³ The Drug and Alcohol Services Council is an incorporated health unit within the South Australian Health Commission and is responsible for drug and alcohol services in South Australia.

- Mental Health Services
- Family and Youth Services
- Local schools and the Education Department representatives
- Police
- Non-government organisations
- Aboriginal Community representatives
- Other community representatives
- Local members of parliament
-

NCAOD also acts as the reference group for the South Coast Drug Action Team (DAT)⁴.

Healthy Cities Noarlunga

It is important to note that Noarlunga Community Action on Drugs and the Youth Drug Peer Action Project were established in a region that is noted for its cooperation and collaboration amongst human service agencies. This has undoubtedly contributed to the ongoing success of NCAOD and the youth project.

The Noarlunga Health Services (NHS), from its establishment in 1985, has had a very proactive and collaborative approach to health services based on its commitment to a social health model of primary health care and the principles of the Ottawa Charter of Health Promotion. Indeed through NHS, Noarlunga was selected as one of three sites in Australia for trial of *Healthy Cities* which is a World Health Organisation initiative. Following the trial *Healthy Cities Noarlunga* was kept going through community support and remains as a strong umbrella organisation for promoting health. Early in the establishment of NCAOD, a decision was made to place the drug action group under the auspices of Healthy Cities Noarlunga. The legacy of this is that drug issues are placed within a broader and more holistic concept of health.

The Second Story Youth Health Service

The Second Story is a Division of Child and Youth Health, which is funded by the State Government's Department of Human Services. The Second Story is a youth-specific health service that provides clinical and counselling services, as well as group programs and health promotion skills programs for young people from 12-25 years. Members of Noarlunga Community Action on Drugs believed that The Second Story would be an ideal agency to auspice the project, due to its focus on holistic health, expertise in working with young people, focus on youth participation and enthusiasm for the project's concept. The project officer was given every necessary assistance throughout the life of the project from Second Story staff as well as from Child and Youth Health management. The project officer was employed by Child and Youth Health on a part-time basis (0.6FTE) for a period of 18 months, as an ASO4 Community Health Worker / Project Officer.

⁴ Drug Action Teams (DATs) is a concept developed by police in the UK which has been replicated in several states of Australia. DATs are similar to Noarlunga Community Action on Drugs in that they are community-based, multi-agency groups that attempt to address drugs issues in local communities. AS NCAOD pre-dates the establishment of the DAT it was decided not to establish another community drug group but to work in tandem. This was made easier by the fact the DAT Coordinator for the South Coast Police was a longstanding representative of police on NCAOD. The South Coast DAT incorporates but has responsibility for an area larger than the City of Onkaparinga and includes the Fleurieu Peninsula and Kangaroo Island. Noarlunga Community Action on Drugs does not act as the reference group for DAT activities outside of the City's boundaries.

The South Australian Community Health Research Unit and the Department of Public Health, Flinders University

The South Australian Community Health Research Unit (SACHRU) and the Department of Public Health at Flinders University needs special mention because they not only undertook an evaluation of the project but also contributed to its guidance and implementation. The literature review on peer education as detailed later was a major contribution.

SACHRU and the Department of Public Health were initially involved in an evaluation of Noarlunga Community Action on Drugs as part of a project funded by the Western Pacific Office of the World Health Organisation to test the particular evaluation methodology used in this project.

Project Goal and Objectives

The goal of the project was *to work in partnership with young people and service providers to reduce the harm caused by drugs to young people living in the Onkaparinga region*. This reflects the goals of the National Drug Strategy and Noarlunga Community Action on Drugs which is the minimisation of drug harm.

There were three broad objectives in the project as envisaged by the young people at The Second Story Youth Health Service.

1. The first objective was to genuinely consult young people, using peer consultants where possible, about their views on drug use and the issues they saw as important to them. Part of the aim of this consultation was to also obtain a frank and critical assessment of current drug services, programs and strategies and to identify what services, programs and strategies they would like to see in place to address these issues.
2. The second objective was to involve young people in the analysis of the information and data gained and to use this to develop proposals for the improvement of services and programs for young people and to inform future prevention and harm reduction strategies. A key feature of this objective was to provide an opportunity at the end of the project for the young people to provide feedback and 'tell it as it is' to local service providers, policy makers and other authorities that influence services, programs and policy.
3. The third objective was to give consideration to the establishment of mechanisms whereby young people could contribute to and provide ongoing input into a youth drug strategy. One way the young people at The Second Story thought that they could contribute to a youth drug strategy was through peer drug education. Another idea put forward was the creation of a youth drug forum either by forming a new body or else becoming part of an appropriate existing youth forum.

Did these objectives change for any reason?

The three basic objectives above did not change but came to represent the broad objectives of three phases to the project, ie consultation with young people, involvement of young people in the development of strategies, and feedback to local authorities.

For purposes of evaluation, more detailed objectives with strategies and predicted outcomes were developed as part of a community workshop. This is explained and elaborated on in the evaluation section below. In summary these new objectives were:

1. To increase the effectiveness of strategies designed to prevent harm arising from drug use in Onkaparinga.
2. To increase young people's involvement in raising awareness and knowledge of drug issues in a range of government, non-government and community organisations.
3. Assist young people to be partners in developing the youth drug strategy.
4. Increase awareness and knowledge about drug issues in young people and general community
5. Increase coordination of services for young people.

It should be noted that these objectives are applicable to the ongoing youth drug strategy in Onkaparinga after the current project finishes. For example, improvement in the availability, accessibility, quality and coordination of services for young people is an ongoing objective and part of the quality improvement efforts of service providers.

Finally it should be noted that there was a greater emphasis on developing peer education than was envisaged in the original submission. Peer education strategies were suggested by young people from the Second Story and members of the Noarlunga Community Action on Drugs forum. That this was attempted was a bonus for the project. However, the extent to which this could be done was limited by the time and resources required. Nevertheless it gave the project good experience in how this might be attempted for the future.

The overall approach adopted by the project was primarily from a health promotion perspective. While a particular focus was placed on peer education, primary prevention and harm reduction strategies were addressed as well. These approaches are consistent with both Commonwealth and State Government strategic frameworks for dealing with drug use among young people.

Project Implementation and Achievements

Project management

Two advisory groups were established to oversee and support the project. The Project Advisory Group consisted of 12 service providers and six young people. Not all young people or service providers attended all meetings, but all were a valuable resource and source of support for the project officer throughout the life of the project. This committee also enabled attending service providers to canvas the views of young people interested in drug and alcohol issues, and enabled the young people involved to meet with staff from local youth service agencies. This group steered and supported the project and informed the shape of the project.

The Project Management Group comprised of members of the evaluation team and management from The Second Story, Noarlunga Health Services and the Drug and Alcohol Services Council. This group concentrated on evaluation and major management issues.

As mentioned earlier, the project officer was employed and primarily supervised and supported by The Second Story. In addition the project officer formed strong relationships with a number of service providers and gained much support from them for the project. The project officer noted that the ease of gaining support for the project was greatly enhanced by links with Noarlunga Community Action on Drugs and the collaborative environment that exists between service providers in Onkaparinga.

Consultation with young people

Consultation with the young people of Onkaparinga served several purposes concurrently and occurred in an opportunistic, snow-balling fashion. In contacting young people, the project officer was interested in:

- getting their perceptions and other information about drug issues, local services etc;
- identifying young people who could contribute to the project or had a high interest in participating; and,
- identifying young people suitable for being peer educators.

Young people from a range of cultural and socio-economic backgrounds with varying degrees of experience with drugs were targeted. Participants were recruited from young people accessing The Second Story, students from local schools, young clients of Family and Youth Services and young people associated with Neporendi, an Aboriginal community organisation.

A particular emphasis was placed on involving 'at risk' young people aged from 10-16, as identified by cooperating agencies. 'At risk' young people were obviously more likely to be using drugs, and more likely to need assistance from services when their drug use became disruptive or dangerous to their way of life. Evidence from the Peer Education literature review also strongly supported the value of 'at risk' young people in these strategies, because they have increased credibility amongst their peers (and adults), as well as more knowledge and experience. They also have the most to gain, and evidence also suggests that these programs can be particularly empowering for those directly involved. Many of the 'at risk' young people approached by the project officer were happy to be interviewed or consulted about their experience, but did not want to be involved on a more official level. The ages of the participants ranged from 14 years old to 20 years old, and there were twice as many female participants than males.

Consultation with young people was conducted (n=71, mean age=15.3yrs), using a quantitative and qualitative methodology including focus groups, interviews and questionnaires. Subjects answered semi-structured open-ended questions, and completed a questionnaire, which asked for subjective responses to issues about drug information, sources of information, as well as perception of current youth health services and drug strategies. Where appropriate, informal discussions and interviews were also conducted with clients accessing The Second Story.

In brief, results strongly supported peer education/peer participation strategies for addressing adolescent drug use, supported harm reduction strategies, and found that many of the current strategies and promotion campaigns were perceived as unrealistic, inaccurate and ineffective. While parents were still regarded as a useful source of information by about half of the respondents, traditional providers of drug education such as police and teachers were not seen as credible sources. In fact drug dealers were seen as a more reliable source of drug information than these two groups by at least a quarter of all respondents. However the young people who accessed health services generally reported that services were of a high standard, and had been useful to them during their time of need.

Eighteen young people were identified as willing to be directly involved in the project, fulfilling various roles relating to the provision of information to other young people and service providers.

Literature review on peer education

A significant achievement of the project was a literature review on peer education. This was carried out by the project officer employed by SAHCRU to carry out the evaluation of NCAOD and the Youth Project. There was a concern that the current popularity of peer education means that it is often applied in an uncritical fashion and seen to be a general panacea. The literature review aimed to determine if peer education was effective, and if so, for whom and under what circumstances. The corollary of this is the question of whether there are situations and audiences, in which and for whom, peer education is not effective or indeed contra-indicated.

The full results of the literature review are available in a publication from the SACHRU⁵. In summary, the review showed that:

- There is a lack of clarity around peer education, the strategies it involves and the benefits it bestows.
- It is most generally thought of as the training of groups of people to pass on information to others who are seen to be in the same peer group, so as to encourage the adoption of health promoting behaviours.
- A distinction has been made in the literature between formal, structured peer education as might occur in a classroom setting and the informal, unstructured passing of information that might occur in recreational or work settings.
- Arguments supporting the use of peer education are based on the belief that the health promoting messages are more likely to be accepted and acted upon if presented to the target group by a peer, than by an authority figure. However there is evidence that young people (a) don't always feel comfortable discussing sensitive issues with peers and (b) don't always trust their peers as credible sources of information. Peers are more credible when they have demonstrated experience in the area they are talking about.
- In the drug area it is difficult to recruit peer educators who have experience with drug use. Young people who volunteer to be peer educators tend to be those who do well academically and who are less likely to be involved with drugs.
- There are positive impacts on those who become involved as peer educators such as the building of skills, confidence and self-esteem.
- That peer education should not be seen as an independent initiative but part of a broader intersectoral community approach to health promotion.

The importance of the literature review is that it provides evidence on the appropriate way to use peer education in any youth drug strategy and warns against the uncritical and indiscriminate use of this strategy. We know that drug education, which is implemented badly or inappropriately, not only fails to do well but also can cause harm. For the project, the literature review became a benchmark against which to compare our own peer education approach.

Consultation with service providers

While the primary target group of the project were young people, our secondary target group were service providers, parents and community members whom were also consulted during the project.

The consultation with service providers (n=12) was briefer. The methodology used was to ask a combination of open and closed questions relating to perception of services and drug strategies, as well as what information they would like about drug use and young people. Results showed that, like the young people interviewed, several of the service providers also felt that a number of public health promotion campaigns were potentially misleading, inaccurate and unlikely to be effective. However services were perceived as being adequate, but not ideal. It was identified that the Southern region had no youth specific drug

⁵ Bament, D. (2001) Peer Education Literature Review. South Australian Community Health Research Unit, 'The Flats', Flinders Medical Centre, Bedford Park, SA, 5042.

and alcohol community worker, and there was often a substantial wait for young people to receive counselling about their drug use. Young people are generally seen by services sooner regarding drug issues if they are detected by the police, and channelled through the new Drug Diversion System, which has substantial funding to provide counselling services.

Recruitment and training of young people interested in being involved with youth drug strategies

Training programs were developed, with a focus on skill development and empowering participants, rather than purely drug and alcohol information.

Eighteen young people were recruited and trained to perform various roles including 'peer education', 'peer support' and 'peer research'. Participants undertook a two-day training program conducted at the Second Story, which featured visits and consultations with local service providers, attending a community drugs forum and modules on communication, confidentiality, values, and drugs. Ongoing support and training was provided, and participants surveyed at the completion of the project (n=16) reported positive feedback regarding their involvement with the project. There were significant gains for all participants. Participants trained by the project reported increased confidence on a number of scales (measured pre- & post-project), as well as improved objective knowledge.

Final Workshop

A final workshop was held on the 6th December 2002 so that the results of the project could be shared with stakeholders and all other people in the City of Onkaparinga having an interest and role in youth drug issues. This was an opportunity for the young people involved with the project to provide direct feedback to local services, authorities and policy-makers. The workshop also provided an opportunity for participants to provide feedback on the project and to consider future directions for a youth drug strategy.

Outcomes

Benefits to service providers and local authorities

A major objective of the project was to provide information and feedback to service providers and local authorities about the views of young people in terms of what drug issues they saw as important and what they thought ought to be done about them. While this was planned for the end of the project, a number of circumstances arose whereby service providers and authorities invited the project officer to have input into strategies and programs that were being developed. The preliminary information gained from the project proved to be most useful and the presence of a project officer who could relay the views of young people on local issues was invaluable. Strong partnerships between the project officer and local service providers and authorities were developed as a result midway through the project.

An extensive consultation was conducted with young people in the region, and an entire section of the structured questionnaire was devoted to young people's perceptions of service providers. The results suggested that while only a minority of young people in the region were accessing youth specific services, those who did so generally had positive and beneficial experiences.

The project officer was involved with informing a number of agencies regarding the project, the consultation results and the broader issue of young people and drug use. This information was delivered to service providers and community stakeholders through a number of service provider meetings, community forum presentations, the Premier's 2002 Drug Summit and conference presentations. The project officer's participation as a delegate at the Summit was due to his nomination by the South Coast Drug Action Team and

Noarlunga Community Action on Drugs Forum. Organisations who directly utilised the project officer in an advisory capacity included DASC, SA Police (Operation Mantle & Drug Action Teams), Department of Education and Children's Services (Drug Strategy Team), Family & Youth Services (Noarlunga Adolescent team), Family Drug Support, National Centre for Education and Training on Addiction (Peer Education Monograph), Mission Australia (Reynella Enterprise Youth Centre & Southern Outreach), Red Cross (Save a Mate program), Child & Youth Health (Youth Leadership Team & Clinical Services), JPET (Boathouse & LifeSpan) as well as several members from the Noarlunga Community Action on Drugs forum.

The project officer, and to a more limited extent the young people in the project, were all active in local service provider networks, and regularly attended community forums and network meetings.

South Australian Drug Summit

A major opportunity to feedback to authorities and policy makers occurred when the project officer and one of the young people participating in the project were invited to be participants of a State Drug Summit convened by the South Australian Government in June 2002. The young person was invited to give a keynote address to the Summit. She participated fully in all decision making and voting processes involved in the forming of Summit recommendations. She was also a member of the 'Young people and drug use' Working Party that made a number of policy recommendations to the State Government.

Benefits to young participants of the project

The number of young people that were directly involved in the project implementation or as peer educators was 18. The training and support required for these young people, or indeed any group of volunteers this large, is significant and time consuming. As identified by the literature review, there can be important personal benefits and empowerment to peer educators themselves. The feedback from the participants in this project gained from a pre and post survey indicated that there had been significant benefits for them. These included improved communication and public speaking skills, greater confidence, reduced drug and risk taking behaviour (at least during the period for which they were involved), and a feeling of being empowered and more in control of their lives.

Participants reported significantly improved confidence levels in:

- discussing drug issues with teachers, service providers and other young people
- their own knowledge of drug and alcohol issues
- their ability to make safer choices regarding drug use.

There was also a large increase in their knowledge of drug issues measured by objective tests taken pre- and post- involvement. The test covered issues such as drug history, effects (physical and mental), harm reduction strategies and terminology.

Several of the 'at risk' participants reported that the project had been a turning point in their lives.

Evaluation

Methodology

The project was fortunate to have the South Australian Community Health Research Unit (SACHRU) and the Department of Public Health, Flinders University, guide and assist us in the evaluation of the project. At the time of the project, SACHRU and the Department had been involved in testing an evaluation tool designed to be used in the evaluation of Healthy Cities and other complex intersectoral human development programs. The evaluation tool was called the *Healthy Cities Evaluation Framework (HCEF)*. The framework was tested by evaluating Noarlunga Community Action on Drugs as an example of a Healthy Cities project. A series of reports on this evaluation were produced and are available from SACHRU⁶.

There are two broad problems facing evaluation of complex, community-based health promotion programs. First, there is the demonstration of outcomes. Outcomes in health promotion and prevention work, such as improved health, less drug use etc, are generally not evident until considerable time after the program has finished, and even then difficult to attribute to the program. This latter point is the second problem namely the attribution of causality. In complex, intersectoral programs, demonstrating what elements have been the active causal agents is not easy because of the presence of many potential confounding factors.

An extensive discussion of how evaluation methodologies try to circumvent these problems is not appropriate here. However, in brief, the HCEF follows the WHO definition of evaluation which is the systematic assessment of the relevance, adequacy, progress, efficiency, effectiveness, and impact of a health program/project. Its key features are:

- Feedback to the initiative to assist in its development;
- Involvement of the key players;
- Checking that Healthy Cities principles are used in the project;
- The process of specifying objectives, immediate/process impacts, intermediate and long-term outcomes;
- The use of prediction to strengthen evidence at each stage;
- Development of logic links between impacts and outcomes.

There are four stages to the evaluation process:

1. Setting up
2. Short term and process outcomes
3. Intermediate health promotion outcomes
4. Individual and community health and development outcomes.

It was recognised at the beginning the evaluation could only reasonably measure short term and process outcomes within the life of the project. However, as the project was intended to be the launching pad for an ongoing youth drug strategy, the level of evaluation proposed was appropriate. It is clear that as Noarlunga Community Action on Drugs extends and builds on this initiative, evaluation of intermediate and longer term outcomes is important but beyond the capacity of this project.

Therefore, as part of stage 1, an evaluation advisory group was established as noted earlier. One of the first steps in stage 1 is to hold a workshop of key stakeholders in which the evaluation plan was developed. This entails the clarification of objectives, the selection of indicators and the determination of data collection methods. A major part of the process at the workshop is to ask participants to make clear the model or theory of change. That is, for

⁶ South Australian Community Health Research Unit (2002). Testing the Healthy Cities Evaluation Framework: Evaluation of Noarlunga Community Action on Drugs and the Youth Drug Peer Action project. Community Report No 2, April 2002. Address: 'The Flats', Flinders University, Bedford Park SA 5042.

a particular problem or context for which people want change, they are asked to make clear what strategy is required and the rationale for choosing it. Interventions are identified that people think will achieve the strategy and people are then asked to predict what specific outcomes they think will occur from the interventions. Evidence on these predictions is then sought as part of the evaluation.

For this project a workshop was held of key stakeholders and, as a result, the three main objectives outlined earlier were broken down into smaller more detailed objectives. These are outlined in Appendix 1. This became the template against which evaluation activity would occur.

Stage 2 was the evaluation of short-term impact and implementation processes. Data was collected on the process by document analysis, face-to-face interviews and a survey of key stakeholders. There was checking to determine the degree to which the principles of the Healthy Cities philosophy and practice were applied. Finally there is feedback to stakeholders on the findings of the evaluation to check for accuracy.

Before moving to the results of the evaluation, it is important to acknowledge again the limitations inherent in evaluating complex, community-based projects. These include the difficulty of measuring longer-term outcomes and the difficulty of establishing causality amid the background 'noise' of macro social factors.

