

Peer health promotion - completing the cycle

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Abstract

Students in the Diploma of Alcohol and Other Drug (AOD) Studies at the Northern Beaches College of TAFE, NSW, have been participating in an innovative learning strategy throughout 2002 and 2003, referred to as 'peer health promotion', which is a peer driven initiative that extends the traditional 'peer education' approach. This paper reports the initiatives that have been undertaken, the experiences gained and the likely outcomes of this study as the project continues into 2004.

Within this course the 240-hour vocational placement located within the drug and alcohol sector, which serves to link the theoretical and classroom environment with that of the AOD industry, has for many students in the past been experienced as a passive observational exercise. This peer education model, developed in late 2001 by the Community Services Section of Northern Beaches College of TAFE, aimed to maximise the learning outcomes from and for the AOD industry vocational placement subject for AOD Diploma students. The model rests on the Ottawa Charter for health promotion and draws out elements of the peer education model.

This paper describes the partnership, forged between an AOD agency (primary partner), the Alcohol Education & Rehabilitation Foundation Ltd (funding body) and the Northern Beaches College that has enabled AOD Diploma students to be involved in setting the vision, planning, delivery and evaluation of the Drug Awareness at TAFE project (DA@T). The aim of the DA@T project is to increase awareness specific to cigarettes, alcohol and cannabis within the body of TAFE students. Participating students received intensive training that included 'wrapping' a number of the AOD Diploma subjects around the peer health promotion initiative. Benefits and positive outcomes of the peer health promotion model include its cost effectiveness, its credibility as a source of information and its empowerment to both students and peers. This paper will examine the role of the learner as the facilitator of change.

Introduction

DA@T is a collaborative initiative between the Manly Drug Education and Counselling Centre (MDECC), the Alcohol Education & Rehabilitation Foundation Ltd, (the primary source of funding) and Northern Beaches College.

Peer health promotion has identified that peers may be more successful than professionals in passing on a range of health promotion initiatives. DA@T has seen a student team, managed by a TAFE learning facilitator, working in partnership with a community organisation, undertaking project work which links module outcomes to the development of a peer health promotion strategy for potential use throughout TAFE and DET. 12 students undertaking the AOD Diploma at the Northern Beaches College were trained as drug and alcohol peer educators. These peer educators then passed on credible and accurate information and skills about the harms of cigarettes, alcohol and cannabis to their peers within the TAFE setting. Such an approach has meant that learner pathways and choices have been significantly expanded, testing

professional and pedagogical limits, and producing a new approach to skill formation. Additionally it is a creative and innovative programme developed as an attempt to meet what Mitchell (2003:30) believes to be the need for 'wider, deeper and more frequent innovation' if VET is to meet the pressures for change which are flowing with increasing force into VET teaching and learning practice.

'Peer Education' refers to the process of sharing information among members of a specific community to achieve positive health outcomes. As Carnigie (1998) states, peer education's success lies in the passing on of health information among individuals who identify with a particular culture. Through peer led credibility, peer educators can influence a change in sub-cultural norms within a community of individuals with similar characteristics. Research indicates that education programs that promote responsible use of drugs are more effective than initiatives that attempt the impossible task of eliminating drug-taking behaviour altogether (Dietze, 1998; Lenson, 1995).

This approach is supported by the understanding that if credible peer leaders can be identified and educated about the harms and effects of the drugs they and their friends are using, and in turn pass this information on, it is possible to reduce drug related harm within a community. The model of peer education was identified as having particular significance in a TAFE environment. A large percentage of the TAFE student population falls within the Adolescent/Young Adult age range – 42% of TAFE students are under 24 years of age (TAFE statistics unit) Risk taking practices such as experimentation with licit and illicit drugs predominantly occur during this phase of life. Odgers (1998) points out, one of the strongest predictors of substance use is the use of drugs by a young person's friends, with many studies demonstrating that most young people are introduced to drugs through their peers (Dietze, 1998; Odgers, 1998; Ward et al.; 1997; Grund, et al, 1993; O'Connor and Saunders, 1992). Long-term change is more likely to occur with longer term education programs that change attitudes, values and norms around health behaviour (Dietze, 1998, Lenson, 1995, McAllister, Skirrow, J, 1993, O'Connor and Saunders, 1992, Moore & Makkai, 1991, Ritchie, 1991).

