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Evaluation of the Peer to Peer Project

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Executive Summary

Introduction

The Peer to Peer Project (P2P) at Lighthouse Project delivered a programme of training to drug users in order to challenge misinformation and increase awareness and knowledge of safe practice. Recent research has shown a rise in drug related deaths and that the highest prevalence levels of hepatitis C in England, Wales and Northern Island are found in the North West of England. Research has also indicated that injecting drug users are initiated into this practice by their peers. In response to this research Lighthouse Project decided that improving participant's knowledge of safe drug using practices would in turn improve their confidence and ability to pass on this knowledge to the wider drug using community. The Centre for Public Health at Liverpool John Moores University (LJMU) conducted an independent evaluation to investigate the effectiveness of the P2P Project.

Methodology

- Initially 15 clients were selected in Liverpool through key workers at Liverpool sites and opportunistically on the day. In Sefton 13 participants attended the initial session with 3 more joining the following week, these participants were selected from the Sefton Service User Forum.
- Each training session was facilitated by an appropriate professional. The running order and content of these were as follows:
 - Introduction
 - Safer Injecting and Avoidance of Initiating Others
 - Overdose Prevention and What to do in an Emergency
 - Blood Borne Viruses
 - Health Promotion
 - Treatment Options
- LJMU collected baseline data from the participants at the beginning of the initial session using a 'Who Wants To Be A Millionaire' style quiz. This was repeated at the end of the training sessions to assess differences in participant's knowledge and awareness after training.
- Staff evaluation of the project and participant observation was also conducted.

Findings

- In Sefton all participants (n=16) were retained across 5 or more sessions. In Liverpool 9 participants were retained across 5 or more sessions. Retention in Sefton was boosted by the participant's involvement with Sefton Service User Forum.
- LJMU found that the project was effective at challenging misinformation and increasing the awareness and knowledge of problematic drug users. Some key figures are listed below:

- Following safer injecting training in Sefton knowledge surrounding femoral injecting improved. 100% correctly answered what to do if someone hit the femoral artery while injecting (67% before training) and the percentage that recognised the risks associated with femoral injecting rose from 50% before training to 84% after training.
- In Liverpool, following Overdose Prevention training, there was a 50% increase in participant's knowledge relating to when an overdose can happen. After training all participants in Liverpool correctly identified that they should not walk a person who is overdosing around or put them into a bath of cold water – a belief the majority had held previously. There was also a 40% increase in reported confidence to calling 999 during an overdose situation.
- Before Blood Borne Virus training in Sefton 92% of participants described their knowledge in the area as limited. This shifted to 92% of participants describing themselves as knowledgeable in the area after training. After training all participants in Sefton successfully identified symptoms of hepatitis, compared to 59% before training.
- Following Treatment Options training in Liverpool 100% of participants with a care plan attached importance to it, compared to 40% before training.
- All participants across Liverpool and Sefton agreed that P2P Project was useful overall.
- All Lighthouse Project staff rated the future continuation of the sessions as useful to the client group.

Recommendations

The evaluation team recommend that the Peer to Peer Project should be strategically developed for the future and further roll-out.

Recommendations for further development of the project for the future include:

- The recruitment process should conform to set criteria to ensure attendance and retention. These criteria should also ensure that under represented groups are targeted.
- To avoid disruption and boost concentration house rules, set by the group, should be reaffirmed at each session.
- To ensure that all participants receive the same information a contingency plan should be in place for each session. This should include back up cover for equipment, notes and speakers.
- Consistency of information needs to be guaranteed to ensure understanding and accuracy among all participants.
- There needs to be a continuation plan in place for participants who are keen to continue their involvement with P2P. This should include support to reinforce the message participants have received and to maintain confidence in their knowledge.

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1. Introduction

The Peer to Peer (P2P) Project at Lighthouse Project delivered a programme of training to drug users on issues such as blood borne viruses, safer injecting practices, overdose prevention and health promotion in both Liverpool and Sefton. The project aimed to challenge misinformation and increase the awareness and knowledge of problematic drug users regarding high risk drug related behaviour and activities.

1.1 Background to Peer to Peer Project

The P2P Project was developed in line with Lighthouse Project's pro-active service user involvement strategies and as a response to research indicating:

- A rise in the prevalence of hepatitis C infection among injecting drug users and the highest prevalence levels in England, Wales and Northern Ireland found in the North West of England (HPA, 2006).
- Many injecting drug users are initiated into injecting by their peers and receive their initial and lasting messages regarding drug use from peers (Hunt et al, 1998).
- A rise in drug related deaths (ACMD, 2000), particularly related to polydrug use such as the use of alcohol combined with benzodiazepines and heroin (NTA, 2004).

Through contact with drug users in Merseyside Lighthouse Project observed the continued significance of the 'street doctor' culture, where long term drug users/injectors are perceived as 'experts' by other users. Lighthouse Project felt there was a local need to address and dispel many of the 'street doctor' myths and misinformation.

The decision to deliver the project in the form of peer education was primarily to educate those who attended, but also to enhance the opportunities to educate hard to reach groups (i.e. drug users not in contact with treatment services) via the project's participants. Through improving the participant's knowledge on topics such as safer injecting, overdose prevention, blood borne viruses and dispelling common myths the project aimed to improve the participant's ability and confidence to pass that knowledge on.

The project team who developed and delivered the P2P Project included representatives from Lighthouse Project, Joanne Christensen Service User Involvement Officer for Sefton DAT and the Liverpool John Moores University (LJMU) evaluation team.

1.2 P2P Project Aims

The P2P Project aimed to:

- Increase participant's knowledge relating to blood borne viruses, safer drug use and the treatment system through structured training.
- Increase awareness and knowledge of injecting drug use relating to high risk behaviour and drug related activities.
- Challenge perception of issues such as communicable disease control, overdose prevention, hygienic drug use, service provision and what to do in an emergency.
- Challenge misinformation and myths surrounding drug related activities.
- Disseminate information through the development of Peer Activists and other networks.

1.3 The Participants

A target of 30 participants was set for the project (15 in Liverpool and Sefton respectively) of an open age range and evenly split by gender. It was aimed that each group would be comprised of a mix of current and past drug users who still have contact with other drug users and injectors.

A poster campaign was run in early January 2007 (Appendix E), however, high levels of interest were observed via word of mouth and through key workers before Christmas 2006. The quota of participants was filled in early January and lists of interested people were compiled for future P2P sessions before the project began in mid-January 2007.

The participants of the Liverpool group were recruited from Lighthouse sites across Liverpool. The Liverpool group members were identified via syringe exchange contacts, key worker promotion, outreach workers and nomination by peers. However, on the day of the introduction session 11 of the invited participants did not attend. In response to the large number of participants who did not attend on the morning of the introduction session 11 new participants were opportunistically recruited from clients who 'walked in off the street' into Lighthouse Project that morning.

The participants of the Sefton group were recruited from the Sefton Service User Forum supported by Sefton DAT (Drug Action Team). This group was pre-established and had been meeting regularly for more than three years. For the past 2 years the group have been meeting on a monthly basis and had participated in training courses over this time such as first aid training facilitated by British Red Cross.

1.4 Incentives

Each participant received an incentive of £10 cash (plus £3 travel expenses) per session. At the end of the project each participant received a goody bag of useful items and information. In addition each participant received a certificate of attendance for each session which was added to their project folder each week.

1.5 Training Locations

Training sessions were held in key local venues easily accessible by all participants. All sessions in each area were held in the same location throughout the project and at the same time of day (11am – 2.30pm). Lunch was provided at each session.

1.6 The P2P Project Format

Each training session covered a topic relevant to drug users. The training sessions were titled:

1. Introduction.
2. Safer Injecting and Avoidance of Initiating Others
3. Overdose Prevention and What to Do In an Emergency.
4. Blood Borne Viruses.
5. Health Promotion.
6. Treatment Options.

Each training session was facilitated by suitably experienced and informed professional and members of Lighthouse Project.

1.7 Evaluation of Peer to Peer Project

An independent evaluation of the P2P Project has been conducted by Centre for Public Health (CPH), LJMU. The evaluation was carried out to investigate the effectiveness of the P2P Project at challenging misinformation and increasing awareness and knowledge regarding high risk drug using behaviour. The evaluation also assessed the participants and Lighthouse Project staff's perceptions of how well the course was delivered, the course content and considered suggestions for the future.

2. Methodology

2.1 'Who Wants To Be A Millionaire' Quiz

Baseline data were collected from participants via a 'Who Wants To Be A Millionaire' style quiz during the introduction session. Participants responded to the multiple choice quiz items using a cordless response system. The quiz included items that assessed the participant's knowledge, confidence levels and opinions. Quiz items reflected the desired learning outcomes of the training sessions as specified by Lighthouse Project. The quiz also contained a section on the participants' demographics and drug use.

Participants repeated the quiz, during the final session, once all training sessions were complete. The purpose of repeating the quiz was to assess differences in the participant's knowledge and awareness before and after the training sessions. The cordless response system software produced an instant graphical representation of the participant's responses to each quiz question which was compared to the baseline responses recorded during the introductory session. The instant graphical representation was used to highlight areas for further training or clarification, any areas where participants required clarification was addressed during the final quiz session.

Additional feedback questions were added to the repetition quiz to ascertain the participant's opinions regarding the usefulness of the specific training sessions and the project overall.

2.2 Staff Evaluation

Staff evaluation forms were completed by facilitators, Lighthouse Project and Sefton DAT staff who facilitated/attended each training session. The evaluation forms recorded the staff's overall perception of how successful each training session was, any issues raised, how issues were resolved and any exceptional events that occurred during each training session.

2.3 Observation

Members of the evaluation team observed each training session in at least one location to record any barriers to learning, assess positive and negative aspects of each training module and in particular record feedback from participants.

3. Results

3.1 Retention and Attendance

3.1.1 Liverpool

15 participants attended the P2P Project introduction session in Liverpool. This group included 4 participants who were recruited by Lighthouse Project and met the pre-defined criteria and 11 participants who were opportunistically recruited on the day of the introduction session. Opportunistically recruited participants were recruited from a variety of sources including:

- Those who attended the treatment service that morning.
- From other Lighthouse Project locations nearby.
- Recommendations from partnership agencies (YMCA, The Whitechapel Centre and The Basement) on that morning.

47% (n=7) of participants present at the introduction session in Liverpool were retained across all six training sessions, of these 4 were opportunistically recruited on the day of the introductory session. Of the 11 participants opportunistically recruited 6 were retained across five or more sessions.

27% (n=4) of participants only attended the introductory Liverpool session. Of these three-quarters were male (n=3, 75%) and half (n=2, 50%) were aged 40-44. Half of the participants (n=2, 50%) who only attended the introductory session did not have a fixed address and the other half (n=2, 50%) lived in hostel accommodation. Three-quarters (n=3, 75%) of this group were not accessing structured treatment.

Two of the participants who did not return after the introductory session indicated that they felt the P2P Project was not relevant to their situation as their main problem substance was alcohol. All of the participants who did not return after the introductory session were opportunistically recruited on the day of the introductory session.

4 new participants joined the group during the second training session however none of these participants attended consistently throughout the rest of the training sessions.

Table 1 (below) details the attendance levels of the original and new participants across the six training sessions in Liverpool.

Table 1: Attendance at Liverpool P2P Project Sessions.

| Session | Number of original participants | Number of new participants |
|--------------------------|---------------------------------|----------------------------|
| Introduction & Quiz | 15 | 0 |
| Safer Injecting | 10 | 4 |
| Overdose Prevention | 10 | 2 |
| Blood Borne Viruses | 9 | 2 |
| Health Promotion | 8 | 2 |
| Treatment Options & Quiz | 11 | 1 |

3.1.2 Sefton

13 participants attended the P2P Project introductory session in Sefton. This group were all pre-selected from the Sefton Service User Forum.

92% (n=12) of participants present at the introduction session in Sefton were retained across all training sessions. One participant from the original group did not attend the final session which included the second evaluation quiz due to work commitments, therefore retention was 100% across the first 5 sessions.

3 new participants joined the P2P Project during the second training session. These new participants were also members of the Sefton Service User Forum and attended consistently throughout the remainder of the project.

Table 2 (below) details the attendance levels of the original and new participants across the six training sessions in Sefton.

Table 2: Attendance at Sefton P2P Project Sessions.

| Session | Number of original participants attended | Number of new participants attended |
|--------------------------|--|-------------------------------------|
| Introduction & Quiz | 13 | 0 |
| Safer Injecting | 13 | 3 |
| Overdose Prevention | 13 | 3 |
| Blood Borne Viruses | 13 | 3 |
| Health Promotion | 13 | 3 |
| Treatment Options & Quiz | 12 | 3 |

3.2 Health Promotion

Due to unforeseen circumstances the health promotion session did not explicitly cover the information required for the health promotion section of the quiz and therefore the results of the health promotion questions have been removed from the Liverpool and Sefton analysis. The participant's responses to this section of the quiz for Liverpool can be found in Appendix A and Appendix B for Sefton.

3.3 Key Findings from the 'Who Wants To Be A Millionaire' Quiz

The following analysis is based on participants who attended four or more sessions (including the two quiz sessions). Where a participant did not attend a session their results from that section of the quiz have been removed.

Table 3 (below) details the number of participants included in each section of analysis for each Liverpool and Sefton.

Table 3: The number of participants included in each section of analysis for Liverpool and Sefton Sessions.

| Session | Liverpool (n) | Sefton (n) |
|--|---------------|------------|
| Introduction (participant characteristics) | 10 | 12 |
| Safer Injecting | 10 | 12 |
| Overdose Prevention | 10 | 12 |
| Blood Borne Viruses | 9 | 12 |
| Treatment Options & Feedback | 10 | 11 |

3.3.1 Liverpool Results

The key findings from participant's responses to the quiz questions before and after training are presented in the following section. Full details of each quiz item for the Liverpool group can be found in Appendix A.

(i) Participant Characteristics (n=10)

The vast majority of the participants in the Liverpool group were male (90%). 20% of participants were aged 20-24, 50% were aged 30-39 and 30% were aged 40+. All participants were white. The majority of participants lived in temporary accommodation (40%). Sixty percent of participants were

accessing structured treatment at the beginning of the project compared with 50% at the end of the project.

The majority of participants (60%) reported their main problem substance as heroin, 20% reported cocaine and 20% indicated 'other'. Discussions with the group indicated that the 'other' category was utilised by participants as a polydrug category as some participants reported that they could not separate their use of two or more drugs. All participants reported that they first used their main problem drug more than four years ago.

Ten percent of participants reported that they were currently injecting (in the last four weeks), 40% reported that they had previously injected and the other 50% indicated that they had never injected. Of the participants who reported that they were currently or had previously injected 80% indicated that they had injected for more than four years. The vast majority of current/previous injectors (80%) reported that they most regularly injected into the arm.

(ii) Safer Injecting and Avoidance of Initiating Others (n=10)

Figure 1. When injecting in the arm what size of needle should be used?

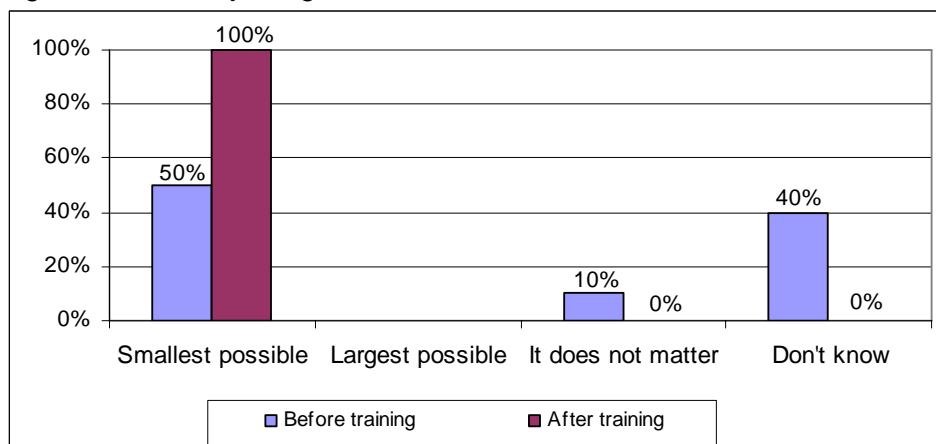


Figure 1 illustrates a significant increase in knowledge after training regarding appropriate needle size when injecting in the arm. Before training only 50% of participants identified the correct answer (smallest possible) compared to 100% after training.

Figure 2. If you accidentally hit your femoral artery (groin) you can lose a lot of blood very quickly. If you do hit this artery you should....