Results

The Outcomes section above has to a large degree demonstrated how the objectives of the project were achieved. It outlines how the three phases of the project were implemented, and the benefits of the project both to young people and service providers.

A survey of young people and service providers was also carried out by SACHRU at the end of the project and provides a measure of process and immediate impact. The respondents were people who had some connection with or knowledge of the project and either attended the final workshop or who were followed up after. 10 young people, all involved with the project, and 16 service providers, completed the survey. The number of young respondents was about 50% of those who had been involved and it was disappointing that more responses were not available.

The results of the survey of young people can be found in Appendix 2 and Appendix 3 for service providers. To summarise, the evaluation found the following.

Overall success of the project:

Eighty per cent of service providers and 50% of young people felt that the project was either successful or very successful. It is interesting that 50% of young people were indifferent on this issue.

Achievement of objectives:

Respondents were asked to rate how well the following ten objectives were met on a scale ranging from 1 being "not at all" to 5 being "very well".

1. Work in partnership with young people

Respondent	Neither	Well	Very well
Young people	0 %	50 %	50 %
Service providers	7 %	33 %	60 %

Comment: Given the somewhat lukewarm response from young people above about the

overall success of the project, it is interesting that 100% thought it had worked in partnership with young people either well or very well. Service providers thought likewise.

2. Consult young people

Respondent	Neither	Well	Very well
Young people	40 %	30 %	30 %
Service providers	20 %	47 %	33 %

Comment: The young people were more divided on this objective with 60% giving strong support. Service providers were more enthusiastic.

3. Involve young people in the analysis

Respondent	Neither	Well	Very well
Young people	60 %	13 %	13%
Service providers	50 %	30%	20%

Comment: There was strong indifference by both groups on this objective.

4. Recruit and train peer educators

Respondent	Neither	Well	Very well
Young people	11 %	56 %	33 %
Service providers	27 %	40 %	33 %

Comment: Both groups gave this high approval.

5. Raise awareness of drug issues amongst young people

Respondent	Neither	Well	Very well
Young people	20 %	60 %	20 %
Service providers	20 %	40 %	40 %

Comment: 80% of both groups thought that this objective was achieved well or very well.

6. Involve young people in raising awareness in services and community organisations

Respondent	Neither	Well	Very well
Young people	30 %	30 %	40 %
Service providers	36 %	33 %	33 %

Comment: Again around 70% of both groups felt this objective was met well or very well.

7. Set the stage for future service and program improvement for young people

Respondent	Neither	Well	Very well
Young people	22 %	44 %	33 %
Service providers	7 %	60 %	33 %

Comment: High support from both groups at around 80% and 90% respectively.

8. Increase effectiveness of strategies to prevent drug harm

Respondent	Neither	Well	Very well
Young people	50 %	38 %	13 %
Service providers	36 %	36 %	29 %

Comment: 50% of young people felt that the objective had been met well but 50% were indifferent. In fairness, much of the work on strategies relates to the post-project stage. Service providers were more optimistic that things were improving or would improve. The evidence of this may yet need to reach the young people.

9. Increase awareness about drug issues in general community

Respondent	Neither	Well	Very well
Young people	0 %	38 %	62 %
Service providers	54 %	40 %	7 %

Comment: 100% of the young people felt that this objective had been achieved well or very well perhaps reflecting their own raised awareness. Service providers were more guarded...

10. Increase coordination of services for young people

Respondent	Neither	Well	Very well
Young people	29 %	57 %	14 %
Service providers	50 %	36 %	14 %

Comment: Again 70% of young people felt that this objective had been met well or very well, while service providers were less sure. Possibly this reflects the fact that they are more aware of or sensitive to gaps and problems in service delivery.

To what extent were their expectations of the project met?

Respondent	Neither	Well	Very well
Young people	12 %	50 %	38 %
Service providers	9 %	73 %	18 %

Comment: 90% of both groups felt that their expectations of the group had been met.

Questions specific to young people:

- 100% of the young respondents felt that service providers in the region were better informed of the needs of young people.
- In terms of skills that they had gained through the project, 100% of respondents felt that they had a better knowledge of drugs, nearly 90% felt better able to work in a group and 90% had better knowledge of services.
- Question 10 was for peer educators only and related to the adequacy of the training received. 100% felt that training was either adequate or very adequate.
- In being asked whether they felt that they had benefited other young people and the community through peer education, only one-third felt they had done so with 65% feeling indifferent about this. This may reflect the fact that the implementation of peer education had not yet been implemented in a large way and was for consideration after the project.
- 90% would recommend others to become peer educators and 100% were prepared to continue their involvement.

Questions specific to service providers:

- Nearly 70% of service providers felt that the project had changed their awareness and knowledge of current drug issues for young people in the region.
- 80% felt that the project had changed their awareness and knowledge of the effectiveness of current strategies either moderately or a lot. The same result applied to awareness and knowledge of future strategies.

Finally, comments made in response to open-ended questions in the survey are also contained in the appendices and are not reproduced here.

Recommendations

A number of recommendations came out of the project and the final workshop. These are for further consideration and action by Noarlunga Community Action on Drugs. They were:

- **Appoint a specialist Drug and Alcohol Community Development Officer.**

There is a need for a specialist Drug and Alcohol Community Worker in the region. While there are some excellent counselling and maintenance programs in the region, there is no one consistently available to schools and service providers as a resource, or to assist with group programs that include drug and alcohol information.

- **Youth Health Forum**

Young people from the region need to be engaged in a regular Youth Health Forum, covering issues such as drug use (legal and illegal), sexual health, mental health, youth rights, arts, recreation, sport and youth culture. Embracing a youth participation model, this group could provide a link between community services and young people in the region.

- **Young people more involved in school drug strategies**

The Department of Education and Children's Services School Drug Strategy needs to be expanded to incorporate higher levels of youth participation, including peer education strategies where they are appropriate. More schools in the region should also adopt the DECS School Drug Strategy as their framework for drugs policy (at present about 50% have).

- **Increase collaborations and partnerships.**

Against a background of good collaboration and partnerships, service providers and community stakeholders must continue to work towards further improvement in services and programs for young people.

(Footnote: A 'Youth Web Coordinator' has been appointed to encourage and facilitate these partnerships within the Onkaparinga region's youth service sector.)

The project management committee is also meeting to discuss how services in the region can utilise the information learned during the life of the project, and how the effective strategies utilised by the project can be implemented by other services in the Onkaparinga region.

Critical Reflection on the Project

In this section we reflect critically on the positive and negative aspects of the project and consider such things as any limitations of the project, significant problems or constraints encountered, and whether it was done effectively.

The first issue to note is the difficulty we had in recruiting a suitably qualified project officer. The recruitment phase put the project a significant amount of months behind schedule. The difficulty was in attracting a suitably qualified person to work part-time for an 18 month period at the AS0 4 level. Contract work is becoming increasingly common for many professionals working in human services and community development areas. While this is not ideal for employment stability and career advancement it is a fact of life. However when short-term contracts are advertised for part time positions, the pool of suitable applicants becomes much smaller. The project was not prepared to appoint someone with less than acceptable experience and skills and therefore advertised three times. Fortunately we attracted a young man who was looking for employment to complement his tertiary study commitments but who had worked previously in youth welfare. His acceptability to young people, general enthusiasm and personal skills exceeded our expectations and the success of the project is due in large measure to our persistence in looking for the right person

At the commencement of the project, the project officer set some challenging objectives for the project to achieve, often against the advice of the project management committee.

These objectives included an extensive evaluation of several models of peer education, in order to determine the efficacy of these strategies, within the local region. Experience showed that while these strategies are very popular with young people, they can be time and labour intensive, and require considerable resources to implement effectively. Consequently, this aspect of the project was more limited than initially anticipated. Only a small number of young people were directly involved as peer researchers (n=2), as it was difficult to recruit young people for this role.

The project also held an event in collaboration with another local youth agency to promote the project among young people in the region and recruit potential participants. This event was called Synapse, and is run periodically by young people participating at Reynella Enterprise and Youth Centre. The event caters for young people 15-25 years old, by providing music, art and other entertainment in a safe and friendly environment. The project assisted by providing a DJ; free barbecue, free flavoured milk and soft drinks, as well as basketball and skating demonstrations. While the event was attended by over 100 young people, and was a great way to promote health and services, it was not successful in recruiting young people for the project, probably because the distractions for the young people attending made it difficult to engage young people for long enough to explain the project, gain their interest, and get them involved.

Accessing and engaging indigenous young people were also difficult, and while there were several aboriginal young people involved in the project consultation, none participated directly in the program. To establish meaningful links with indigenous young people, a great deal of time must be spent building rapport and trust with the target group. While effort was made to form these links, the project was not successful in engaging any of these young people for extended periods of time.

Measurement of health promotion strategies was also a difficult proposition, as many of the benefits may not be evident for some time after the intervention. That is, young people may choose not to follow health promotion advice until later in their life, when they feel ready to use the information. Conversely, some young people may utilise the advice initially, but over time they get back into old habits, reverting to less healthy behaviour and ignoring the information and advice they received a few months ago. The project was therefore unable to accurately determine the long-term behavioural change the project may have had on the

young people involved. Anecdotal reports and qualitative information suggest the longer a young person was involved in the project, the more likely they were to adopt and sustain the health promoting behaviour contained in the program.

In terms of cost effectiveness, we felt that the use of a part-time project officer over an extended period of time was effective. In projects such as this, there is often a time-lag in getting some momentum for the project and a full-time project officer would possibly have had a lot of down-time. Having said that, there is no doubt that the region could benefit from a full-time position dedicated to coordination of a youth drug strategy. Such a position would need to be embedded within a supportive and active youth agency. In the Onkaparinga region, The Second Story Youth Health Service would be ideal.

Dissemination of Report and Project Outcomes

The project outcomes and findings were the subject of the workshop held in December 2002 to which a wide range of agencies were invited. The recommendations of the workshop will be considered as part of the ongoing focus by Noarlunga Community Action on Drugs on youth drug issues. Copies of this report will be provided to members of NCAOD and other stakeholders.

As mentioned in the introduction work has commenced on a version of this report which is more appropriate to community development practitioners, youth workers etc. This is not available at the time of producing this report but will be forwarded to the Commonwealth when completed. It is likely that this report will be advertised through existing e-mail list-servers, web-sites etc and provided at cost to interested people.

Finally the project and its outcomes have been presented at the following conferences:

- 3rd International Conference on Drugs & Young People –Sydney 2002
- South Australian Premier's Drug Summit 2002
- Keeping our eyes open – DECS Drug Strategy Conference - Adelaide 2002
- Youth Drug Peer Action Project Final Forum - December 2002

Conclusion

The three most successful elements of the project have been:

Delivering messages to key stakeholders

The project was embraced by many government and non-government agencies, and was therefore able to relay a great deal of information to key decision makers. While this had been planned, we did not anticipate the level of success we achieved here.

Youth Participation

Participation by young people in the project began at the beginning of the project and went through until the final forum was held. Young people were involved in as many aspects of the project as possible, and their involvement proved to be invaluable.

Partnerships and collaborations

The project began as a collaboration or partnership between service agencies, and this theme was continued throughout the life of the project. Many different service providers utilised the resources of the project, and likewise, many provided support, expertise and young people to make the project as successful as it was. Collaborating with a range of people and organisations was certainly a critical component of the project, and certainly was seen as successful by those involved.

Out of the fore-going there is no doubt in the minds of the project management committee that the provision of the project officer to engage young people in health promotion strategies and to provide a youth viewpoint to police, school authorities, health and welfare services and so on has been a very necessary resource which has been well appreciated by the young people involved and service providers alike.

Insert Budget

Acknowledgments

The project has a number of people and organisations to thank for their valuable contribution throughout the project.

All the young people who contributed to the project

The members of the Noarlunga Community Action on Drugs forum.

Child & Youth Health

Bob Volkmer
Dorian Marsland
Georgina Ashworth
Library Staff

The Second Story Division of Child and Youth Health

Gill Faulkner
Kim Huppatz
Ada Azzam
Liz Higgs
Dr Mark Fuller

Drug and Alcohol Services Council

David Watts
Jill Grove
Dr Marie Llongo
Bernie Milburn
Michael Crowe
Library Staff

Noarlunga Health Service

Richard Hicks
Raven North
Vanessa Swinney

South Australian Community Health Research Unit

Professor Fran Baum
Danielle Bament
Gwyn Jolly
Megan Kyriacou

SA Police

Adrian Jones
Dave Roy

Mission Australia

Renee Lewandowski
Avalon Spurling
Mike Brown

Drug Arm

Bianca Moermon
Lorraine Gibson

City of Onkaparinga Council

Jon Davis
Ksenya Bould

Neporendi

Daphne Rickett

National Centre for Education and Training on Addiction

Joanne McDonald

Mitch Durbridge

Wirreanda High School

Cheryl Gursansky

Sue Bennett

Drug Strategy Team

Department of Education and Children's Services

Sherylee Dawe

Deb Daniel

Jan Burgess

Family and Youth Services

Tanya Leysley

Noarlunga Adolescent Team

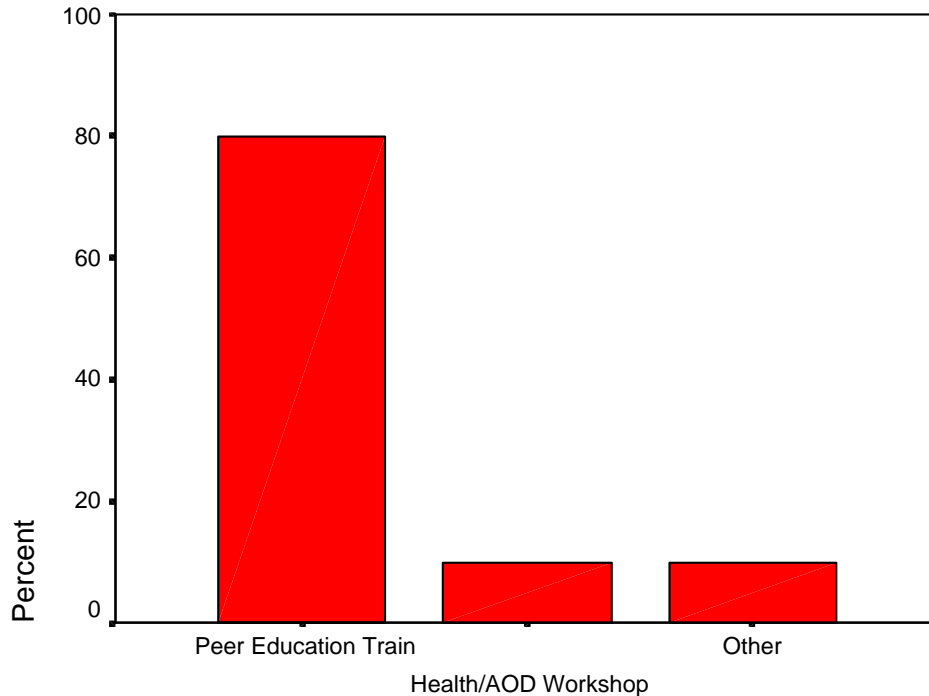
Appendix 1: Young People's Survey Responses

Question 1 - Involvement in Project

Q01, Involvement in Project

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Peer Education Training	8	80.0	80.0	80.0
Health/AOD Workshop	1	10.0	10.0	90.0
Other	1	10.0	10.0	100.0
Total	10	100.0	100.0	

Question one was *how have you been involved in the Youth Drug Peer Action (YDPA) Project?* There were options for the young people to tick including being interviewed or attending a focus group, peer education training, health/AOD workshop, having no involvement and other involvement. The results show that 80% of the young people were involved with the YDPA project through peer education training. Out of the 10 respondents, one person was involved in the health/AOD workshop, and no-one took part in the interview or focus group. One young person stated *"I was asked by Brad to do it"*, however this does not indicate their direct involvement in the project.



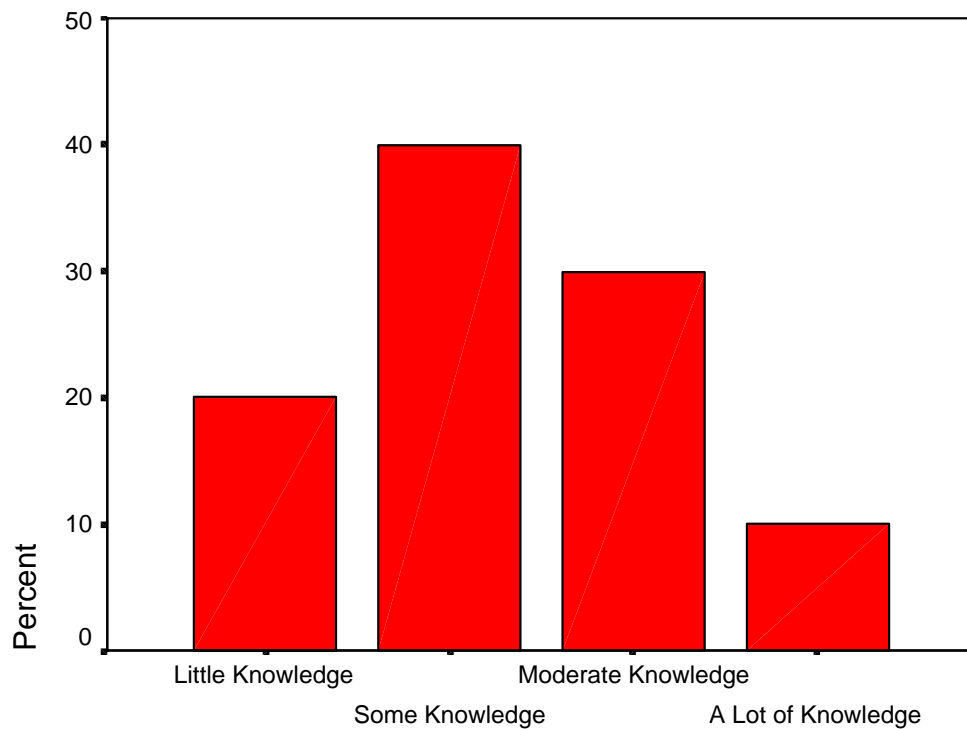
Q01, Involvement in Project (1)

Question 2 - Knowledge of Project

Q2, Knowledge of Project

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Little Knowledge	2	20.0	20.0	20.0
	Some Knowledge	4	40.0	40.0	60.0
	Moderate Knowledge	3	30.0	30.0	90.0
	A Lot of Knowledge	1	10.0	10.0	100.0
	Total	10	100.0	100.0	

Question two was *how much knowledge do you have of the project?* This was a scaled question where 1 represented “very little” and 5 represented “a lot”. As with the service providers, there was quite a significant difference amongst the young people as to how much knowledge they have of the project. 60% of those surveyed felt they had only some or little knowledge of the project and this is a concern considering 80% of these people have a high level of involvement in the project through peer education. Less than half of the young people felt they have a lot or moderate knowledge of the project.