This is supported by Lenson (1995) who states that the accessibility of legal substances makes it far more likely that a young person's drug-using career will begin with tea or coffee, cigarettes and alcohol. It seems probable that the use of legal drugs offers the essential permissiveness for the use of other drugs especially if they are visible to children and young people. For this reason both alcohol and tobacco were seen as valid drugs on which to focus attention.

From such a rationale the following objectives were developed:

- ❑ Objective 1 - To increase accurate information amongst TAFE students through the design and development of a peer health promotion education program.
- ❑ Objective 2 - To develop the capacity within the Northern Beaches College of TAFE to increase its effectiveness in working with students in the context of cigarettes, alcohol and cannabis by developing and strengthening policy initiatives. A capacity building rationale was viewed as particularly important for the development of sustainable skills, resources and commitment to health promotion within the College (Hawe et.al.1999)
- ❑ Objective 3 - To identify mechanisms for the continuation of drug and alcohol peer education for students at the Northern Beaches College of TAFE.

The project has seen a range of health promotion initiatives being developed and trialled together with a focus on policy formulation. This will continue to be developed and expanded throughout 2004, after which time an extensive evaluation will be conducted.

Methodology

In order to achieve the stated objectives a number of strategies were developed:

- The formation of a DA@T Steering Committee
- The development of a student peer education package addressing cigarettes, alcohol and cannabis
- The implementation of the peer education project, including the training of student peer educators from the Diploma of Alcohol and Other Drug Studies.
- The delivery of a range of peer education initiatives.
- Resource production specific to cigarettes, alcohol and cannabis
- The evaluation of the project.

The DA@T project was based on the health promotion Ottawa Charter Framework introducing students to a number of innovative ways to address and impact upon the behaviour, attitudes and skills of the target audience. The following three areas of health promotion were targeted in an integrated approach.

1. Creating a supportive environment

- For the project to be accepted within the College there needed to be a developing culture where drug and alcohol agendas could be raised and accepted. Drug and alcohol issues do not exist as separate stand-alone items but are integrated into the lifestyles of the people who use them. As such it was important for the project to consider ways in which an alcohol, nicotine and cannabis debate could be integrated onto the TAFE campus. Many strategies were used inclusive of entertainment (live music and rap dancing), interactive quizzes, displays, specific brochures on alcohol, cannabis and nicotine and newsletters, all produced by the peer educators.
- In terms of smoking on campus there was an uncomfortable and even tense culture of tolerance from non-smokers and an element of defensiveness from students who smoked at the commencement of Term 1.

