

Zeitschrift: SuchtMagazin

Herausgeber: Infodrog

Band: 36 (2010)

Heft: 5

Artikel: The Importance of Peer Educator Qualities : as perceived by Ecstasy users

Autor: Silins, Edmund / Bleeker, Anne M. / Devlin, Kristina

DOI: <https://doi.org/10.5169/seals-800241>

Nutzungsbedingungen

Die ETH-Bibliothek ist die Anbieterin der digitalisierten Zeitschriften. Sie besitzt keine Urheberrechte an den Zeitschriften und ist nicht verantwortlich für deren Inhalte. Die Rechte liegen in der Regel bei den Herausgebern beziehungsweise den externen Rechteinhabern. [Siehe Rechtliche Hinweise.](#)

Conditions d'utilisation

L'ETH Library est le fournisseur des revues numérisées. Elle ne détient aucun droit d'auteur sur les revues et n'est pas responsable de leur contenu. En règle générale, les droits sont détenus par les éditeurs ou les détenteurs de droits externes. [Voir Informations légales.](#)

Terms of use

The ETH Library is the provider of the digitised journals. It does not own any copyrights to the journals and is not responsible for their content. The rights usually lie with the publishers or the external rights holders. [See Legal notice.](#)

Download PDF: 29.03.2025

ETH-Bibliothek Zürich, E-Periodica, <https://www.e-periodica.ch>

The Importance of Peer Educator Qualities: as Perceived by Ecstasy Users

This study investigated the importance of peer educator qualities among ecstasy users in Australia (n=661) and the Netherlands (n=265). Experience with illicit drug use, an affinity with the ecstasy-using subculture and age emerged as important peer educator characteristics. In the Netherlands, more importance was placed on the peer educator having used illicit drugs and less importance was placed on age, subculture membership, being «cool» and gender than in Australia. The implications for peer-led ecstasy-related education practices are discussed.

Edmund Silins

National Drug and Alcohol Research Centre; University of New South Wales, Sydney, 2052, Australia, Tel +61(0)29 385 03 33, e.silins@unsw.edu.au, <http://ndarc.med.unsw.edu.au/>

Anne M Bleeker, Jan Copeland, Paul Dillon

National Cannabis Prevention and Information Centre, University of New South Wales, Sydney, 2052, Australia

Kristina Devlin

Manly Drug Education Counselling Centre, Sydney, 2095, Australia

Floor van Bakkum, Judith Noijen

Jellinek Prevention, Amsterdam, 1001AS, Netherlands

Introduction

In the last two decades, peer-led ecstasy-related harm reduction efforts have become increasingly popular across Australia (e.g. KIS, Sydney), Europe (e.g. Unity, Amsterdam), the United Kingdom (e.g. Crew 2000, Edinburgh), and the United States (e.g. DanceSafe).¹ Peer-led interventions tap in to determinants of health such as knowledge, attitudes and self-esteem² and are seen as credible and cost-effective ways to share information.³ However, the effectiveness of the peer education approach has also been questioned.⁴ The efficacy of peer education depends partly on how the peer group perceives the educator's characteristics.⁵ Peers are more open to information from peer educators they perceive as warm, supportive, trustworthy and attractive⁶ and who are similar to themselves in terms of ethnicity, gender and age.⁷

Despite the proliferation of peer-led harm reduction interventions for ecstasy users, relatively few studies have focused on peer education among this population.⁸ Many of the peer education references draw on work with other populations (e.g. homeless people, school students, injecting drug users) and therefore must be applied to ecstasy users with some caution. For example, ecstasy users are a unique population that differ from other drug users (e.g., injecting drug users) in age, education, employment and patterns of drug use⁹ and require separate study.