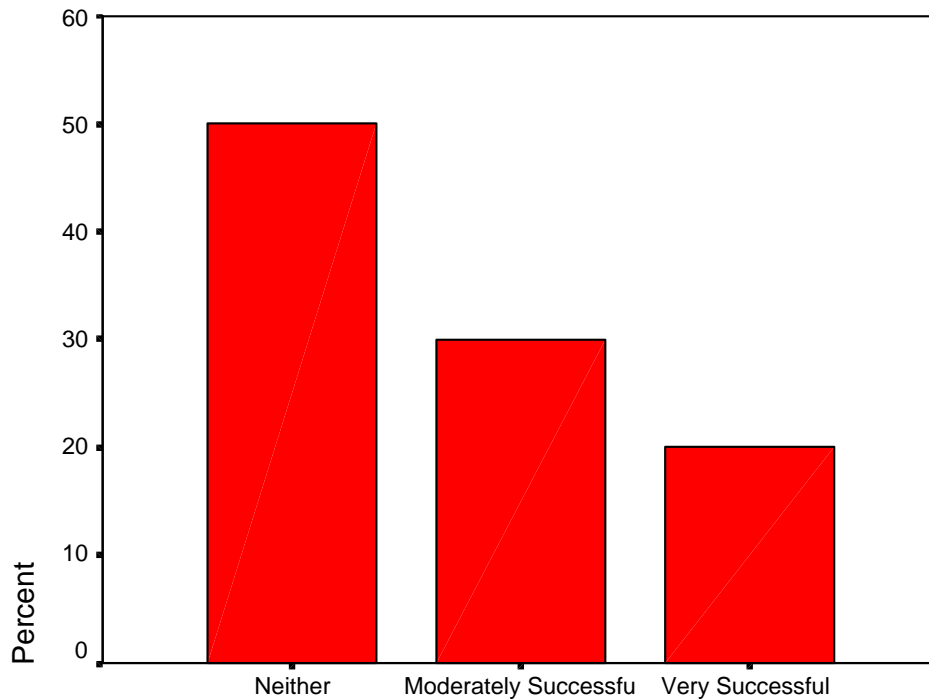
Q2, Knowledge of Project

Question 3 - Success of Project

Q3, Success of Project

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	5	50.0	50.0	50.0
	Moderately Successful	3	30.0	30.0	80.0
	Very Successful	2	20.0	20.0	100.0
Total		10	100.0	100.0	

Question three was *to what extent do you think the Youth Drug Peer Action Project has been successful*. This was a scaled question ranging from 1 being “not at all” to 5 being “very successful”. Results were varied for this question where 50% of respondents thought the project had been moderately or very successful and the remaining 50% were indifferent.



Q3, Success of Project

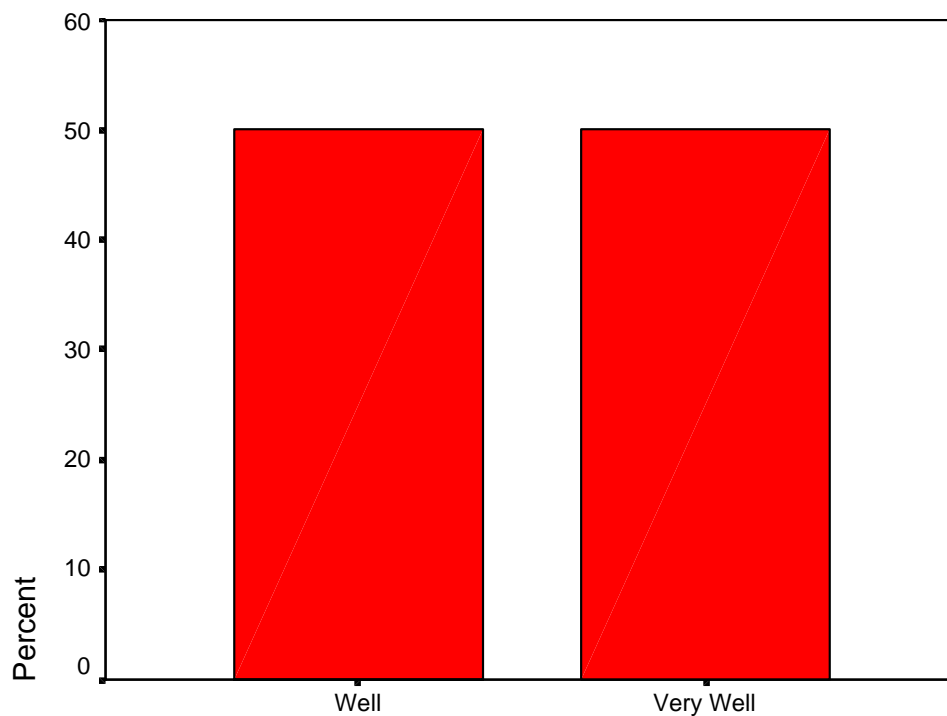
Question 4a - Objectives Met

Q4, Objectives Met (1)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Well	5	50.0	50.0	50.0
Very Well	5	50.0	50.0	100.0
Total	10	100.0	100.0	

Question 4 was divided into 10 different objectives each asking *to what extent do you think this objective was achieved?* Each of the 10 sub-questions were ranked on a scale ranging from 1 being “not at all” to 5 being “very well”.

Objective 4a was *to work in partnership with young people on drug issues*. 100% of the young people considered this objective to have been achieved well or very well.



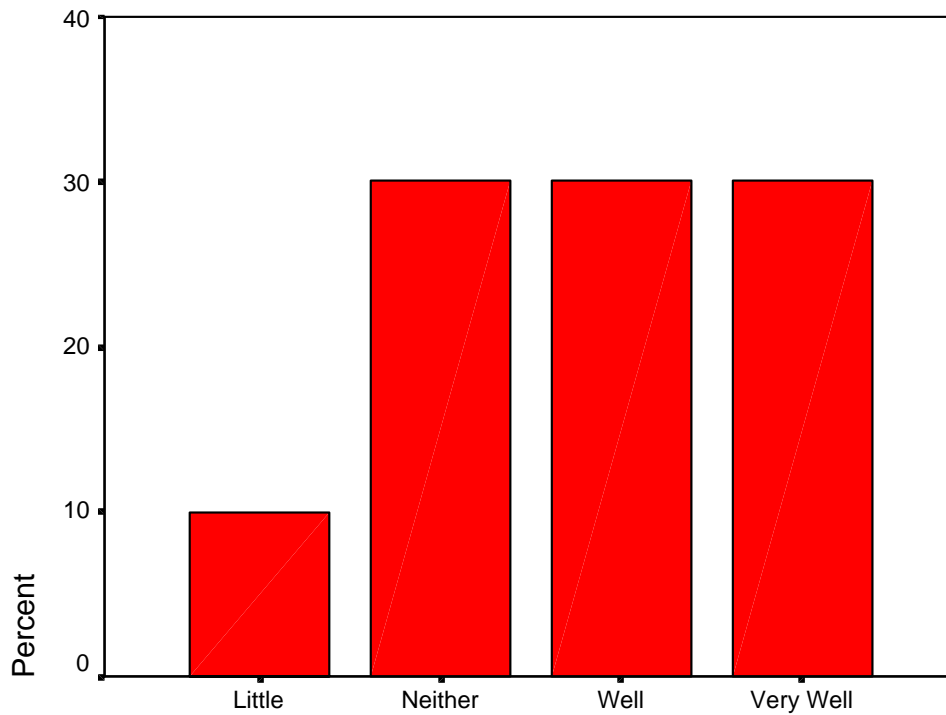
Q4, Objectives Met (1)

Question 4b - Objectives Met

Q4, Objectives Met (2)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Little	1	10.0	10.0	10.0
	Neither	3	30.0	30.0	40.0
	Well	3	30.0	30.0	70.0
	Very Well	3	30.0	30.0	100.0
	Total	10	100.0	100.0	

Objective 5b was to consult young people on their views about current issues, effectiveness of current strategies, ideas for improving services and programs. Results were quite varied for this question. 40% of respondents were either indifferent or felt that the objective had been met only a little. However 60% of the respondents considered it to have been met well or very well.



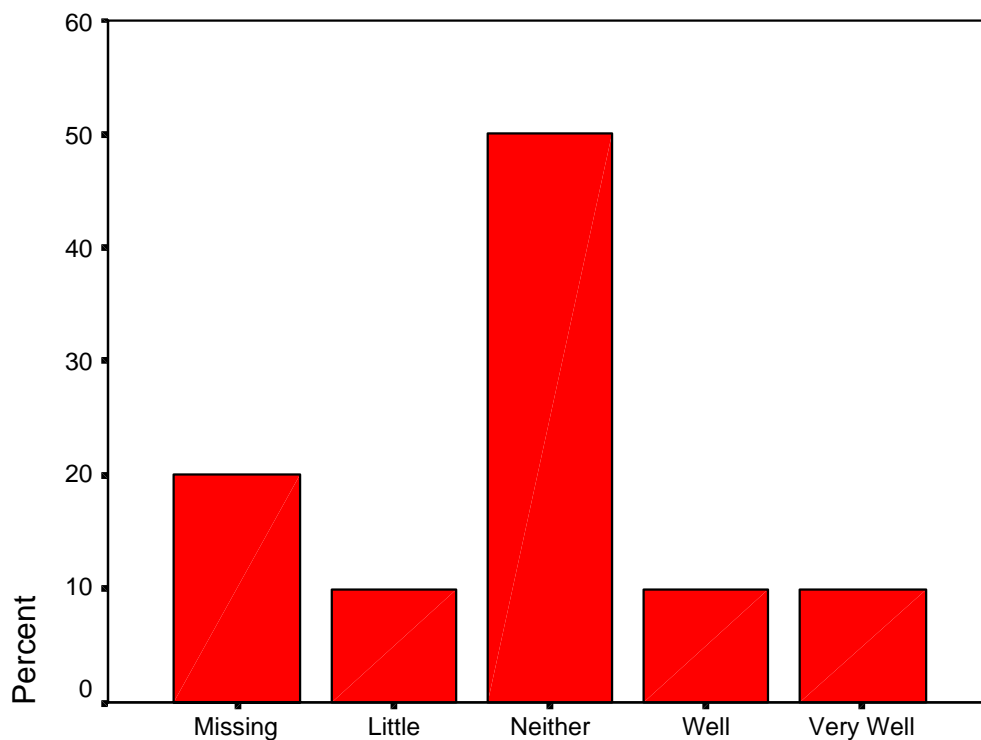
Q4, Objectives Met (2)

Question 4c - Objectives Met

Q4, Objectives Met (3)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Little	1	10.0	12.5	12.5
	Neither	5	50.0	62.5	75.0
	Well	1	10.0	12.5	87.5
	Very Well	1	10.0	12.5	100.0
	Total	8	80.0	100.0	
Missing	999	2	20.0		
Total		10	100.0		

Objective 5c was *to involve young people in the analysis of results*. This question produced a range of responses and I would emphasise that the majority of people (62.5%) were indifferent. The remaining 37.5% were spread across the scale with only 25% feeling that this objective had been achieved well or very well. This may be because this particular stage of the project has not had a chance to occur yet.



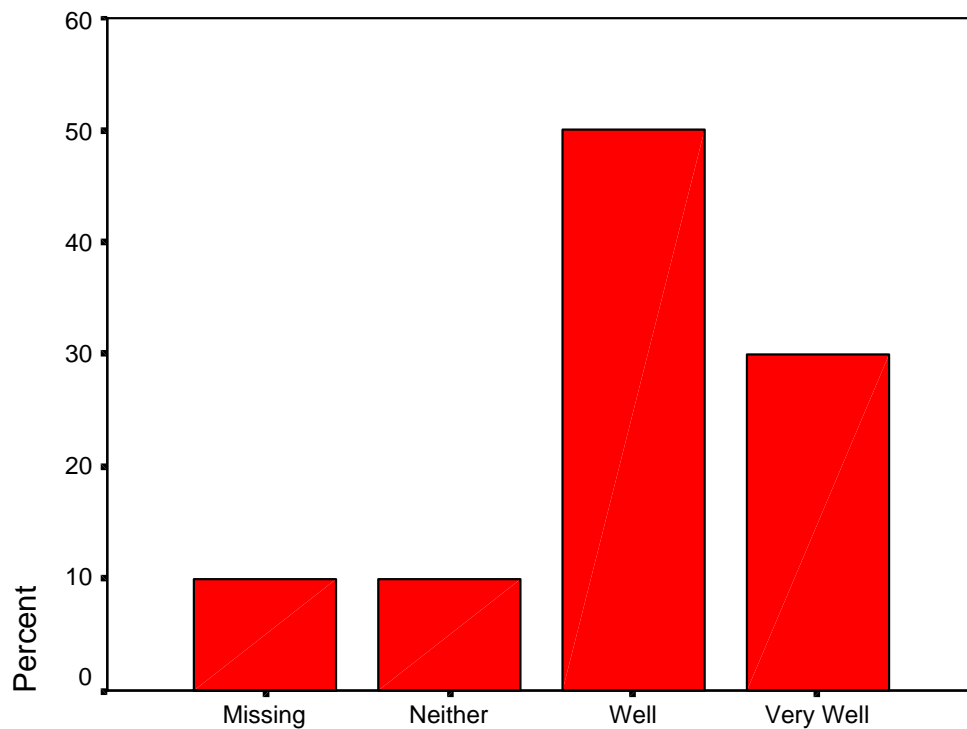
Q4, Objectives Met (3)

Question 4d - Objectives Met

Q4, Objectives Met (4)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	1	10.0	11.1	11.1
	Well	5	50.0	55.6	66.7
	Very Well	3	30.0	33.3	100.0
	Total	9	90.0	100.0	
Missing	999	1	10.0		
Total		10	100.0		

Objective 4d was *to recruit and train peer educators*. Approximately 90% of the young people felt that this objective had been achieved either well or very well.



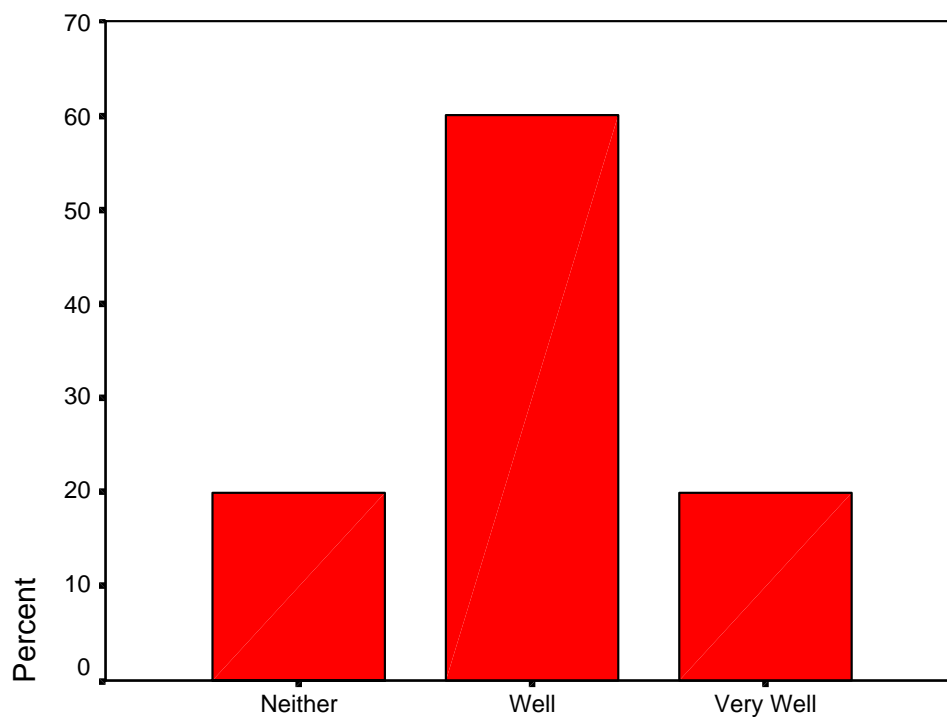
Q4, Objectives Met (4)

Question 4e - Objectives Met

Q4, Objectives Met (5)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	2	20.0	20.0	20.0
	Well	6	60.0	60.0	80.0
	Very Well	2	20.0	20.0	100.0
	Total	10	100.0	100.0	

Objective 4e was *to raise awareness of drug issues amongst young people*. 80% of the young people considered this to have been achieved well or very well.



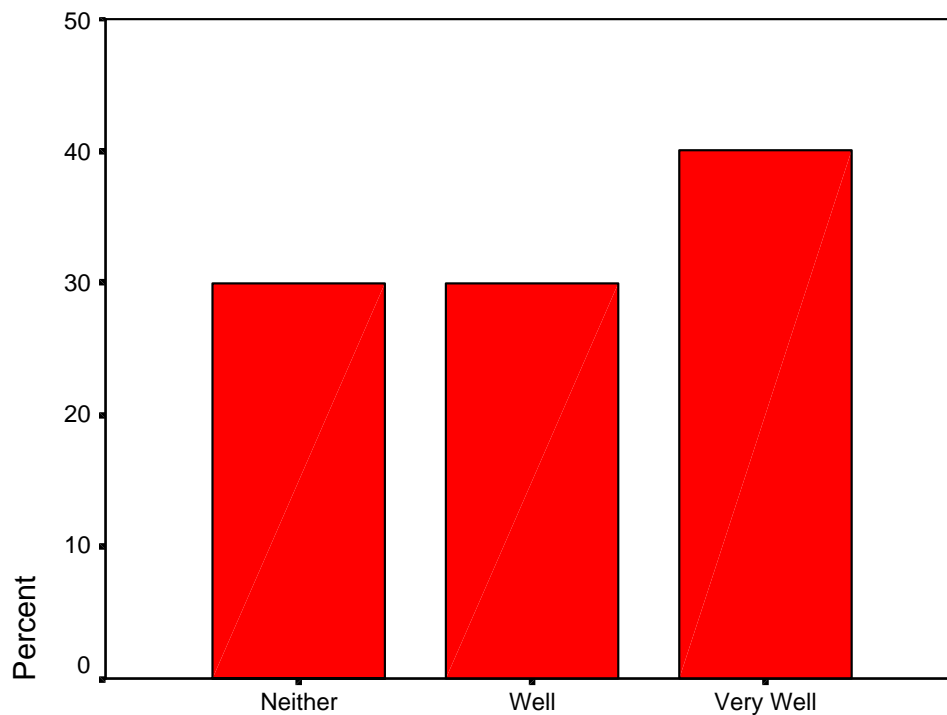
Q4, Objectives Met (5)

Question 4f - Objectives Met

Q4, Objectives Met (6)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	3	30.0	30.0	30.0
	Well	3	30.0	30.0	60.0
	Very Well	4	40.0	40.0	100.0
	Total	10	100.0	100.0	

Objective 4f was *to involve young people in raising awareness and knowledge of drug issues in a range of services and community organisations*. 70% of the respondents felt that this had been met either well or very well.



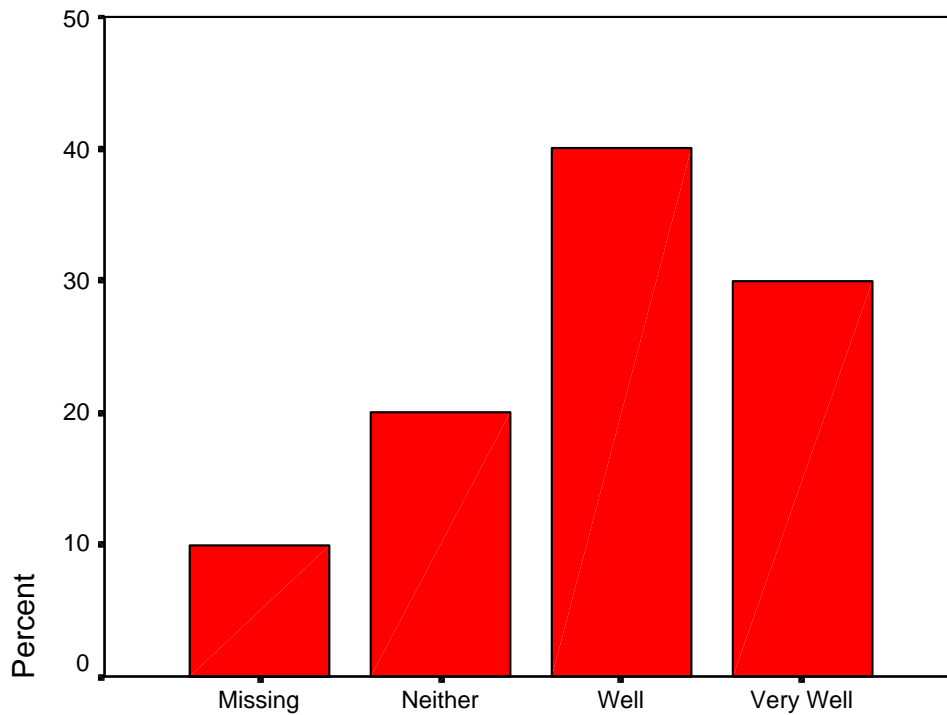
Q4, Objectives Met (6)

Question 4g - Objectives Met

Q4, Objectives Met (7)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	2	20.0	22.2	22.2
	Well	4	40.0	44.4	66.7
	Very Well	3	30.0	33.3	100.0
	Total	9	90.0	100.0	
Missing	999	1	10.0		
Total		10	100.0		

Objective 4g was to set the stage for future service and program improvement for young people. Nearly 80% of respondents considered this objective to have been achieved well or very well.



