

## PEER SUPPORT AND CLUB DRUGS

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I had the great pleasure of living and working in Amsterdam, about 18 months ago, and being in contact with Floor and Jaap, where they were doing a project called *Unity*. Out of that project we developed some guidelines, which I am pleased to show you today. It is called: *Peer Education At Dance Events* - we also have about 30 copies here for anyone who are interested in it; I suppose it is really for practitioners in the field who want to get an idea of what the limitations and the efficacy of the model are, and what things we can do to make the project better. They are some of the things I am going to talk about today in my presentation. I am a really big fan of peer education, although I do acknowledge its limitations, but I think it is particularly well suited for this audience.

As many of you will know, there is no easy solution to managing this social phenomena that has become the drug problem, and despite the continued efforts of those working in the alcohol and other drugs industry, it seems that in the dawn of the 21<sup>st</sup> century there are more and more young people experimenting with drugs, and as a result exposing themselves to drug related harm.

Various primary and secondary prevention efforts have been used to try and address this problem, and one of those that has become particularly popular in the last 20 years is peer education. In 1996 Jellinek Prevention Amsterdam developed a peer support model or project called 'Unity', which is aimed at providing information to the dance going public about party drugs. The project has since expanded and now attends about 10-20 high profile events a year, which Floor will elaborate on more – it is mainly in Amsterdam, but also expanding now to other parts of Holland.

Essentially the aim of this presentation is really out provide you an overview of the peer support model, not to much of the detail, but I think also to give you a bit of a frame work of what actually works well with this group of users and also to provide some best practice examples of methods on how to effectively implement a peer support project in a club setting.

In the mid 1990's, the monitoring system - which Jaap mentioned – at Jellinek, "Antenna", identified that the figures of alcohol and other drug use, amongst young people, in dance and club settings in Amsterdam, were increasing. The most prevalent drugs being used were: alcohol, tobacco, and cannabis, but also ecstasy, cocaine, and amphetamines. During this time, staff at Jellinek also identified that most drug information that was happening for people at the dance scene, was occurring via traditional health promotion methods i.e. posters, information brochures and fliers. Informal contact with those in the scene, basically identified that there was a lot of affinity with other members in the scene, particularly with regard to looking after each other – and I think the speakers this morning also mentioned that, Adam in particular.

Continued contact between Jellinek and those in the scene, resulted in the formation of a partnership to develop an intervention that was credible, and that reached the target group; and I think it is really important with club drug users as their not going

to be people that traditionally access drug services, so really the service that you can provide at a peer education event is really like an early intervention or a first line of contact, and that is why I think it is a particularly good model.

Professional contact with agencies in Hamburg and Manchester basically provided the impetus to seek funding from the EU, which they have managed to get. In 1996, funding was secured in all three cities for a pilot project (Unity is the only one still going now.) Basically, a steering group was set up, and the project was actually housed in Jellinek Prevention. There are a number of different ways you can set up a project like this - Crew 2000, which some of you are probably familiar with, is basically a user network which has developed separately; this one is actually housed within a traditional drug and alcohol service.

In the summer of 1996, the project was set up and was officially launched in the 'Melkweg' in Amsterdam – which has a very good clubbing scene. The aims of the project, essentially, were to provide the dance-going public in Amsterdam, and the surrounding regions, with drug information. It was also to inform people attending those events about the potential harms of drug use, give them any information possible, and try to give them information to reduce potential harm. Some of the information I think that was particularly good was that given by Jellinek through the Unity project, where they were advising clubbers not to use more than one milligram of MDMA per kilogram of body weight, those types of messages; so that is again an advantage of people getting their drugs tested - knowing how heavy they are, and how much MDMA they can take. They also informally monitored the drug scene - and this is getting a lot stronger with the project now. The monitoring basically involved going around with a proforma, filling it in, looking at temperature in the room, looking at what people are doing and what they are drinking, that sort of thing.

The strategies of the project are basically to distribute and promote the project through a website; they are getting a lot of hits, I think about 2000 a day at the moment on that website; but it is also a really good way of recruiting credible peers into the project. Flyers and ticketing locations is where the project's advertised; CD outlets; smart shops - for those of who do not know, are places where you can buy drugs like mushrooms, ephedra (although I do not think this is available in Holland now). The project also recruits and selects appropriate peers for the project, and I think that this is incredibly important, and one of the areas in the literature where the model does fall down. I think Unity does this particular well, they have a wide range of people from 'Gabber House' right through to the Techno-trance' scene.

The project also aims to develop and implement a peer education and training package, again, one of the things that comes up a lot in the literature when you look at this, is how much education and training is required, how much can you ask your peers to basically provide their time and energy. I think as a basic minimum, you need to give 15 hours of education to your peers, and supervision is another area that I think we really need to look at. Unity does about 30 hours over a year in the project. Currothers, looked at this sort of information, she is a researcher from Western Australia, and basically she says: you need to spend 15 hours on transferring knowledge, 30 hours to change attitudes and 50 to change behaviour; well that is 95 hours, which is a lot of hours to expect people to participate in training for.