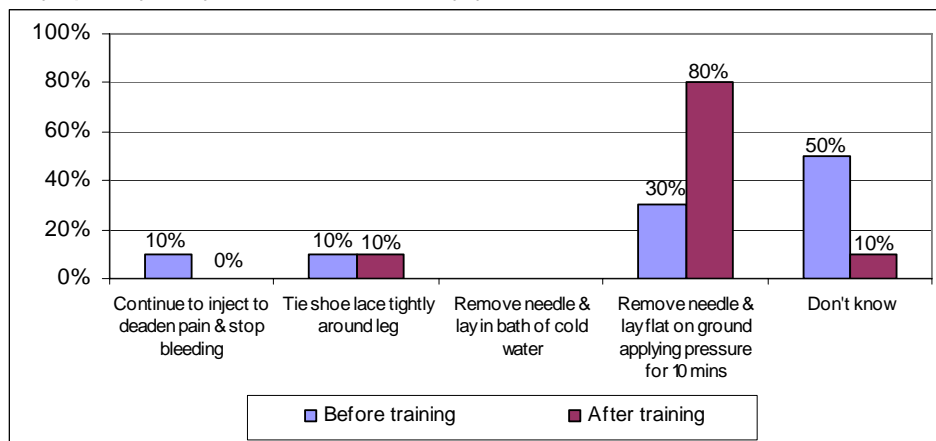
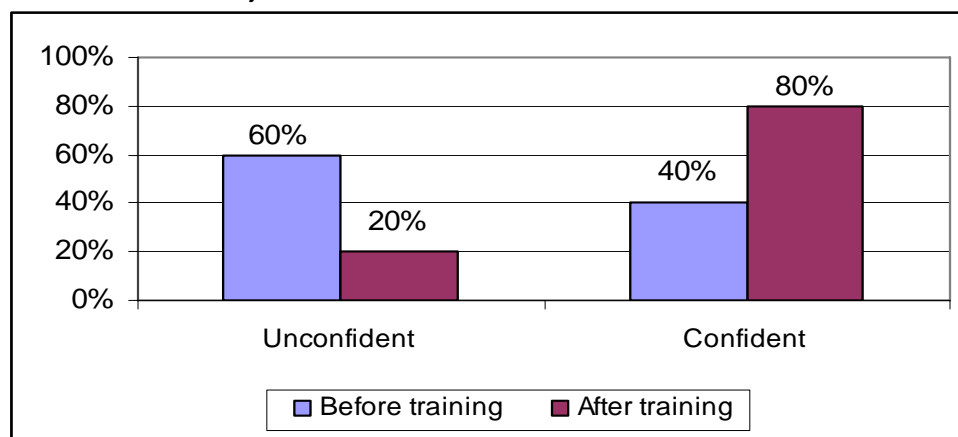


Figure 2 illustrates a 50% increase in participants who identified the correct answer (remove needle and lay flat on ground applying pressure for at least 10 minutes) after training.

Figure 3: How confident do you feel about giving harm reduction/safer injecting information to an injector?



N.B. The unconfident category was derived by adding 'very unconfident' and 'unconfident' and the confident category was derived by adding 'very confident' and 'confident'.

Figure 3 illustrates a significant increase in the confidence levels observed after training. Before training only 40% of participants indicated that they felt confident about giving harm reduction/safer injecting information to an injector compared with 80% of participants who indicated that they felt confident after training.

Before training the Liverpool participants exhibited proficient levels of knowledge relating to safer injecting. After training 100% of participants accurately identified the correct response to many questions indicating that the levels of knowledge relating to these questions increased after training. Questions answered with 100% accuracy post-training related to:

- Appropriate needle size.
- Sharing injecting equipment.
- The correct position for injecting in the arm.
- Use of a tourniquet.
- Dangers associated with injecting in groups and putting a needle in the mouth.

(iii) Overdose Prevention & What to do in an Emergency (n=10)

Figure 4: After heroin/morphine, which is the second most commonly found substance in drug related deaths?

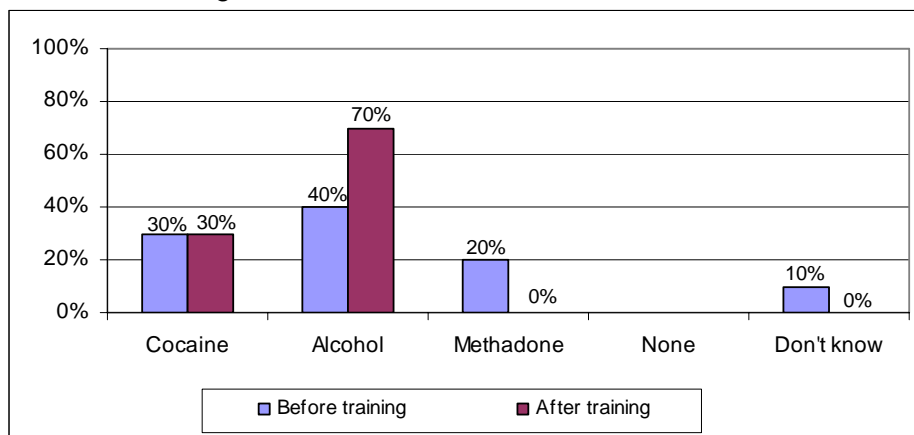
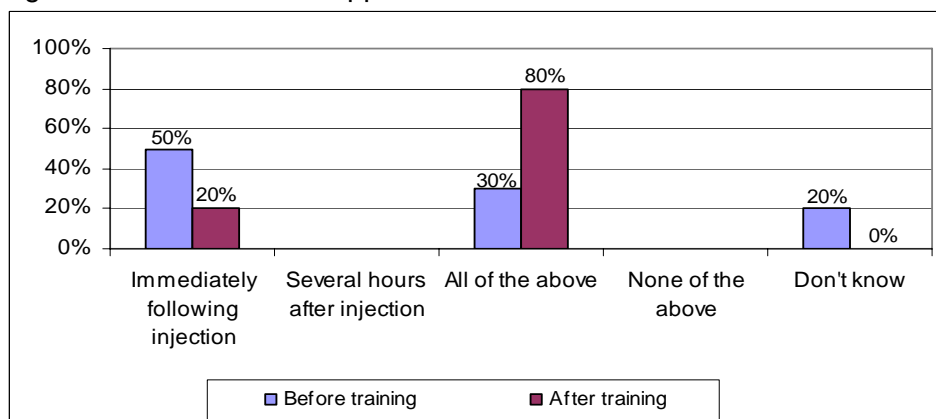


Figure 4 indicates that the knowledge of the participants regarding substances found in drug related deaths (DRD) increased after training as 70% of participants accurately reported the correct response (alcohol) after training compared with 40% before training. However, 30% of participants continued to cite cocaine as the second most commonly found substance in DRD after training.

Figure 5: Overdose can happen....



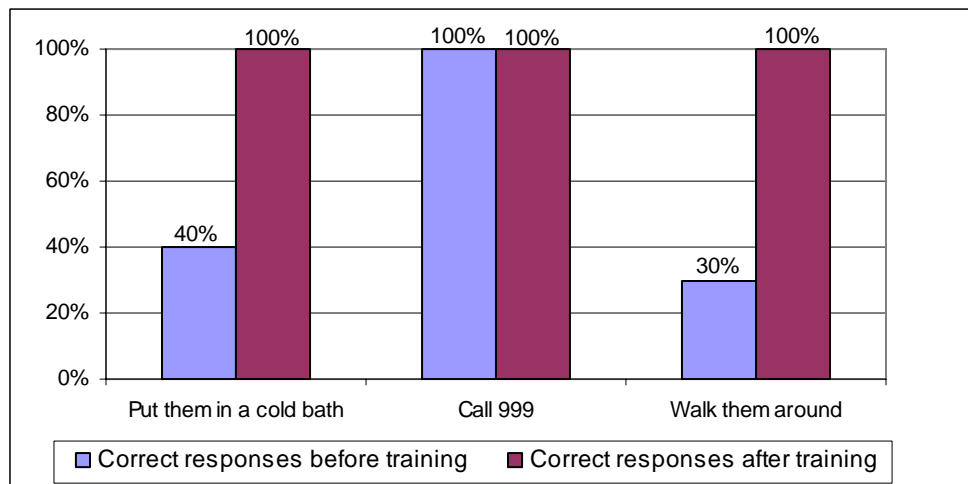
A 50% increase in participant's knowledge after training was observed relating to when overdose can happen (all of the above). Twenty percent of participants continued to cite the incorrect response 'immediately following injection' after training.

The participants were presented with three scenarios regarding how to behave in an overdose situation. They were asked if they should do each of the following if someone is overdosing:

- Put them in a cold bath (correct response 'No').
- Call 999 (correct response 'Yes').
- Walk them around (correct response 'No').

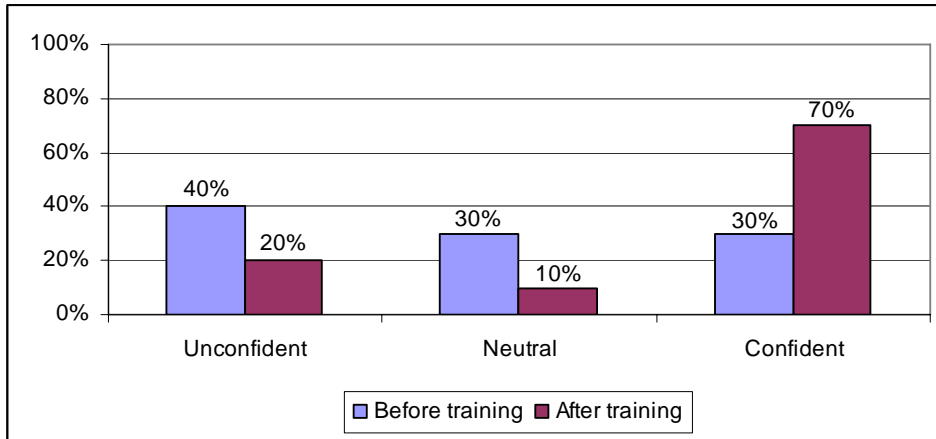
The percentage of correct answers recorded before and after training for each scenario is shown in Figure 6.

Figure 6: Percentage of correct responses recorded for each overdose scenario before and after training.



Before and after training 100% of participants acknowledged that if someone is overdosing they should call 999. After training all participants correctly identified that they should not put someone who is overdosing in a cold bath or walk them around, however, before training the majority of respondents indicated that they believed these actions would help to 'bring around' someone who was overdosing.

Figure 7: How confident do you feel about calling 999 if someone overdoses?



N.B. The unconfident category was derived by adding 'very unconfident' and 'unconfident' and the confident category was derived by adding 'very confident' and 'confident'.

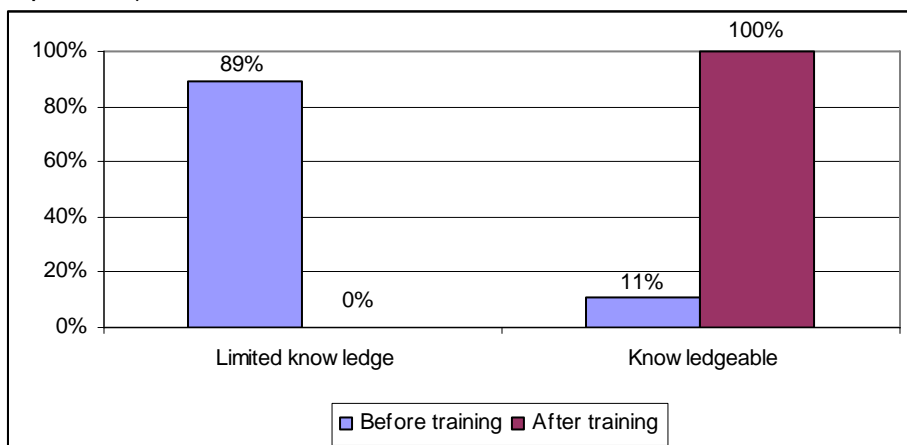
A 40% increase in reported confidence relating to calling 999 in an overdose situation was observed after training (Figure 7), however, 20% of participants remained unconfident post-training. Further analysis of those who stated that they felt unconfident after training revealed that their reported confidence decreased after training and before training they had reported more positive responses.

Twenty percent of participants in the Liverpool group reported that they had received training on what to do in an emergency overdose situation before undertaking the P2P Project. After training 75% of those who stated they had not previously undertaken any overdose emergency training stated they felt confident about calling 999 in an overdose situation, this figure was higher than the 70% reported by the whole group.

After training, 88% of participants who had not previously received overdose emergency training, stated that they felt confident about their ability to put someone in the recovery position compared with 80% of the whole group.

(iv) Blood Borne Viruses (BBV) (n=9)

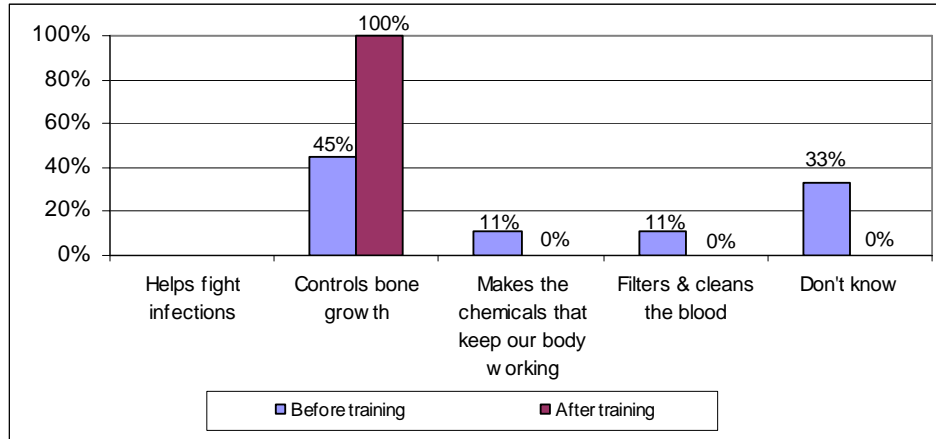
Figure 8: How would you describe your knowledge of BBV (HIV, hepatitis C and hepatitis B)?



N.B. The limited category was derived by adding 'very limited knowledge' and 'limited knowledge' and the knowledgeable category was derived by adding 'very knowledgeable' and 'knowledgeable'.

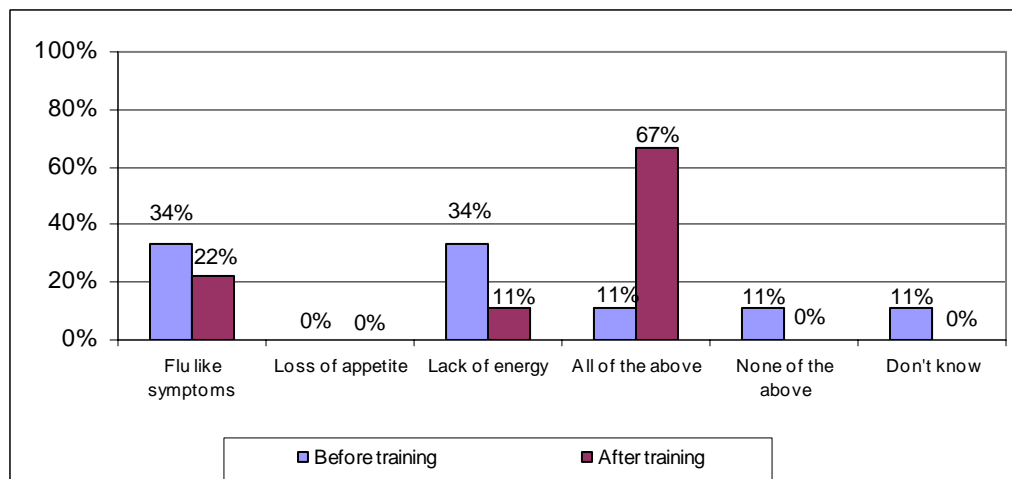
Figure 8 illustrates a significant change in participant's perceptions of their knowledge of BBV after training. Prior to training the majority of participants (89%) rated their knowledge as limited whereas 100% of participants rated themselves as knowledgeable after training.

Figure 9: Which of the following is **not** a function of the liver?



Prior to training less than half (45%) of participants recognised that 'controls bone growth' is not a function of the liver, however, after training all participants recognised the correct response.

Figure 10: Which of the following is a common symptom of hepatitis?



After training 67% of participants were aware that all of the symptoms listed were common to hepatitis compared with only 11% before training. After training 22% of participants reported 'flu like symptoms' as a common symptom of hepatitis and failed to recognise that all of the symptoms are common to hepatitis.

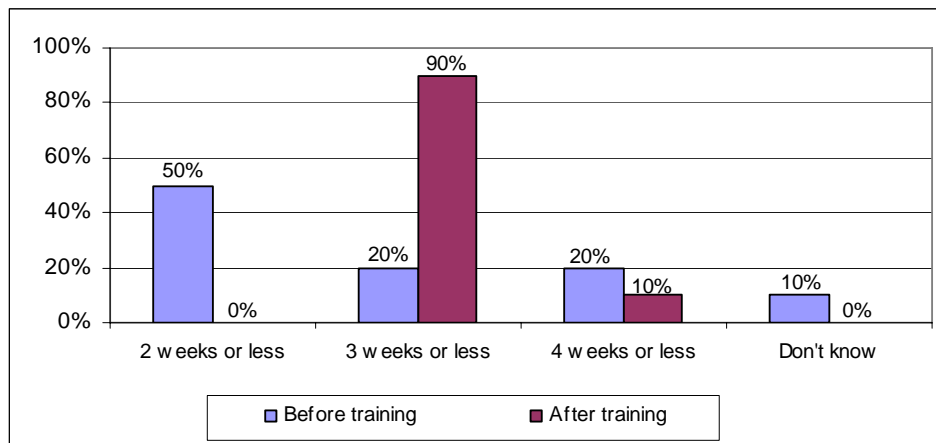
Before training the Liverpool participants exhibited proficient levels of knowledge relating to vaccination for hepatitis B, contamination of needle and syringes via un-sterile water and referrals into treatment for hepatitis C. The

group's level of knowledge relating to the aforementioned subjects increased after training so that the majority or all of the participants were indicating the correct response.

