'QUALITATIVE RESEARCH ON DRUG DEMAND REDUCTION'

REPORT ON THE PROCEEDINGS OF
THE SEMINAR HELD IN LISBON,
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Foreword

A working- seminar was held in Lisbon at the EMCDDA in connection with the inventory "Qualitative Research on Drug Demand Reduction". The inventory has been co-ordinated by the Nordic Council for Alcohol and Drug Research (NAD). The aims of the seminar were to complete the collected material and to think of possible future collaboration in the area. Furthermore, the intention was to get a picture of how much qualitative research in fact is done or under work in the area of drug demand reduction. In order to gain this information, all participants were asked to give a full description of the research situation in their own country. The researchers explained how the research for each country was collected and what kind of research they had found. To give more substance to the discussion on the recent research some supplementary researchers were also asked to participate on the working meeting.

A list of all participants and the seminar-program are found attached. Attached are also all presentations of the participants, which are available. The findings of the co- ordinators are presented in the FINAL REPORT on the project ('Synthesis' page) and the presentations of the invited speakers are summed up here in the report.

Introduction

The seminar started with an introduction of George Estievenart, director of the EMCDDA. Then Margareta Nilson, head of the drug demand reduction department made an introduction into the work by the EMCDDA done so far in the field. She explained how she has seen the concept of drug demand reduction changing over the last years and wished everybody welcome.

Richard Hartnoll, Head of the epidemiological department explained what already has been done concerning qualitative research in his department since 1996. Two scientific seminars have been hold, one in Bologna 1997 and the other later in Lisbon. In future work, he looks forward to a thematic discussion on how qualitative versus quantitative research is applied. He stresses that the questions to be asked in a study, varies greatly according to the subject of the study. Some questions are better answered with qualitative methods, others with quantitative. Therefore, is the question of today not so much weather to use a qualitative or a quantitative method, but rather to choose a method giving the best possible answer to the research question in focus.

The introduction part was concluded by the project co-ordinators, Petra Kouvonen and Pia Rosenqvist. The collected material was presented. The research had also preliminary been divided into categories by NAD. According to the preliminary division of the collected material into categories, it looked like most research in the area of drug demand reduction, is done on problematic drug use leaving aside the recreational drug use. It also looked like there is little done on the reaction systems and their structures. Some studies were found on the treatment systems but studies on the penal system were almost non existent. Two other areas with not much research are studies on prevention and project-evaluation.

Since the division of the material was only preliminary and some basic changes were done after the seminar, the first version of the outcome is not included here. The final results are posted at the web site referred to above.

Discussion points

Drug Demand Reduction

Jacek Moskalewicz (POL) started with his presentation "Overlap of Alcohol Research and Policy: lessons for the drug field". He discussed about experiences from the alcohol field in his country. In the alcohol debate the term supply control is used in contrast to demand reduction. He argued that it is important to remember what we are heading at, namely to reduce consumption. According to him we cannot focus only on behaviour, i.e. the desire to take drugs. Instead we have to focus on the consumption itself to reach the problem use and not forget the necessity of taking into account social variables when analysing the material.

Experiences from the study were given by:

- Franca Beccaria (ITA); A research/action experience on drug demand reduction in Italy*
- Hildigunnur Olfsdottir (Ic); The drug demand side and the lacking qualitative research
- Karen Ellen Spannow (DK); Unwanted results: the limited effect of drug free treatment
- Nuria Romo Aviles (ESP); Ten years of drug demand reduction research in Spain: the role of qualitative research*

Central points in the discussion were:

- There will hopefully be a shift from just estimating measurable facts on drug use (by asking how much and how many) to also focus on other aspects on drug use (by also asking how and why)
- Evaluation of interventions should be done systematically. It is also necessary to implement what we learn from evaluations done
- Qualitative approaches seems to be used mostly in studies on harm reduction
- A strict drug policy tends to prefer measurable (quantitative) data
- The surrounding world was claimed to be most interested in measurable data. This was however seen, as challenge for those working with qualitative data- researchers should learn to express clearly what they mean and write understandable language.