General population surveys among adults have shown that

there are differences in patterns of ecstasy use between Australia and the Netherlands. In Australia, 8.9% reported lifetime use and 3.5% had used the drug recently (e.g. during the previous 12 months).¹⁰ In the Netherlands, 3.4% reported lifetime use and 1.2% had used ecstasy recently.¹¹ The culture of ecstasy use also differs between the two countries. The Netherlands has long been known for its liberal drug policies and more tolerant attitudes towards the use of illicit drugs.¹² These differences make a comparison between the two countries of great interest.

This study investigated ecstasy users' perceptions of the importance of a range of peer educator characteristics and how perceptions differed in Australia and the Netherlands. The study was approved by the Human Research Ethics Committee of the University of New South Wales, Sydney, Australia. Funding was provided by the Australian Government Department of Health and Ageing; and the Australian Capital Territory Government Department of Health.

Methods

In 2006–07 recent ecstasy users were recruited at nightclubs, dance events and music festivals in Australia and the Netherlands. Eight to 12 trained peer educators attended each event. Generally, people approached peer educators as they worked from a stand. Peer educators voluntarily engaged people in conversation, often asking them to complete a quiz as a way to start a conversation about drug use. Typically, peer educators provided information on drugs and how to reduce drug-related harm. The peer education lasted approximately five to ten minutes. Relevant resources and pamphlets were freely available. After the education, individuals wishing to participate in the study were enrolled. Inclusion criteria ensured participants were aged over 18, had used ecstasy in the previous 12 months and could provide contact information. The voluntary and confidential nature of the study was emphasised. Informed consent was obtained. Participants were not reimbursed for their time but went into a draw to win a personal music player.

Face-to-face interviews conducted at each event asked about participant characteristics and patterns of drug use for ecstasy, meth/amphetamine and cocaine. Telephone interviews were

conducted three months later and related to the perceived importance of peer educator characteristics. Participants reported their level of agreement to a range of statements on a five-point Likert scale from zero (strongly disagree) to four (strongly agree). A mean score was calculated. Statements related to the perceived importance of age, gender, subculture, being «cool» and previous drug use (e.g. *I think it's important that a peer educator comes from the same subculture; I think it's important that a peer educator has used ecstasy and related drugs*). Peer educators were recruited through established peer education organisations in Australia (e.g. KIS - www.kis.org.au) and the Netherlands (e.g. Unity - www.unitydrugs.nl) which used similar selection criteria.¹³ Training and on-going supervision was provided. Non-parametric data were analysed using a Chi-square or Mann-Whitney U test as relevant. A two-tailed t-test was used for parametric data.

Results

A total of 926 recent (past year) ecstasy users were recruited (Australia n=661, Netherlands n=265) (table 1). Participants in Australia were significantly younger, more likely to have completed a university qualification and be employed, and less likely to be male and currently studying than their counterparts in the Netherlands. In the Netherlands, the prevalence of cocaine use was significantly greater than in Australia, as was the amount of ecstasy, meth/amphetamine and cocaine consumed per occasion. The overall follow-up rate was 53.6% (Australia 52.8%, Netherlands 55.5%). There were no statistically significant differences between participants followed-up and those lost to follow-up in relation to age, gender, university qualification and the past month use of ecstasy, meth/amphetamine and cocaine. Generally, peer educators in Australia were female (69.8%), in their early twenties and employed part- or full-time (86.0%). Half (51.2%) were university educated. In the Netherlands, the majority of peer educators were male (60.5%) and in their early twenties (data on employment and education not collected).

In Australia (n=349), most important was that the peer educator be of similar age to the target group (mean 3.0; SD 1.01) (vgl. Fig.1). Experience with illicit drugs (mean 2.6; SD 1.11) and similarities in subculture membership (mean 2.6; SD 1.16) were of equal second importance. Being «cool» (mean 2.1; SD 1.19) was of less importance and least important was being the same gender (mean 0.7; SD 0.74).