The majority (89%) of participants reported that they felt it was very important to ensure that BBV are not transmitted after training compared with 78% before training.

(v) Treatment Options (n=10)

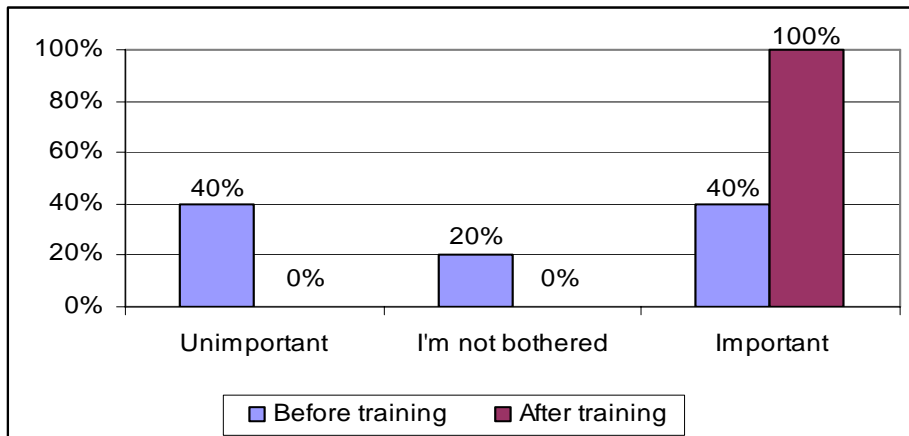
Figure 11: According to national guidelines what should the average waiting time for accessing a specialist prescribing service in Liverpool be?



The majority (90%) of participants identified the correct response (3 weeks or less) regarding waiting times in Liverpool for specialist prescribing after training. However, it is notable that before training half of the respondents thought that the average waiting time was shorter at 2 weeks or less.

Half (50%) of Liverpool participant's stated that they had a care plan. Further analysis of participants with a care plan indicated that the majority (80%) were aware that both they and their drug worker were responsible for the care plan (before and after training). Before training all participants with a care plan stated that they felt able/comfortable to challenge their care plan, however, after training this figure decreased to 80%.

Figure 12: How important is your care plan to you? (responses of those who had a care plan n=5)



N.B. The unimportant category was derived by adding 'very unimportant' and 'unimportant' and the important category was derived by adding 'very important' and 'important'.

Figure 12 shows a significant increase in reported importance attached to care plans after training for those participants who had a care plan. Only 40% of this group reported their care plan as important before training compared with 100% after training.

Figure 13: Other than drug use, in your opinion, what is the top priority for drug users?

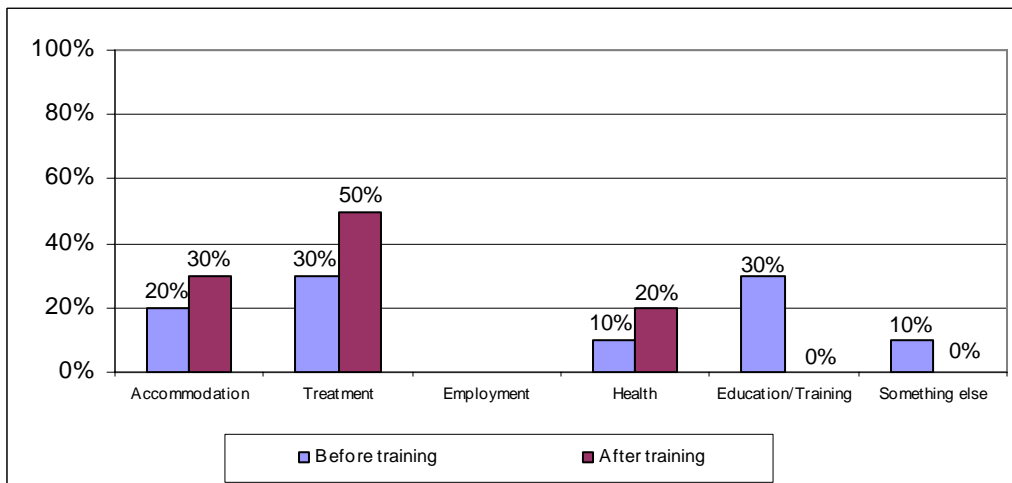


Figure 13 illustrates an increase in the percentage of participants who rated treatment, accommodation and health as the top priority for drug users, other than drug use, after training. Prior to training 30% of participants indicated that education/training was the top priority after drug use, however, after training these participants had indicated treatment or health as their top priority. None of the participants indicated employment as a priority pre or post-training.

(vi) Participant Feedback

Participants were asked to rate on a Likert scale how strongly they agreed or disagreed with statements relating to the usefulness of each training session

and the P2P Project overall e.g. 'The safer injecting session was useful'. The analysis of each question in the participant feedback section is based on the actual number of participants who attended each session and the final quiz session.

The participants of the Liverpool group overwhelmingly exhibited positive responses regarding the usefulness of each P2P Project training session. The 'strongly agree' and 'agree' categories were combined for analysis, 100% of participants agreed that each session was useful with the exception of safer injecting where 90% of participants agreed it was useful. All participants (100%) agreed that the P2P Project was useful overall.

Full details of the participant feedback can be found in Appendix A.

3.3.2 Sefton Results

The key findings from participant's responses to the quiz questions before and after training are presented in the following section. Full details of each quiz item for the Sefton group can be found in Appendix B.

(i) Participant Characteristics (n=12)

The majority of participants in the Sefton group were male (75%). 8% of participants were aged 30-34, 17% were aged 35-39, 42% were aged 40-44 and 33% were aged 45+. All participants were white. Two-thirds (67%) of participants lived in rented accommodation. The vast majority (92%) were accessing structured treatment at the beginning of the project compared with 83% at the end of the project.

The majority of the group reported their main problem drug as heroin (84%) and all participants reported first using their main problem drug more than four years ago.

A third of participants indicated that they had never injected (33%). Seventeen percent of participants reported that they were currently injecting (in the last four weeks) and 50% reported that they had previously injected. Further analysis of participants who reported that they were currently or had previously injected indicated that two-thirds (67%) of this group had injected for more than four years and 60% injected most often in the groin. All of the current injectors indicated that they had been injecting for more than four years and most often injected in the groin.

(ii) Safer Injecting and Avoidance of Initiating Others (n=12)

Figure 14: Injecting in the groin is particularly risky because....

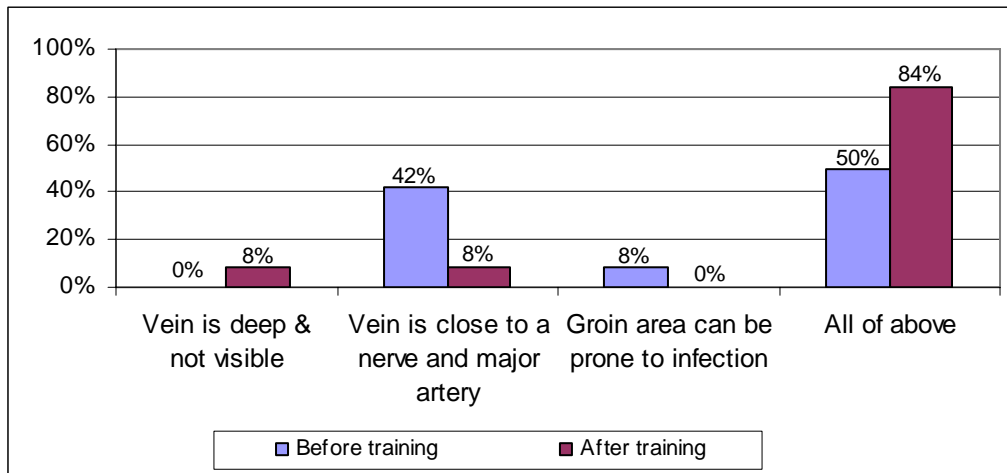


Figure 14 shows a considerable increase in the participants knowledge relating to why groin injecting is particularly risky prior to and after training. Before training half of participants (50%) recognised one of the reasons why injecting in the groin is risky however after training 84% recognised that groin injecting is risky for all of the reasons stated.

Figure 15: If you accidentally hit your femoral artery (groin) you can lose a lot of blood very quickly. If you do hit this artery you should....

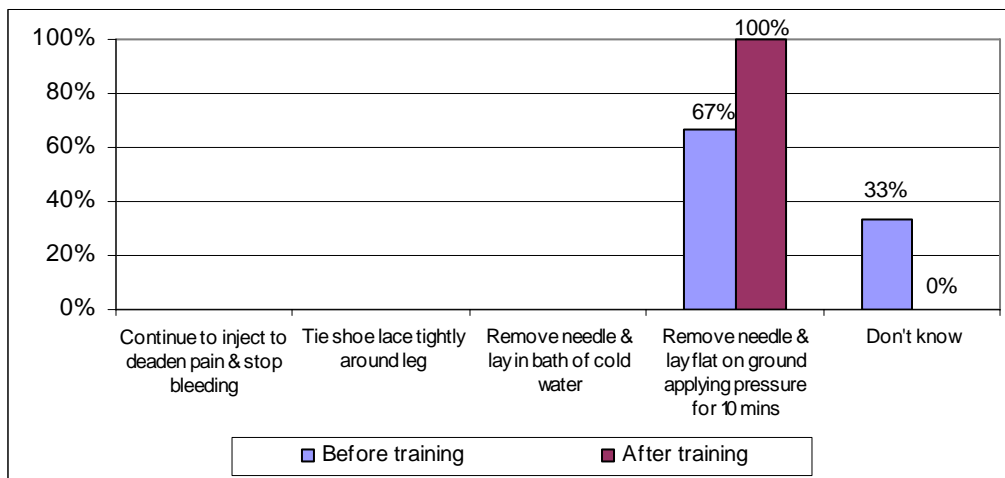
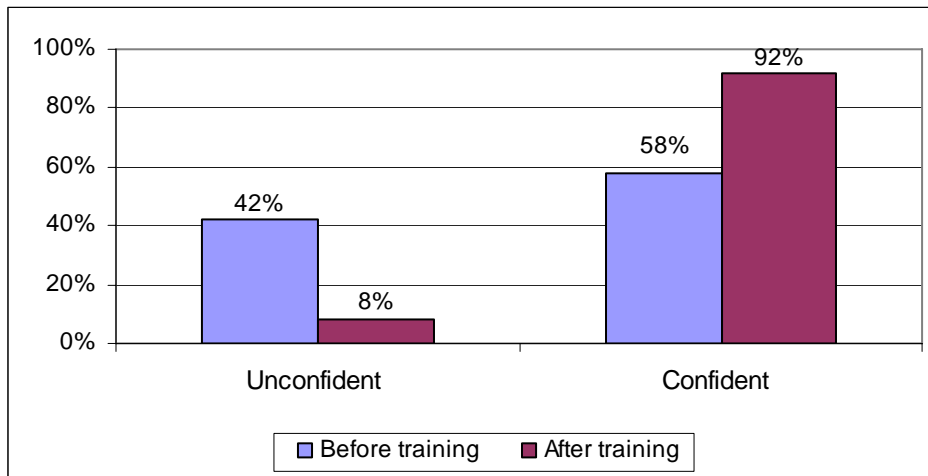


Figure 15 indicates that before training 33% of participants did not know what to do should they accidentally hit their femoral artery during groin injecting. After training all participants identified the correct response (remove needle and lay flat on ground applying pressure for at least 10 minutes) to this situation compared with 67% before training.

Figure 16: How confident do you feel about giving harm reduction/safer injecting information to an injector?



N.B. The unconfident category was derived by adding 'very unconfident' and 'unconfident' and the confident category was derived by adding 'very confident' and 'confident'.

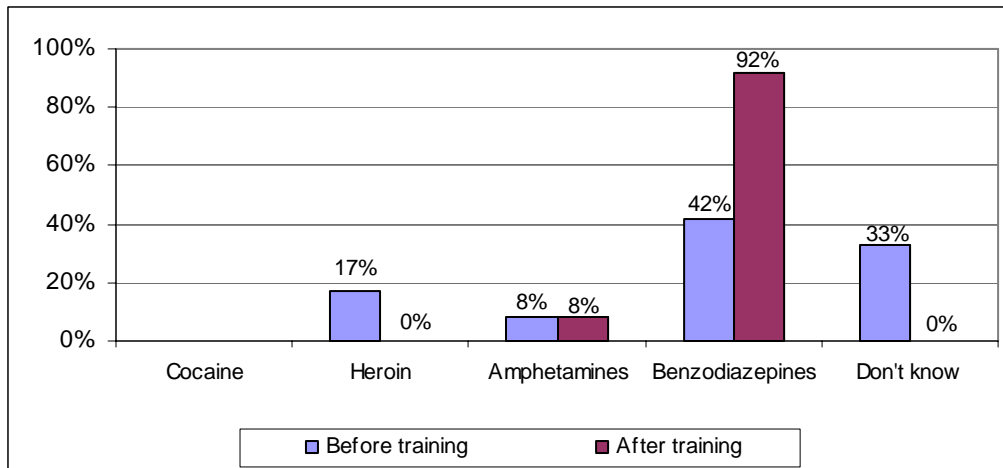
Prior to training 58% of participants in Sefton felt confident about giving harm reduction/safer injecting advice to an injector (Figure 16). A significant increase in confidence was observed after completion of training and 92% of participants reported that they felt confident about giving harm reduction/safer injecting advice to an injector.

Pre-training the Sefton group exhibited high levels of knowledge in the area of safer injecting, however, after training the majority of the questions in this section were answered with 100% accuracy by the group indicating that any small gaps in the group's knowledge had been filled. Questions answered with 100% accuracy post-training related to:

- Appropriate needle size.
- Sharing injecting equipment.
- Blood flowing through arteries.
- The correct position for injecting in the arm.
- What to do if you accidentally hit the femoral artery.
- Use of a tourniquet.
- Dangers associated with re-using works, injecting in groups and putting a needle in the mouth.

(iii) Overdose Prevention & What to do in an Emergency (n=12)

Figure 17: Which of these substances continues to be active in the body for the longest?



A 50% increase in correct responses (benzodiazepines) was observed after training in participant's knowledge regarding which substance continues to be active in the body for the longest (Figure 17). Prior to training only 43% of participants reported the correct answer compared with 92% after training.

Figure 18: After heroin/morphine, which is the second most commonly found substance in drug related deaths?

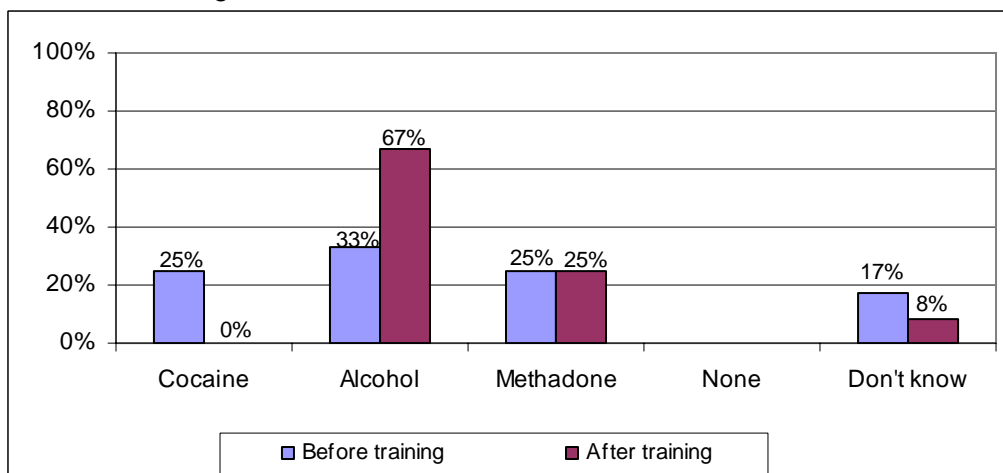


Figure 18 shows that the percentage of correct responses (alcohol) relating to the second most commonly found substance in drug related deaths increased by a third to 67% post-training. A quarter (25%) of participants continued to cite the incorrect response methadone after training.

The participants were presented with three scenarios regarding how to behave in an overdose situation. They were asked if they should do each of the following if someone is overdosing:

- Put them in a cold bath (correct response 'No')
- Call 999 (correct response 'Yes')
- Walk them around (correct response 'No')

The percentage of correct answers recorded before and after training for each scenario is shown in Figure 19.

Figure 19: Percentage of correct responses recorded for each overdose scenario before and after training.