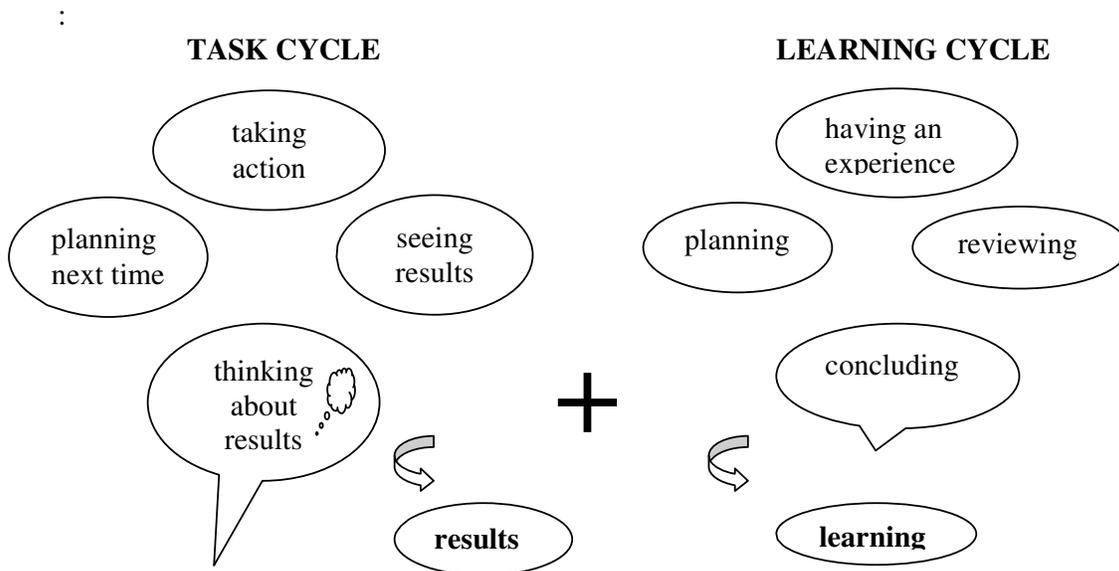
2. Building healthy policy

- At the level of building policy the DA@T project focussed upon the existing Smoking Policy within TAFE and attempted to work with the College Executive to develop some outcomes that were clearer for students who did not smoke and those that did. At the commencement of Term 1 the Smoking Policy was difficult to police and there was little practical applicability to the policy. For example there were clearly designated no-smoking areas but no clear identification of areas where students could smoke, how they would dispose of their butts and the issue of wet weather. As the policy permits students to smoke on the grounds of TAFE there was a need to provide some additional structure to the Smoking Policy.
- This additional structure identified by DA@T developed strategies that included providing clearer direction as to where students could smoke and the provision and erection of less punitive signage and the installation of ashtrays.

- As much as the DA@T project did not support smoking, the strategy was not to alienate but to work with students who smoked. This approach appeared to “open up doors” at all levels within the College.
3. *Developing personal skills*
- This had a dual focus – to develop skills within the peer educators and within the student body. Peer educators needed to develop their skills with respect to the three drugs that were being focused on and their capacity to interact with the student body at the Northern Beaches College. The DA@T peer educators underwent both formal and informal processes to harness the necessary skills to interface with their peers. This included a formal camp that had both learning and planning outcomes to the peer educators undertaking and completing a number of compulsory AOD Diploma subjects.
 - Once the peer educators had achieved a level of readiness to interact with their peers a series of events that facilitated student body interaction was commenced. This included inviting students from across the campus to complete a series of quizzes on nicotine, cannabis and alcohol, which provided the opportunity for discussion and health promotion. The quizzes and other materials used to increase awareness and possibly impact upon behaviours and attitudes were spread over a twelve week period.

The peer educators comprised 12 students from the AOD Diploma, at Northern Beaches College, ranging in age from 21 to 58 years. Of these, seven were female and five male. The modules the students were undertaking were incorporated into the project. This allowed for a dynamic and fluid training environment in which skills, knowledge and attitudes were developed, nurtured and enhanced and in which such broad generic skills as disciplined reflection, creative problem solving, and problem definition, self-reliance and flexibility were promoted. Most people, when reflecting on learning, identify that the majority of what they learned comes from doing the work and taking responsibility for their learning (ANTA 1998, p13). What would appear critical is the integrated and holistic inclusion of skill, knowledge, personal attributes and values in order to attain what Senge (1990) terms ‘personal mastery’. Such an approach is seen by Tomassini (2000) to be the new learning based paradigm for skill formation particularly as research has indicated that ‘learner-centred methodologies that allowed flexibility, a mix of experience /practice /theory /reflection, and structured contact with other learners, had a much greater long-term impact on attitudes and behaviours’ (Ward, 1998 p. 14).

Theoretical understandings from a variety of perspectives – adult learning principles, action learning, work based learning - have been integrated into the development of this model. The work of Mumford (1997 p.12) who integrated Revan’s work on action learning (1982) into his learning cycles is reflected in the emphasis on self reflection and ‘discovering more about yourself, more about the process, more about how to transfer particular experiences to other situations’. This approach is shown in the following schematic



DA@T has two target groups:

- Students attending Northern Beaches College of TAFE, and
- Relevant TAFE College partners such as the TAFE Executive, Student Association and Head Teachers.