In the Netherlands (n=147), most important was experience with illicit drug use (mean 3.2, SD 0.75). Less important was similarity in age (mean 2.1, SD 1.31) and subculture membership (mean 1.9, SD 1.25). Being «cool» was relatively unimportant (mean 1.4, SD 1.13) and, as in Australia, least important was being the same gender (mean 0.5, SD 0.57). In both samples, there were no gender differences for the item related to the importance of being the same gender. Participants in the Netherlands placed more importance on the peer educator having used illicit drugs ($z=-6.409$, $p<0.01$) and less importance on the peer educator being of similar age ($z=-7.416$, $P<0.01$), coming from the same subculture ($z=-5.543$, $p<0.01$), being «cool» ($z=-5.748$, $p<0.01$) and being of the same gender ($z=-2.075$, $P<0.05$) than their counterparts in Australia.

Discussion

Findings support earlier work which suggests relationships between drug users and peer educators are based on connections across a range of characteristics.¹⁴ This study suggests ecstasy users are not an exceptional group in regard to the peer educator traits they perceive as important. Findings have several implications for peer-led ecstasy-related education practices.

Current and former ecstasy users are likely to be more effective in peer-led harm reduction interventions for this target group. Employing current or former drug users as peer educators

	Australia N=661 N (in %)	Netherlands N=265 N (in %)
Mean age in years	22.5	23.7 ^a
(SD, range)	(4.5, 18-54)	(5.2, 18-54)
Male	395 (59.8)	191 (72.1) ^b
Birth place		
Australia	560 (86.3)	
Netherlands		264 (99.6)
Other	89 (13.5)	1 (0.4)
University qualification	197 (29.8)	19 (7.2) ^c
Studying ^d	131 (19.8)	80 (30.2) ^e
Employed ^d	530 (80.2)	198 (74.7) ^f
Ecstasy		
Lifetime use	661 (100)	265 (100)
Past month use	455 (68.8)	198 (74.7)
Mean pills used per occasion	2.3	2.7 ^g
(SD, range)	(1.7, 0.3-15)	(2.0, 0.25-15)
Meth/amphetamine		
Lifetime use	410 (63.0)	182 (68.9)
Past month use	197 (29.8)	96 (36.2)
Mean points used per occasion	4.4	6.2 ^h
(SD, range)	(7.0, 0.2-50)	(6.7, 0.5-50)
Cocaine		
Lifetime use	316 (47.8)	190 (71.7) ⁱ
Past month use	138 (20.9)	104 (39.2) ^j
Mean lines used per occasion	5.8	7.0 ^k
(SD, range)	(6.9, 0.5-40)	(7.0, 0.5-50)

Tab. 1: Participant Characteristics.

^at=3.549, $p<0.01$; ^b $\chi^2=10.282$, $p<0.01$; ^c $\chi^2=56.523$, $p<0.01$; ^dPart-time or full-time; ^e $\chi^2=10.684$, $p<0.01$; ^f $\chi^2=5.824$, $p<0.05$; ^g $z=-3.223$, $p<0.01$; ^h $z=-4.268$, $p<0.01$; ⁱ $\chi^2=41.905$, $p<0.01$; ^j $\chi^2=32.115$, $p<0.01$; ^k $z=-2.466$, $p<0.05$

facilitates empathy with the concerns of drug users when providing relevant harm reduction information without reinforcing negative behaviours.¹⁵ However, to be effective, a peer-led project involving current users will need strict rules in place to ensure sobriety during duty. A demonstrated affinity with the ecstasy-using subculture (e.g. a familiarity with trends in music, fashion and drug use within the dance «scene») is another important consideration when selecting peer educators. It is likely age is particularly important when the peer educator is seen as being younger than the target audience. As a result, many peer-based interventions aim to recruit peers of the same age or slightly older.¹⁶ Being «cool» was considered of less importance. Feedback from peer educators suggested this terminology in the questionnaire was out-dated and lacked definition (e.g. «cool» is a subjective term for a behavioural characteristic, a state of being or an aesthetic appeal). These aspects may have influenced responses to this question. As other studies of ecstasy users have found, the gender of peer educators appears to be somewhat inconsequential.¹⁷ This seems counter-intuitive as sexual attractiveness was expected to be a factor. Anecdotally, peer educators in the Netherlands reported that males prefer to be approached by a peer educator of the opposite gender more than females, but study findings did not confirm this. There are complexities around the aspect of gender which require further study. For example, the gender of peer educators may have more impact when discussing safer sex.