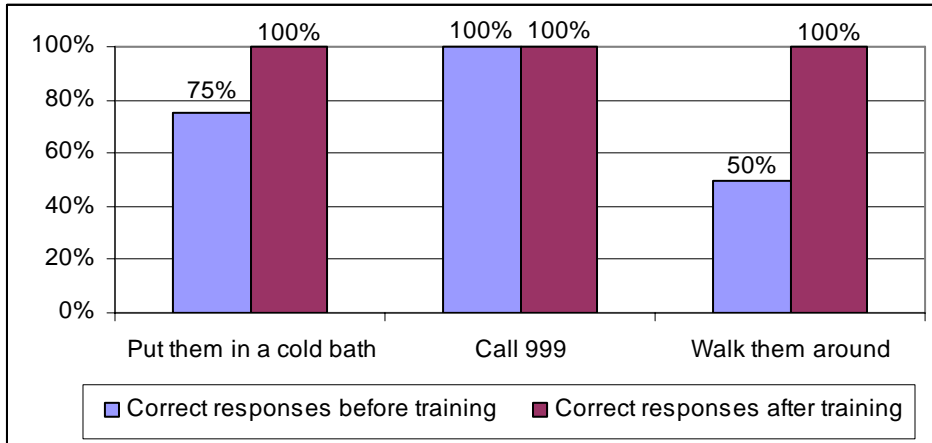


Figure 19 illustrates the percentage of correct responses relating to behaviour in an overdose situation pre and post-training. Prior to training all participants correctly reported that they should call 999 if someone is overdosing. However, prior to training only 75% of participants correctly identified that they should not put someone who is overdosing in a cold bath and only 50% indicated that they should not walk a person around who is overdosing in an attempt to make them conscious. After training 100% of participants identified the appropriate response in each scenario.

Figure 20: How confident do you feel about calling 999 if someone overdoses?

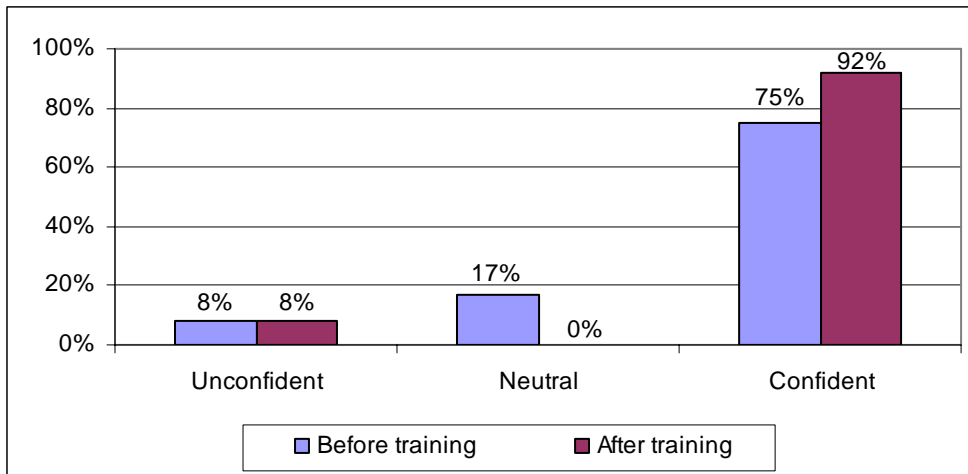


Figure 20 shows that prior to training three quarters of participants (75%) felt confident calling 999 if someone was to overdose compared with 92% after training, however, one participant remained unconfident pre and post-training.

All participants (100%) reported that they felt confident putting someone in the recovery position if they were overdosing compared after training with 84% before training.

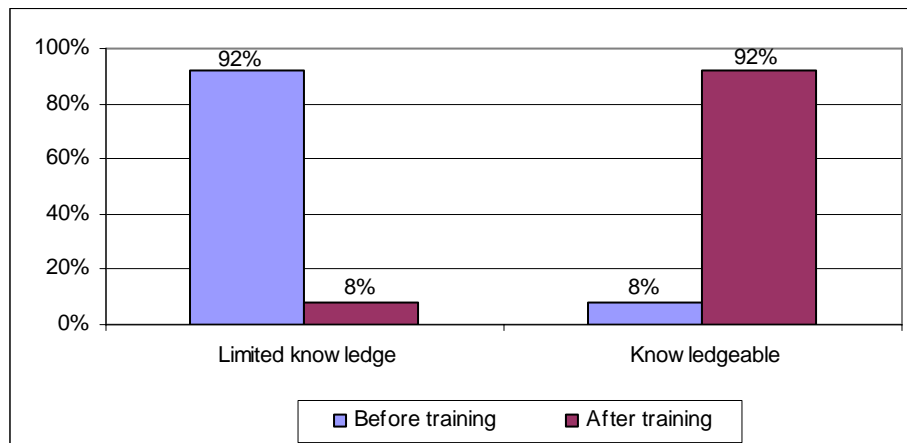
The vast majority (92%) of participants in the Sefton group reported that they had received training on what to do in an emergency overdose situation before undertaking the P2P Project.

Pre-training the Sefton group exhibited a considerable level of knowledge in the area of overdose prevention and after training many questions in this section were answered with 100% accuracy by the group. Questions answered with 100% accuracy after post-training related to:

- Changes in tolerance.
- Signs of overdose.
- Overdosing and 'near miss' when smoking heroin.
- Substances that should not be injected into an overdosing person.
- Under which circumstances the police will attend the scene of an overdose.
- The recovery position.

(iv) Blood Borne Viruses (BBV) (n=12)

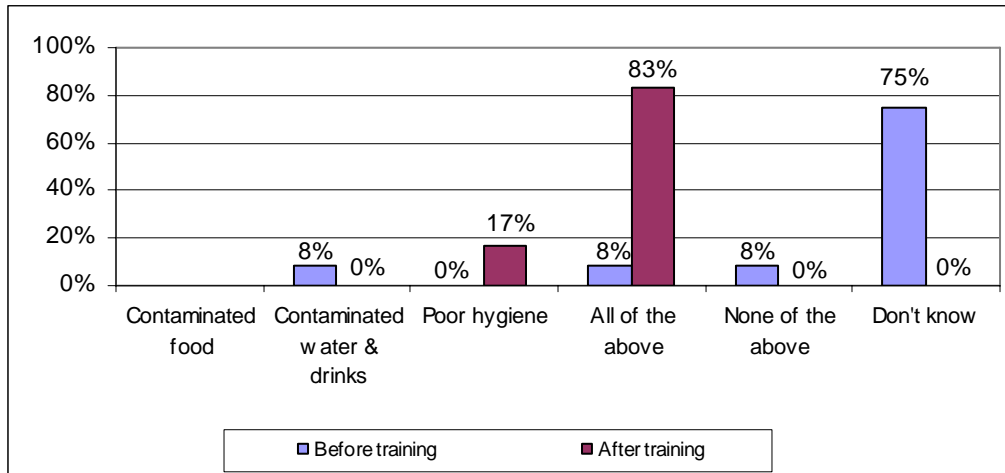
Figure 21: How would you describe your knowledge of BBV (HIV, hepatitis C and hepatitis B)?



N.B. The limited category was derived by adding 'very limited knowledge' and 'limited knowledge' and the knowledgeable category was derived by adding 'very knowledgeable' and 'knowledgeable'.

Figure 21 shows a significant increase in how the participants perceive their knowledge of BBV pre and post-training, 92% of participants reported that their knowledge was limited before training compared with 92% who reported that they were knowledgeable after training.

Figure 22: Hepatitis A is caused by....



A 75% increase in knowledge was observed relating to how hepatitis A is transmitted pre and post-training as shown in Figure 22. The majority of participants (83%) reported the correct response (all of the above) after training compared with only 8% before training.

Figure 23: Which of the following is a common symptom of hepatitis?

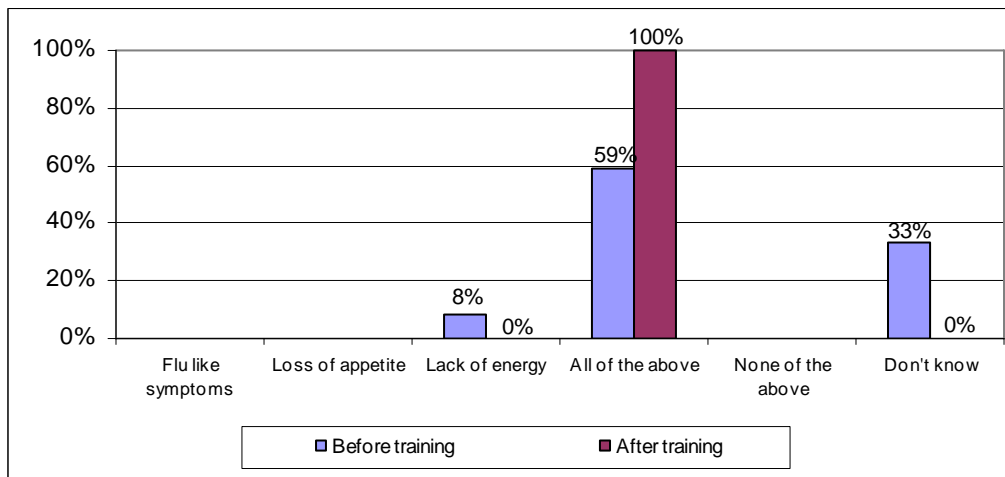


Figure 23 illustrates a considerable increase in knowledge relating to common symptoms of hepatitis after training. Prior to training 59% of participants recognised that all symptoms were common to hepatitis compared with 100% of participants after training.

Figure 24: Which of the following is there a vaccination against?

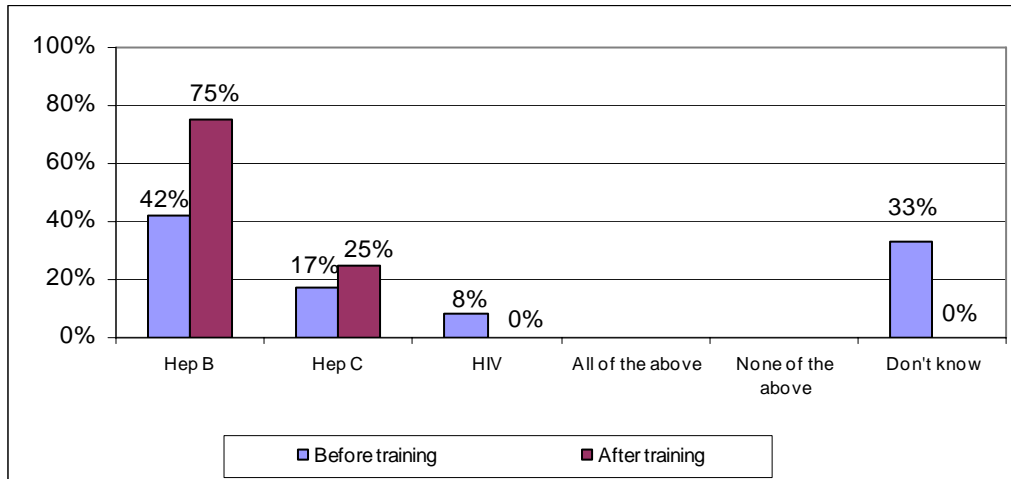
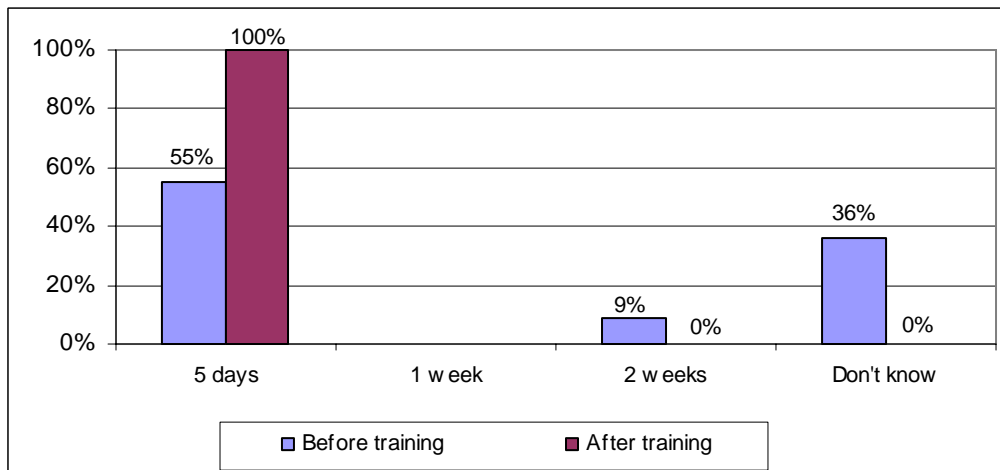


Figure 24 indicates that under half of participants (42%) were aware that there is a vaccination to protect against hepatitis B, before training compared with three-quarters (75%) after training. It is notable that after training the percentage of participants who thought that there is a vaccination against hepatitis C increased.

All participants (100%) indicated that they thought that it was very important to ensure BBVs are not transmitted pre and post-training.

(v) Treatment Options (n=11)

Figure 25: What is the average waiting time to access a specialist prescribing service in Sefton?



After training all participants correctly identified that the average waiting time to access a specialist prescribing service in Sefton is 5 days or less compared with only 55% before training (Figure 25).

The majority (72%, n=8) of Sefton participants reported that they had a care plan. Further analysis of those with a care plan showed that after training half (50%) had not seen their care plan, 88% knew that both they and their drug worker were responsible for the care plan and 88% felt able/comfortable to

challenge their care plan. After training 88% felt that their care plan was important compared with only 43% before training.

Figure 26: Other than drug use, in your opinion, what is the top priority for drug users?

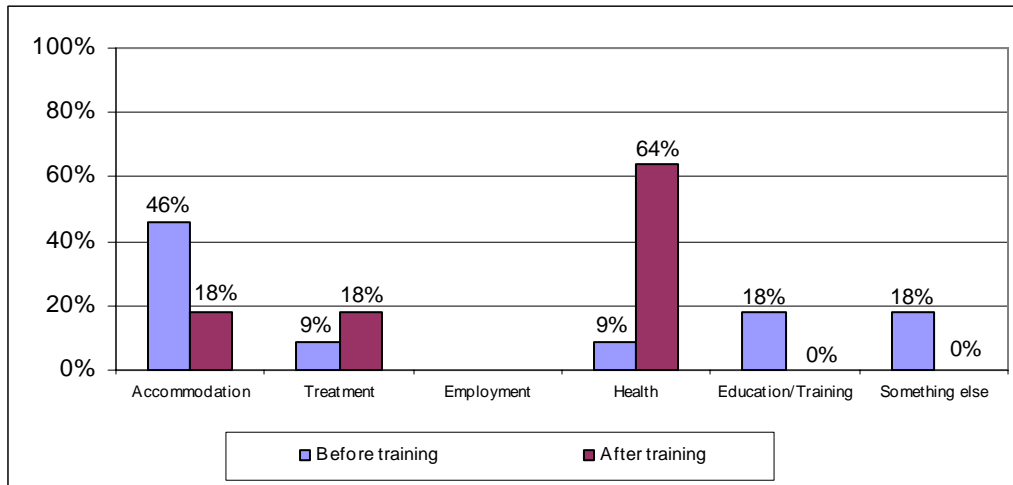


Figure 26 illustrates a significant increase in the percentage of participants who rated health as the top priority for drug users, other than drug use, post-training (from 9% pre-training to 64% post-training). An increase was also observed after training in the percentage of participants who rated treatment as a priority (from 9% pre-training to 18% post-training). None of the participants indicated employment as a priority pre or post-training.

(vi) Participant Feedback (n=12)

Participants were asked to rate on a Likert scale how strongly they agreed or disagreed with statements relating to the usefulness of each training session and the P2P Project overall e.g. ‘The safer injecting session was useful’. The analysis of each question in the participant feedback section is based on the actual number of participants who attended each session and the final quiz session.

As with Liverpool the vast majority of participants in Sefton indicated positive responses regarding the usefulness of each P2P Project training session. The ‘strongly agree’ and ‘agree’ categories were combined for analysis, 100% of participants agreed that the BBV was useful and 93% agreed that the safer injecting and overdose prevention sessions were useful. The treatment options session received the lowest level of agreement from participants regarding its usefulness at 79%. All participants (100%) agreed that the P2P Project was useful overall.

One person (8%) strongly disagreed that the safer injecting session was useful, comments from this person indicated that they would have liked the session to have a greater focus on needle addiction.

Full details of the participant feedback can be found in Appendix B.

3.4 Key Findings from Staff Evaluation

Analysis of the staff evaluation forms is presented in this section. Evaluation forms were completed by those who facilitated the session and any Lighthouse Project or Sefton DAAT staff present at each session. Evaluation forms were not completed for the introductory session. A copy of the staff evaluation form can be found in Appendix C and full details of the staff responses can be found in Appendix D.

In total 20 forms were completed over the course of the project. Table 4 details the number of forms completed for each topic area.

Table 4: Number of staff evaluation forms completed per topic area

| Session | No. of staff evaluation forms completed |
|---------------------|---|
| Safer Injecting | 4 |
| Overdose Prevention | 4 |
| Blood Borne Viruses | 6 |
| Treatment Options | 6 |

Staff were asked to rate the effectiveness of each session at delivering the key messages. All staff (100%) rated the safer injecting, overdose prevention and treatment options sessions as effective (derived by adding 'very effective' and 'effective') at delivering key messages, compared with 83% of staff who rated the BBV session as effective.

All of the staff (100%) rated the future continuation of all sessions as useful to the client group.

The staff were asked to report any strengths or weaknesses to learning encountered during the training sessions. Some of the comments made by the staff are reported below.