The framework of qualitative research

Various possibilities of using qualitative methods were discussed in the presentation of Robert Dingwall (UK), who gave an introduction on the strengths and weaknesses of qualitative methods. His contribution was followed by Sandro Cattacin (CH), who did some methodological comments on actors in provision networks. He discussed the importance of studying processes and structures in order to understand the logic of the community we are studying. As an example he used a model on the interaction between organisations. In the model the interaction between actors was tested and given points according to the degree of co- operation with other actors that they had. The aim was to show how the process of interaction was influencing the output of services in the community where the organisations were working. The model has been used in a study on six cities in Europe. Roger Lewis, head of the REITOX department, at the EMCDDA, took the discussion from models on the mikro level down on earth again. He gave an insight in the networking and different actors in qualitative interventions in outreach work.

Experiences from the study were given by:

- Irmgard Eisenbach-Stangl (A); Legimitations, fashions and wishes
- Ronald Knibbe (NL); Promises and pretentations: qualitative research into drugs in the Netherlands
- Susanna Prepeliczay (D); Interdependencies and Main Directions in German Drug Demand Reduction Research

Central points in the discussion were:

- The quality of the qualitative research remains sometimes weak since there is a lack of consensus over the criteria for what is enough qualitative
- Qualitative methods might revile facts that remains hidden measured by quantitative methods
- Gaps in research follows the "fashion", i.e. when some area in drug research becomes popular, other areas tend to be forgotten
- There are many actors and different activities in the field of drug demand reduction, some activities tend to attract researcher using qualitative research more than others; "harm reduction seems to be studied more with qualitative methods than for instance evaluation of treatment.

Gaps in reality and/or in research

Leopoldo Grosso (ITA) talked around the theme "demand reduction in harm reduction". The level of the wanted drug demand reduction effect might vary a lot between interventions. The aim and wanted effect might also differ according to the actor in focus of the study. An example might be an institution with the aim of total drug freeness as a goal. If a client drops out, this is seen as a failure from the institution side, while the client might have had the intention all the time only

to get a break in his drug taking- he has by that turned the action into harm reduction instead of treatment.

Dike van de Mheen (NL) talked about drug monitoring in the Netherlands, by presenting a drug monitoring study going on in tree cities of the Netherlands. The cities in focus are Rotterdam, Utrecht and Heerlen. She first presented the study and tried then to look at the interplay with the societal reaction system. She looked separately at local drug policy, prevention and treatment.

Sheila Henderson (UK) gave a lecture on process and outcome evaluation, by showing a few examples of evaluation campaigns. Among other things she called for proper evaluations on prevention. There are many examples of so called "quick and dirty" evaluations, where the study not usually corresponds to the best possible quality. These evaluations are in many cases done in order to receive further funding of the project. There often is an obligation from the funding body to evaluate projects in order to get financial support.

The experiences from the study were given by

- Aileen Gorman (Irl); Demand Reduction Policies and Programmes in Ireland
- Fabienne Hariga (B); Drug research and policies — who is controlling the game?*

Relationship between research and policy

The overview of the material was concluded by a discussion on the relationship between qualitative research and policy. The discussion of the gaps in research were overlapping the discussion and was not dealt with separately. The problem of policy makers using quantitative data more preferably was discussed widely on the seminar. Also other aspects on the relationship between research and policy was dealt with.

Experiences from the study were given by:

- Börje Olsson (S); Interplay between drug policy, knowledge and research — some Swedish reflections
- Chantal Mougin (Text by Claude Faugeron) (F); The french refusal of evaluation
- Tuukka Tammi (FIN); Research practice and policy making — accidental meetings in demand reduction
- Jane Fountain (UK); Demand Reduction Research in the UK

Central points (by country) in the discussion were:

- Policymakers pick out useful tools from the research, depending on the aims and wishes they have (FIN)

- Some kind of research has a more central role than others, fitting clear ambiguous and practical decision making. This research is often evidence based quantitative research on trends (FIN)

- Sometimes it seems that there has been a tendency to use the number of drug users as a barometer of the drug problem rather than measure harm caused by drug use (IC)

- The history and culture affects the policy interests, the Swedish systems rely on the old welfare state model, where universal and equal goals are underlined. This together with a drug policy relying on "zero tolerance" explains partly why the interest in qualitative research is very little in the society (SWE)

- Policy cannot be seen based only on knowledge (SWE)

- Qualitative research is often considered to fit alternative policy better than the major policy line (IRL)

- There is a lack of ongoing qualitative evaluations on policy initiatives in some countries (IRL). Ex: New Drugs Initiative established by the government in1996, with activities both on national and local level- not evaluated up to date