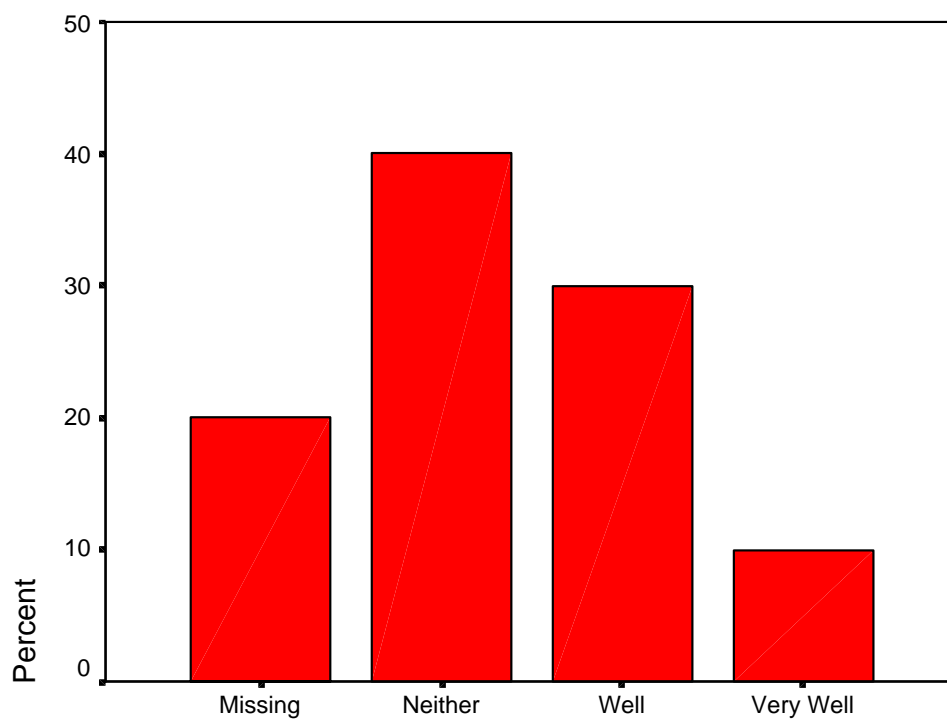
Q4, Objectives Met (7)

Question 4h - Objectives Met

Q4, Objectives Met (8)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	4	40.0	50.0	50.0
	Well	3	30.0	37.5	87.5
	Very Well	1	10.0	12.5	100.0
	Total	8	80.0	100.0	
Missing	999	2	20.0		
Total		10	100.0		

Objective 4h was to increase the effectiveness of strategies designed to prevent harm arising from drug use by young people in Onkaparinga. The results were varied for this response. I would emphasise that 50% of respondents were indifferent and the remaining 50% felt that the objective had been met well or very well.



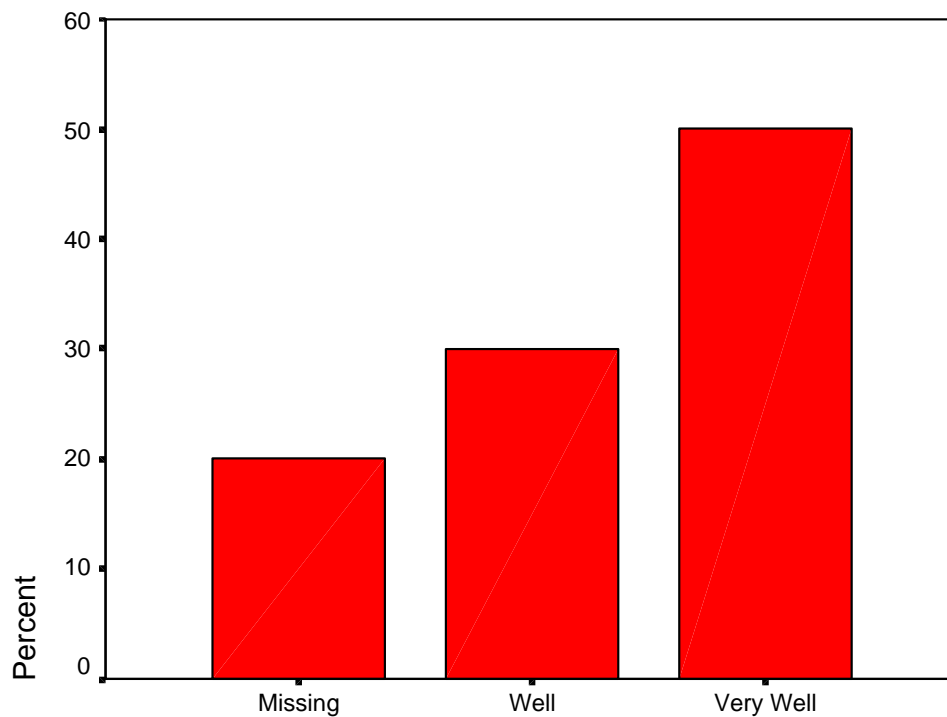
Q4, Objectives Met (8)

Question 4i - Objectives Met

Q4, Objectives Met (9)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Well	3	30.0	37.5	37.5
	Very Well	5	50.0	62.5	100.0
	Total	8	80.0	100.0	
Missing	999	2	20.0		
Total		10	100.0		

Objective 4i was *to increase awareness and knowledge about drug issues in the general community*. 100% of the young people considered this objective to have been met well or very well.



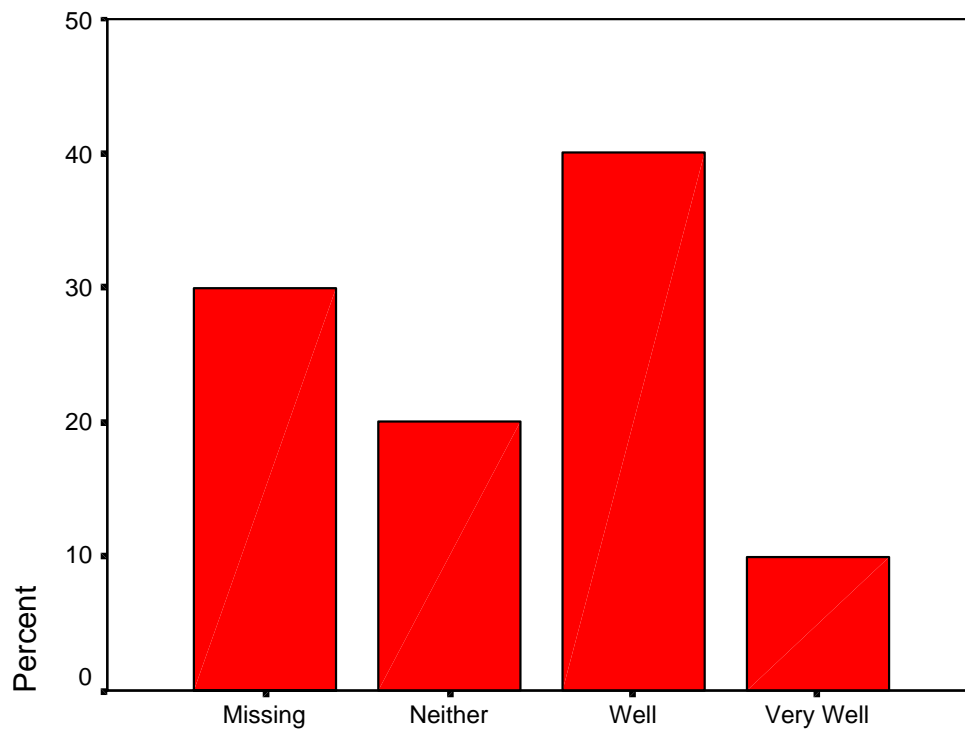
Q4, Objectives Met (9)

Question 4j - Objectives Met

Q4, Objectives Met (10)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	2	20.0	28.6	28.6
	Well	4	40.0	57.1	85.7
	Very Well	1	10.0	14.3	100.0
	Total	7	70.0	100.0	
Missing	999	3	30.0		
Total		10	100.0		

Objective 4j was *to increase co-ordination of services for young people*. Approximately 70% of the young people felt that this had been achieved well or very well.



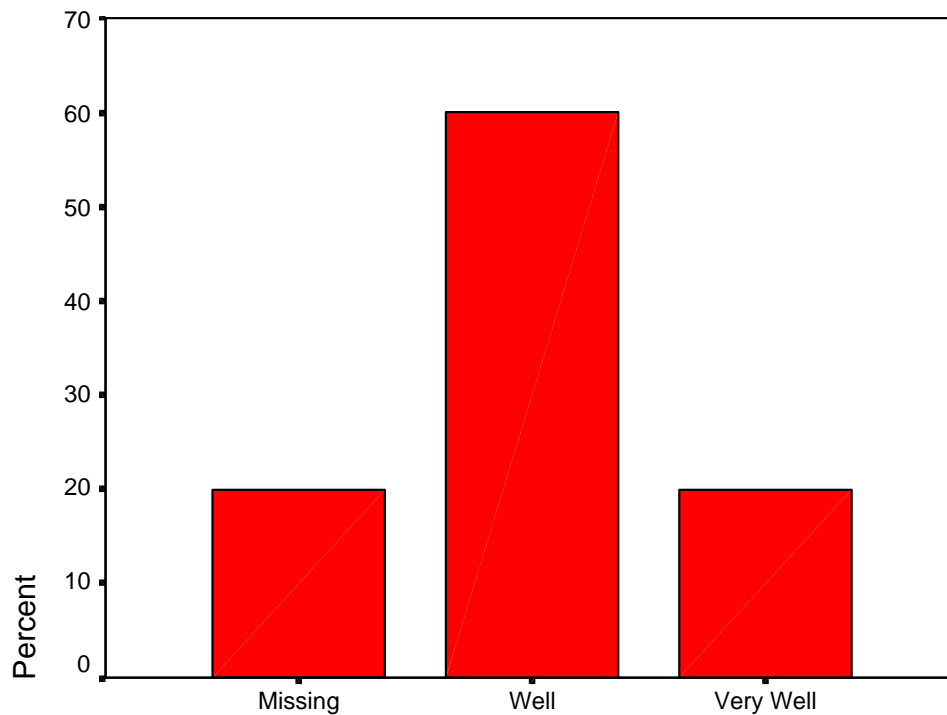
Q4, Objectives Met (10)

Question 5 - Service Providers Better Informed

Q5, Service Providers Better Informed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Well	6	60.0	75.0	75.0
	Very Well	2	20.0	25.0	100.0
	Total	8	80.0	100.0	
Missing	999	2	20.0		
Total		10	100.0		

Question 5 was *to what extent do you think that service providers are now better informed of the needs of young people and therefore better able to deal with issues related to drug use?* This was a scaled question with 1 representing “not at all” and 5 representing “very well”. 100% of the respondents felt that the service providers are now either well or very well informed of the needs of young people and can therefore deal with drug related issues better as a result of this project.



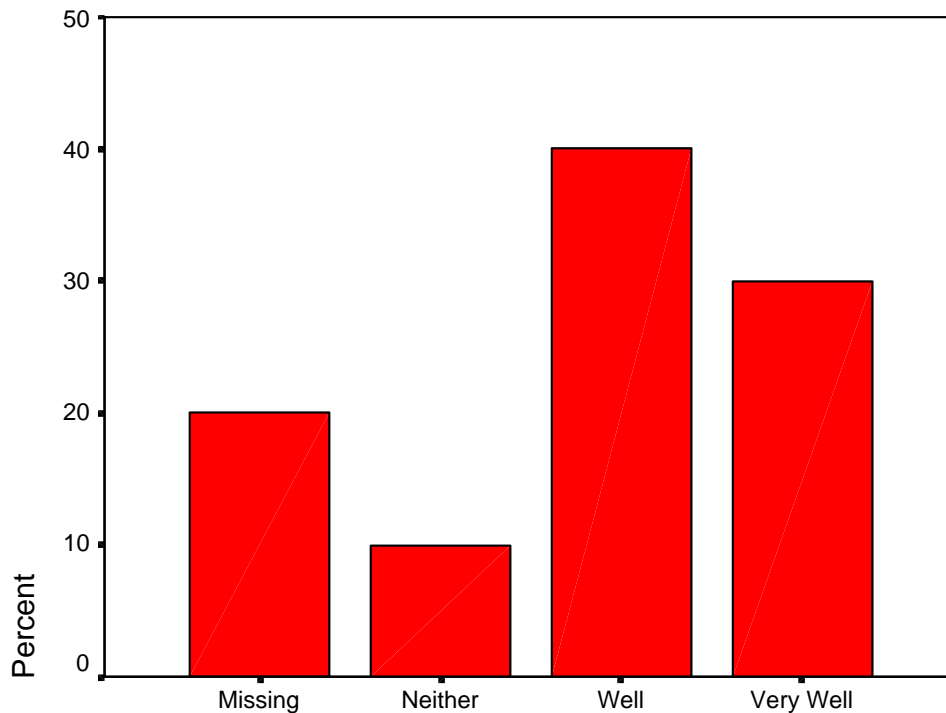
Q5, Service Providers Better Informed

Question 7 - Expectations Met

Q7, Expectations Met

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	1	10.0	12.5	12.5
	Well	4	40.0	50.0	62.5
	Very Well	3	30.0	37.5	100.0
	Total	8	80.0	100.0	
Missing	999	2	20.0		
Total		10	100.0		

Question 7 was *to what extent were your expectations of the YDPA Project met?* This too was a scaled question with 1 being “not at all” and 5 being “expectations met very well”. Almost 90% of the young people found that the project met their expectations well or very well.



Q7, Expectations Met

Question 8 – Skills and Knowledge Gained

Q8, Skills & Knowledge Gained (1)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Better Knowledge of Drugs	7	70.0	100.0	100.0
Missing	999	3	30.0		
Total		10	100.0		

Q8, Skills & Knowledge Gained (2)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	How to work in a group	6	60.0	85.7	85.7
	Knowledge of services for young people	1	10.0	14.3	100.0
	Total	7	70.0	100.0	
Missing	999	3	30.0		
Total		10	100.0		

Q8, Skills & Knowledge Gained (3)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Knowledge of services for young people	5	50.0	100.0	100.0
Missing	999	5	50.0		
Total		10	100.0		

Q8, Skills & Knowledge Gained (4)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other	2	20.0	100.0	100.0
Missing	999	8	80.0		
Total		10	100.0		

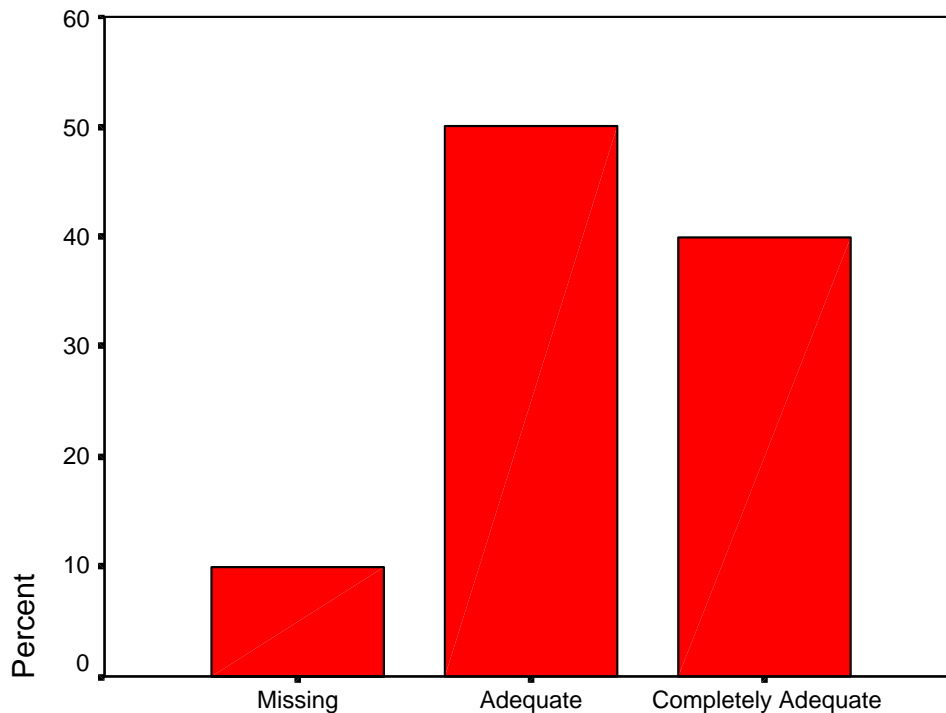
Question 8 was *what skills/knowledge have you gained from being part of this project?* It was a tick box question and the options were better knowledge of drugs, how to work in a group, knowledge of services for young people and other. 100% of the respondents felt they had a better knowledge of drugs, nearly 90% felt they had learned how to work in a group and nearly 90% felt they had a better knowledge of services for young people. One young person stated that they had learnt how to communicate better with young people and another stated that they had learnt more about confidentiality.

Question 10 - Adequate Training

Q10, Adequate Training

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adequate	5	50.0	55.6	55.6
	Completely Adequate	4	40.0	44.4	100.0
	Total	9	90.0	100.0	
Missing	999	1	10.0		
Total		10	100.0		

Question 10 was for peer educators only and was *to what extent do you feel you received adequate training and support to successfully be a peer educator?* It was a scaled question with 1 representing “completely inadequate” and 5 representing “completely adequate”. 100% of the peer educators felt that they had received either adequate or completely adequate peer education training.



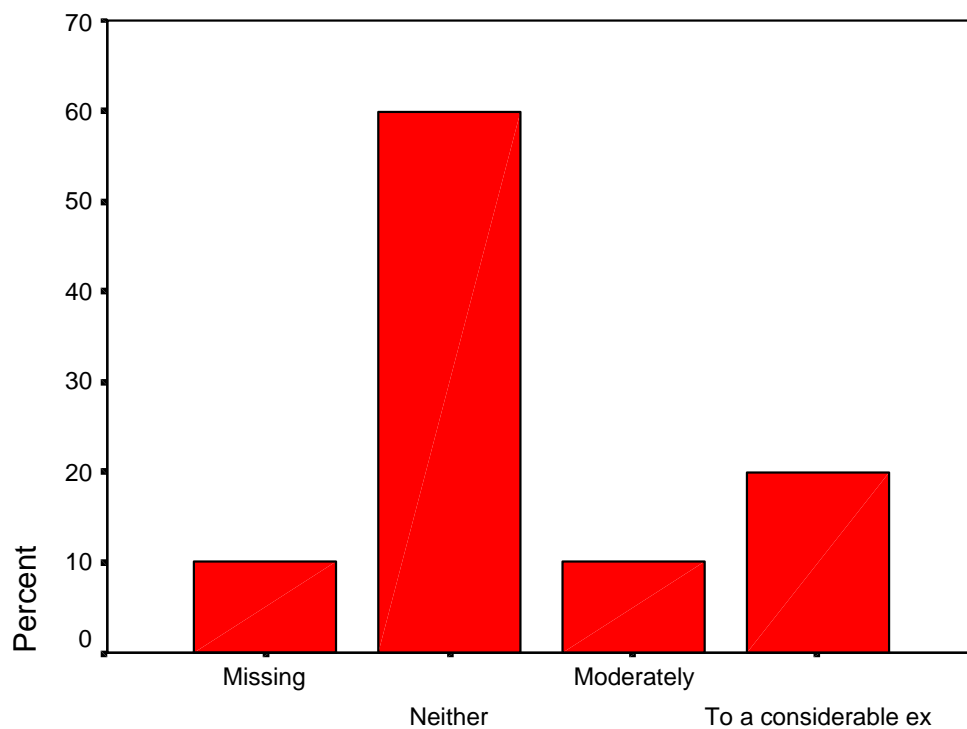
Q10, Adequate Training

Question 11 - Benefited Others

Q11, Benefited Others

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	6	60.0	66.7	66.7
	Moderately	1	10.0	11.1	77.8
	To a considerable extent	2	20.0	22.2	100.0
	Total	9	90.0	100.0	
Missing	999	1	10.0		
Total		10	100.0		

Question 11 was for the peer educators only and was *to what extent do you think you have benefited other young people and the community through the peer education program?* It was a scaled question with 1 representing “not at all” and 5 representing “to a considerable extent”. It is worth noting that over 65% of the respondents were indifferent with only one third feeling that they had benefited other young people and the community moderately or to a considerable extent. It is possible that this was related to the timing of the survey. If the survey had been distributed a few months later, the young people may have had more of a chance to carry this out.



