

Does peer-delivered information at music events reduce ecstasy and methamphetamine use at three month follow-up? Findings from a quasi-experiment across three study sites

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Abstract

Background: Peer-led, ecstasy-related harm reduction efforts have become increasingly popular but their efficacy has rarely been rigorously evaluated. Methods: A quasi-experimental study design was utilised over three Australian study sites. The experimental group (n=278) received a unique ecstasy-related health message and usual drug-related information while the control group (n=383) received usual drug-related information only. The hypotheses were that three months after the experimental group had received the peer led intervention using a unique ecstasy-related message: (1) the message would be recalled; and, (2) levels of ecstasy and methamphetamine use would be lower compared to the control group which did not receive the unique message. Results: Participants recalled the unique message immediately post-intervention (T1, 64%) and after three months

(T2, 46%). The information received was perceived as highly credible and encouraged reflection on patterns of drug use. Based on self-report, the mean days use of ecstasy (T1, 2.2; T2, 1.7; $p < 0.01$) and methamphetamine (T1, 1.3; T2, 0.3; $p < 0.001$) and the recent use of methamphetamine (T1, 51%; T2, 20%; $p < 0.001$) significantly decreased in the experimental group and remained stable in the control group. The recent use of ecstasy significantly decreased in both the experimental (T1, 82%; T2, 59%; $p < 0.001$) and control group (T1, 69%; T2, 56%; $p < 0.01$).

Conclusion: The peer education methodology used was an effective way to disseminate information to ecstasy users. Drug involvement decreased after the intervention but other explanations cannot be ruled out. The influence of peer-led interventions on drug use needs to be addressed by additional, methodologically robust studies. Findings highlight a number of important considerations for peer-led education interventions in relation to the use of an evidence-based model, the development of health messages and peer educator training.

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