- Sometimes research is influencing policy when for instance harm reduction strategies are developed after evaluating low treshold services (IRL)

- There is a gap between common policy and community policy

- Decisions do not always follow the debate (or research results). Ex: In France the substitution medicaments were accepted almost without any debate in the 1990's (FRA)

- The lack of evaluation has many reasons, one is lack of research in general the other is the tradition of therapeutic treatment, which cannot be evaluated (FRA)

- The qualitative research is hard to find since no central system in funding or classifying it exsists (UK)

Research Networks and Financing

The seminar was finished with a discussion on financing possibilities of possible future collaboration in the field. Timo Jetsu from the European Commission was giving some information on the activities in the Commission for the moment. The communication on a new drug prevention programme will probably be adopted soon. The time for sending in applications will then be October 1st 2000. The boundaries between how interventions are looked at are changing in the new programme and it will probably give better possibilities to get funding for a larger

scale of projects. Qualitative methods are underlined, especially in evaluation studies looking for funding. Hopefully will drug research also separately be mentioned in the new framework programme.

Conclusion

Margareta Nilson informed on ongoing activities in the EMCDDA. There will be a 3rd meeting on qualitative research organized by Richard Hartnoll in September 2000. There could be a possibility for the group to join that meeting. Other possibilities for future co- operation mentioned by Margareta Nilson are either to organize a meeting on methodological issues or on certain topic(s). Possibilities for further guidelines were discussed, but nothing was agreed upon. Two concrete suggestions were made on topics for further work:

- the local agenda
- the interrelation between intervention mechanisms

Pia Rosenqvist (NAD), summed up the meeting:

The discussions on the meeting clarified how the participants had thought of the term drug demand reduction in collecting the research. It also became clear what the emphasises on qualitative research have been. The position of qualitative research in general was also discussed. The substantial gaps found has also been confirmed and completed. It really seemed that most research found had been done with the focus on the individual level of the drug user. Missing is then studies on processes and structures. If such have been found they seem to be effect studies on input and output. Therefore would research on the reaction system in the society and the interrelation between them be something to focus upon. How the local arena intervenes in drug use should also be further disseminated.

PAPERS AND ABSTRACTS

Qualitative Research In Drug Demand Reduction

By the Director EMCDDA, George Estievenart

Ladies and Gentlemen,

First of all I want to wish you very welcome to the European Monitoring Centre for Drugs and Drug Addiction and to this seminar on Qualitative Research in Drug Demand Reduction. I want to thank the Nordic Council for Drug and Alcohol Research, NAD, for preparing this meeting which is the result of a study NAD has been conducting for the EMCDDA during the past year.

We are very happy to have participants from thirteen European Member States here today, and many of you have invested substantial work in reviewing the situation of qualitative research in your country, thank you very much for that. We also have participants from Iceland and Poland, which feels quite significative. Iceland has officially asked to become a member of the EMCDDA, as is the case already with Norway. And Poland belongs to the countries in Central and Eastern Europe that we hope to welcome in the work of the EMCDDA soon. I want to welcome the representative of the European Commission, who I hope will be able to link the outcomes of this seminar to Commission initiatives. And last but not least, the representative of UNDCP, a partner organisation of the EMCDDA at the global level.

Background

The task of the EMCDDA, according its Regulation is to provide the Community and the Member States with objective, reliable and comparable information concerning drugs and drug addiction and their consequences. This information is intended to help decision makers when they take action.

One important information source are the fifteen National Focal Points who provide us with information on the drug situation in their countries. You find this information summarised, for example in our Annual Reports. The next Annual Report will be presented in November this year.

The scientific community also plays a very important role in assisting the EMCDDA in making information more pertinent. We launch studies and projects to investigate different areas that we consider require special attention in order to better understand the drug situation.

The EMCDDA has given a special focus to qualitative research in the drugs field for some time now. Some of you have been involved in the projects of the EMCDDA epidemiology department concerning qualitative research investigating drug use patterns. Two seminars have already been held, a scientific monograph with the relevant research will be published very soon. A very useful web page has been set up for easy access to research and researchers.