These groups were integrated into the project within the context of the 3 project objectives detailed in the introduction.

Objective 1: increase accurate information amongst TAFE students

Strategy	Key Activities	Performance Indicator
1. To develop a peer education package addressing licit, illicit and poly drug issues.	Form working group Design package	Steering group established. Peer education package developed. Resources developed
2. Recruit and train TAFE students as peer educators.	Liaise with TAFE College. Coordinate training. Train educators.	Recruitment of peer educators finalised. Peer educators trained.
3. Establish appropriate formal education activities.	Design education/health promotion activities	Education activities designed Information distributed.
4. Develop peer networks for ongoing education.	Ongoing liaison with the TAFE College. Ongoing support for the Peer educators and continue to resource.	TAFE College identified contacted re the project and all peer educators followed up.

Objective 2: increase the effectiveness of the College in working with students in the context of AOD issues.

Strategy	Key Activities	Performance Indicator
1. Increase knowledge of project amongst relevant College contacts	Design and conduct information sessions for relevant College contacts	Information sessions conducted
2. Involve the College and students in the design of formal education activities	Design and conduct workshops for peer educators and College contacts to identify appropriate activities for the College	Workshops conducted at the College

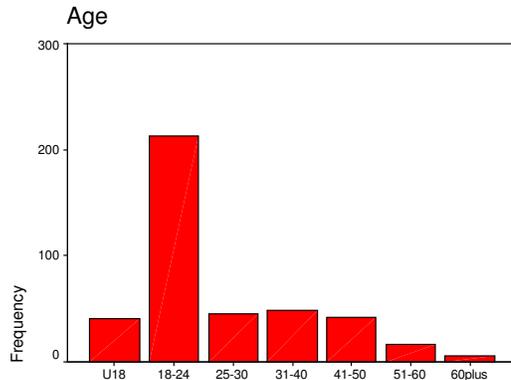
Objective 3: continuation of drug and alcohol peer education

Strategy	Key Activities	Performance Indicator
1. Provide support and consultation to the TAFE College when developing and implementing peer education.	Identify key TAFE College contacts Liaise with and involve young people and TAFE contacts in all stages of the project	Key TAFE College contacts identified Involvement of TAFE students and contacts in development and implementation of the project
2. Provide follow up support for all peer educators and TAFE College staff.	Conduct follow-up sessions for both peer educators and TAFE College staff	Follow up sessions conducted

Results and Discussion

A survey, administered by the Peer Educators in May 2003 to 410 students focussed on cigarettes, alcohol and cannabis and asked a number of questions about use, attitudes, cost, attempts at stopping, benefits and harms associated with these three drugs. The following is a brief depiction of some of the major findings:

- Of the students interviewed, 198 were female and 212 were male. For both male and female students the most prevalent age group was 18-24 years, representing 52% of the sample, see figure 1.



Age
Figure 1 - Age range of participants

- **Smoking** – of the sample surveyed 44.6% smoked cigarettes, with 32.4% smoking on a daily basis. The age group with the highest rate of smoking was the 18-24 age group, with 52% of these students indicating they smoke. In this sample more male students (111) smoked compared to female students (72).
- **Alcohol** - 85% of the students surveyed indicated that they drink alcohol. 23% stated that they drank daily but this did not identify the extent of their daily consumption. A further 61% of the survey sample stated that they drank alcohol occasionally. The 18-24 year old students in this survey were both the highest daily and occasional users of alcohol, with over 51% indicating they drink.
- **Cannabis** - In total 31.7% of the sample smoked cannabis. 10.5% of the sample indicated that they smoked cannabis daily with a further 21.2% stating that they smoked occasionally. Students who reported most use of cannabis both for daily use and occasional use were 18-24 year old students. When compared for gender within this age group men were far heavier daily users and more likely to use cannabis occasionally than female students in this age range.

These statistics provide indicators for the next phase of the project, for example over 20% of students who smoke indicated they would like to be involved in a quit program on campus. Additionally of those students that smoke, 28% reported they do so to relieve stress, which provides for the development of a range of possible health promotion initiatives to meet this trigger.