Strengths reported included:

- 'Thought trainer was very informative and listening to reactions it has already changed people way of thinking.' (Safer injecting – Liverpool).
- 'I feel that by having trainer here that clients were able to re-ask questions and for them to be understood properly. Changing myths.' (BBV - Sefton)
- 'I think that having Hep C nurse was very important. She was able to explain about treatments which the rest of us know little about. She also made the session relaxed.' (BBV – Liverpool)
- 'Overall the treatment options section was very useful and provided very good information.' (Treatment options – Liverpool)
- 'A strength was the added element of incorporating group work and group discussion.' (Treatment options – Sefton)

Weaknesses reported included:

- 'Clients got restless towards the end and wanted to leave.' (Safer injecting - Liverpool)
- 'Session was back to front with ambulance (staff) and trainer.' (Overdose prevention - Sefton)
- 'Length of session may need shortening.' (Overdose prevention - Liverpool)
- 'I feel the next BBV session will be more seamless as the running order will be different.' (BBV - Sefton)
- 'Perhaps a positive speaker should be invited.' (BBV - Liverpool)
- 'A bit more explanation around what some of the jargon means.' (Treatment options - Liverpool)

Staff praised the training sessions for being interesting, a particular strength was the use of professionals/trainers who were suitably experienced and whom the groups were able to openly ask questions. The majority of the weaknesses cited by the staff were related to the format of the training sessions i.e. the length of the session, the house rules and the running order. In one session the ambulance service arrived at the same time as the trainer rather than after lunch, as the ambulance service had a later engagement they presented first therefore the session was delivered back to front. The staff indicated that at times they felt that knowing who was responsible for the organisation of specific sessions was an issue.

4. Additional Outcomes

This section outlines some of the other project outcomes that were observed during the training sessions. This section also includes commentary relating to the health promotion training session.

The participants

As discussed in the attendance and retention section (Section 3.1) there were significant differences between the Liverpool and Sefton groups from the outset of the project. The Sefton group had been meeting regularly for more than three years. It was observed that the pre-established Sefton group attended the training sessions consistently and felt very comfortable together from the outset. The Liverpool group was created specifically for the P2P Project and during the introductory session it was observed that many of the participants seemed slightly nervous and were getting used to their new environment, however, by the second session the group started to relax and appeared very comfortable. There was a core of 10 participants in Liverpool who attended consistently throughout the project and showed high levels of motivation and commitment to the project, many of this group stated at the end of the project that they were sad that the project was over and wished there was something else in place for them to become involved in.

The Liverpool group consisted of participants who had been pre-selected by Lighthouse Project (n=4) and participants who were opportunistically recruited on the day of the introductory session (n=11). All of the participants in this group who were pre-selected attended five or more sessions throughout the project. Six of the 11 opportunistically recruited participants in this group attended five or more sessions throughout the project. This indicates the importance of ensuring that pre-selected participants meet basic criteria of enthusiastic, motivated and committed. The recruitment model employed in Liverpool also showed that if pre-selected participants do not attend a good response and retention rate can be achieved using opportunistic recruitment in appropriate environments and through partnership agencies.

Session time keeping and house rules

It was observed at almost all sessions that the participants began to get restless when it almost reached finishing time. On a few occasions sessions ran over the stated finishing time and it was difficult to ensure that the participants remained focussed and absorbed information given at the end of the session. Late finishing sessions was usually a knock-on effect of the session beginning late. In addition participants attending late and a lot of moving around the room during the session disrupted the group and the training session. On one occasion one participant turned up 45 minutes late and left 45 minutes before the end of the session but still received their incentive, it was clear that the rest of the group felt that this was unfair.

The house rules discussed at the introductory session clearly stated that participants were not to come to the training sessions intoxicated. On one

occasion a participant attended clearly intoxicated and was spoken to by a staff member. This participant was allowed to stay for the session, however, some of the other participants had the view that if they had turned up intoxicated they would have been asked to leave.

It was also observed that many participants did not adhere to the rule regarding turning off mobile phones.

Participant Knowledge

It was observed in the evaluation quiz and during the training sessions that although the participant's knowledge overall increased after training some of the key messages of training sessions were still causing confusion. After training increases in incorrect responses were observed in the percentage of participants in Sefton who indicated that there is a vaccination for hepatitis C and in Liverpool who indicated that tolerance goes up after a break from a substance. The increase in incorrect responses highlights the importance of ensuring that the key messages are simply and clearly delivered and understood by all participants.

One of the goals of the P2P Project training sessions was to convey complex information in an uncomplicated way, however, throughout the training sessions the participants asked intelligent and searching questions. This indicates that the training sessions provided a good base level of information and facilitated more detailed and complex discussion among the groups.

Participant Confidence

Many of the participants reported feelings of increased confidence as a result of the P2P Project. As a result of the project one participant effectively put the overdose prevention training received into use and calmly responded to a friend's overdose by putting him in the recovery position and calling 999. The participant praised the P2P project for the training that he believed saved his friend's life. He stated that had it not been for the project he would not have known what to do nor had the confidence to act appropriately.

Feedback from participants highlighted a need for continued support for the participants to grow in confidence in order to take the messages they received during the project back into the community. One participant reported feeling embarrassed when he tried to tell his girlfriend that how she was injecting was wrong and she ignored him.

The training sessions

In Liverpool there was a lack of availability of a nurse who could practice in Liverpool for the BBV session (a Sefton registered nurse facilitated the session). Rather than screening for hepatitis at the session each participant who wanted hepatitis testing was given an appointment for 3 days later at a local clinic, however, none of the participants attended their appointment. In comparison, a nurse was available at the Sefton session and participants who

wished to be tested were swabbed on the day and given a follow-up appointment.

The participants enthusiastically engaged with the facilitators of each session and particularly with the guest speakers and positive speakers. The participants were given time for open discussion with the head of hepatitis clinic at Royal Liverpool Hospital, members of North West Ambulance Service, a Nurse Practitioner from the GUM Clinic at Royal Liverpool Hospital (Sefton only) and a woman who had contracted HIV through unprotected sex. The participants reported that their time with these people was 'brilliant' as it gave them an opportunity to openly ask questions that they had never felt comfortable or had the opportunity to ask before. Many barriers were broken down and myths dispelled during these discussions.

Throughout the project the majority of training sessions were the same in both locations with the exception of the ambulance service personnel present at the overdose prevention session and the treatment options session. The slides presented by the ambulance service personnel were identical in both locations, however, the ambulance person present was different in each session. Comments from staff who attended both sessions indicated that there was an issue regarding the continuity of key messages delivered by the ambulance service particularly relating to when police will attend the scene of an overdose.

During the treatment options session the Liverpool participants were given informative mini presentations by a variety of professionals working in substance misuse treatment in Liverpool. The facilitator of the treatment options session in Sefton engaged with the participants and incorporated group work and open group discussion into the session. Comments from the participants and staff were more positive towards the structure used in Sefton where the participants were engaged in the session, however only 79% of Sefton participants agreed that the session was useful compared with 100% of Liverpool participants. The positive feedback from the Liverpool group regarding the treatment options session may have been due to the fact that fewer of this group were accessing treatment and therefore they were less aware of alternative treatments available.

The venue used in Sefton was somewhat unsuitable for the P2P Project. The venue was too large, too public and contributed to disruption during the project. The venue was used as a replacement for another venue that became too small to facilitate the Sefton group. The problems associated with this venue highlight the bigger issue of project organisation and the requirement for suitable venues to be sourced and inspected before the project begins. The Liverpool training venue was more suitable and set up for a professional training course. The Liverpool participants responded to this venue and commented on the professional environment.

Health Promotion

The health promotion section of the quiz was removed from the main analysis as due to unforeseen circumstances one of the facilitators of the sessions was unavailable and therefore the health promotion sessions were not delivered in a structured manner.

The staff evaluation rated the health promotion sessions at only 60% effectiveness mainly due to the absence of a facilitator and because the slides for this session could not be located. The problems that occurred with health promotion highlighted the need for session slides to be pre-prepared and stored somewhere that others staff members could access.

A Nurse Practitioner from the GUM clinic at the Royal Liverpool Hospital was invited to the health promotion session in both areas, however she only attended in Sefton due to confusion regarding when the sessions were taking place and confirmation of her attendance. She conducted an open discussion with the participants in Sefton and many praised the session for allowing them to ask questions openly.

Regardless of the problems experienced with the health promotion sessions all participants in Liverpool (n=8) and Sefton (n=15) agreed that the health promotion session was useful. Many of the clients felt that the HIV positive speaker who attended the health promotion session was very interesting and 'blew away their stereotypes'.

Partnership Working

Throughout the project partnership working was utilised and benefited the project overall. The project team who were commissioned to develop the P2P Project consisted of representatives from different agencies and institutions which contributed to the success of the project. Examples of partnership working that benefited the project include:

- The partnership between Lighthouse Project, Sefton DAT and LJMU during the development and delivery of the project and evaluation.
- The partnership between the project team and other key agencies in the Liverpool recruitment.
- The partnership between the project team and the facilitators, professionals and guest speakers who delivered the individual training sessions.
- The partnership between the project team and the participants.

The Evaluation

Discussions with participants highlighted issues with the categories used in the evaluation quiz. In particular, the participants did not always accept the pre-defined criteria used and indicated ways to improve the categorisation. The categories employed for injecting status were questioned by the participants and they indicated that they did not feel the pre-defined criteria adequately represented different levels of injecting across the groups. The

category of previous injector was defined as someone who had previously injected (even just once) but had not injected for the last 4 weeks. Many participants who had only injected once/a few times in their lives felt that they did not qualify in the same category as someone who used to inject regularly. One participant said 'just because you have a few beers doesn't mean you're an alcoholic' and this summed up how many of those who had only experimented with injecting felt about being classed as a previous injector. The participants indicated that a category should be included that describes someone who has experimented with injecting such as 'I only injected once/a few times previously' or 'I experimented with injecting but did not inject regularly'.

The National Drug Treatment Conference (London, 2007)

The P2P Project received a high level of interest from a variety of sources from its conception in 2006. In March 2007 members of the project team presented the P2P Project at the National Drug Treatment Conference in London. The high levels of national recognition of the project at the conference and the positive results reported in this evaluation indicate the great success of this project overall.

5. The Evaluation - Lessons Learned

The results of the evaluation indicate that the methodology was robust as pre and post intervention compliance was high using the computer aided response software. The participants indicated that using the 'Who Wants To Be A Millionaire' (computer aided response system) was preferred to paper based questionnaires as it was more fun and the results were displayed immediately during the second quiz.

Although the methodology proved to be robust a number of lessons were learned regarding the evaluation quiz questions and format that should be addressed for future projects. These include:

- The responses for accommodation status should be clearer i.e. owned property should be homeowner.
- Main problem drug should have poly drug use options.
- The scale used to measure the length of time using main problem substance should be reviewed as all participants in the project first used their main problem drug 4 or more years ago. Categories in intervals of 5 years would be more useful.
- Injecting status should also have a category for 'I previously injected once/a few times' and 'I previously injected regularly' as participants who had only injected a few times would not label themselves as previous injectors.
- Other questions relating to injecting should have an option 'I no longer inject' along with 'I have never injected'. Participants who had only injected a few times felt it was inappropriate for them to respond 'none' to the question relating to how many non-injectors they have injected in front of in the past 4 weeks as they had not injected regularly or for many years.
- Questions that provide the answer to a following question should not be placed together within their section e.g. the questions on the type of blood flowing through the veins and arteries. These questions should be placed apart to minimise the effects of one giving the answer to the other away.
- A visual display of the Likert scales used should be drawn on a flipchart at the beginning of the quiz. Questions utilising Likert scales caused confusion as participants expected 'strongly agree' to be the first option on the scale.

The integration of the evaluation team with the project team from the beginning of the project and the partnership established throughout the P2P Project is considered as a significant contributory factor to the success of the evaluation. This partnership had a positive impact upon the success of the evaluation and the high level of participant and staff compliance with the evaluation.

6. Conclusions

Overall the results of the evaluation quiz, the participant feedback and the staff/facilitator feedback indicate that the project was effective at challenging misinformation and increasing the awareness and knowledge of problematic drug users regarding high risk drug related behaviour and activities. The conclusions of the evaluation are summarised below.

The participants

The attendance of the pre-selected participants who attended the introductory session in Liverpool (n=4) was consistent throughout the project and the majority of those opportunistically recruited (55%, n=6) attended consistently throughout the project. The majority of the pre-selected clients did not turn up to the introductory session indicating that there may be problems with the selection method used. The opportunistic recruitment of participants on the day of the introductory session in Liverpool at a drug treatment service and through partnership agencies achieved a surprisingly good level of retention.

The attendance of the participants in Sefton selected from the Sefton Service User Forum was almost 100% throughout the project. The dynamics of this group and their previous involvement contributed to their consistent attendance throughout the project. Choosing participants who are part of a pre-established group and have relatively stable drug use to undertake the P2P Project resulted in high levels of attendance and retention.

Women were under represented in the Liverpool group (90% of the group were male) and young people were under represented in Sefton (100% were aged 30+). Black and Minority Ethnic groups were under represented across both locations (participants were 100% white in Liverpool and Sefton).

Session time keeping, house rules and incentives

Participants became restless and lost focus when sessions ran over the stated finishing time and when participants turned up late. Disruption of sessions by participants attending late and moving around the room a lot during a session should be kept to a minimum.

The house rules were discussed and decided in conjunction with the participants during the introductory session. New participants who attended after the introductory session were not present during the house rules discussion and were unaware of the rules. The house rules need to be clear and visible during each session and applied consistently throughout.

Money was praised by the participants as the best incentive and was stated as a reason for continued attendance at the project. The participants were also impressed with their project bags given out at the beginning of the project, their attendance certificates and the goody bags received at the end of the project.

Participant's knowledge

The participant's factual knowledge improved after the project, however, more substantial improvements were observed in Liverpool than Sefton. The differences observed between the groups may have been due to the Sefton groups involvement with the Sefton Service User Forum and previous training sessions received as a result of this involvement.

The project improved the understanding between the participants and the ambulance service, hepatitis specialists and GUM specialists. Each group was given an opportunity to ask questions of these professionals in open forum and after participants reported that they felt more confident and comfortable about approaching these professionals/services for treatment. The participants praised the project for providing them with the opportunity to ask questions and discuss issues specific to their needs. Both the participants and the professionals involved stated that the sessions helped to dispel myths regarding treatment and how problematic drug users will be treated in the health system.

Harm reduction was promoted throughout the project and at the end many participants reported that they had repeated the harm reduction messages to their peers. Alternatives to unsafe practices were highlighted and discussed in detail. Although at times alternative practices sounded unpleasant they promoted discussion within the group and participants swapped stories of practices that they found worked and did not work and therefore learnt from each other while a professional was present to highlight bad practice and dispel myths

The results of the evaluation quiz and discussion with participants highlighted how effective the project was at dispelling myths. In particular the majority of participants in Liverpool thought that if someone overdosed that walking them around or putting them in a cold bath would help bring them around before the project and they were surprised to hear that it would actually do the person more harm. This highlighted the difficulties of drug workers regarding dispelling myths and that bringing people together as a group and discussing the myths in detail ensured the correct message was taken on board more effectively. However, the project also highlighted how essential it is to ensure that any increases in incorrect responses are tackled during the final session to ensure that all key messages are clearly understood by all participants.

Participant's confidence

Significant increases in the participants confidence was observed across all confidence-related quiz questions. More substantial improvements in confidence were observed in the Liverpool participants compared with the Sefton participants, however the majority of the Sefton participants had previously received overdose emergency training which may account for this difference.

Participants in both groups stated that after the project they felt more confident about their level and accuracy of knowledge, giving the right messages to peers and acting appropriately in an emergency. In one case a participant put their overdose emergency training into practice and saved the life of a friend.

Participants stated that they felt that there was a requirement for continued support to ensure that they retain their confidence levels and continue to grow in confidence in order to take the messages they received during the project back into the community and specifically to their peers.

The training sessions

The training sessions gave the participants the opportunity to engage with a treatment service (Lighthouse Project), representatives of health organisations, relevant professionals and with other problematic drug users with different levels of experience in relation to the treatment process. Many participants and the staff involved in facilitating the project praised the opportunity to meet and have open discussion with all of these people in a short space of time as a very positive aspect of the project. Issues were noted regarding the continuity of messages delivered during some training sessions, it is important that the messages delivered are accurate and consistent across all training sessions.

The training sessions helped to break down barriers between problematic drug users and health/treatment services, however, immediate access to a certain level of treatment would have been more effective in terms of ensuring that the participants actually took the next step and accessed the health/treatment service. In Liverpool the majority of participants at the BBV session showed a keen interest in hepatitis testing, however, none of the participants turned up for appointments organised for 3 days later. The opportunity for initial testing of the group was lost due to the lack of availability of a nurse at the session.

The participants indicated that they felt that the training sessions were very useful and informative, but that they were also fun and a social occasion.

Organisation and contingency plans

The problems encountered with the health promotion sessions highlighted the requirement for contingency plans to be developed. The facilitator of the health promotion session became unavailable suddenly and the notes for the session could not be located. This experience highlighted a need for all facilitator's notes and slides to be held in one central and easily accessible place should this situation arise again.

The lack of availability of a nurse at the Liverpool BBV session to undertake swab testing on the day highlighted the requirement for each session to be organised to ensure that the participants get the most value out of it.

Guest speakers should be confirmed by one person and their confirmation information held centrally. One guest speaker turned up to a session on their day off even though they hadn't received confirmation and was unsure if their presence was required. This guest speaker facilitated a very effective open discussion with the group and received a lot of positive feedback from the participants and staff.