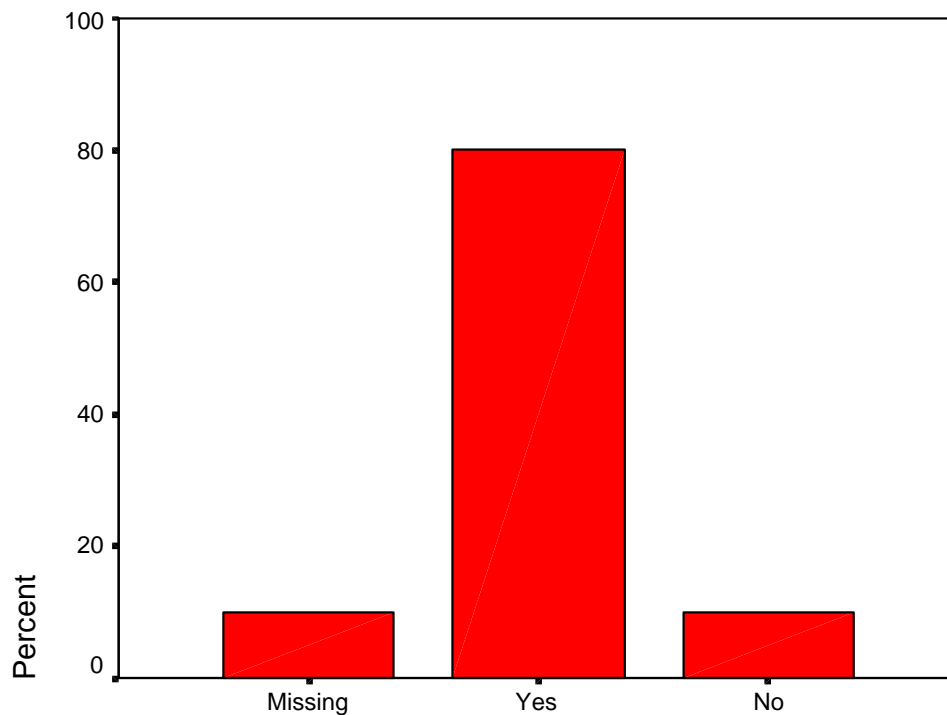
Q11, Benefited Others

Question 12 - Recommend Others to be Peer Educators

Q12, Recommend Friends to be peer educators

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	80.0	88.9	88.9
	No	1	10.0	11.1	100.0
	Total	9	90.0	100.0	
Missing	999	1	10.0		
Total		10	100.0		

Question 12 was only for the peer educators and was *would you recommend that any of your friends become peer educators?* It was a yes/no answer and almost 90% responded yes, they would recommend their friends to become peer educators.



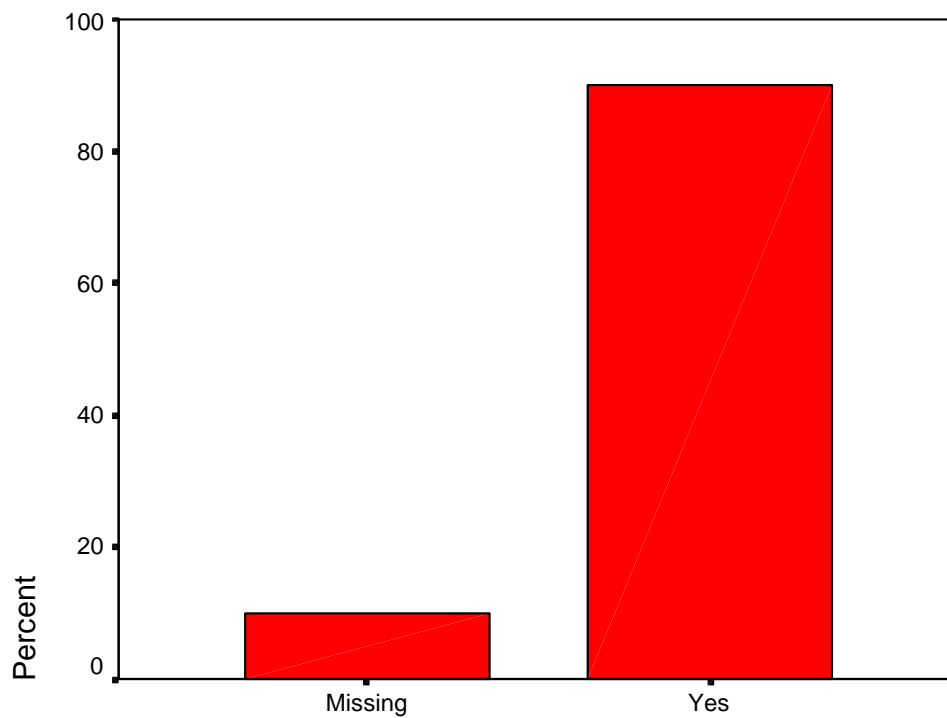
Q12, Recommend Friends to be peer educators

Question 13 - Continue to be Involved

Q13, Continue to be involved

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	90.0	100.0	100.0
Missing	999	1	10.0		
Total		10	100.0		

Question 13 was also only for the peer educators and was *will you continue to be involved in the Youth Drug Peer Action Project?* It was a yes/no answer as well and 100% of the respondents said yes, they will continue to be involved in the project.



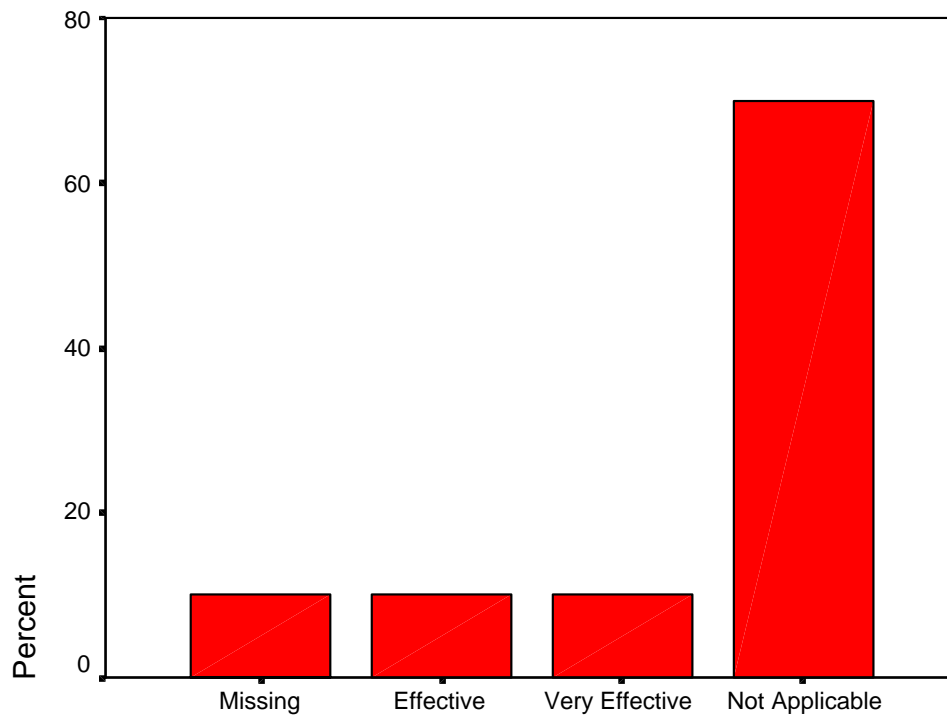
Q13, Continue to be involved

Question 14 - Effectiveness of D&H Workshop

Q14, Effectiveness of D&H Workshop

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Effective	1	10.0	11.1	11.1
	Very Effective	1	10.0	11.1	22.2
	Not Applicable	7	70.0	77.8	100.0
	Total	9	90.0	100.0	
Missing	999	1	10.0		
Total		10	100.0		

Question 14 was specifically for those who had attend the “drugs and health” workshop and was *how effective did you find the “Drugs and Health” Workshop?* It was a scaled question with 1 being “not at all” and 5 being “very effective”. It turned out that this question only applied to two of the young people of which they both found it either effective or very effective.



Q14, Effectiveness of D&H Workshop

Additional Comments provided by Young People

Q1 – “Any other reason” for involvement in the Youth Drug Peer Action Project?

2 – I was asked by Brad to do it

Q3 – To what extent do you think the Youth Drug Peer Action Project has been successful?

1 – Just listening at the workshop, it seems there has been a lot of info given to the youth and that is the 1st step to rectify these problems

3 – People are coming more aware of drug problems in the community but most are not acting upon them

4 – The Youth Drug Peer Action Project at Wirreanda has been successful, however the room needs more promotion

5 – Needs to be more advertised

6 – Brad needs more help

7 – People are starting to listen more in the last few years I think

8 – I think it has been successful because even if we had helped one person, that has made a difference

9 – It has been successful within our school because we have our health room up and running, but it could also be even more successful

10 – Everyone thought it was a good idea

Q4 – To what extent do you think the following objectives of the Youth Drug Peer Action Project were achieved?

(a) To work in partnership with young people on drug issues

3 – Everyone can say what they think and everyone does what they can

4 – The courses done through Second Story taught me the knowledge to continue on

5 – Young people have been involved in peer education training, surveys etc

6 – Brad structured it well

7 – Everybody is comfortable with teaching and talking to each other

8 – It has brought the youth and the service providers together

9 – It has brought the youth of the community and peer educators together

10 – I felt very included

(b) To consult young people on their views about current issues, effectiveness of current strategies, ideas for improving services and programs

- 1 – Not enough young people get involved in these types of initiatives
- 3 – We try to get the young people's opinion but it is not always easy
- 4 – We were given our opinions or say about all ideas and strategies
- 5 – Need to involve more people
- 6 – Brad knew where to look for info
- 7 – It was achieved to a satisfactory standard
- 10 – Brad asked me heaps of questions, and I had to do a huge questionnaire

(c) To involve young people in the analysis of results

- 1 – Not enough young people get involved in these types of initiatives
- 3 – We try to get answers to our questions but is not always easy to have one set answer
- 4 – We were not reported back to about the outcomes
- 6 – I don't know
- 7 – They did that well also
- 10 – Don't know

(d) To recruit and train peer educators

- 3 – The training we did was worthwhile, but I think we need more
- 4 – People seemed to be joining the team all the time
- 5 – Need more people
- 6 – Brad did a great job
- 7 – It was done very well and we all enjoyed it. We learnt a lot
- 8 – It was done well and myself and the team enjoyed. Learnt a lot of valuable lessons
- 9 – It was done very well and I enjoyed myself. It was a lot of fun and I learnt a lot of valuable skills and information
- 10 – Training was helpful, I learnt heaps

(e) To raise awareness of drug issues amongst young people

- 1 – Not a lot of young people like to get together and discuss the use of drugs/alcohol
- 3 – Not all young people listen but we are trying
- 4 – This was very well promoted
- 5 – Needs to be advertised
- 6 – Brad was competent and 'streetwise'
- 7 – Young people are more aware about drugs now than a few years ago

(f) To involve young people in raising awareness and knowledge of drug issues in a range of services and community organisations

- 1 – We need more outlets
- 3 – We have set up a program at school but getting others involved is hard
- 4 – The course day at Second Story proved this
- 7 – Did that
- 10 – I got to talk to other people and adults about drugs

(g) To set the stage for future service and program improvements for young people

- 1 – Heard a lot of good ideas on this subject at the workshop
- 3 – Everyone is doing the best
- 4 – All ideas are both positive and look towards the future
- 7 – Done that
- 10 – Don't know

(h) To increase the effectiveness of strategies designed to prevent harm arising from drug use by young people in Onkaparinga

- 4 – All ideas were put to use as quickly as possible
- 7 – Done that also
- 10 – Don't know

(i) To increase awareness and knowledge about drug issues in the general community

- 4 – There is amountless loads of information for the general community
- 7 – Done that also
- 8 – It was done really well
- 10 – We spoke to lots of people and they seemed to listen

(j) To increase co-ordination of services for young people

- 4 – It is obvious that every individual is keen to help
- 7 – I know how to relate to them
- 8 – They now know how to relate with the youth today
- 10 – We spoke to heaps of people from youth services

Q5 – To what extent do you think that service providers are now better informed of the needs of young people and therefore better able to deal with issues related to drug use?

- 4 – Everything learnt was put to good use!
- 7 – They teach a lot of relevant information
- 9 – They teach a lot of good information

Q6 – In what ways could the Youth Drug Peer Action Project be improved?

- 2 – None
- 3 – By making it more an “everyone” room and not just a drug room
- 4 – Funding schools and more information sessions at school
- 7 – By getting more younger people aware about drugs
- 8 – More schools need to improved
- 9 – I don’t think it needs to improved. It’s a great project and everybody in the team is enjoying doing the project. Maybe more schools involved
- 10 – Go longer

Q7 – To what extent were your expectations of the Youth Drug Peer Action Project met?

- 3 – I wouldn't have expected so much to happen but it has and its great
- 4 – I have come away with the knowledge meeting more than my expectations
- 7 – I didn't expect this much. They have set this up really well
- 8 – I think they almost achieved all these goals. All they have to do is make more people aware
- 10 – Don't know – I didn't know what to expect

Q8 – “Other” skills/knowledge gained from being part of this project.

- 3 – How to communicate better with young people
- 10 - Confidentiality

Q9 – In what ways has your awareness and knowledge of drugs and drug-related issues changed?

- 3 – Greatly, I never knew much but I now have a wider view of it all
- 4 – It puts life/drugs into perspective
- 7 – I've learnt so much more about all types of drugs
- 8 – I know a lot more about drugs and drug-related issues than I did before
- 9 – I know a lot more now about drugs and drug-related issues than I did before I started the program
- 10 – I know heaps more now

Q10 – To what extent do you feel you received adequate training and support to successfully be a peer educator?

- 3 – I love what I'm doing, hope younger people follow
- 4 – The 2 day Second Story course was excellent support and made me a more confident leader
- 5 – More training days
- 6 – Brad helped with not only factual info but how to deal with people
- 7 – I've learnt so much and I believe I've received a lot more information then first thought
- 8 – It is hard to educate someone if you have not been through what they are going through
- 10 – Training was really interesting. I felt more confident after

Q11 – To what extent do you think you have benefited other young people and the community through the peer education program?

- 3 – We haven't done a lot but we will get there
- 4 – At the moment, we have not had the chance to put our knowledge to good use
- 5 – Not many people access our services
- 6 – He helped us deal with them but other things held us back
- 7 – I haven't had the chance to educate my peers yet but I try my best

Q12 – Would you recommend that any of your friends become peer educators?

- 2 – Because its good
- 3 – It is a great feeling being able to help someone
- 4 – I take comfort in knowing I can make a difference and I'm sure anyone else would too
- 5 – Because we need younger people involved, not year 12's
- 6 – For the rewards you get academically
- 7 – It is a great program for anybody to join
- 8 – Because I have learnt a lot
- 9 – Because it's a great learning experience and you benefit a lot from being a part of the group
- 10 – I felt important and it was fun

Q13 – Will you continue to be involved in the Youth Drug Peer Action Project?

- 2 – If there is a way to
- 4 – It is the best High School decision I have made
- 5 – Until I have school
- 6 – I hope so but other commitments may decide otherwise
- 7 – It is a great idea and needs as many people as possible
- 9 – Its great fun and I love helping with any problems they may face

Q14 – How effective did you find the “Drugs & Health” Workshops?

4 – We got a different perspective on things

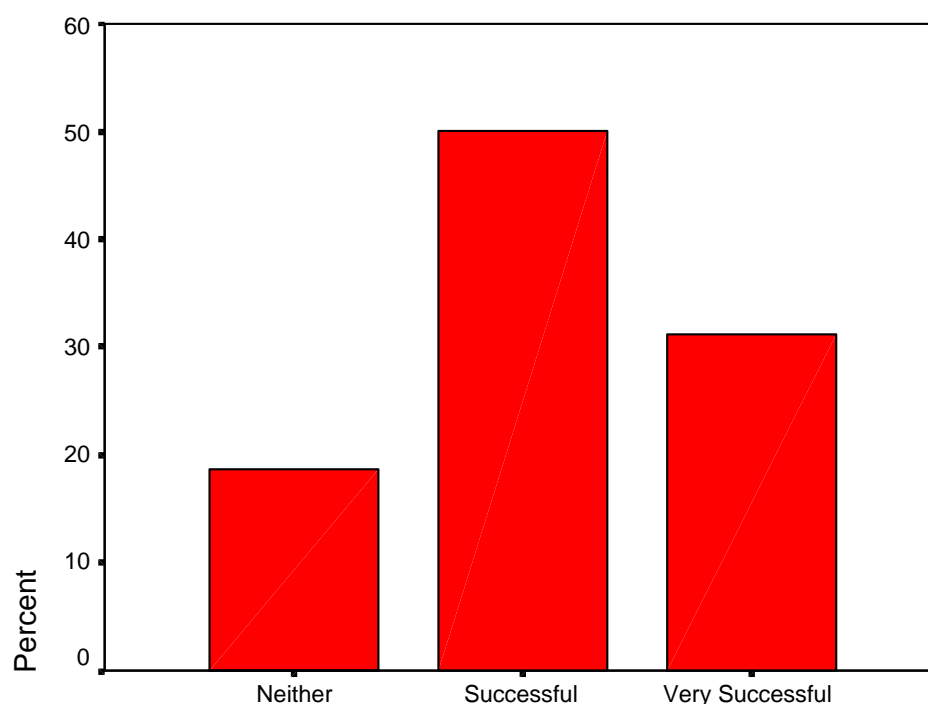
Q15 – Do you have any other comments you would like to add?

Appendix 2: Service Providers' Survey Responses

Question 2 – Involvement in Project

Question two was *have you or YOUR organisation been involved in the Youth Drug Peer Action (YDPA) Project?* All 16 survey respondents (100%) had some involvement in the project either as an individual or as an organisation.

Question 3 - Success of Project



Q3, Success of Project

Q3, Success of Project

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	3	18.8	18.8	18.8
	Successful	8	50.0	50.0	68.8
	Very Successful	5	31.3	31.3	100.0
	Total	16	100.0	100.0	

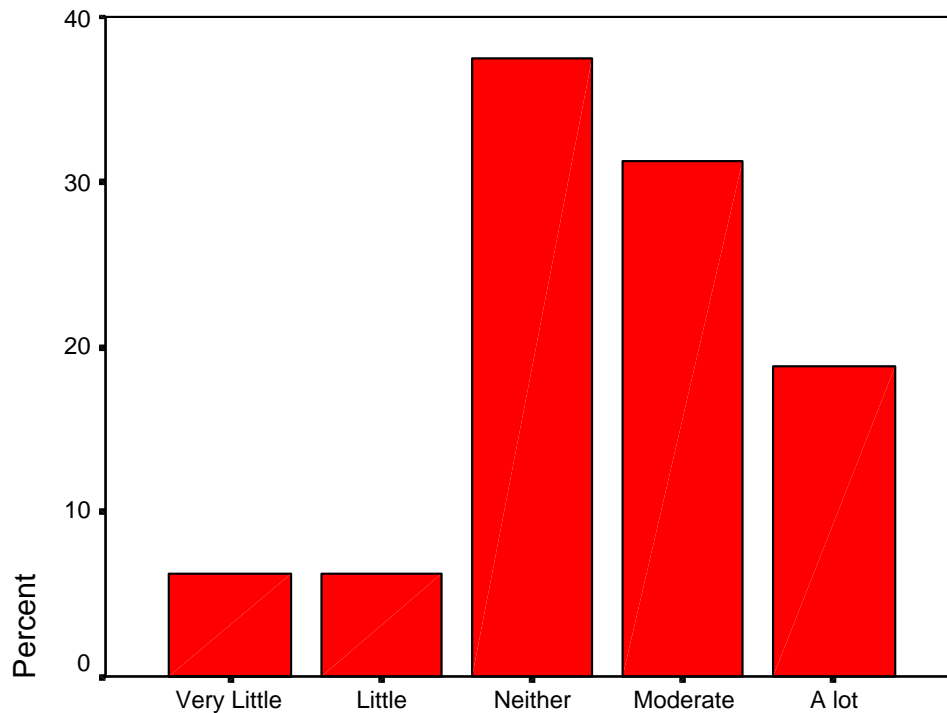
Question three was *to what extent do you think the YDPA Project has been successful?* This was a scaled question ranging from 1 being “not at all” to 5 being “very successful”. Over 80% of the service providers surveyed felt that the project was either successful or very successful.