So nothing was more natural than to follow up this work — which is still on-going — with an inventory of qualitative research in drug demand reduction. The

EMCDDA has already invested much work in the evaluation of different demand reduction areas, for example prevention or treatment. We have provided practitioners and researchers with evaluation guidelines and are establishing an Evaluation Instruments Bank. All this aims to promote an "evaluation culture" in Europe and to be able to get more reliable information about "what works".

Objectives of the study

We now feel it is time to look beyond the evaluation of single projects and look closer into the mechanisms related to drug demand reduction action, i.e. processes, actors, structural and organisational issues. That is, we would like to know more about what is happening in the drug demand reduction field, how services work, how they work together, which obstacles and which successes the different actors face and how they respond to them.

These considerations and thoughts led to the project that NAD has conducted and will present to you. We asked to make an inventory of qualitative research in the field of demand reduction, to produce country profiles concerning the state of the art, and to identify and collect recent and ongoing research and researchers interested in qualitative research. The intention of this inventory is to give a critical picture of the research in drug demand reduction, a reflective picture on what is going on in the field, who the actors are and possibly how they could work together. The results of the inventory: country profiles, abstracts of studies and researcher profiles will also be available on the website which is already established. We also hope that the inventory and this seminar will identify research gaps, facilitate networking and maybe be the starting point for new research projects which the EMCDDA might not be able to fund but that might be eligleble for funding elsewhere, for example through the Fifth Framework programme of the European Community for Research and Technical Development, which has one section specifically devoted to drugs.

In sum, this exercise should serve:

- policy makers and professionals in the field
- researchers looking for co-operation
- the facilitation of common research projects looking for external funding

We were aware when we started the project that there might be little research available and that it might be difficult to access. In fact, this was one more incentive to start the process and the discussion among researchers in order to raise the profile of this work which is essential to understand drug demand reduction in all its aspects.

All this taken together, I am very confident that this will be an extremely interesting seminar and I look forward to the outputs it will produce.

I wish you a very nice time here in Lisbon and hope that I will be able to join the seminar at least partly. Good luck!

Qualitative Research in drug Demand Reduction

By Margareta Nilson

Ladies and Gentlemen, dear colleagues,

I also want to welcome you very much to the EMCDDA on behalf of the demand reduction department, which I am the head of. I hope you have enjoyed preparing this seminar as much as I have and I am very impressed by the amount of knowledge the NAD has been able to accumulate in a relatively short time. Many thanks to Pia and Petra and all of you for making this seminar possible.

As the Director said, this project is a natural follow-up of the work my colleagues in the epidemiology department have been doing the last couple of years. We have been able to profit much from this, both regarding how to organise and structure the work, for example the web page that Jane Fountain and colleagues at the National Addiction Centre has set up, and content-wise, since many studies already available in the inventory definitely have demand reduction aspects to them.

This might also be where difficulties start, although they may be artificial difficulties.

The concept of drug demand reduction

What is demand reduction? And what is qualitative research related to demand reduction?

One of the very first studies I initiated when we started our work at the EMCDDA was called "Concepts and Terminology in the field of demand reduction", in order to define the boundaries for the concept of demand reduction. The conclusion was that there is no consensus as to what is included in or excluded from demand reduction. Instead, we took a very pragmatic approach and include in our information collection all actions aimed at reducing drug use and/or the harmful consequences of drug use.

Such are prevention (childhood interventions, school and other youth programmes, mass media campaigns, community programmes, workplace programmes), outreach work and targeted interventions at young people, ethnic minority groups, women or specific risk groups such as children of drug users etc, as well as treatment and specific harm reduction activities. We also consider it to include activities within the criminal justice system, as the whole penal system, i.e. interventions by the police, by courts (alternatives to punishment), in prisons.

Demand reduction in Europe

Drug policies in all European countries stress the importance of demand reduction. In fact, the United Nations General Assembly in a Special Session devoted to drugs last year approved a Declaration on the Guiding Principles of Drug Demand Reduction.

There are a lot of demand reduction activities going on in Europe. And they are getting more and more diversified and — I would like to say — more and more

sophisticated. Not so many years ago one would talk about prevention and treatment. Today the boundaries blur:

- The boundaries between health promotion and prevention
- The boundaries between drug prevention and targeted work with so called groups at risk
- The boundaries between general social work and drug outreach work
- The boundaries between outreach work and treatment
- The boundaries between different kinds of treatment and social integration

And so on.

