



KEEP IT SIMPLE EVALUATION REPORT 2008

EXECUTIVE SUMMARY

The Manly Drug Education and Counselling Centre (MDECC) developed community based peer education programs within their Health Promotion Program in 1999. Two very successful programs were developed for targeting young people and their parents after consultation with the Northern Beaches local community. Building onto these existing peer education models, the Keep It Simple (KIS) Club Project was developed in 2004 as a response to the needs of local club owners/operators. It became clear that there was a significant need for drug education and harm reduction information among the hidden populations of 'clubbers' and 'ravers', not only locally, but also throughout the Sydney metropolitan area.

Twenty two young people from the 'clubbing' community were recruited to become KIS peers. They were a mix of university and TAFE students who held part time jobs and who had an interest in the harms of drug use and the impact these harms could potentially have on their lives and their friends. The training focused on areas such as knowledge relating to ecstasy and related drugs (ERDS) and their use and addressed the skills required to equip them to be able to pass on credible and reliable information to their peers in a non-judgemental way. The training was comprehensive and had a special focus on mental and sexual health issues which are becoming an increasing concern of drug users and their friends. All recruited peers completed training and participated in the program by either attending follow-up sessions, events and/or providing feedback via email.

The primary aims of the project were to provide the dance-going public in Sydney with information about 'club drugs', inform people attending dance events about the potential harms of drug use and to informally monitor drug trends in the 'dance-scene'.

Over 2, 500 people were reached through attendance at events and conversations in informal settings with hits to the website jumping this year to over 5, 700. In the field, the KIS peers gave information to over 1,400 punters by means of drug quizzes, targeted

message dissemination and conversations. KIS peers also provided resources such as the KIS website cards, condom packs and written materials. With informal conversations the majority took place with a friend of the KIS peer. A further proportion happened with a friend of a friend, a 'random' or a family member and showed that in informal settings, conversations around drug use and harms arise. Therefore, there are social advantages in equipping young adults with the information required to lead conversations around these topics, so that when they come up, informed and responsible answers are given. The KIS website was created and further developed with KIS peer input and this complemented their work in the field.

Partnerships were reformed with Loveworks @ The Big Day Out, Transmission raves and some of the key festival events that were attended as part of the research project the previous year. A one-off partnership with Powerhouse also meant that the KIS peers were able to attend a long sought-after event whose community they felt, would benefit greatly from drug, sexual and mental health education.

Qualitative and quantitative research methods were used to externally evaluate the project and the following outcomes were concluded from the data. As expected peer knowledge increased after training and that knowledge was retained after one year of being involved in the project. This was recorded by means of pre and post training knowledge tests. Peer confidence in conducting peer education was rated as confident to begin with and was maintained during the course of the project. There was an increase in confidence when asked about approaching strangers in a nightclub, at the one year follow up.

Simple satisfaction surveys provided feedback to the personnel involved in the project as to the relevance and appropriateness of the training. As in previous years the training was very well received by the KIS peers so changes to the way the evaluation was conducted in 2008 were made to ensure a realistic appraisal was obtained.

Out of the 1,415 conversations held at events, approximately 1,300 drug quizzes were completed during the 12 events attended. Overall 54% of questions in the seven different quizzes were answered incorrectly and gave the KIS peers plenty of opportunity to educate about drugs, dispel myths and most importantly pass on harm reduction tips to punters.

It has become clear after collating the data from the field that young males (n=758) were more likely to make contact with KIS than young females (n=558). This trend for the KIS project is a significant change from previous MDECC peer education programs where education was passed on to approximately 50% males and females. This result is very encouraging in that young males are generally perceived as the most difficult demographic for services to reach. Through the KIS project, it may be possible to link more young people and especially young males into appropriate services if required.

As far as peer education in informal settings is concerned most recorded conversations were with friends, as would be expected. Interestingly, the trend for speaking to 'randoms' (strangers met out) increased from 6% to 16% and was the second highest

category followed closely by friends of friends, relatives and work colleagues. This again shows that this style of intervention mainly flows through established social structures but also through to other people outside of these groups. Peers were passing on information to these 'randoms' while out in bars, clubs and pubs. It shows that the intervention creates a snowballing effect which is impossible to measure in its entirety.

Since the project began in 2005, there has been a noticeable shift in attitudes from promoters. Initially promoters were fearful of providing drug education because they did not want to be perceived to be 'flaunting' the fact that patrons used drugs. In 2007 it was a different story and promoters and club owners were welcoming projects such as KIS. In 2008, the main KIS partnerships are still strong and a couple of new partnerships which had been coveted for some time were formed. Unfortunately, there were some promoters and/or venue owners who did not want to have a harm minimisation project present because of various pressures. Fear of attracting the 'sniffer dog' presence was a justification for some organisers to dismiss the project even though the police were keen to have the project present. This highlights the work that needs to be done to develop protocols and guidelines about how the different key stakeholders can work together and to set some standards around the delivery of peer education.

Credibility of the project is well known and the KIS peers have been consulted for two government secondary school drug and alcohol internet based projects. The KIS project was featured as a best practice model for peer education in the chapter *Faith, Love and Theory: peer led interventions for 'party drug' users*, Annie M Bleeker and Edmund Silins, in *Drugs and Public Health* by Moore and Dietze. The project has also been promoted at an international conference, a European network for Safer Nightlife, and at local forums concerning peer education.

In summary, the KIS project has met all of its stated aims and objectives. Twenty two KIS peers were trained with credible, reliable and comprehensive drug information with the understanding that they would educate their friends and other peers regarding harm prevention strategies. A solid base has been created to expand on and further funding will ensure that the project continues to provide the hidden populations that attend clubs, raves and events with education, harm reduction information and health services if needed.

This project report will be disseminated to the funding body (Australian Government Department of Health and Ageing), key stakeholders and interested parties as requested.