Question 4 - Understanding & Knowledge of Project

Q4, Understanding & Knowledge of Project

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Little	1	6.3	6.3	6.3
	Little	1	6.3	6.3	12.5
	Neither	6	37.5	37.5	50.0
	Moderate	5	31.3	31.3	81.3
	A lot	3	18.8	18.8	100.0
	Total	16	100.0	100.0	

Question four was *how would you rate your understanding and knowledge of the project?* This was also a scaled question where 1 represented “very little” and 5 represented “a lot”. There was quite a significant difference amongst the service providers as to their understanding and knowledge of the project. 12.6% felt that they understood the YDPA Project little or very little, I would emphasise that only about half believed they understood the project moderately or a lot



Q4, Understanding & Knowledge of Project

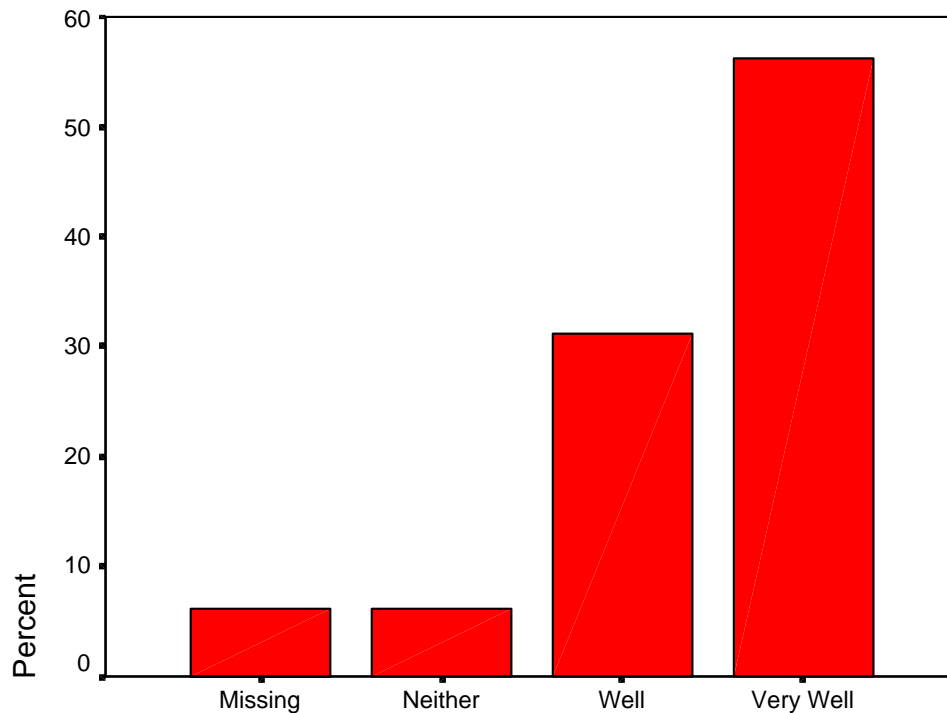
Question 5a - Objectives Met

Q5, Objectives Met (1)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	1	6.3	6.7	6.7
	Well	5	31.3	33.3	40.0
	Very Well	9	56.3	60.0	100.0
	Total	15	93.8	100.0	
Missing	999	1	6.3		
Total		16	100.0		

Question 5 was divided into 10 different objectives each asking *to what extent do you think this objective was achieved?* Each of the 10 sub-questions were ranked on a scale ranging from 1 being “not at all” to 5 being “very well”.

Objective 5a was *to work in partnership with young people on drug issues*. Over 90% of the service providers felt that the project achieved this objective either well or very well.



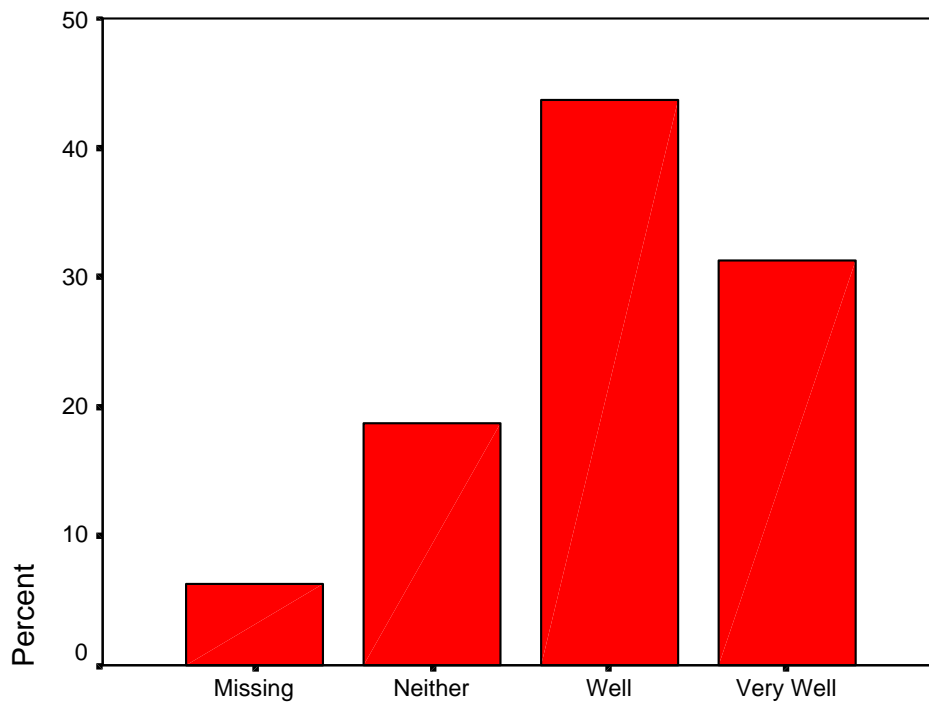
Q5, Objectives Met (1)

Question 5b - Objectives Met

Q5, Objectives Met (2)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	3	18.8	20.0	20.0
	Well	7	43.8	46.7	66.7
	Very Well	5	31.3	33.3	100.0
	Total	15	93.8	100.0	
Missing	999	1	6.3		
Total		16	100.0		

Objective 5b was *to consult young people on their views about current drug issues, effectiveness of current strategies, ideas for improving services and programs*. 80% of the respondents felt that this objective was achieved either well or very well.



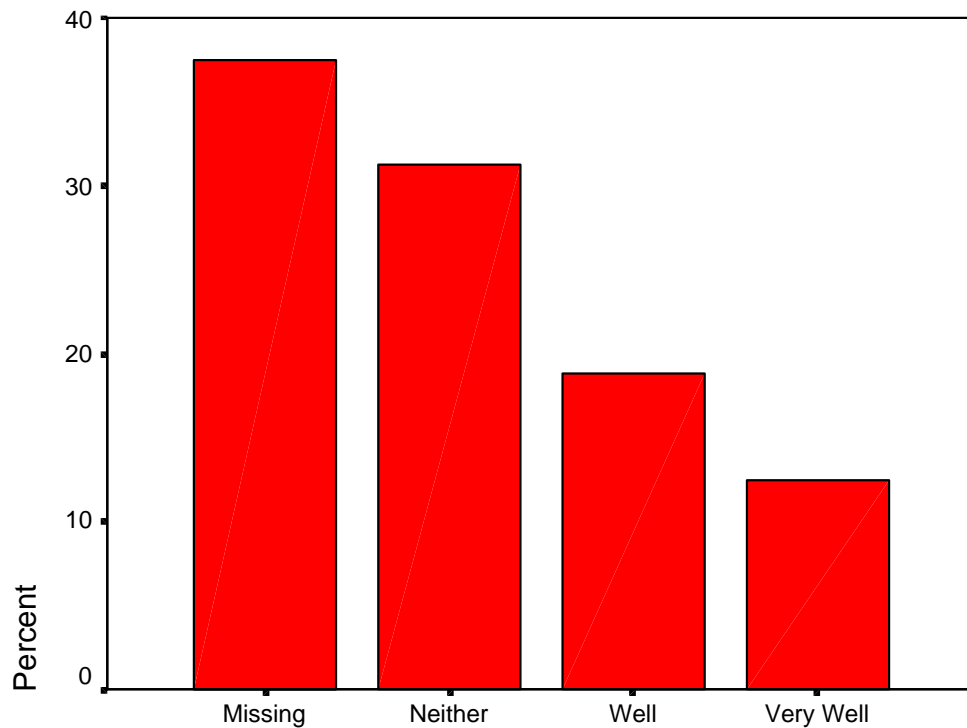
Q5, Objectives Met (2)

Question 5c - Objectives Met

Q5, Objectives Met (3)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	5	31.3	50.0	50.0
	Well	3	18.8	30.0	80.0
	Very Well	2	12.5	20.0	100.0
	Total	10	62.5	100.0	
Missing	999	6	37.5		
Total		16	100.0		

Objective 5c was *to involve young people in the analysis of results*. This was not as highly ranked as the previous two objectives. 50% of people felt that it was met well or very well, whereas the other 50% were indifferent.



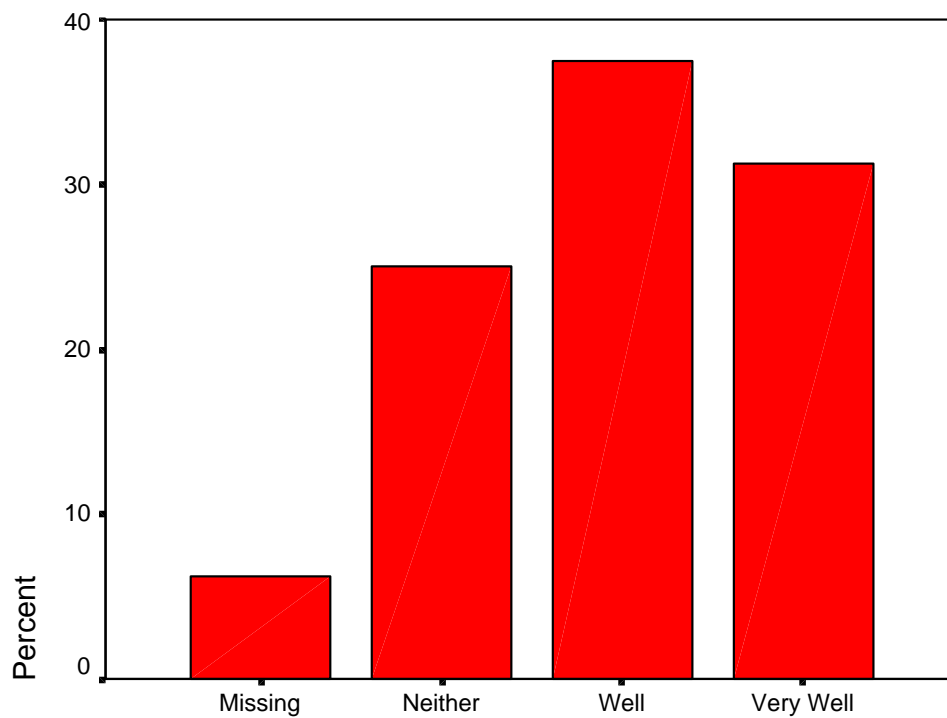
Q5, Objectives Met (3)

Question 5d - Objectives Met

Q5, Objectives Met (4)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	4	25.0	26.7	26.7
	Well	6	37.5	40.0	66.7
	Very Well	5	31.3	33.3	100.0
	Total	15	93.8	100.0	
Missing	999	1	6.3		
Total		16	100.0		

Objective 5d was *to recruit and train peer educators*. Over 70% of the service providers felt that this objective was met either well or very well.



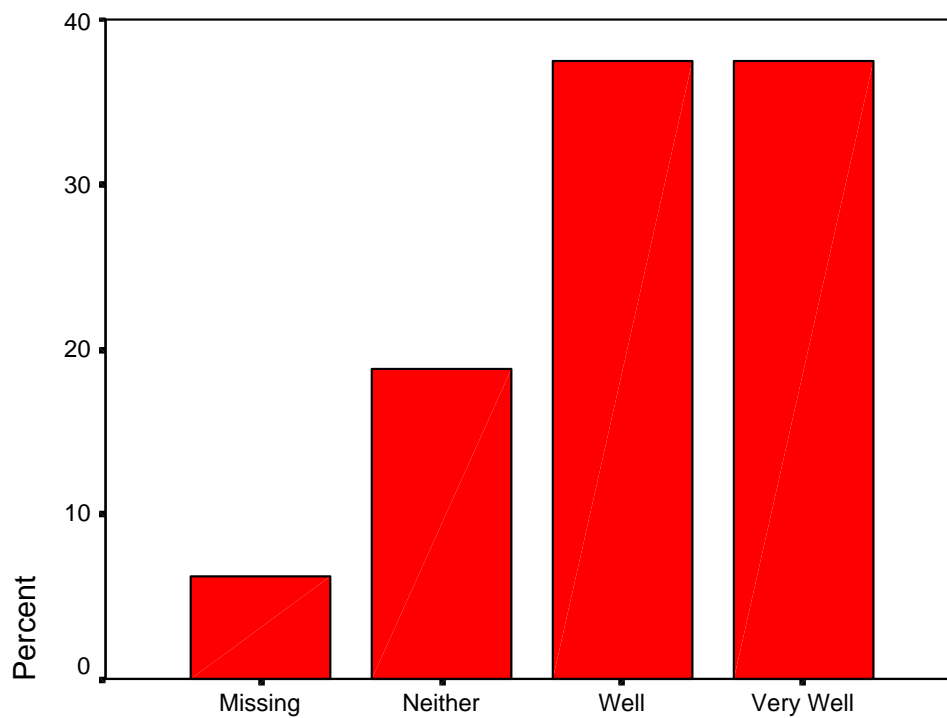
Q5, Objectives Met (4)

Question 5e - Objectives Met

Q5, Objectives Met (5)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	3	18.8	20.0	20.0
	Well	6	37.5	40.0	60.0
	Very Well	6	37.5	40.0	100.0
	Total	15	93.8	100.0	
Missing	999	1	6.3		
Total		16	100.0		

Objective 5e was *to raise awareness of drug issues amongst young people*. 80% of the respondents considered this to have been achieved well or very well.



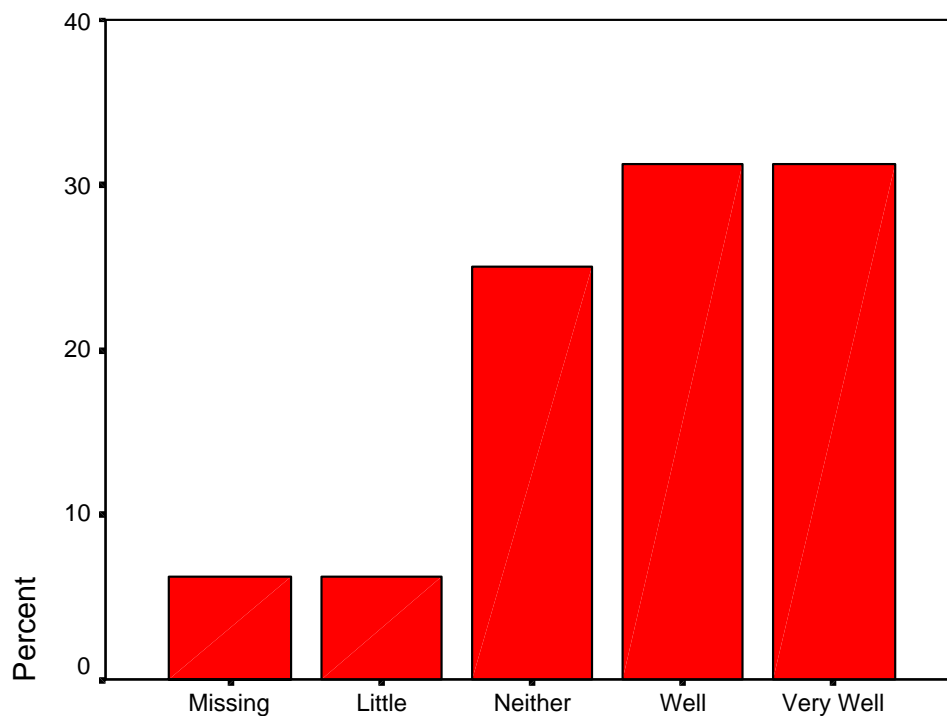
Q5, Objectives Met (5)

Question 5f - Objectives Met

Q5, Objectives Met (6)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Little	1	6.3	6.7	6.7
	Neither	4	25.0	26.7	33.3
	Well	5	31.3	33.3	66.7
	Very Well	5	31.3	33.3	100.0
	Total	15	93.8	100.0	
Missing	999	1	6.3		
Total		16	100.0		

Objective 5f was *to involve young people in raising awareness and knowledge of drug issues in a range of services and community organisations*. The results for this question did vary, however almost 70% of respondents felt it to be achieved either well or very well.



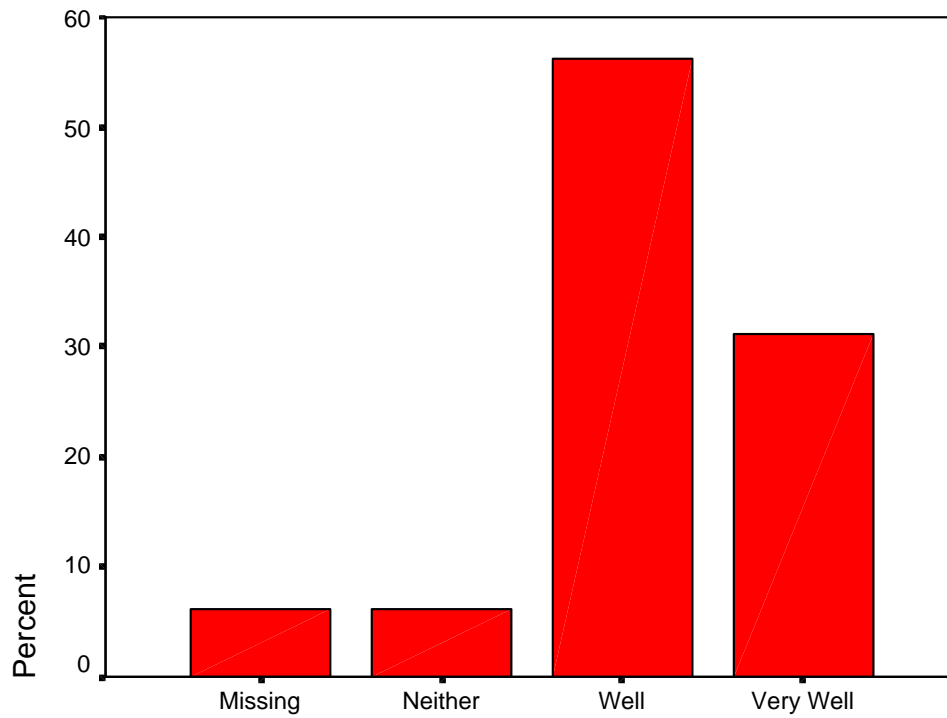
Q5, Objectives Met (6)

Question 5g - Objectives Met

Q5, Objectives Met (7)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	1	6.3	6.7	6.7
	Well	9	56.3	60.0	66.7
	Very Well	5	31.3	33.3	100.0
	Total	15	93.8	100.0	
Missing	999	1	6.3		
Total		16	100.0		

Objective 5g was *to set the stage for future service and program improvement for young people*. Over 90% of the respondents considered this objective to have been met well or very well.



