

Peer education:

how to evaluate something we know works?

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Harm Reduction Victoria (HRV) *formerly VIVAIDS*

Mission Statement

*Respecting Rights
Reducing Harms
Working for the health of people who use illicit drugs*

*HRV aims to provide a voice for people
who inject or use other drugs
& to address the health & social justice issues experienced by
people who inject/use drugs*

In this presentation. . . .

- * Peer education – from the Drug User Organisation perspective
 - * Why is it important?
 - * What do we mean by the term?
 - * What are the basic tenets & underlying principles?
- * Evaluation of peer education
 - * The problems
 - * Can we address these problems?
- * The effectiveness of peer education

Peer education – why is it important?

- * Widespread consensus of the effectiveness of peer education for drug users
- * Peer education cited as a key prevention strategy in National HIV/AIDS and Hepatitis C Strategies in Australia
- * An increasing body of research demonstrates that peer education results in reduced risk behaviour
- * The ‘Review of evidence on interventions to reduce the incidence of hepatitis C infection’ claims:
‘peer education currently plays an integral role in educating the IDU population about HCV prevention’
(Griew et al 2008: 31).

Peer education – what is it?

- * The term ‘peer education’ is not a unitary one
- * ‘Many different definitions of peer education are found in the literature, and possibly as many again among practitioners!’ (McDonald, 2004: 7)
- * Peer education projects can differ dramatically in the way they are structured and delivered
- * The sharing of information among drug users can operate on many different levels, both formal and informal.

Peer education – what do DUOs mean by the term?¹

- * Peer-based drug user organisations are at the cutting edge of peer education for drug users in Australia.
- * *‘Peer education is education of drug users, about drug users, by drug users, for drug users’*. (Kelsall & Kerger 2002: 323)
- * *‘Real peer education is designed, developed, implemented & controlled by drug users themselves’*. (Madden, 2002: 11).
- * The issue of ‘ownership’ & the nature/extent of ‘peer involvement’ is crucial to AIVL’s peer education model.
- * Drug users are regarded as active agents in effecting change in knowledge & behaviour.

Key elements & advantages of peer education:

- * People who are marginalised by society are often distrustful of messages & education from mainstream services
- * Sub-cultures develop their own rituals & language
- * There is value in using:
 - * existing knowledge & expertise within a community or subculture
 - * existing networks to disseminate accurate information & skills
 - * interactions that occurs naturally in everyday life

(AIVL 2006)

Key principles of peer education

- * Peer education:
 - * supports the sharing of knowledge within networks of drug users, respecting existing knowledge & experience
 - * prioritises information which leads to safer drug use & emphasises 'why' rather than 'do's & don'ts'
 - * allows drug users to develop their own solutions
 - * begins from an understanding of the social & situational aspects of drug use
 - * provides information in a way which enables users to pass it on to their peers
 - * shares power between users & is based on mutual trust & respect. (AIVL 2006)

Problems with evaluation of peer education

- * Lack of evaluation
- * Overly ambitious and un-measurable aims & objectives, e.g. reduction in the number of new HCV infections
- * A lack of clearly defined aims & objectives, e.g. 'increased awareness of hepatitis C'.
- * Issues of confidentiality & the protection of privacy
- * The issue of 'attribution' & establishing direct cause/effect relationships
- * No simple way to quantify the 'ripple' or ongoing effects of peer education

Peer education works because

- * It uses 'the interactional processes of everyday life' (Trautman 1994) as the vehicle of change
- * It effects change at an individual and collective level by establishing group norms of safer drug use
- * As a participatory model of education, it holds that the sharing of information should empower drug users.
- * It is ongoing & we know that education is a process
- * The only other person present at the moment of injecting is another drug user