A range of activities were developed to meet the stated objectives:

- ❑ There were two DA@T lunchtime events (July and November) specifically targeting the student body. The event in July focussed on nicotine and in November, alcohol and cannabis. These events created a climate where the peer educators could interface with students who were asked to fill in a brief drug questionnaire/quiz and answer questions that arose from the interaction.
- ❑ Upon completion of the quiz students were given a resource pack containing information on a range of commonly used drugs, drug and alcohol referral information and help lines and other resources. The resources provided were focussed on the drug being highlighted. For example, the resources distributed for the alcohol/cannabis event included plastic schooner and wine glasses with standard drink graduations on the side.

- ❑ An evaluation of the orientation training camp conducted in April 2003 – learning outcomes were developed around the need for students to have a clear grasp of peer education within a model of health promotion.
- ❑ Quantitative feedback from peer educators recording their interactions and conversations (hits) with the target group while in the field. In all there were 1,010 direct ‘hits’ with students. A ‘hit’ was defined as a completed drug quiz that captured the date and time of the ‘hit’, the gender, and questions that were raised by the student.
- ❑ Materials developed and disseminated to target groups through formal and informal activities within the College. These included
 - Brochures on Nicotine, Alcohol and Cannabis. There were 1,000 copies of each brochure distributed throughout the year.
 - Newsletters produced in July and October. 1,000 copies of each produced and distributed.
 - Nicotine quiz – 750 printed and distributed
 - Alcohol/cannabis quiz – 750 printed and distributed.
 - T-shirts and sloppy joe’s with a DA@T logo for the Peer Educators and project partners to wear at the events.
- ❑ Other materials developed and or purchased by and for the project:
 - Schooner and wine glasses with standard drink graduations. 2,000 of each produced of which 80% was distributed.
 - External/outdoor ash-trays to reinforce the policy of smoking in the TAFE environment were put in place.
 - Health promotion signage specific to non-smoking areas on campus were developed and erected.

Conclusion

An ongoing dimension of the DA@T project has been the systematic evaluation of both aspects of the project – the peer health promotion strategy and the use of the model as an innovative approach to training.

From a peer health perspective, there has been a range of achievements

- Policies and procedures have been developed and implemented
- Appropriate support structures established within the College – the focus will be on continuing to increase the skills and knowledge of a range of key staff
- College operational plans now incorporate AOD awareness strategies
- Staff and students have access to AOD information at strategic locations throughout the College
- Clearly designated smoking areas, complete with litter bins and anti-smoking information have been delineated

From a training perspective:

- Students have moved from the acquisition of skills and knowledge to include the processes by which these are created, together with a range of generic competencies necessary for life skills. These have included what Perrenoud (1999) has identified as the ability to
 - Identify, evaluate and depend on one’s resources, rights, limits and needs
 - Form and conduct projects, and develop strategies
 - Analyse situations, relationships and the ‘force field’ in which one

operates

- As members of a team, students have shared common values, principles and an understanding of the learning taking place whilst performing authentic activities in a collaborative and cooperative environment.
- The project has resulted in increased student satisfaction with study and the relevance of their study to industry and their future careers. From focus groups, students have reported an enhanced view of learning, and an energization in the process, with such comments as, “this didn’t feel like TAFE.... felt more like a job”. As Resnick (1987) has demonstrated and the project confirmed, by providing experiential learning strategies and opportunities that are contextually based, student motivation has increased, the training and education provided has become more relevant and meaningful.
- The role of teacher has shifted to learning manager, learning broker and learning strategist as identified by Rossett & Sheldon (2001 p.12)

The commitment and participation from teachers, students, the College management team and Institute management has been ongoing and unreserved. What has been recognised is that this peer health initiative is both liberating and empowering to all involved in the process. The DA@T project is a ‘work in progress’ aimed at being both receptive to the needs of students within the AOD course but also serving to make the College and TAFE generally a socially responsive organization as it meets nationally recognised health promotion standards.

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