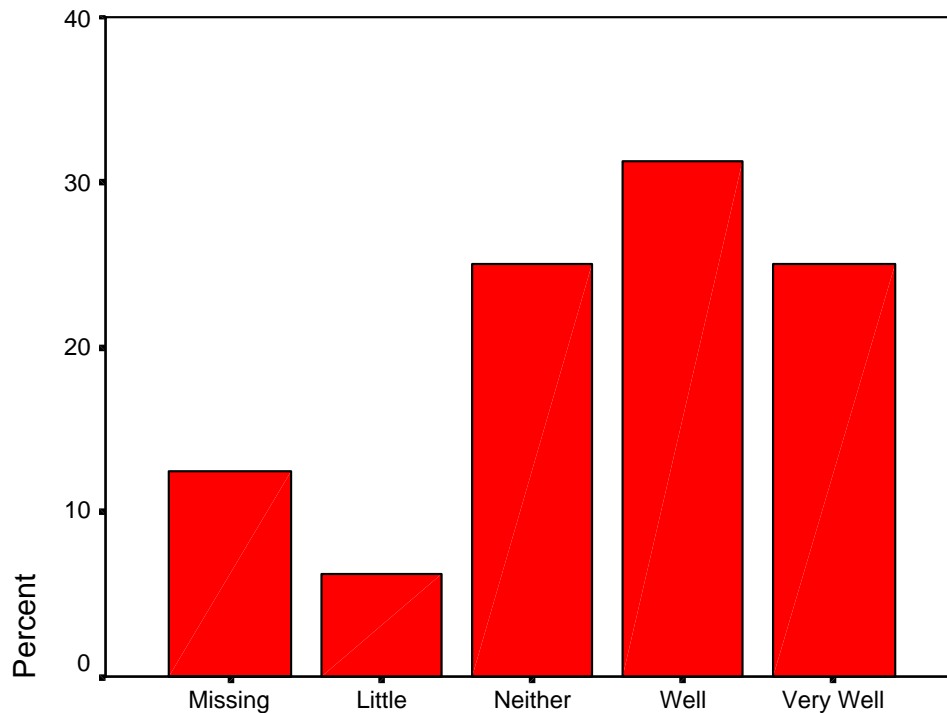
Q5, Objectives Met (7)

Question 5h - Objectives Met

Q5, Objectives Met (8)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Little	1	6.3	7.1	7.1
	Neither	4	25.0	28.6	35.7
	Well	5	31.3	35.7	71.4
	Very Well	4	25.0	28.6	100.0
	Total	14	87.5	100.0	
Missing	999	2	12.5		
Total		16	100.0		

Objective 5h was to increase the effectiveness of strategies designed to prevent harm arising from drug use by young people in Onkaparinga. The responses for this question also varied, however over 60% of respondents found the objective to have been met either well or very well.



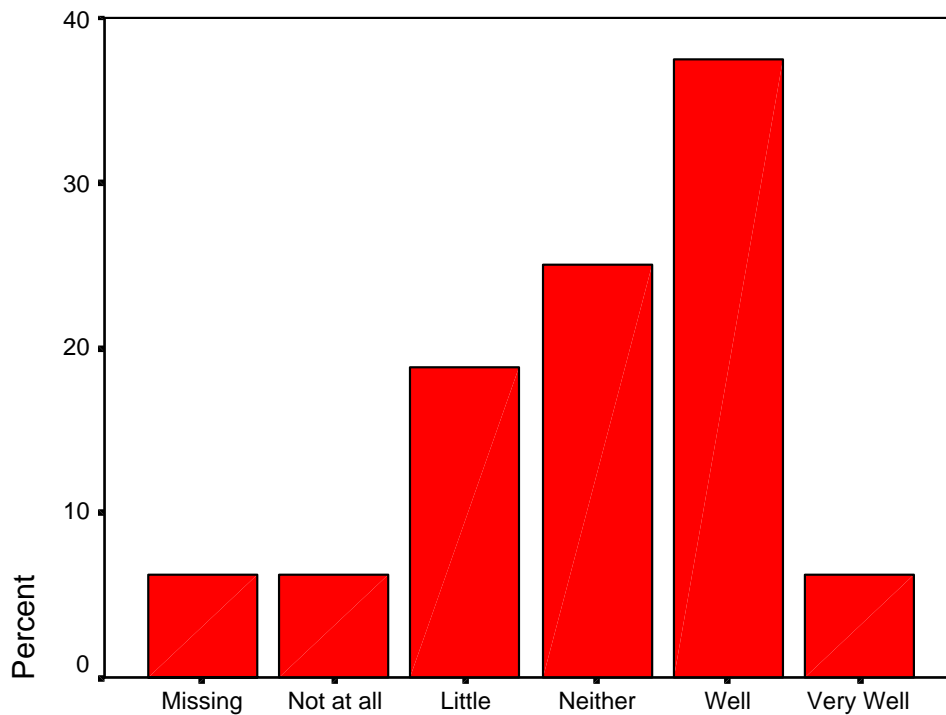
Q5, Objectives Met (8)

Question 5i - Objectives Met

Q5, Objectives Met (9)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	1	6.3	6.7	6.7
	Little	3	18.8	20.0	26.7
	Neither	4	25.0	26.7	53.3
	Well	6	37.5	40.0	93.3
	Very Well	1	6.3	6.7	100.0
	Total	15	93.8	100.0	
Missing	999	1	6.3		
Total		16	100.0		

Objective 5i was *to increase awareness and knowledge about drug issues in the general community*. The responses to this question were the most varied. Nearly 30% of the people felt that it was either achieved little or not at all compared to just over 45% of the people saying that it was achieved well or very well. There were quite clearly mixed views as to the degree this objective was met.



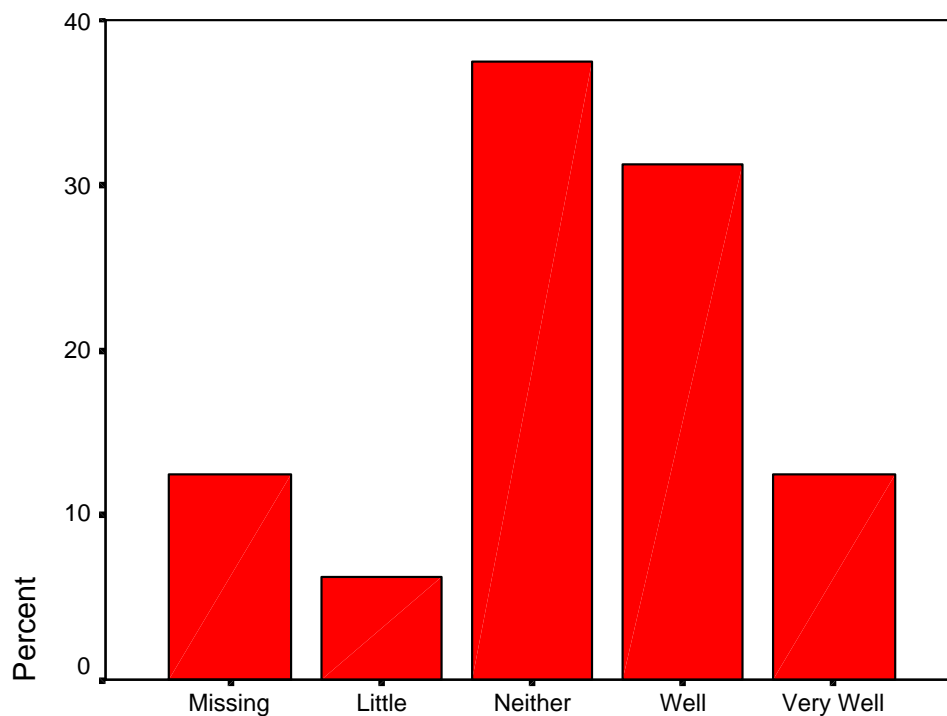
Q5, Objectives Met (9)

Question 5j - Objectives Met

Q5, Objectives Met (10)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Little	1	6.3	7.1	7.1
	Neither	6	37.5	42.9	50.0
	Well	5	31.3	35.7	85.7
	Very Well	2	12.5	14.3	100.0
	Total	14	87.5	100.0	
Missing	999	2	12.5		
Total		16	100.0		

Objective 5j was *to increase co-ordination of services for young people*. Once again the views were mixed on this question. Over 40% were indifferent, and just over 50% felt that it was met well or very well.



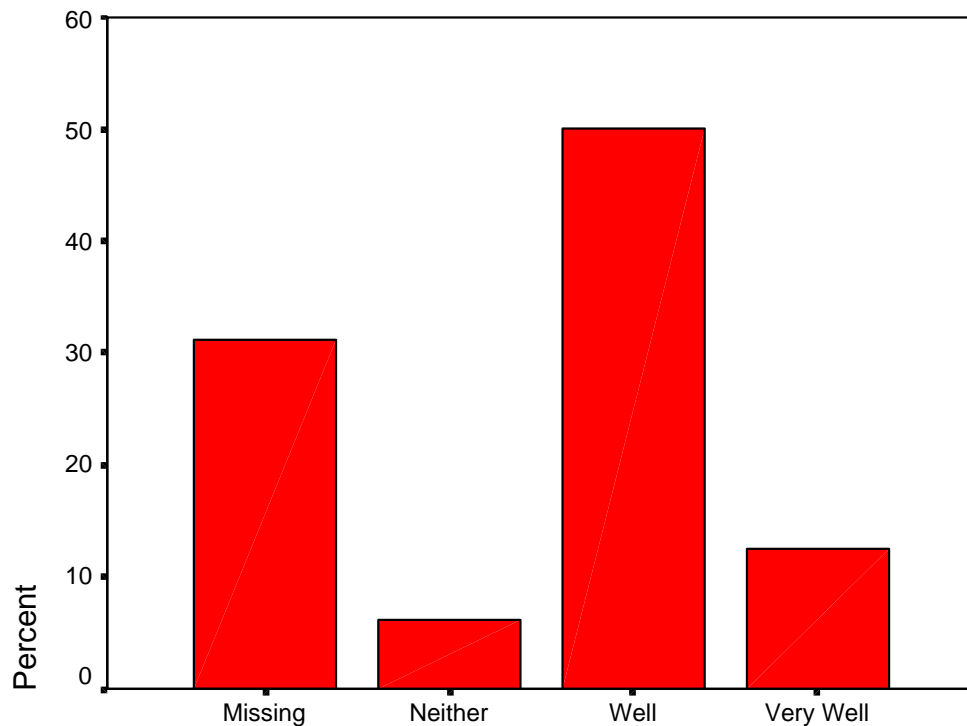
Q5, Objectives Met (10)

Question 7 - Expectations Met

Q7, Expectations Met

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	1	6.3	9.1	9.1
	Well	8	50.0	72.7	81.8
	Very Well	2	12.5	18.2	100.0
	Total	11	68.8	100.0	
Missing	999	5	31.3		
Total		16	100.0		

Question 7 was *to what extent were your expectations of the YDPA Project met?* This was once again a scaled question where 1 represented “not at all” and 5 represented “expectations met very well”. Over 90% of the service providers found that the project met their expectations well or very well.



Q7, Expectations Met

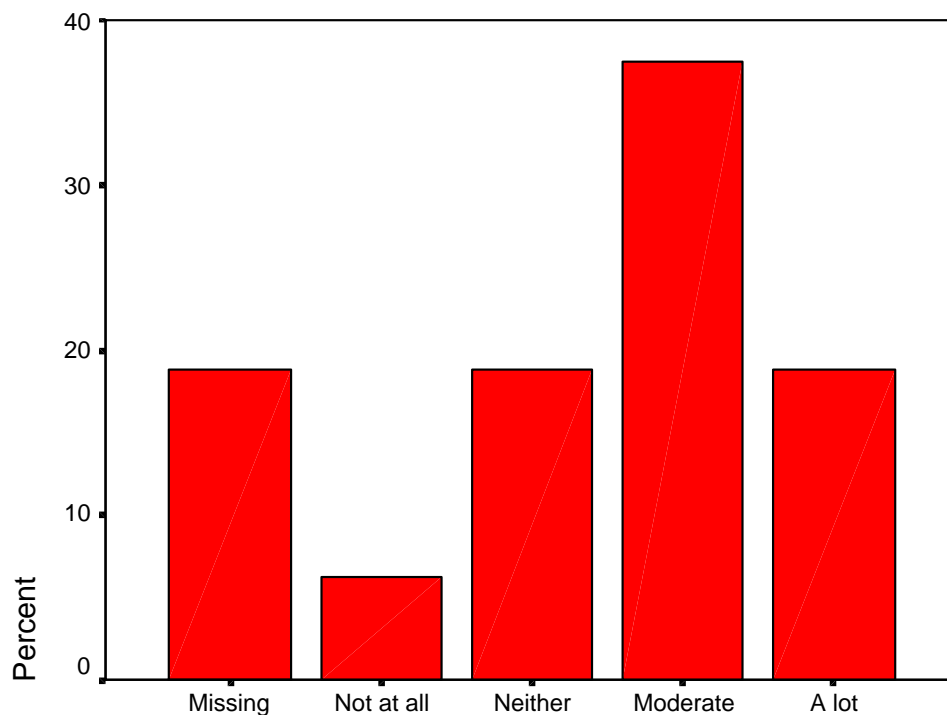
Question 10a - Current Drug Issues for Young People

Q10, Current Drug Issues for Young People

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	1	6.3	7.7	7.7
	Neither	3	18.8	23.1	30.8
	Moderate	6	37.5	46.2	76.9
	A lot	3	18.8	23.1	100.0
	Total	13	81.3	100.0	
Missing	999	3	18.8		
Total		16	100.0		

Question 10 was divided into three parts and considered the degree to which certain aspects of the person had changed as a result of their involvement in the project. It was scaled and 1 represented "not at all" and 5 represented "changed a lot".

10a was based on whether their *awareness and knowledge of current drug issues for young people in the City of Onkaparinga* had changed. Nearly 70% of the service providers felt that the project had changed their awareness and knowledge of current drug issues for young people in the City of Onkaparinga either moderately or a lot.



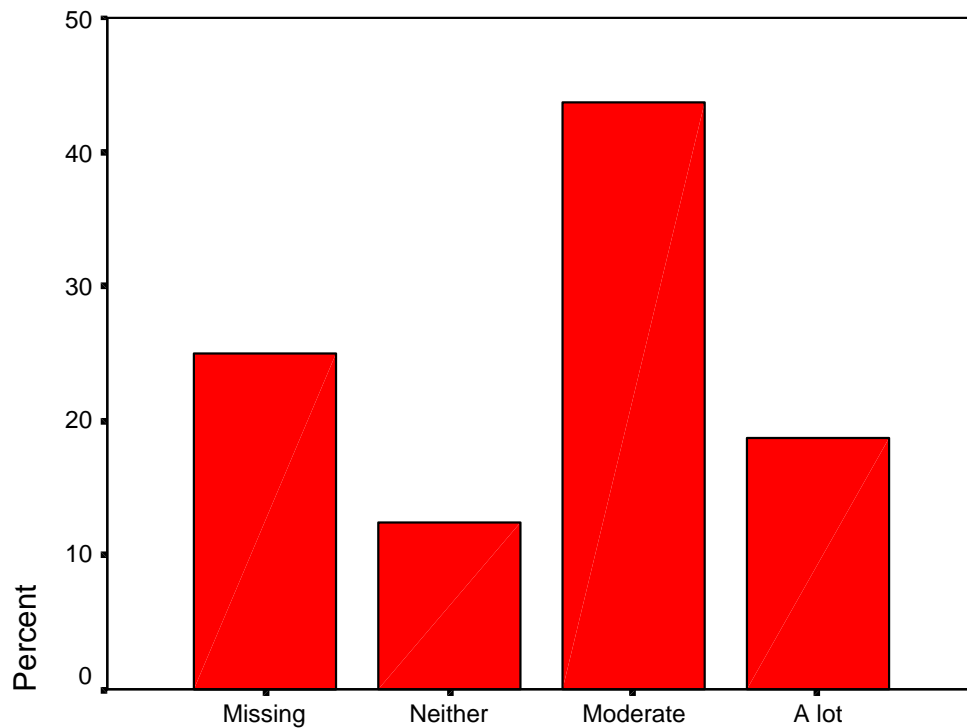
Q10, Current Drug Issues for Young People

Question 10b - Effectiveness of Current Strategies

Q10, Effectiveness of Current Strategies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neither	2	12.5	16.7	16.7
	Moderate	7	43.8	58.3	75.0
	A lot	3	18.8	25.0	100.0
	Total	12	75.0	100.0	
Missing	999	4	25.0		
Total		16	100.0		

10b was based on whether their *awareness and knowledge of the effectiveness of current strategies* had changed. Over 80% of the service providers felt that the project had changed their awareness and knowledge of the effectiveness of current strategies either moderately or a lot.



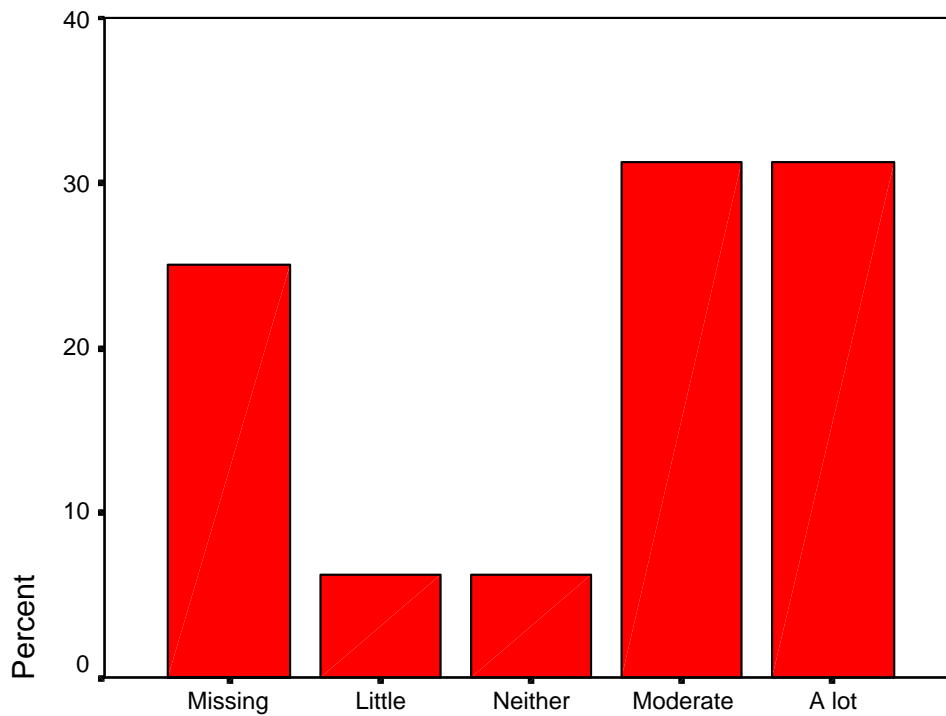
Q10, Effectiveness of Current Strategies

Question 10c - Future Strategies

Q10, Future Strategies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Little	1	6.3	8.3	8.3
	Neither	1	6.3	8.3	16.7
	Moderate	5	31.3	41.7	58.3
	A lot	5	31.3	41.7	100.0
	Total	12	75.0	100.0	
Missing	999	4	25.0		
Total		16	100.0		

10c was based on whether their *awareness and knowledge of future strategies (or services and programs)* had changed. Over 80% of the service providers felt that the project had changed their awareness and knowledge of future strategies (or services and programs) either moderately or a lot.