The cultural setting influenced the perceived importance of peer educator characteristics. Experience with illicit drugs was considered more important in the Netherlands than in Australia.

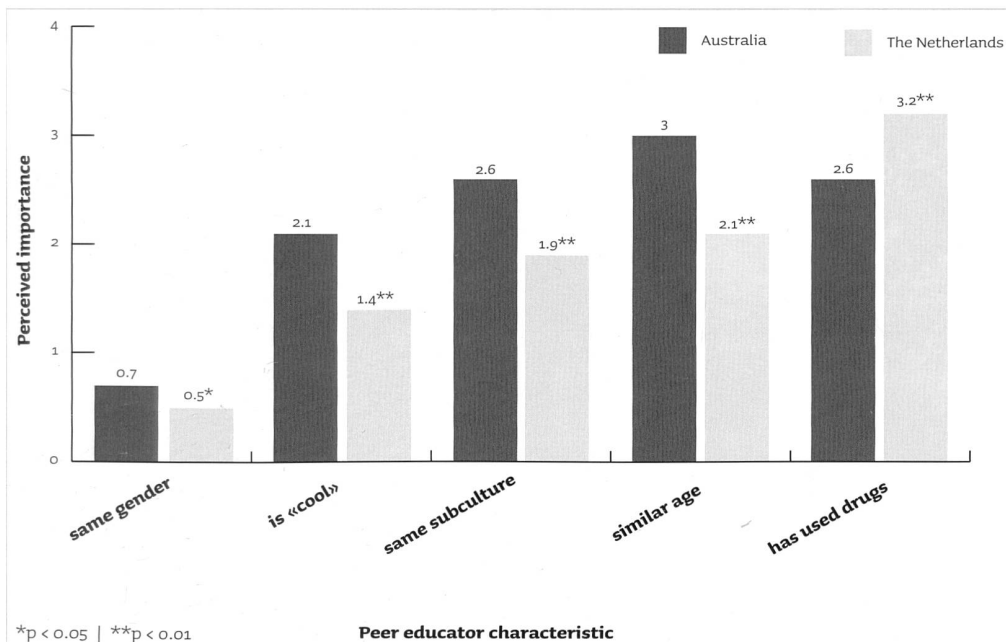


Figure 1: Importance of peer educator characteristics as perceived by ecstasy users in Australia and the Netherlands.

This may be a reflection of liberal drug policies and more tolerant attitudes towards the use of illicit drugs, for which the Netherlands has long been known.¹⁸ Additionally, the «image» (e.g. approachability) of peer educators may have been perceived differently by participants in each country. Unity has been operating for longer and has a higher profile within the dance scene than KIS, which may have influenced participants' perceptions of peer educators. Sample characteristics may also account for some of the differences. Likewise, there may be cultural differences in valuing a trained person as a credible information source.

Limitations

Several limitations need to be considered. Participants recruited for the study had voluntarily interacted with peer educators, and therefore their responses could represent those of ecstasy users who were more open to receiving drug-related health information. Surveys were conducted at events where alcohol and other drug usage was likely which may have influenced responses. A further consideration is that KIS peer educators tended to interview participants during the early part of an event when intoxication was less likely, whereas Unity peer educators interviewed participants during the entire event. As the sample was not randomly selected results may not be generalised to all ecstasy users. However, purposive sampling of large numbers of ecstasy users has been found to be sufficiently representative.¹⁹ A social desirability response bias may have influenced results.