Similarly, some years ago, it was rather clear what was the task of the educational system, the social system, the health system and the criminal justice system, respectively. There were rather high barriers between the different sectors — and mutual mistrust — for example between drug workers and police. Here again, boundaries seem to vanish, at least partly. Co-operation between actors at a community level is increasing, although probably still much can be done.

This is the field we are trying to study and investigate in order to provide "objective, reliable and comparable" information to European decision makers.

EMCDDA work in the field of demand reduction

Our main sources of information are the National Focal Points. Every year they provide us with a national report, containing information on new developments in the field of demand reduction. We analyse this information and it is summarised in the demand reduction chapter of the EMCDDA Annual Report.

The Annual Report can only be summary and not cover the whole diversity of demand reduction action in Europe. So we have also launched specific studies in areas such as demand reduction related to new trends in synthetic drugs, on outreach work, substitution treatment and alternatives to prison as well as on assistance to drug users in prisons.

We are building a database with standardised information on demand reduction activities. It is called EDDRA, which stands for Exchange on Drug Demand Reduction Action. It is available from our homepage on the Internet. Focal Points enter projects or interventions that fulfil certain quality criteria into this database and we hope it will grow to be a resource both for decision makers and for professionals in the field who can find inspiration and knowledge about what is happening elsewhere through the database.

One of the quality criteria for EDDRA is that the projects should be evaluated. Unfortunately, very many interventions are not. And if an intervention is not evaluated, then the information is neither objective, reliable nor comparable. So we have invested much work in promoting evaluation standards and in order to get information on "what works". We have developed and published guidelines for the scientific or at least systematic evaluation of prevention, and we will publish guidelines on evaluation of other areas of demand reduction such as treatment, outreach work or activities in the criminal justice system. We are also setting up an Evaluation Instrument Bank, in order to help practitioners and researchers to select the right instruments for the right situation.

Qualitative research in the field of demand reduction

But, looking beyond the evaluation of specific projects, we are also interested in how and why demand reduction works, and this is where qualitative research comes in. Policy makers should actually be very interested both in knowing what works and how it works, in order to make the right decisions. It may sound very pretentious, but if we are able to highlight the role of research maybe they will make better decisions and you will get more resources for research.

From a demand reduction point of view it is important to look at what drug users — or potential drug users — meet in terms of services throughout their drug career, and how they perceive these services. And who do they meet — who are these people, the drug workers, the social workers, the police, etc., what do they think and feel, how is their working environment and how does it influence them.

Finally, I want to sum up with some questions which occur to me over and over again.

1. Which factors influence how demand reduction messages are perceived — and why
2. Which factors in the social environment influence demand reduction efforts — and how
3. Which are the key factors in the functioning of drug services which influence success or failure — and how
4. Which factors influence the interaction between drug workers and drug users — and how
5. How do drug workers perceive drug users — and vice versa
6. Which factors do drug users appreciate and not appreciate in their contact with drug services — and why
7. Who becomes a drug worker and why
8. Can "indigenous" drug workers (former or current drug users, ethnic and other minority groups) be more effective than "professionals" — how and why
9. Which factors contribute to job satisfaction among drug workers — and why
10. Which factors influence the relationship between different sectors in the demand reduction field (educational, health, social, criminal justice system etc.) — and why
11. Which factors produce "demand reduction" outside the drug services system — and why
12. How could European research influence national and local decision making

I don't know if these are the same questions you have. I don't know if I will get the answers in this seminar, but I do look forward to interesting discussions.

The drug demand side and the lacking qualitative research

By Hildigunnur Ólafsdóttir

1. Qualitative research on drug demand reduction is missing in Iceland as in most other European countries. Scanty qualitative research in the drug field is not unexpected taking into consideration the strong emphasis on empiricism in the social sciences mainly prescribing quantitative methods. In line with this tradition, the main emphasis of the drug research has been on quantitative studies. Consequently, surveys on frequency of drug use among youths, school youths in particular, have dominated the research.

2. In general, public and private funding have tended to favour quantitative research. Evaluation research may be the exception.

3. The strict drug policy aiming at a drug free society has influenced the research in the field. The purpose of the Icelandic drug policy is the monitoring of a drug free society. Against this background, drug prevention agencies have initiated and supported research that has had the purpose of estimating the frequency of drug use in different age groups at a given time. There has been a tendency to use the number of drug users as a barometer of the drug problem in society rather than attempting to measure harm caused by drug use. Consequently, policy has been more closely connected with quantitative research than with qualitative studies.