Participant Feedback

Participants overwhelmingly indicated a positive response to the individual training modules and to the project overall. The participants indicated that employment is not the major priority for the participants, however, health and treatment were indicated as greater priorities after the project.

The participants contributed to the future development of the P2P Project with constructive ideas for the future including changes to the evaluation quiz, changes to the content of specific training modules and continued support after the project finished. Many of the participants also showed great levels of enthusiasm regarding becoming peer facilitators of future P2P Projects.

Participants who completed the project in both groups indicated that they felt a great sense of achievement at the end of the project, however, the Liverpool group indicated that they felt disappointed that their group was not continuing.

Staff Feedback

Staff from Lighthouse Project and Sefton DAT stated that they felt that the project was effective in delivering the key messages, achieving its aims and is useful for the future. The staff provided constructive ideas for future development of the P2P Project such as contingency planning, increased use of positive speakers and ensuring house rules are fully understood.

Participant Retention

The retention rates in Sefton were much better than Liverpool throughout the Project, however, this is due to the regularity with which the Sefton group had been meeting previously and the relative stability of their drug use.

The retention rates in Liverpool were significant considering that the group did not know each other and the majority were opportunistically recruited on the day of the first session. Enhanced screening of the participants invited to attend the Liverpool sessions would also have increased the attendance and retention rates.

The participants who were retained throughout the project exhibited high levels of engagement, motivation and commitment to the project.

Partnership Working

The partnership working that spanned all aspects of the P2P Project from its conception and development, participant recruitment, delivery and future roll-out contributed to the overall success of the project and the positive feedback from all involved.

The future

The future of the Sefton participants as a group was set out before the project began as they met regularly via the Sefton Service User Forum before the project and continued to do so after the project. When the P2P Project finished in Liverpool many participants were disappointed that there was nothing clearly set out for the future of the group and they were keen to continue their involvement with Lighthouse Project and each other.

The majority of participants in both groups showed high levels of enthusiasm for continuing their involvement with the P2P Project as peer facilitators at future projects. The participants welcomed the opportunities for continued personal development and empowerment.

In terms of the future of the P2P Project the results of this evaluation indicate that the participants were empowered and became more confident through their involvement with the P2P Project. The Project should be developed based on the recommendations in this report and expanded to other areas and groups in the future.

7. Recommendations

The evaluation team recommend that the P2P Project should be strategically developed for the future and further roll-out.

However, recommendations have arisen from this evaluation which should be taken into consideration for the future development of the P2P Project. The recommendations are identified in the categories below.

The participants

- Each potential participant should be provided with background information on the project to ensure they understand what it is about and the level of commitment required.
- The recruitment and selection of participants should conform to set criteria to avoid recruiting participants who feel the project is inappropriate to them or do not have the level of motivation and commitment required.
- Under represented groups should be targeted i.e. women, young people, Black and Minority Ethnic.
- Key agencies should be targeted to assist with recruitment drives and the identification of suitable potential participants.

Organisation and contingency planning

- Suitable venues should be sourced and inspected before each project begins.
- A contingency plan should be developed to ensure that everyone is aware what to do if a facilitator suddenly becomes unavailable.
- There should be a central easily accessible place where all facilitator's slides and notes are stored.
- There should be a central person who undertakes the organisation of guest speakers to ensure that all guest speakers are confirmed.
- A nurse should be available at relevant sessions i.e. BBV to undertake swab testing on the day.
- Injecting equipment should be available at the Safer Injecting session.
- If possible sessions should be run on the same day as relevant clinics or clinics set up specifically for the participants i.e. BBV session on the same day as the hepatitis clinic at the Royal Liverpool Hospital. Participants should be offered the opportunity to be taken to the clinic after the session.

Session time keeping and house rules

- Sessions should start and finish on time.
- The house rules should be co-owned by the original participants and the staff but adhered to by the whole group.

- The house rules should be clearly visible in the training room during each training session and reiterated at the beginning of each session or when new participants join.
- The participants and staff should jointly decide how late a participant can be before they will be refused entry to the training session and not entitled to an incentive. Any participants who arrive after the agreed time should not be allowed to participate in the session.
- Specific tea breaks should be agreed with participants to keep disruption during sessions to a minimum.

Further development

- The project should be developed for the future with continued involvement from partnership agencies to ensure good levels of recruitment and participation from a variety of substance users and people working in the field.
- There is a requirement for a continuation programme to retain participants who are keen to continue their involvement with P2P Project/Lighthouse Project without a long time gap where contact is lost.
- There is a requirement for continued support to be made available to reinforce the harm reduction messages delivered to participants and ensure that they are not belittled by peers.
- There should be an exit strategy in place for those participants who do not want to continue their involvement with P2P Project/Lighthouse Project.
- Consistent messages must be delivered across training courses to ensure all participants have the same level of understanding and receive accurate information.
- The use of positive speakers should be extended to include someone who contracted HIV through injecting and someone who has been through treatment for hepatitis C and can share their experiences.
- The specific needs and environment of groups for future projects should be taken into consideration and the project adjusted accordingly i.e. homeless people, young people etc.
- Ensure that the data collected and assessments made throughout the project are accurate and fit the client group. In order to achieve this the recommendations highlighted in The Evaluation - Lessons Learned (Section 5) should be implemented for future projects.
- Training sessions should be expanded to include additional topics as recommended in participant feedback e.g. Include needle addiction in the safer injecting session and more in-depth information on alcohol harm reduction in the health promotion session.
- The training sessions could be utilised on other groups than problematic drug users, such as drug treatment staff or students or a mixture of groups i.e. problematic drug users and staff.
- Participants of this project should receive structured health promotion training.

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Appendix A

Participants Responses to Quiz Questions Before & After Training

Liverpool

Please note where a quiz question has a factual correct answer it is shown in bold print

Participant Characteristics (n=10)

Gender

| | Male | Female |
|-----------------|------|--------|
| Before training | 90% | 10% |
| After training | 90% | 10% |

Age

| | Under 18 | 18-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45+ |
|-----------------|----------|-------|-------|-------|-------|-------|-------|-----|
| Before training | 0% | 0% | 20% | 0% | 30% | 20% | 20% | 10% |
| After training | 0% | 0% | 20% | 0% | 30% | 20% | 20% | 10% |

Ethnicity

| | White | Mixed | Asian/Asian British | Black/Black British | Other |
|-----------------|-------|-------|---------------------|---------------------|-------|
| Before training | 100% | 0% | 0% | 0% | 0% |
| After training | 100% | 0% | 0% | 0% | 0% |

Accommodation status

| | NFA | Temporary | Supported housing | Rented | Traveller | Hostel | Owned Property |
|-----------------|-----|-----------|-------------------|--------|-----------|--------|----------------|
| Before training | 0% | 40% | 0% | 20% | 0% | 20% | 20% |
| After training | 0% | 40% | 0% | 30% | 0% | 20% | 10% |

Currently accessing treatment

| | Yes | No |
|-----------------|-----|-----|
| Before training | 60% | 40% |
| After training | 50% | 50% |

Main problem drug

| | Heroin | Cocaine | Crack cocaine | Other |
|-----------------|--------|---------|---------------|-------|
| Before training | 60% | 20% | 0% | 20% |
| After training | 50% | 20% | 0% | 30% |

How long ago did you first take your main problem drug?

| | Less than 1 year | 1-2 years | 3-4 years | More than 4 years |
|-----------------|------------------|-----------|-----------|-------------------|
| Before training | 0% | 0% | 0% | 100% |
| After training | 0% | 0% | 0% | 100% |

Current injecting status

| | Currently | Previously | Never |
|-----------------|-----------|------------|-------|
| Before training | 10% | 40% | 50% |
| After training | 20% | 40% | 40% |

Length of time injecting

| | Less than 1 year | 1-2 years | 3-4 years | More than 4 years | Have never injected |
|-----------------|------------------|-----------|-----------|-------------------|---------------------|
| Before training | 10% | 0% | 0% | 40% | 50% |
| After training | 20% | 0% | 0% | 40% | 40% |

Part of body injected on most often

| | Arms | Hands | Legs | Femoral vein (Groin) | Neck | Other area | Have never injected |
|-----------------|------|-------|------|----------------------|------|------------|---------------------|
| Before training | 40% | 0% | 0% | 0% | 0% | 10% | 50% |
| After training | 60% | 0% | 0% | 0% | 0% | 0% | 40% |

Safer Injecting and Avoidance of Initiating Others (n=10)

When injecting in the arm what size of needle should be used?

| | Smallest possible | Largest possible | It does not matter | Don't know |
|-----------------|--------------------------|------------------|--------------------|------------|
| Before training | 50% | 0% | 10% | 40% |
| After training | 100% | 0% | 0% | 0% |

Which of the following is it safe to share?

| | Needle | Barrel | Water | Spoon | Swabs | All | None | Don't know |
|-----------------|--------|--------|-------|-------|-------|-----|-------------|------------|
| Before training | 0% | 0% | 20% | 0% | 0% | 0% | 70% | 10% |
| After training | 0% | 0% | 0% | 0% | 0% | 0% | 100% | 0% |

Dark red blood flowing towards the heart flows through the....

| | Arteries | Veins | Don't know |
|-----------------|----------|--------------|------------|
| Before training | 50% | 30% | 20% |
| After training | 40% | 60% | 0% |

Bright red blood flowing under pressure flows through....

| | Arteries | Veins | Don't know |
|-----------------|-----------------|-------|------------|
| Before training | 40% | 40% | 20% |
| After training | 90% | 10% | 0% |

Which of the following is the correct way to inject in the arm?

| | Picture 1 | Picture 2 | Picture 3 | Picture 4 |
|-----------------|-----------|------------------|-----------|-----------|
| Before training | 0% | 100% | 0% | 0% |
| After training | 0% | 100% | 0% | 0% |

Injecting in the groin is particularly risky because....

| | Vein is deep & not visible | Vein is close to a nerve and major artery | Groin area can be prone to infection | All of above |
|-----------------|----------------------------|---|--------------------------------------|---------------------|
| Before training | 10% | 40% | 10% | 40% |
| After training | 0% | 20% | 10% | 70% |

If you accidentally hit your femoral artery (groin) you can lose a lot of blood very quickly. If you do hit this artery you should....

| | Continue to inject to deaden pain & stop bleeding | Tie shoe lace tightly around leg | Remove needle & lay in bath of cold water | Remove needle & lay flat on ground applying pressure for 10 mins | Don't know |
|-----------------|---|----------------------------------|---|---|------------|
| Before training | 10% | 10% | 0% | 30% | 50% |
| After training | 0% | 10% | 0% | 80% | 10% |

Once you have established a vein and drawn blood, the tourniquet should be....

| | Tightened more | Loosened | Left alone | Don't know |
|-----------------|----------------|-----------------|------------|------------|
| Before training | 0% | 80% | 0% | 20% |
| After training | 0% | 100% | 0% | 0% |

Re-using your own works is safe

| | True | False | Don't know |
|-----------------|------|--------------|------------|
| Before training | 10% | 80% | 10% |
| After training | 10% | 90% | 0% |

What is the biggest danger associated with injecting in groups?

| | Infection | Overdose | No danger | Don't know |
|-----------------|------------------|----------|-----------|------------|
| Before training | 80% | 20% | 0% | 0% |
| After training | 90% | 10% | 0% | 0% |

Licking/putting a needle in your mouth causes.....

| | Bacterial infections | HIV | Overdose | Don't know |
|-----------------|-----------------------------|-----|----------|------------|
| Before training | 60% | 0% | 0% | 40% |
| After training | 80% | 20% | 0% | 0% |

How many non-injectors have you injected in front of in the last 4 weeks?

| | None | 1-2 | 3-4 | 6+ | I do not inject |
|-----------------|------|-----|-----|----|-----------------|
| Before training | 30% | 10% | 0% | 0% | 60% |
| After training | 10% | 30% | 0% | 0% | 60% |

How confident do you feel about giving harm reduction/safer injecting information to an injector?

| | Very unconfident | Unconfident | Confident | Very confident |
|-----------------|------------------|-------------|-----------|----------------|
| Before training | 50% | 10% | 40% | 0% |
| After training | 20% | 0% | 40% | 40% |

Overdose Prevention and What to do in an Emergency (n=10)

Which of these substances continues to be active in the body for the longest?

| | Cocaine | Heroin | Amphetamines | Benzo-diazepines | Don't know |
|-----------------|---------|--------|--------------|-------------------------|------------|
| Before training | 0% | 10% | 10% | 40% | 40% |
| After training | 10% | 20% | 20% | 50% | 0% |

After heroin/morphine, which is the **second** most commonly found substance in drug related deaths?

| | Cocaine | Alcohol | Methadone | None | Don't know |
|-----------------|---------|----------------|-----------|------|------------|
| Before training | 30% | 40% | 20% | 0% | 10% |
| After training | 30% | 70% | 0% | 0% | 0% |

What happens to your tolerance to a substance after you have a break from using that substance?

| | Goes up | Goes down | Stays the same | Don't know |
|-----------------|---------|------------------|----------------|------------|
| Before training | 10% | 70% | 0% | 20% |
| After training | 30% | 70% | 0% | 0% |

Which of the following is **not** a sign of overdose?

| | Shallow breathing | Blue lips | Red face | Coma | Don't know |
|-----------------|-------------------|-----------|-----------------|------|------------|
| Before training | 10% | 10% | 70% | 0% | 10% |
| After training | 10% | 10% | 60% | 10% | 10% |

Overdose can happen....

| | Immediately following injection | Several hours after injection | All of the above | None of the above | Don't know |
|-----------------|---------------------------------|-------------------------------|-------------------------|-------------------|------------|
| Before training | 50% | 0% | 30% | 0% | 20% |
| After training | 20% | 0% | 80% | 0% | 0% |

Can you overdose or have a 'near miss' through smoking heroin?

| | Yes | No | Don't know |
|-----------------|------------|-----|------------|
| Before training | 30% | 50% | 20% |
| After training | 50% | 30% | 20% |

What is the danger of not remaining in hospital following treatment after a 'near miss' or overdose?

| | Changes in tolerance levels | Falling unconscious as treatment wears off | Not getting follow-up appointment | No danger | Don't know |
|-----------------|-----------------------------|---|-----------------------------------|-----------|------------|
| Before training | 10% | 50% | 10% | 10% | 20% |
| After training | 20% | 80% | 0% | 0% | 0% |

Should you do any of the following if someone overdoses?

Put them in a cold bath?

| | Yes | No | Don't know |
|-----------------|-----|-------------|------------|
| Before training | 50% | 40% | 10% |
| After training | 0% | 100% | 0% |

Call 999?

| | Yes | No | Don't know |
|-----------------|-------------|----|------------|
| Before training | 100% | 0% | 0% |
| After training | 100% | 0% | 0% |

Walk them around?

| | Yes | No | Don't know |
|-----------------|-----|------|------------|
| Before training | 60% | 30% | 10% |
| After training | 0% | 100% | 0% |

When someone is overdosing, which of the following substances could you inject them with to make them conscious?

| | Salt water | Cocaine | Water | None of the above | Don't know |
|-----------------|------------|---------|-------|-------------------|------------|
| Before training | 20% | 0% | 10% | 40% | 30% |
| After training | 0% | 0% | 0% | 100% | 0% |

If you call 999 and report an overdose the police will also attend the scene....

| | Always | Never | Only in certain circumstances | Don't know |
|-----------------|--------|-------|-------------------------------|------------|
| Before training | 50% | 10% | 30% | 10% |
| After training | 20% | 10% | 70% | 0% |

Which of the following correctly shows the recovery position?

| | Picture 1 | Picture 2 | Picture 3 | Picture 4 |
|-----------------|-----------|-----------|-----------|-----------|
| Before training | 0% | 20% | 70% | 10% |
| After training | 0% | 0% | 100% | 0% |

How confident do you feel about calling 999 if someone overdoses?

| | Very unconfident | Unconfident | Neutral | Confident | Very confident |
|-----------------|------------------|-------------|---------|-----------|----------------|
| Before training | 20% | 20% | 30% | 20% | 10% |
| After training | 20% | 0% | 10% | 30% | 40% |

How confident do you feel about your ability to put someone in the recovery position?

| | Very unconfident | Unconfident | Neutral | Confident | Very confident |
|-----------------|------------------|-------------|---------|-----------|----------------|
| Before training | 20% | 10% | 0% | 20% | 50% |
| After training | 20% | 0% | 0% | 0% | 80% |

Have you ever previously had any training on what to do in an overdose emergency?

| | Yes | No | Don't know |
|-----------------|-----|-----|------------|
| Before training | 20% | 70% | 10% |
| After training | 20% | 80% | 0% |

Blood Borne Viruses (n=9)

How would you describe your knowledge of blood borne viruses (BBV), HIV, hepatitis C and hepatitis B?

| | Very limited knowledge | Limited knowledge | Knowledgeable | Very knowledgeable |
|-----------------|------------------------|-------------------|---------------|--------------------|
| Before training | 67% | 22% | 11% | 0% |
| After training | 0% | 0% | 89% | 11% |

Hepatitis causes....

| | Inflammation of the liver | Inflammation of the kidneys | Inflammation of the bowels | All of the above | None of the above | Don't know |
|-----------------|---------------------------|-----------------------------|----------------------------|------------------|-------------------|------------|
| Before training | 78% | 11% | 0% | 11% | 0% | 0% |
| After training | 78% | 11% | 0% | 11% | 0% | 0% |