Conclusion

Findings support earlier work which suggests relationships between drug users and peer educators are based on connections across a range of characteristics. Generally, ecstasy users differ little from other drug users in regard to the importance of peer educators sharing characteristics and experiences. The cultural setting of peer-led interventions clearly influences ecstasy users' perceptions of peer educators.

The findings have important implications for the recruitment of educators in peer-led ecstasy-related harm reduction interventions. Recruiting appropriate peer educators is essential. To this end, the characteristics of the target group will partly guide selection. Involving a member of the target group in recruitment may help select more appropriate peer educators. It is also important to utilise a rigorous, evidence-based selection process.

Certain characteristics of peer educators are seen as parti-

cularly important by ecstasy users. The importance of the peer educator having had experience with illicit drug use appears paramount. Peer educators who are current and former drug users are, therefore, likely to be more effective in peer-led harm reduction interventions for this target group. Another important consideration in the selection of peer educators is that they have an affinity with the ecstasy-using subculture. The gender of peer educators appears to be somewhat inconsequential among ecstasy users but there are complexities around this aspect which require further study. On the other hand, being of similar age is seen as a more important factor. As the current study did not investigate ecstasy users' perception of global similarities of peer educators, the importance of general positive regard and overall similarity are areas which warrant further investigation.

Acknowledgements

The authors wish to acknowledge Jaap Jamin of Jellinek Prevention, Amsterdam, Netherlands, for his contribution to the study; and Melanie Simpson of the National Cannabis Prevention and Information Centre, University of New South Wales, Sydney, Australia, for providing statistical support. ●

References

- Australian Institute of Health and Welfare (2008): 2007 National Drug Strategy Household Survey: first results. Drug Statistics Series number 20. Canberra: AIHW.
- Bandura, A. (1992): A social cognitive approach to the exercise of control over AIDS infection, in: R. Di Clemente (Ed.), *Adolescents and AIDS: A generation in jeopardy*. Newbury Park, CA.: Sage
- Bandura, A. (1986): *Social foundations of thought and action*. Englewood Cliffs, NJ: Prentice-Hall.
- Black, E. et al. (2008): Australian drug trends 2007; Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trends Series No. 1. National Drug and Alcohol Research Centre; University of New South Wales, Sydney.
- Bleeker, A. et al. (2009): The feasibility of peer-led interventions to deliver health information to ecstasy and related drug (ERDs) users. NDARC Technical Report No. 299. Sydney: National Drug and Alcohol Research Centre; University of New South Wales.
- Bleeker, A./Silins, E. (2008): Faith, love and theory: peer-led interventions for 'party drug' users, S. 29-38 in: D. Moore/P. Dietze (Eds.), *Drugs and Public Health. Australian perspective on policy and practice*. Melbourne: Oxford University Press.
- Bleeker, A./Jamin, J. (2003): *Peer education at dance events: 'Unity' do-it-yourself guide*. Amsterdam: Jellinek Prevention.
- Essenburg, M./Lans, M. (2005): *Satisfactie onderzoek voor: Unity*. Amsterdam: Jellinek Prevention.
- Geraci, D. (2000): *Evaluatie van het peerproject Unity drugsvoorlichtingsproject voor en door jongeren uit de house scene*. Utrecht: Rijksuniversiteit Utrecht.



Harden, A./Weston, R./Oakley, A. (1999): A review of the effectiveness and appropriateness of peer-delivered health promotion interventions for young people. London: EPPI - Centre.

Herkt, D. (1993): Peer-based user groups: the Australian experience, in: N. Heather and A. Wodak (Eds.). Psychoactive drugs and harm reduction: from faith to science. London: Whurr Publishers.

Lemmers, L. (2000): Effectevaluatie van de zomercampagne 1999, Ben jij sterker dan drank? Woerden: NIGZ.