4. The selection of research topics and methodology is highly based on individual researchers, and the context of quantitative and qualitative drug research has been somewhat different.

- A majority of all drug research projects has been limited to estimating the overall level of drug use among youths rather than exploring sub-populations of drug users. The differences between experimental or regular use of drugs and differences between different types of narcotic drugs have hardly been an issue.

- Qualitative studies have focused on topics such as cultural studies, moral panic, and studies of the control system, such as the drug police and treatment evaluations. In some cases, the selection of research topics indicates that the respective researchers are interested in broadening the drug research field both in scope and methodology. For that purpose, drug use as an aspect of the youth culture and moral panics, may have been found to bring different aspects to the drug field rather than studies of drug demand reductions.

- The small number of researchers in the drug field sets limits for the selection of topics to be studied. Interestingly, there is some overlapping of researchers conducting quantitative and qualitative drug studies.

5. Until now, prevalence studies have been prioritised over qualitative research both by researchers and policy-makers. This may be changing for both ideological and practical reasons. Changes in drug policy will be accompanied by increased claims for researching and understanding the complexity of drug use. Another factor is qualitative methodology is rising. And this may influence funding policy.

During the past few years preventive activities in society which aim to reduce the demand of drugs such as childhood interventions, school and other youth programmes, campaigns and community programmes have been increasing. Community programmes for schools and youth groups presently enforced in many communities have in some cases been launched under a common implementation and evaluation plan. In some cases such plans have had a qualitative evaluation approach. In general, programme evaluation is rising. Within the field of evaluation reaseach qualitative research on drug demand reduction may be expected to become a part of the general drug research agenda.

Unwanted results: the limited effect of drugfree treatment

By Karen Ellen Spannow

Due to the broad definition of demand reduction applied in this inventory, implying that any study with the ultimate aim of demand reduction including some qualitative methodological elements would qualify, most of the studies carried out the last couple of years at Centre for Alcohol and Drug Research at the University of Aarhus were included. Since the centre is focusing on social and psychological oriented alcohol and drug research qualitative methodology is always to some extent applied in research projects. So, evaluation of drug-free treatment besides open interviews included that researchers were participating on equal footing in the treatment for one week.

However, what would be of interest in relation to qualitative research is also to look into what possibilities qualitative research results have to influence policy in the drug field. Looking at the evaluation studies from Centre for Alcohol and Drug Research it is hard to deny that the quantitative part of the study made the biggest impact. What the surrounding world is asking for and impressed by are numbers : how many, how long, how often, how much are questions more readily asked than how come and why.

The legitimacy of research results is closely related to the impact on policy. The main problem is, that as long as qualitative research is providing popular results no one questions its validity, but as soon as unpopular results are presented the validity is contested by an audience eager to avoid knowledge that disturbs their present knowledge and ideology. This mechanism seriously hampers the possibilities of qualitative research to introduce new ways of thinking, as many professionals working in the drug field (and humans in general) resist changes.

The possible impact of qualitative research may also be hindered by the fact that it is revealing and contemplating much more complex data. So, an important issue is how it is communicated. The trendy Frenchly style with an orgy of complicated and congenial metaphors used to impress colleges may not be the best of choices if the intention is to opportunities for practical changes. And preaching attitudinal changes without giving more robust down-to-earth directions will probably also miss the target. The ability to write an everyday understandable language and give clear descriptions, explanations and directions is therefore vital in relation to further the possible influence of a qualitative study in practise. All this has to do with practical persuasion.

Another question is the more formal validity of qualitative research. Fussing around with all the "post"- isms tends to underline that no one can present the

whole truth and nothing but that. This can open up for all kind of speculation and claims that everyone has their own and fully legitimate truth which should be respected. However in real life it is not possible to act on vague and competing beliefs and therefore important to find ways to validate the professional qualitative studies even if they cannot pass the positivistic acid test. The question of validity is probably the most urgent to deal with if qualitative research shall gain the general respect it deserves.