Which of the following is **not** a function of the liver?

| | Helps fight infections | Controls bone growth | Makes the chemicals that keep our body working | Filters & cleans the blood | Don't know |
|-----------------|------------------------|-----------------------------|--|----------------------------|------------|
| Before training | 0% | 45% | 11% | 11% | 33% |
| After training | 0% | 100% | 0% | 0% | 0% |

Hepatitis A can be caused by....

| | Contaminated food | Contaminated water & drinks | Poor hygiene | All of the above | None of the above | Don't know |
|-----------------|-------------------|-----------------------------|--------------|-------------------------|-------------------|------------|
| Before training | 0% | 22% | 22% | 56% | 0% | 0% |
| After training | 0% | 11% | 11% | 56% | 22% | 0% |

Some forms of hepatitis can be spread through....

| | Contact with blood from an infected person | Unprotected sex | Sharing toothbrushes and razors with an infected person | All of the above | None of the above | Don't know |
|-----------------|--|-----------------|---|-------------------------|-------------------|------------|
| Before training | 0% | 11% | 11% | 78% | 0% | 0% |
| After training | 0% | 11% | 0% | 89% | 0% | 0% |

Which of the following is a common symptom of hepatitis?

| | Flu like symptoms | Loss of appetite | Lack of energy | All of the above | None of the above | Don't know |
|-----------------|-------------------|------------------|----------------|-------------------------|-------------------|------------|
| Before training | 34% | 0% | 34% | 11% | 11% | 11% |
| After training | 22% | 0% | 11% | 67% | 0% | 0% |

Which of the following is there a vaccination against?

| | Hep B | Hep C | HIV | All of the above | None of the above | Don't know |
|-----------------|------------|-------|-----|------------------|-------------------|------------|
| Before training | 56% | 33% | 0% | 0% | 11% | 0% |
| After training | 89% | 0% | 0% | 0% | 11% | 0% |

Water that is not sterile, and has been used to prepare an injection, can contaminate your needle and syringe resulting in infection.

| | True | False | Don't know |
|-----------------|-------------|-------|------------|
| Before training | 89% | 11% | 0% |
| After training | 100% | 0% | 0% |

Referrals into treatment for hepatitis C can come from....

| | GP | GUM Clinic | Key worker | All of the above | None of the above | Don't know |
|-----------------|-----|------------|------------|------------------|-------------------|------------|
| Before training | 22% | 0% | 0% | 78% | 0% | 0% |
| After training | 0% | 0% | 0% | 100% | 0% | 0% |

How important do you feel it is to ensure that BBV are not transmitted?

| | Very unimportant | Unimportant | Neutral | Important | Very important |
|-----------------|------------------|-------------|---------|-----------|----------------|
| Before training | 22% | 0% | 0% | 0% | 78% |
| After training | 11% | 0% | 0% | 0% | 89% |

Health promotion (n=10)

According to sensible drinking guidelines what is the maximum daily alcohol limit for women?

| | 1-2 units | 2-3 units | 3-4 units | Don't know |
|-----------------|-----------|------------|-----------|------------|
| Before training | 63% | 12% | 0% | 25% |
| After training | 75% | 13% | 13% | 0% |

According to sensible drinking guidelines what is the maximum daily alcohol limit for men?

| | 1-2 units | 2-3 units | 3-4 units | Don't know |
|-----------------|-----------|-----------|------------|------------|
| Before training | 0% | 50% | 25% | 25% |
| After training | 0% | 13% | 87% | 0% |

The most common cause of death of problematic drug users in treatment is drug overdose.

| | True | False | Don't know |
|-----------------|------|-------|------------|
| Before training | 87% | 0% | 13% |
| After training | 63% | 37% | 0% |

Which vaccine is given to protect against tuberculosis?

| | Rubella | BCG | Tetanus | Don't know |
|-----------------|---------|-----|---------|------------|
| Before training | 13% | 75% | 0% | 13% |
| After training | 0% | 88% | 13% | 0% |

How often should women visit their doctor for a smear test?

| | Once a year | Every 2 years | Every 3 years | Don't know |
|-----------------|-------------|---------------|---------------|------------|
| Before training | 50% | 25% | 0% | 25% |
| After training | 50% | 50% | 0% | 0% |

Which of the following are early signs of testicular cancer?

| | Hard lump in front or side of testicle | Swelling or enlargement of testicle | Pain or discomfort in a testicle or scrotum | All of above | None of above | Don't know |
|-----------------|--|-------------------------------------|---|--------------|---------------|------------|
| Before training | 0% | 25% | 13% | 50% | 0% | 13% |
| After training | 13% | 0% | 0% | 88% | 0% | 0% |

Which of the following diseases can you catch through unprotected sex?

| | Hep B | Chlamydia | HIV | All of above | None of above |
|-----------------|-------|-----------|-----|--------------|---------------|
| Before training | 0% | 38% | 0% | 63% | 0% |
| After training | 0% | 0% | 0% | 100% | 0% |

Which of the following Sexually Transmitted Infections (STIs) is most common?

| | Chlamydia | Genital Warts | Gonorrhoea | Genital herpes | Syphilis | Don't know |
|-----------------|-----------|---------------|------------|----------------|----------|------------|
| Before training | 38% | 13% | 25% | 25% | 0% | 0% |
| After training | 50% | 13% | 25% | 13% | 0% | 0% |

Which of the following STIs sometimes has no symptoms?

| | Herpes | Chlamydia | Gonorrhoea | All of above | Don't know |
|-----------------|--------|-----------|------------|--------------|------------|
| Before training | 0% | 63% | 13% | 13% | 13% |
| After training | 25% | 63% | 0% | 13% | 0% |

Treatment Options (n=10)

According to national guidelines what should the average waiting time for accessing a specialist prescribing service in Liverpool be?

| | 2 weeks or less | 3 weeks or less | 4 weeks or less | Don't know |
|-----------------|-----------------|------------------------|-----------------|------------|
| Before training | 50% | 20% | 20% | 10% |
| After training | 0% | 90% | 10% | 0% |

Other than drug use, in your opinion, what is the top priority for drug users?

| | Accommodation | Treatment | Employment | Health | Education/ Training | Something else |
|-----------------|---------------|-----------|------------|--------|---------------------|----------------|
| Before training | 20% | 30% | 0% | 10% | 30% | 10% |
| After training | 30% | 50% | 0% | 20% | 0% | 0% |

Do you have a care plan?

| | Yes and I have seen it | Yes but I have never seen it | No | Don't know |
|-----------------|------------------------|------------------------------|-----|------------|
| Before training | 30% | 20% | 50% | 0% |
| After training | 10% | 40% | 50% | 0% |

The following tables have been split into participants who do have a care plan and those who do not.

Participants with a care plan (n=5)

The definition of a Care Plan is....

| | Drug worker decides best course of action | Setting goals based on needs identified by assessment & planning interventions to meet goals | Identifying treatment options I would like to participate in | Don't know |
|-----------------|---|---|--|------------|
| Before training | 20% | 60% | 20% | 0% |
| After training | 0% | 100% | 0% | 0% |

Who is responsible for your Care Plan?

| | You | Drug worker | Both you and drug worker | Don't know |
|-----------------|-----|-------------|---------------------------------|------------|
| Before training | 0% | 20% | 80% | 0% |
| After training | 0% | 20% | 80% | 0% |

Do you feel able/comfortable to challenge your Care Plan?

| | Yes | No | Don't know | I'm not bothered |
|-----------------|------|-----|------------|------------------|
| Before training | 100% | 0% | 0% | 0% |
| After training | 80% | 20% | 0% | 0% |

How important is your Care Plan to you?

| | Very unimportant | Unimportant | I'm not bothered | Important | Very important |
|-----------------|------------------|-------------|------------------|-----------|----------------|
| Before training | 20% | 20% | 0% | 20% | 40% |
| After training | 0% | 0% | 0% | 60% | 20% |

Participants without a care plan (n=5)

The definition of a Care Plan is....

| | Drug worker decides best course of action | Setting goals based on needs identified by assessment & planning interventions to meet goals | Identifying treatment options I would like to participate in | Don't know |
|-----------------|---|---|--|------------|
| Before training | 0% | 80% | 20% | 0% |
| After training | 0% | 100% | 0% | 0% |

Who is responsible for your Care Plan?

| | You | Drug worker | Both you and drug worker | Don't know |
|-----------------|-----|-------------|--------------------------|------------|
| Before training | 0% | 0% | 60% | 40% |
| After training | 0% | 40% | 60% | 0% |

Do you feel able/comfortable to challenge your Care Plan?

| | Yes | No | Don't know | I'm not bothered |
|-----------------|-----|-----|------------|------------------|
| Before training | 20% | 0% | 40% | 40% |
| After training | 20% | 80% | 0% | 0% |

How important is your Care Plan to you?

| | Very unimportant | Unimportant | I'm not bothered | Important | Very important |
|-----------------|------------------|-------------|------------------|-----------|----------------|
| Before training | 40% | 0% | 20% | 0% | 40% |
| After training | 0% | 0% | 100% | 0% | 0% |

Participant Feedback (analysis in this section is based on the number of participants who attended each session as feedback was only requested at the end of the project)

I feel the safer injecting session was useful. (n=10)

| | Strongly disagree | Disagree | Neither disagree or agree | Agree | Strongly agree |
|----------------|-------------------|----------|---------------------------|-------|----------------|
| After training | 0% | 0% | 10% | 20% | 70% |

I feel the overdose prevention session was useful. (n=10)

| | Strongly disagree | Disagree | Neither disagree or agree | Agree | Strongly agree |
|----------------|-------------------|----------|---------------------------|-------|----------------|
| After training | 0% | 0% | 0% | 30% | 70% |

I feel the blood borne viruses session was useful. (n=9)

| | Strongly disagree | Disagree | Neither disagree or agree | Agree | Strongly agree |
|----------------|-------------------|----------|---------------------------|-------|----------------|
| After training | 0% | 0% | 0% | 11% | 89% |

I feel the health promotion session was useful. (n=8)

| | Strongly disagree | Disagree | Neither disagree or agree | Agree | Strongly agree |
|----------------|-------------------|----------|---------------------------|-------|----------------|
| After training | 0% | 0% | 0% | 38% | 62% |

I feel the treatment options session was useful. (n=11)

| | Strongly disagree | Disagree | Neither disagree or agree | Agree | Strongly agree |
|----------------|-------------------|----------|---------------------------|-------|----------------|
| After training | 0% | 0% | 0% | 18% | 82% |

Overall I feel the Peer to Peer Project was useful. (n=11)

| | Strongly disagree | Disagree | Neither disagree or agree | Agree | Strongly agree |
|----------------|-------------------|----------|---------------------------|-------|----------------|
| After training | 0% | 0% | 0% | 9% | 91% |

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Appendix B

Participants Responses to Quiz Questions Before & After Training

Sefton

Please note where a quiz question has a factual correct answer it is shown in bold print

Participant Characteristics (n=12)

Gender

| | Male | Female |
|-----------------|------|--------|
| Before training | 75% | 25% |
| After training | 75% | 25% |

Age

| | Under 18 | 18-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45+ |
|-----------------|----------|-------|-------|-------|-------|-------|-------|-----|
| Before training | 0% | 0% | 0% | 0% | 8% | 17% | 42% | 33% |
| After training | 0% | 0% | 0% | 0% | 8% | 17% | 42% | 33% |

Ethnicity

| | White | Mixed | Asian/Asian British | Black/Black British | Other |
|-----------------|-------|-------|---------------------|---------------------|-------|
| Before training | 100% | 0% | 0% | 0% | 0% |
| After training | 100% | 0% | 0% | 0% | 0% |

Accommodation status

| | NFA | Temporary | Supported housing | Rented | Traveller | Hostel | Owned Property |
|-----------------|-----|-----------|-------------------|--------|-----------|--------|----------------|
| Before training | 0% | 25% | 0% | 58% | 0% | 0% | 17% |
| After training | 0% | 8% | 0% | 67% | 8% | 0% | 17% |

Currently accessing treatment

| | Yes | No |
|-----------------|-----|-----|
| Before training | 92% | 8% |
| After training | 83% | 17% |

Main problem drug

| | Heroin | Cocaine | Crack cocaine | Other |
|-----------------|--------|---------|---------------|-------|
| Before training | 84% | 8% | 0% | 8% |
| After training | 84% | 8% | 0% | 8% |

How long ago did you first take your main problem drug?

| | Less than 1 year | 1-2 years | 3-4 years | More than 4 years |
|-----------------|------------------|-----------|-----------|-------------------|
| Before training | 0% | 0% | 0% | 100% |
| After training | 0% | 0% | 0% | 100% |

Current injecting status

| | Currently | Previously | Never |
|-----------------|-----------|------------|-------|
| Before training | 17% | 50% | 33% |
| After training | 17% | 50% | 33% |

Length of time injecting

| | Less than 1 year | 1-2 years | 3-4 years | More than 4 years | Have never injected |
|-----------------|------------------|-----------|-----------|-------------------|---------------------|
| Before training | 8% | 17% | 0% | 42% | 33% |
| After training | 8% | 17% | 0% | 42% | 33% |

Part of body injected on most often

| | Arms | Hands | Legs | Femoral vein (Groin) | Neck | Other area | Have never injected |
|-----------------|------|-------|------|----------------------|------|------------|---------------------|
| Before training | 17% | 0% | 8% | 42% | 0% | 0% | 33% |
| After training | 17% | 0% | 8% | 42% | 0% | 0% | 33% |

Safer Injecting and Avoidance of Initiating Others (n=12)

When injecting in the arm what size of needle should be used?

| | Smallest possible | Largest possible | It does not matter | Don't know |
|-----------------|--------------------------|------------------|--------------------|------------|
| Before training | 83% | 0% | 0% | 17% |
| After training | 100% | 0% | 0% | 0% |

Which of the following is it safe to share?

| | Needle | Barrel | Water | Spoon | Swabs | All | None | Don't know |
|-----------------|--------|--------|-------|-------|-------|-----|-------------|------------|
| Before training | 0% | 0% | 0% | 0% | 0% | 0% | 92% | 8% |
| After training | 0% | 0% | 0% | 0% | 0% | 0% | 100% | 0% |

Dark red blood flowing towards the heart flows through the....

| | Arteries | Veins | Don't know |
|-----------------|----------|--------------|------------|
| Before training | 42% | 50% | 8% |
| After training | 8% | 92% | 0% |

Bright red blood flowing under pressure flows through....

| | Arteries | Veins | Don't know |
|-----------------|-----------------|-------|------------|
| Before training | 50% | 25% | 25% |
| After training | 100% | 0% | 0% |

Which of the following is the correct way to inject in the arm?

| | Picture 1 | Picture 2 | Picture 3 | Picture 4 |
|-----------------|-----------|------------------|-----------|-----------|
| Before training | 0% | 100% | 0% | 0% |
| After training | 0% | 100% | 0% | 0% |

Injecting in the groin is particularly risky because....

| | Vein is deep & not visible | Vein is close to a nerve and major artery | Groin area can be prone to infection | All of above |
|-----------------|----------------------------|---|--------------------------------------|---------------------|
| Before training | 0% | 42% | 8% | 50% |
| After training | 8% | 8% | 0% | 84% |

If you accidentally hit your femoral artery (groin) you can lose a lot of blood very quickly. If you do hit this artery you should....

| | Continue to inject to deaden pain & stop bleeding | Tie shoe lace tightly around leg | Remove needle & lay in bath of cold water | Remove needle & lay flat on ground applying pressure for 10 mins | Don't know |
|-----------------|---|----------------------------------|---|---|------------|
| Before training | 0% | 0% | 0% | 67% | 33% |
| After training | 0% | 0% | 0% | 100% | 0% |

Once you have established a vein and drawn blood, the tourniquet should be....

| | Tightened more | Loosened | Left alone | Don't know |
|-----------------|----------------|-----------------|------------|------------|
| Before training | 0% | 100% | 0% | 0% |
| After training | 0% | 100% | 0% | 0% |

Re-using your own works is safe

| | True | False | Don't know |
|-----------------|------|--------------|------------|
| Before training | 8% | 75% | 17% |
| After training | 0% | 100% | 0% |

What is the biggest danger associated with injecting in groups?

| | Infection | Overdose | No danger | Don't know |
|-----------------|------------------|----------|-----------|------------|
| Before training | 75% | 25% | 0% | 0% |
| After training | 100% | 0% | 0% | 0% |

Licking/putting a needle in your mouth causes.....

| | Bacterial infections | HIV | Overdose | Don't know |
|-----------------|----------------------|-----|----------|------------|
| Before training | 100% | 0% | 0% | 0% |
| After training | 100% | 0% | 0% | 0% |

How many non-injectors have you injected in front of in the last 4 weeks?

| | None | 1-2 | 3-4 | 6+ | I do not inject |
|-----------------|------|-----|-----|----|-----------------|
| Before training | 8% | 8% | 0% | 0% | 84% |
| After training | 50% | 17% | 0% | 0% | 33% |

How confident do you feel about giving harm reduction/safer injecting information to an injector?

| | Very unconfident | Unconfident | Confident | Very confident |
|-----------------|------------------|-------------|-----------|----------------|
| Before training | 17% | 25% | 42% | 17% |
| After training | 0% | 8% | 42% | 50% |

Overdose Prevention and What to do in an Emergency (n=12)

Which of these substances continues to be active in the body for the longest?

| | Cocaine | Heroin | Amphetamines | Benzo-diazepines | Don't know |
|-----------------|---------|--------|--------------|------------------|------------|
| Before training | 0% | 17% | 8% | 42% | 33% |
| After training | 0% | 0% | 8% | 92% | 0% |

After heroin/morphine, which is the **second** most commonly found substance in drug related deaths?

| | Cocaine | Alcohol | Methadone | None | Don't know |
|-----------------|---------|---------|-----------|------|------------|
| Before training | 25% | 33% | 25% | 0% | 17% |
| After training | 0% | 67% | 25% | 0% | 8% |

What happens to your tolerance to a substance after you have a break from using that substance?

| | Goes up | Goes down | Stays the same | Don't know |
|-----------------|---------|-----------|----------------|------------|
| Before training | 8% | 92% | 0% | 0% |
| After training | 0% | 100% | 0% | 0% |

Which of the following is **not** a sign of overdose?

| | Shallow breathing | Blue lips | Red face | Coma | Don't know |
|-----------------|-------------------|-----------|-----------------|------|------------|
| Before training | 0% | 0% | 67% | 0% | 33% |
| After training | 0% | 0% | 100% | 0% | 0% |

Overdose can happen....

| | Immediately following injection | Several hours after injection | All of the above | None of the above | Don't know |
|-----------------|---------------------------------|-------------------------------|-------------------------|-------------------|------------|
| Before training | 17% | 8% | 50% | 0% | 25% |
| After training | 0% | 17% | 83% | 0% | 0% |

Can you overdose or have a 'near miss' through smoking heroin?

| | Yes | No | Don't know |
|-----------------|-------------|----|------------|
| Before training | 100% | 0% | 0% |
| After training | 100% | 0% | 0% |

What is the danger of not remaining in hospital following treatment after a 'near miss' or overdose?

| | Changes in tolerance levels | Falling unconscious as treatment wears off | Not getting follow-up appointment | No danger | Don't know |
|-----------------|-----------------------------|---|-----------------------------------|-----------|------------|
| Before training | 25% | 50% | 0% | 0% | 25% |
| After training | 8% | 84% | 8% | 0% | 0% |

Should you do any of the following if someone overdoses?