Loxley, W. et al. (2004): The prevention of substance use, risk and harm in Australia: a review of the evidence. Canberra: The National Drug Research Centre and the Centre for Adolescent Health, Australian Government Department of Health and Ageing.

Milburn, K. (1995): A critical review of peer education with young people with special reference to sexual health. Health Education Research 10: 407-420.

Parkin, S./McKeganey, N. (2000): The rise and rise of peer education approaches. Drugs: education, prevention and policy 7(3): 293-310.

Rijke, B./de Vries, N. (1995): Peers doen het better! Peer-voorlichting bij jongeren. Gezondheidsbevordering 16(3/4 December): 103-115.

Rodenburg, G. et al. (2007): Nationaal Prevalentie Onderzoek Middelengebruik 2005 (Volume 45). Rotterdam: IVO (Addiction Research Institute).

Skelton, E./Shervil, J./Mullan, R. (1997): Young People's Drug Use at Dance Events. Glasgow: Crew 2000.

Topp, L./Barker, B./Degenhardt, L. (2004): The external validity of results derived from ecstasy users recruited using purposive sampling strategies. Drug and Alcohol Dependence 73(1): 33-40.

Tresidder, J./McDonald, D. (2005): Peer education: popular but not proven? Of Substance: the national magazine on alcohol, tobacco and other drugs 3(3): 26-27.

Turner, G./Shepherd, J. (1999): A method in search of theory: peer education and health promotion. Health Education Research 14: 235-247.

UNAIDS (1999): Peer education & HIV/AIDS: concepts, uses and challenges. Geneva: UNAIDS.

van Bakkum, F. (2008): Zero (in)tolerance: counteracting the sliding scale of

Dutch drug policy to repression. 5th International Conference on Nightlife, Substance Use and Related Health Issues. Ibiza, Spain.

Walker, S./Avis, M. (1999): Common reasons why peer education fails. Journal of Adolescence 22: 573-577.

Webster, R./Hunter M./Keats, J. (2002): Evaluating the effects of a peer support program on adolescents' knowledge, attitudes and use of alcohol and tobacco. Drug and Alcohol Review 21: 7-16.

Wye, S. (2006): A framework for peer education by drug user organizations. Canberra: Australian Injecting and Illicit Drug Users League.

Yussen, S./Levy, V. (1975): Effects of warm and neutral models on the attention of observational learners. Journal of Experimental Child Psychology 20: 66-72.

Endnotes

- 1 Cf. Parkin/McKeganey 2000.
- 2 Cf. Parkin/McKeganey 2000, Bleeker/Silins 2008, Lemmers L. 2000, Herkt 1993, Skelton/Shervil/Mullan 1997,
- 3 Cf. Turner/Shepherd 1999, UNAIDS 1999.
- 4 Cf. Tresidder/McDonald 2005, Loxley et al. 2004, Webster/Hunter/Keats 2002, Milburn 1995, Walker/Avis 1999.
- 5 Cf. Bandura 1992.
- 6 Cf. Bandura 1986, Yussen/Levy 1975, Rijke/de Vries 1995.
- 7 Cf. Bandura 1992, 1986.
- 8 Cf. Geraci 2000, Bleeker et al. 2009.
- 9 Cf. Black et al. 2008: 1.
- 10 Cf. Australian Institute of Health and Welfare 2008.
- 11 Cf. Rodenburg et al. 2007.
- 12 Cf. van Bakkum 2008.
- 13 Cf. Bleeker/Jamin 2003.
- 14 Cf. Geraci 2000, Wye 2006, Essenburg/Lans 2005.
- 15 Cf. Wye 2006, Essenburg/Lans 2005.
- 16 Cf. Harden/Weston/Oakley 1999.
- 17 Cf. Geraci 2000.
- 18 Cf. van Bakkum 2008.
- 19 Cf. Topp/Barker/Degenhardt 2004.