Q10, Future Strategies

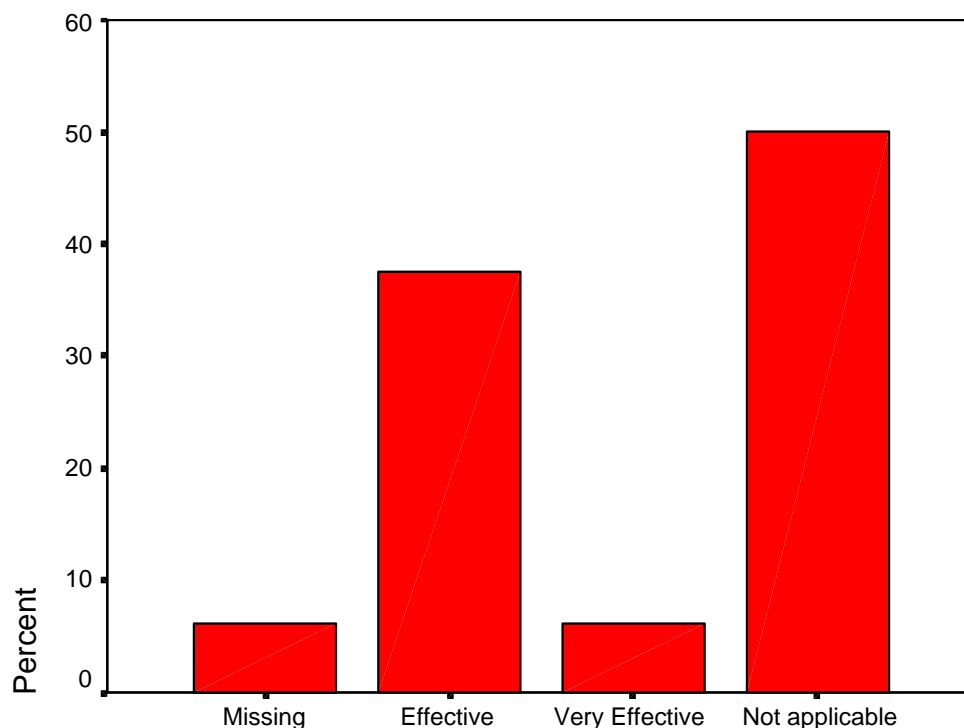
Question 12 - Effectiveness of Drug and Health Workshop

Q12, Effectiveness of D&H Workshop

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Effective	6	37.5	40.0	40.0
	Very Effective	1	6.3	6.7	46.7
	Not applicable	8	50.0	53.3	100.0
	Total	15	93.8	100.0	
Missing	999	1	6.3		
Total		16	100.0		

Question 12 was only for those service providers who had attended the Drugs and Health Workshop. This turned out to be 7 of the 16 respondents. It was a scaled question with 1 representing “not at all” and 5 representing “very effective”. Everyone who did attend this workshop found it to be either effective or very effective, with 85% considering it to be “effective”.

Judging from some of the comments made in the survey, this question may have been confusing for some as it appears they may have thought the “Drugs and Health” workshop was in fact the workshop to discuss the findings held in December.



Q12, Effectiveness of D&H Workshop

Additional Comments provided by Service Providers

Q1 – Which organisation are you associated with?

- 1 – The Second Story
- 2 – SAPOL
- 3 – SAPOL
- 4 – DASC
- 5 – Drug & Alcohol Services Council
- 6 – Noarlunga Health Village
- 7 – Mission Australia
- 8 – Mission Australia
- 9 – SAPOL
- 10 – Noarlunga Health Services/ Healthy Cities
- 11 – Noarlunga Health Services
- 12 – DECS
- 13 – Family and Youth Services
- 14 – Second Story
- 15 – SAPOL
- 16 – Second Story

Q2 – Have you or your organisation been involved in the Youth Drug Peer Action Project?

- 1 – Auspicing Agency
- 2 – Consultation and support. Facility visited by YDPA. Break down barriers and understanding of police role
- 3 – Breaking down barriers between police and youth
- 4 – Providing support – consultation
- 5 – Helped write original submission – member of evaluation group
- 6 – Partners. Providing support, info, resources
- 7 – Part of the steering committee. Worked in partnership with YDPAP, Second Story to launch the project. Linked Brad with consultation groups through Reynella Enterprise and

Youth Centre. Brad has presented at Crime and Substance workshops with Wirreanda High School and Aberfoyle Park High School

9 – Consultation with student/ community groups

10 – Working advisory group. Funding some

12 – Health Room – Based in DECS School – Wirreanda High School

13 – Arranging young people to be involved in consultations with Brad. Being involved in advisory group

14 – Auspiced

15 – I assisted with a presentation to the group during an afternoon discussion run by Brad McCloud

16 – Organisation – employer. Personally – worked with trained peer educator from the project

Q3 – To what extent do you think the Youth Drug Peer Action Project has been successful?

1 - Utilised young people to deliver health message

2 – Positive young people willing to learn and share their knowledge. Positive role models and advocates

3 – Appears very successful by what I have seen/heard during today's presentation. Wirreanda High health room great idea

4 – Presentation and activities at Wirreanda. Presentation to Drug Summit – young person (Claire) was respected and listened to by many of the summit attendees

5 – I believe it has made a good start and set a solid foundation but needs now to build on this

6 – Small target group (ie not many schools or young people groups involved). Very Anglo orientated and peer group

7 – Brad has been an amazing resource for service providers and young people in the city of Onkapringa. The whole project has been very firmly based in research, evidence and evaluation, which is vital to the success of any program. This project has been particularly professional and of extremely increased quality

8 – Partnerships – Research – Involvement of young people

9 – Very positive responses regarding Wirreanda High School and Second Story involvement. Addresses a need in the community

10 – Comprehensive achievement of outcomes. Strong support by agencies and youth group. Response from Wirreanda

12 – Aware of the Wirreanda “area” more than overall project, although I have heard it reported on

13 – What I have heard today is very positive – both from Claire and students at Wirreanda High School. Something that would have been useful is young people talking more specifically to agencies re how we can engage and work supportively with young people re drug issues

14 – Participation/ involvement of young people

15 – I understand it to have been. I am not in a direct position to judge

16 – Objectives have been met through a variety of strategies. Many youth networks explored, established. Needs analysis completed

Q5 – To what extent do you think the following objectives of the Youth Drug Peer Action Project were achieved?

To work in partnership with young people on drug issues

1 – Lots of young people involved in the project

2 – Diverse consultation

3 – Unsure

5 – Has made significant contact with a group of young people – needs to broaden contact to other schools and groups of young people

6 – The group involved appeared to get a lot out of it, but again, limited population involved

7 – The feedback from the Wirreanda High School students was fantastic and the methodology behind the project

10 – Good cross section – school base and youth outside schools. Good survey cross section

12 – Obvious from feedback, quantitative data

13 – Partnership is very obvious and well done. It is appreciated that Brad made efforts to engage with FAYS youth who are often quite disempowered by not being heard in consultations

14 – Needed more time to consult

15 – The efforts have dismissed fears/concerns of the youth re Government Agencies attitudes and response to youth and drugs. They have seen 'our' desire to work and speak openly

16 – Worked with many young people and many consultations

To consult young people on their views about current issues, effectiveness of current strategies, ideas for improving services and programs

1 – Large consultation was conducted

2 – Unsure, but believe so

5 – Has done this with a moderately sized group of young people. Not as extensive as originally envisaged

6 – Again, limited group involved

7 – Brad did an outstanding consultation plan – including young people from FAYs, Reynella's Soundcove programs, indigenous young people and others

10 – Blue light disco/ other venues

13 – Wirreanda High School students have some great ideas re services and programs

14 – Forum demonstrated its success

15 – I am not able to give a qualified opinion

16 – Through structured survey, synapse, informal meetings

To involve young people in the analysis of results

1 – Young people would have been involved in more research (i.e. conducting and analysing it themselves)

2 – Not sure

3 – Not sure

6 – Don't know enough to comment

7 – I am not aware of this part of the project and don't feel able to comment

8 – Not sure

10 – Small number of young people but good intervention

12 – Not sure if this has happened

15 – Again – I am not sure

16 - Unsure

To recruit and train peer educators

1 – Maybe could have trained more young people

2 – However, long term involvement will be the true measure of success!

3 – Again from what I have heard today it appears to have been successful

5 – Well established in one High School (Wirreanda)

6 – But, again, limited population. No cultural diversity

7 – Brad accessed a wide range of young people from different backgrounds to be peer educators – this to me is integral to the success of the project

8 – Presentation at forum

10 – Some training – continue in future

12 – Brad’s enthusiasm and empathy (and knowledge and skills) would have ensured this

15 – Not involved in process so can't comment

16 - Unsure

To raise awareness of drug issues amongst young people

1 - Spoke to lots of young people about harm reduction

2 – Certainly amongst those involved. Not in a position to comment if young people all directly involved

3 – Talking to participants it seems as though they have raised an awareness amongst youth

4 – Takes time – project was short but I am sure the work by the young people will continue

5 – As for (D)

6 – The small number of youth involved seemed to benefit and have become more aware

7 – I think it will be difficult to measure how widespread this will be – but due to Brad’s approach to presenting harm minimisation strategies I feel young people will pass this information on to their peers creating a huge awareness of drug issues in the south

10 – Target groups – needs to be expanded as warranted

14 – Need to get more information

15 – Via schools and other agencies young people have been forgotten and youth awareness of drugs issues ‘MUST’ be far greater because of it

16 – Organising and implementing youth forum for service providers

To involve young people in raising awareness and knowledge of drug issues in a range of services and community organisations

1 – Lots of young people involved in presenting information

2 – Visits to organisations and associated presentations at appropriate level helped

5 – This aspect has barely begun. The workshop was the start

6 – Again, limitations – small target population and peer group, not enough time or resources

7 – Brad has connected very effectively with school groups and various youth services

10 – Very successful with target groups

12 – Young people obviously have a much greater knowledge of networks – this is fantastic

13 – Today's feedback was great. See also my comments on Question 3

14 – Involvement of the project in a range of services

15 – Again – Open discussions and promoting 'open door' policy with the agencies

16 – Taking young people to various service sites/community sites including NCAOD meetings. Utilising peer educator in drug summit

To set the stage for future service and program improvements for young people

1 – Hopefully the project will inform other strategies and improve services for young people

2 – Must move on and not stop here

3 – It seems the Wirreanda health room could be improved, expanded in other schools

4 – Needs the momentum to continue – needs a "driver" – loss of project officer may impact on this momentum

5 – I think the project has set the stage for significant advances in school drug programs (inc health rooms, peer education etc) and elsewhere

6 – Good start – can be refined and copied in other schools

7 – Brad has inspired and educated us all!

8 – Number of services involved, time to brainstorm

9 – Health rooms in schools are a positive start to increase education and awareness in schools

10 – Achieved shining Support from members of NCAOD

12 – The range of evaluation (lit report, evaluation qualitative) and the workshop today will ensure a future for peer evaluation

13 – Lots of ideas for where to from here

15 – Not in a position to comment

16 – Sets benchmark for increased youth consultation. New initiative

To increase the effectiveness of strategies designed to prevent harm arising from drug use by young people in Onkaparinga

1 – Good consultation

2 – Foundations have been laid. Need to continue the momentum

4 – Still an early stage – needs to continue to be sure strategies are implemented. Funding/resources may be an issue

5 – Potential yet to be realised

6 – Not sure if harm minimisation was properly addressed (i.e. not a zero tolerance model)

7 – The harm minimisation information I have seen Brad present has been hugely informative, accurate and honest

8 – Going by the information presented at forum

10 – Set the scene needs to be followed up – need stage

14 – Set the foundation for continuous development

15 – Unable to comment

16 – Specific information from surveys/consultations fed back to organisations in area

To increase awareness and knowledge about drug issues in the general community

1 – Lots of workshops conducted

2 – Feedback from young people and users and go direct to professionals and agencies

4 – This may have been unrealistic given the short term nature of the project. We need to ensure that the momentum continues. Support will be available from NCAOD

5 – As for (H)

6 – No evidence of this

7 – I know I have learnt a huge amount personally as a service provider about drug issues from this project and the connection of this project with NCAD has been beneficial for us all

8 – Plans for the future

10 – Limited focus

12 – How do the young “report” to the old(er)?

14 – Needs more work

15 – As a group it is probably not ‘noisy’ enough in the public forum

16 – Through media – newspaper articles. Events – synapse, youth forum. Various health education sessions in variety of settings

To increase co-ordination of services for young people

1 – Lots of partnerships and collaborations, which improve service coordination

2 – Unsure, possibly!

4 – Again nature – short term – can not implement fully

5 – As above – this could be the start

6 – Good start – long way to go

7 – Brad has had all of our services working extremely effectively in partnership with each other, and there is a lot of opportunity to expand and extend these partnerships

8 – If brainstorm ideas implemented

9 – Unknown

10 – Strong focus led by Second Story

12 – Yes – a big area for us all – how to (a) know what is out there and (b) co-ordinate it

14 – Needs more work

15 – Unable to comment

16 – Effectively involved many organisations. Also through NCAOD

Q6 – In what ways could the Youth Drug Peer Action Project be improved?

1 – More time

2 – Needs specific, permanent appropriate coordinator

3 – More exposure to other schools – service providers

4 – Projects need to be more on-going. Short term funding is always an issue for the sustainability of many projects

5 – Need to increase coordination amongst a number of groups

6 – Increase diversity of audience and peer group. Increase geographic area. More involvement from schools

7 – Expand! Employ a full-time community Drug and Alcohol worker

8 – Unsure

9 – More exposure to schools and youth groups

10 – Build on experience of progress

12 – A pity the same group at Wirreanda cant develop their ideas under Brad's guidance – or someone else's, write it up as a model, etc

13 – See answer to Question 3

14 – Needs to be further developed

15 – I would need to sit down and discuss this personally with project team, which I am happy to do

16 – Full-time worker – more time/ in depth project to allow peer education methodologies to be trialed further. Also, to allow time to ensure sustainability of peer educator role

Q7 – To what extent were your expectations of the Youth Drug Peer Action Project met?

- 1 – Would have liked to have done a little more
- 2 – Very positive involvement and outlook
- 3 – Not applicable to me
- 5 – I think my expectations were met quite well but not absolutely
- 6 – I had no expectations
- 7 – Over and above! The networking outcomes between services in the South has been amazing. From Mission Australia's perspective, it has been excellent working in partnership with Second Story and other services involved in the project
- 9 – N/A
- 10 – Provided needed focus. Involvement of Second Story in the forum
- 12 – I had no expectations – as it was underway when I began my position
- 13 – See answer to question 3
- 14 – Reached a large group and was looked up by other services/ schools etc
- 15 – From my limited exposure I am happy with outcomes
- 16 – Networks established and youth involvement

Q8 – How have you benefited personally from the Youth Drug Peer Action Project?

- 1 – Gave me a job!
- 2 – Good to see young people taking the lead and being enthusiastic
- 4 – Yes – ideas for strategies that are acceptable for young people to be involved in or access
- 5 – Has given me a better idea about future strategy areas and ways forward
- 6 – N/A
- 7 – I have increased my networks, information of harm minimisation strategies and current knowledge of Drug and Alcohol issues that affect young people. It has been a privilege to have worked with Brad
- 9 – Network opportunities
- 10 – Better knowledge of what's going on

12 – I have come to know the South area better – its young people, services and been energised by the commitment of the YDPA members

13 – There was somewhat of a gap in D & A services in the south specific to young people since Steve Ashley left. This has filled the gap, extended programs further and makes me feel optimistic re such services for the future

14 – Increased learning of future strategies

15 – Interaction with outside agencies and personnel. Meeting the youth, exchange of ideas, attitudes etc. Broadening of my appreciation or what the issues are

16 – Guidance/ knowledge for development of drug and alcohol prevention programs

Q9 – How has your organisation benefited from the Youth Drug Peer Action Project?

1 – Informed other programs and organisation policy relating to drug use and young people

2 – Better understanding of our role by young people. Promoting police as humans and in a more positive light

3 – Increased awareness of youth

4 – Information re issues, suggestions for strategies with youth focus

5 – Believe that the benefit is yet to come. However benefits to DASC, Education Department, Police etc promise to be significant

6 – Not sure – Perhaps other NHS staff are better placed to answer this

7 – Strengthened links between our organisation and Second Story, NCAD and other agencies on the steering committee. We have also benefited from having a dedicated Drug and Alcohol worker for young people in the City of Onkaparinga

9 – Exposure – reducing barriers

10 – Yes – Better contacts link with schools/youth

12 – Brad has been an informed contact who values and supports the DECS Drug Strategy

13 – Knowledge, being involved, having our young people involved

14 – Increased partnerships with services, industries etc

15 – I don't think we had enough exposure to it. But probably I am not in the best position to judge

16 – Increased knowledge, direction, collaboration, increased trained peer educators

Q10 – On the basis of your involvement in the project, to what extent have the following changed?

Your awareness and knowledge of current drug issues for young people in the City of Onkaparinga?

1 – I learned heaps from the consultation

3 – Not applicable

4 – Reasonably aware before project – work with young people – listen to them

5 – Awareness is better focused rather than expanded

6 – Project did not impact on me, my knowledge, or position at NHS

7 – Information has increased by listening to Brad present information to young people in schools

8 – Only knowledge from forum

9 – Limited

10 – Youth perspective/ Links with Police

15 – Having teenage children – working in CIB in this area I had a good grasp before. But this project and Noarlunga Community Action on Drugs Forum has increased my knowledge

16 – Baseline knowledge poor

Your awareness and knowledge of the effectiveness of current strategies?

1 – Had to review lots of literature

3 – Limited

5 – Have a better idea of what is working and what more there is to do

7 – Particularly the evaluation results at the end of the project will be extremely useful from our organisation's perspective

8 – As above

9 – N/A

10 – Reports/ responses through NCAOD

12 – Not involved enough to judge better

15 – I have not had close enough involvement to assess

16 – As above

Your awareness and knowledge of future strategies (or services and programs)?

1 – Hopefully we can influence some

2 – As per discussion at end of forum looks promising with appropriate support and successful grant application

5 – As above

6 – Workshop was good – useful ideas for future – not sure if/how these ideas will be used

7 – This forum today has crystallised the way forward for our region

9 – N/A

10 – State Summit

12 – Sounding very positive that there will be spin-offs

15 – As above

16 – As above

Q11 – What, if any, are the implications of the Youth Drug Peer Action Project for service delivery and/or programming for you organisation?

1 – Need for specialist youth drug and alcohol worker in region. Youth health forum. Informed peer education strategies

2 – Utilisation of our resources

5 – DASC needs to consider funding a specialist youth worker

6 – Had no impact on my position – but other areas of NHS will be able to answer this

7 – Results of project will be taken into consideration when planning future Mission Australia programs

8 – Forming next round of crime and substance program Southern Outreach Team

9 – N/A

10 – N/A

12 – Show us what you do – showcase at the school – write up in xpress (DECS newsletter). We need to be aware of the depth of involvement of our schools, to support and publicise

14 – Seek to continue the projects development

15 – Open up communication, increase cooperation and ability to work together. Police and youth in the community

16 - Unsure

Q12 – How effective did you find the “Drugs & Health Workshops”?

1 – Late start but went well otherwise

2 – Good interaction and suggested outcomes

5 – Despite some difficulties with the running of the workshop, the feedback was genuine and good outcomes were realised

6 – It was good to hear how the project went and offer ideas of future projects

7 – N/A

9 – N/A

10 – Excellent outcome of project

14 – N/A

Q13 – Do you have any other comments you would like to add?

1 – Young people presenting were excellent

3 – This survey was difficult for me to complete due to my limited knowledge of the project. It sounded very worthwhile

6 – Great start – don't stop now!

8 – Concerned about lack of indigenous perspective

9 – I have only commenced working in the south coast in the past 8 weeks therefore I have had limited exposure to the project

15 – Good project. Happy to assist to promote further

16 – This survey is too long!