Put them in a cold bath?

| | Yes | No | Don't know |
|-----------------|-----|-------------|------------|
| Before training | 8% | 75% | 17% |
| After training | 0% | 100% | 0% |

Call 999?

| | Yes | No | Don't know |
|-----------------|-------------|----|------------|
| Before training | 100% | 0% | 0% |
| After training | 100% | 0% | 0% |

Walk them around?

| | Yes | No | Don't know |
|-----------------|-----|-------------|------------|
| Before training | 42% | 50% | 8% |
| After training | 0% | 100% | 0% |

When someone is overdosing, which of the following substances could you inject them with to make them conscious?

| | Salt water | Cocaine | Water | None of the above | Don't know |
|-----------------|------------|---------|-------|-------------------|------------|
| Before training | 8% | 0% | 0% | 59% | 33% |
| After training | 0% | 0% | 0% | 100% | 0% |

If you call 999 and report an overdose the police will also attend the scene....

| | Always | Never | Only in certain circumstances | Don't know |
|-----------------|--------|-------|-------------------------------|------------|
| Before training | 17% | 0% | 67% | 17% |
| After training | 0% | 0% | 100% | 0% |

Which of the following correctly shows the recovery position?

| | Picture 1 | Picture 2 | Picture 3 | Picture 4 |
|-----------------|-----------|-----------|-------------|-----------|
| Before training | 0% | 0% | 100% | 0% |
| After training | 0% | 0% | 100% | 0% |

How confident do you feel about calling 999 if someone overdoses?

| | Very unconfident | Unconfident | Neutral | Confident | Very confident |
|-----------------|------------------|-------------|---------|-----------|----------------|
| Before training | 0% | 8% | 17% | 58% | 17% |
| After training | 0% | 8% | 0% | 33% | 59% |

How confident do you feel about your ability to put someone in the recovery position?

| | Very unconfident | Unconfident | Neutral | Confident | Very confident |
|-----------------|------------------|-------------|---------|-----------|----------------|
| Before training | 8% | 0% | 8% | 59% | 25% |
| After training | 0% | 0% | 0% | 67% | 33% |

Have you ever previously had any training on what to do in an overdose emergency?

| | Yes | No | Don't know |
|-----------------|-----|----|------------|
| Before training | 92% | 8% | 0% |
| After training | 92% | 8% | 0% |

Blood Borne Viruses (n=12)

How would you describe your knowledge of blood borne viruses (BBV), HIV, hepatitis C and hepatitis B?

| | Very limited knowledge | Limited knowledge | Knowledgeable | Very knowledgeable |
|-----------------|------------------------|-------------------|---------------|--------------------|
| Before training | 25% | 67% | 8% | 0% |
| After training | 0% | 8% | 92% | 0% |

Hepatitis causes....

| | Inflammation of the liver | Inflammation of the kidneys | Inflammation of the bowels | All of the above | None of the above | Don't know |
|-----------------|---------------------------|-----------------------------|----------------------------|------------------|-------------------|------------|
| Before training | 100% | 0% | 0% | 0% | 0% | 0% |
| After training | 83% | 0% | 0% | 17% | 0% | 0% |

Which of the following is **not** a function of the liver?

| | Helps fight infections | Controls bone growth | Makes the chemicals that keep our body working | Filters & cleans the blood | Don't know |
|-----------------|------------------------|-----------------------------|--|----------------------------|------------|
| Before training | 0% | 83% | 0% | 0% | 17% |
| After training | 0% | 83% | 0% | 8% | 8% |

Hepatitis A can be caused by....

| | Contaminated food | Contaminated water & drinks | Poor hygiene | All of the above | None of the above | Don't know |
|-----------------|-------------------|-----------------------------|--------------|-------------------------|-------------------|------------|
| Before training | 0% | 8% | 0% | 8% | 8% | 75% |
| After training | 0% | 0% | 17% | 83% | 0% | 0% |

Some forms of hepatitis can be spread through....

| | Contact with blood from an infected person | Unprotected sex | Sharing toothbrushes and razors with an infected person | All of the above | None of the above | Don't know |
|-----------------|--|-----------------|---|-------------------------|-------------------|------------|
| Before training | 0% | 0% | 0% | 100% | 0% | 0% |
| After training | 0% | 0% | 0% | 100% | 0% | 0% |

Which of the following is a common symptom of hepatitis?

| | Flu like symptoms | Loss of appetite | Lack of energy | All of the above | None of the above | Don't know |
|-----------------|-------------------|------------------|----------------|-------------------------|-------------------|------------|
| Before training | 0% | 0% | 8% | 59% | 0% | 33% |
| After training | 0% | 0% | 0% | 100% | 0% | 0% |

Which of the following is there a vaccination against?

| | Hep B | Hep C | HIV | All of the above | None of the above | Don't know |
|-----------------|-------|-------|-----|------------------|-------------------|------------|
| Before training | 42% | 17% | 8% | 0% | 0% | 33% |
| After training | 75% | 25% | 0% | 0% | 0% | 0% |

Water that is not sterile, and has been used to prepare an injection, can contaminate your needle and syringe resulting in infection.

| | True | False | Don't know |
|-----------------|------|-------|------------|
| Before training | 92% | 0% | 8% |
| After training | 100% | 0% | 0% |

Referrals into treatment for hepatitis C can come from....

| | GP | GUM Clinic | Key worker | All of the above | None of the above | Don't know |
|-----------------|-----|------------|------------|------------------|-------------------|------------|
| Before training | 25% | 0% | 8% | 50% | 0% | 17% |
| After training | 17% | 0% | 0% | 83% | 0% | 0% |

How important do you feel it is to ensure that BBV are not transmitted?

| | Very unimportant | Unimportant | Neutral | Important | Very important |
|-----------------|------------------|-------------|---------|-----------|----------------|
| Before training | 0% | 0% | 0% | 0% | 100% |
| After training | 0% | 0% | 0% | 0% | 100% |

Health promotion (n=12)

According to sensible drinking guidelines what is the maximum daily alcohol limit for women?

| | 1-2 units | 2-3 units | 3-4 units | Don't know |
|-----------------|-----------|-----------|-----------|------------|
| Before training | 42% | 8% | 17% | 33% |
| After training | 17% | 83% | 0% | 0% |

According to sensible drinking guidelines what is the maximum daily alcohol limit for men?

| | 1-2 units | 2-3 units | 3-4 units | Don't know |
|-----------------|-----------|-----------|-----------|------------|
| Before training | 0% | 42% | 25% | 33% |
| After training | 0% | 25% | 75% | 0% |

The most common cause of death of problematic drug users in treatment is drug overdose.

| | True | False | Don't know |
|-----------------|------|-------|------------|
| Before training | 67% | 17% | 17% |
| After training | 67% | 25% | 8% |

Which vaccine is given to protect against tuberculosis?

| | Rubella | BCG | Tetanus | Don't know |
|-----------------|---------|------------|---------|------------|
| Before training | 25% | 33% | 8% | 33% |
| After training | 17% | 83% | 0% | 0% |

How often should women visit their doctor for a smear test?

| | Once a year | Every 2 years | Every 3 years | Don't know |
|-----------------|-------------|---------------|----------------------|------------|
| Before training | 42% | 17% | 8% | 33% |
| After training | 25% | 50% | 25% | 0% |

Which of the following are early signs of testicular cancer?

| | Hard lump in front or side of testicle | Swelling or enlargement of testicle | Pain or discomfort in a testicle or scrotum | All of above | None of above | Don't know |
|-----------------|--|-------------------------------------|---|---------------------|---------------|------------|
| Before training | 8% | 8% | 0% | 67% | 0% | 17% |
| After training | 0% | 0% | 0% | 100% | 0% | 0% |

Which of the following diseases can you catch through unprotected sex?

| | Hep B | Chlamydia | HIV | All of above | None of above |
|-----------------|-------|-----------|-----|---------------------|---------------|
| Before training | 0% | 0% | 0% | 100% | 0% |
| After training | 0% | 0% | 0% | 100% | 0% |

Which of the following Sexually Transmitted Infections (STIs) is most common?

| | Chlamydia | Genital Warts | Gonorrhoea | Genital herpes | Syphilis | Don't know |
|-----------------|------------------|---------------|------------|----------------|----------|------------|
| Before training | 50% | 25% | 8% | 0% | 0% | 17% |
| After training | 92% | 0% | 8% | 0% | 0% | 0% |

Which of the following STIs sometimes has no symptoms?

| | Herpes | Chlamydia | Gonorrhoea | All of above | Don't know |
|-----------------|--------|-----------|------------|---------------------|------------|
| Before training | 8% | 33% | 0% | 17% | 42% |
| After training | 0% | 58% | 0% | 0% | 42% |

Treatment Options (n=11)

What is the average waiting time to access a specialist prescribing service in Sefton?

| | 5 days | 1 week or less | 2 weeks or less | Don't know |
|-----------------|--------|----------------|-----------------|------------|
| Before training | 55% | 0% | 9% | 36% |
| After training | 100% | 0% | 0% | 0% |

Other than drug use, in your opinion, what is the top priority for drug users?

| | Accommodation | Treatment | Employment | Health | Education/ Training | Something else |
|-----------------|---------------|-----------|------------|--------|---------------------|----------------|
| Before training | 46% | 9% | 0% | 9% | 18% | 18% |
| After training | 18% | 18% | 0% | 64% | 0% | 0% |

Do you have a care plan?

| | Yes and I have seen it | Yes but I have never seen it | No | Don't know |
|-----------------|------------------------|------------------------------|-----|------------|
| Before training | 36% | 36% | 18% | 9% |
| After training | 36% | 36% | 18% | 9% |

The following tables have been split into participants who do have a care plan and those who do not.

Participants with a care plan (n=8)

The definition of a Care Plan is....

| | Drug worker decides best course of action | Setting goals based on needs identified by assessment & planning interventions to meet goals | Identifying treatment options I would like to participate in | Don't know |
|-----------------|---|--|--|------------|
| Before training | 0% | 76% | 12% | 12% |
| After training | 0% | 88% | 12% | 0% |

Who is responsible for your Care Plan?

| | You | Drug worker | Both you and drug worker | Don't know |
|-----------------|-----|-------------|--------------------------|------------|
| Before training | 0% | 12% | 88% | 0% |
| After training | 12% | 0% | 88% | 0% |

Do you feel able/comfortable to challenge your Care Plan?

| | Yes | No | Don't know | I'm not bothered |
|-----------------|-----|----|------------|------------------|
| Before training | 88% | 0% | 12% | 0% |
| After training | 88% | 0% | 12% | 0% |

How important is your Care Plan to you?

| | Very unimportant | Unimportant | I'm not bothered | Important | Very important |
|-----------------|------------------|-------------|------------------|-----------|----------------|
| Before training | 25% | 0% | 25% | 25% | 25% |
| After training | 12% | 0% | 0% | 50% | 38% |

Participants without a care plan (n=3)

The definition of a Care Plan is....

| | Drug worker decides best course of action | Setting goals based on needs identified by assessment & planning interventions to meet goals | Identifying treatment options I would like to participate in | Don't know |
|-----------------|---|--|--|------------|
| Before training | 0% | 33% | 33% | 33% |
| After training | 0% | 67% | 33% | 0% |

Who is responsible for your Care Plan?

| | You | Drug worker | Both you and drug worker | Don't know |
|-----------------|-----|-------------|--------------------------|------------|
| Before training | 33% | 0% | 33% | 33% |
| After training | 33% | 0% | 67% | 0% |

Do you feel able/comfortable to challenge your Care Plan?

| | Yes | No | Don't know | I'm not bothered |
|-----------------|-----|-----|------------|------------------|
| Before training | 0% | 33% | 67% | 0% |
| After training | 0% | 0% | 0% | 100% |

How important is your Care Plan to you?

| | Very unimportant | Unimportant | I'm not bothered | Important | Very important |
|-----------------|------------------|-------------|------------------|-----------|----------------|
| Before training | 0% | 0% | 67% | 0% | 33% |
| After training | 0% | 0% | 100% | 0% | 0% |

Participant Feedback (analysis in this section is based on the number of participants who attended each session as feedback was only requested at the end of the project)

I feel the safer injecting session was useful. (n=15)

| | Strongly disagree | Disagree | Neither disagree or agree | Agree | Strongly agree |
|----------------|-------------------|----------|---------------------------|-------|----------------|
| After training | 7% | 0% | 0% | 33% | 60% |

I feel the overdose prevention session was useful. (n=15)

| | Strongly disagree | Disagree | Neither disagree or agree | Agree | Strongly agree |
|----------------|-------------------|----------|---------------------------|-------|----------------|
| After training | 0% | 0% | 7% | 33% | 60% |

I feel the blood borne viruses session was useful. (n=15)

| | Strongly disagree | Disagree | Neither disagree or agree | Agree | Strongly agree |
|----------------|-------------------|----------|---------------------------|-------|----------------|
| After training | 0% | 0% | 0% | 40% | 60% |

I feel the health promotion session was useful. (n=15)

| | Strongly disagree | Disagree | Neither disagree or agree | Agree | Strongly agree |
|----------------|-------------------|----------|---------------------------|-------|----------------|
| After training | 0% | 0% | 0% | 47% | 53% |

I feel the treatment options session was useful. (n=14)

| | Strongly disagree | Disagree | Neither disagree or agree | Agree | Strongly agree |
|----------------|-------------------|----------|---------------------------|-------|----------------|
| After training | 0% | 0% | 21% | 58% | 21% |

Overall I feel the Peer to Peer Project was useful. (n=15)

| | Strongly disagree | Disagree | Neither disagree or agree | Agree | Strongly agree |
|----------------|-------------------|----------|---------------------------|-------|----------------|
| After training | 0% | 0% | 0% | 13% | 87% |

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Appendix C
Staff Evaluation Form

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Appendix D
Staff Evaluation Results

Effectiveness ratings of training sessions by staff

| Training session | Very ineffective | Ineffective | Neither ineffective or effective | Effective | Very effective |
|---------------------|------------------|-------------|----------------------------------|-----------|----------------|
| Safer Injecting | 0% | 0% | 0% | 0% | 100% |
| Overdose Prevention | 0% | 0% | 0% | 25% | 75% |
| BBV | 0% | 0% | 17% | 33% | 50% |
| Health Promotion | 0% | 0% | 40% | 40% | 20% |
| Treatment Options | 0% | 0% | 0% | 17% | 83% |

Usefulness ratings of training sessions by staff

| Training session | Very useless | Useless | Neither useless or useful | Useful | Very useful |
|---------------------|--------------|---------|---------------------------|--------|-------------|
| Safer Injecting | 0% | 0% | 0% | 0% | 100% |
| Overdose Prevention | 0% | 0% | 0% | 0% | 100% |
| BBV | 0% | 0% | 0% | 0% | 100% |
| Health Promotion | 0% | 0% | 0% | 0% | 100% |
| Treatment Options | 0% | 0% | 0% | 17% | 83% |

Full details of comments made by staff on the evaluation forms are available on request.

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Appendix E

Peer to Peer Project Recruitment Poster