(Referring to screen) Develop and maintain good relations with a network of festival and party promoters, this is something that this project does particularly well, they are represented on the reference group for the project and basically this ensures Unity is invited to all of the top events in Amsterdam. Basically they have to go and set up an information stand at events; provide information to the target group - people tend to approach the stand, and fill out quizzes, and they are basically engaged in the interaction; develop drug information fliers – so that is small information fliers and also information brochures that are developed by the peers; provide supervision to peers in the field – and I think this is one area also in the literature, where the model has fallen down. Basically, we need to know “How and if someone is providing the right information to the peer?” Are we doing that by testing their information, before they go in the field? Do we provide proper supervision for those people to ensure that the answer they are giving to a question is actually the right one? Unity peers also record trends in drug use through observation; and record and monitor the project. Again, like most health promotion projects, you will see a lot of criticism in the literature about this one, looking at the evaluation methods used in peer projects.

(Referring to screen) Basically, this is what Unity does at dance events - It has discussions and liaison with the promoter regarding the location of the stand. It is really important; if you are going to be in the middle of a dance party and you can not actually have a conversation with someone, because the music is too loud, or you are in an area where no one walks past - you are also not going to have a lot of success with your intervention.

(Referring to screen) Recruiting a trained pool of peers, basically, dividing them into shifts, appointing tasks, arranging transport - It is not a mean feat organising this, and I think one of the things we always forget in peer education, is that it is actually very time and labour intensive to do a project like this.

Inform peers at the beginning of the shift of their specific task; brief them on the latest developments in the drug market - if there have been any changes that have come through in research or in the media/press. Supervising peers is very important - and Unity has now got a buddy system in place, where there more senior peers will look after the more junior peers that have come on board. Ensure that the data is collected and entered on the data sheet, again this is really important for evaluation purposes, detailed accounts need to be made including how many conversations, what the conversations were about, how long there conversations lasted, and this information can be difficult to collect on a stand, particularly if it is busy; and evaluate the event in conjunction with peers in attendance and report back to the promoter.

(Referring to screen) This is how the Unity project has been evaluated. I think this is a fairly good model for evaluating other peer projects, again, what happens with these projects, is that last one there - outcome evaluation, we often get criticised - How do you know that this intervention actually worked? A lot of what we are seeing in the literature that is collected is process evaluation - there are some guidelines in the literature if you are interested.

(Referring to screen) Some issues to consider; Shiner and Turner and Sheppard point to considerable ambiguity in peer projects in relation to defining the terminology. Jaap and I had a big discussion about whether or not this is a peer education project or

peer support project. The Dutch like to things a bit differently, and they call it peer support there. But certainly when you look at the literature, mostly what actually comes up is peer education. The peers in the Unity project did not like the word education because it had more of the over-tones of teacher vs. student versus that sense of “supporting” each other. I tend to refer to them as peer led interventions now. But again you can see when you look: peer education, peer support, peer mentoring, peer counselling - and I think really what we really need to do is actually get some clarity on what we are actually talking about - It is going to make it easier for people who are funding the projects to know what they are actually evaluating, and to be able to get the evaluation mechanisms also in place.

Aims of the project, whether or not it is a primary prevention, which a lot of the peer education projects were in the 1960's, if we train a whole lot of young people together at schools and get them to stop their friends from using, we also call that peer education. Personally I think peer support strategies are really only relevant as a secondary health prevention strategy. What do we mean by peers? A lot of peer education projects have young people, they have teachers, they have health professionals playing the roles of peers - so we need to clarify who we are talking about.

(Referring to screen) The target group is something that this project does particularly well, as it really involves the target group and that is what a peer actually is. You need to ensure that they are credible because, ultimately, if you have not got a credible peer your message is going to fall on deaf ears. Methodology, whether or not it is a structured education session or an informal conversation that is going to happen, again we need to clarify this. Settings is a really big issue, particularly in a club setting, where we will be mainly doing peer education work. Peer education projects also happen in schools and outreach areas as well.

I was talking to someone yesterday who asked if we had a clear policy on drug use – and I think that, any project that involves current or ex drug-users needs to have a really clear policy on drug use. One of the guys I was talking to yesterday said that their peer education project did not allow people to participate unless they had been two years drug-free. But I think you have to ask yourself then, are they still actually peers? We had an issue that came up with Unity, where someone was actually rolling a joint on the stand, and people said “hey, you guys are doing drug education here, how can you be smoking at the same time?” So you need to be really clear that basically, if people are involved in a project, while they are working they are actually in an official capacity of working and with that comes not using.

Evaluation strategies, are something we really need to spend a lot more time on. It is where health promotion projects fall down all the time and part of the problem with outcome evaluation is that it is a very expensive thing to do. Usually people go for peer education projects because they do not have big budgets. I think that they are a great model.

Thanks for listening, and, party safe while you are in Melbourne.