One way to equalise quantitative and qualitative research and thereby add to the status of qualitative research is to remove some of the window-dressing of quantitative methodology. As van Maanen, Manning and Miller are saying in the foreword to Michael Agars "Speaking of Anthropology" (1986) qualitative research can be said to be the same as counting to one and quantitative research has to do that as well. If the first step in the analysis is by nature qualitative, then the quantitative part is dependant on that and can be criticises for the same weaknesses. It can also be argued that quantitative research does not often make the necessary problematization of relations between research design and the studied population. On the other hand negative definitions and the strategy of putting something down to upgrade something else is neither sympathetic nor very useful. In this case the problem is accentuated because it is quite obvious that the two research strategies go together as horse and carriage, one will not do without the other.

So, it is necessary to define positive validity criterias for qualitative research that can ensure a broader acceptance both among the lay audience including politicians and non-academic professionals working within the drug sector and the academic world.

The American anthropologist Michael Agar (1986) tries to develop a more systematic — and thereby more trustworthy — way to present how the anthropologist reach his or her conclusions by introducing a new terminology intending to take over sociological validity terms as external and internal validity. Following Agar the phenomenons observed by the anthropologist are called strips and may include an interview (or part of an interview) an observation a document, that is any information of the studied population collected. All these strips are tested against the views of the anthropologist creating a row of break-downs in understanding. The analysis of strips are stopped when no further break downs occur. Strips can furthermore be examined on different epistemological levels. In this way all the processes are explained in details laying open for external inspections all the considerations of the anthropologist. However, it must be stressed that Agar does not think that qualitative research should do the same thing as quantitative and also by now (October 1999 verbal presentation ESSD Vienna) tend to talk about useful data rather than separate them into qualitative and quantitative. According to Agar the important thing is that studies give us new information to act upon and it is important to remember that while natural science strives to predict events anthropologists mainly try to understand what did happen.

The Danish anthropologist Kirsten Hastrup (1994) tries to solve the validity problem by giving the anthropologist a privileged position, whereby she or he gains a special insight denied others. This is explained by the fact that the anthropologist has a leg in both worlds and therefore is able to see and understand both sides. While on a personal level I sometimes tend to agree, this postulate has an obvious weakness, because the reflective attitude so pervasive in post-modern society, cannot be reserved the anthropologist only. Especially if you do anthropology in your own society the barrier between researcher and the researched can be extremely difficult to upheld. Anybody may develop a reflective

distance to their own as well as others cultural group, and the anthropologists may find themselves in a crowd and an inferno of voices.

Denzin and Lincoln (1994) put forward more concrete proposals of other criterias of validity in qualitative studies. Rather than follow positivist ambitions about validity and reliability one could look into which results the research have for the population studied. If research results have the ability to emancipate the studied group because they gain more knowledge about themselves and the surrounding structures this would, according to critical theory, be a good criteria for the value of the study.

If the theoretical departure taken is constructivism, Denzin and Lincoln (1994) propose to evaluate the study more by its authencity and trustworthiness, which can be measured by its ability to keep up a dialogue between the different parties included in the study, than by traditional positivist criterias. This implies that data are presented to the different parties and they are given a possibility to react and make comments. This may no lead to any changes in the presentation but serve as a measure of how people feel about representation they have been given. If they feel misrepresented this may not be because the research reached the wrong conclusion but can illuminate some of the positions in the field of study, which again can assist in continuing the ongoing discussion in a more informed way.

Moving further in that direction one can apply a post-structuralistic approach which as loyally as possible leave the arena to the different parties in the studied field and where the end point is autoethnography, where the researcher is studying him- or herself (Ellis and Brochner eds.1996). The quality criterias are then the honesty of the researcher and writing about yourself then rule out the doubt that other could rise. Eventually everybody can be writing their own research pieces about themselves and no one will be there to protest. Naturally this strategy does not really solve the problems.

As mentioned above most of the studies included in the Danish inventory of qualitative research on drug demand reduction have been performed in relation to a larger evaluation study of drugfree treatment in seven institutions including 829 drug addicts. This evaluation study is also closely related to demand reduction as one of the precise aims of treatment is to reduce demand of illegal drugs.

The evaluation study is based on a combination of quantitative and qualitative methodology, and in relation to the legitimisation of the results, which were highly unpopular and contested by the included institutions, this combination probably was decisive in persuading surroundings that only 15% of visitated clients managed to be drugfree one year after treatment (Pedersen 1999)1 Before the evaluation took place it was not unusual to see treatment institutions put forward percentages of clients who were clean after treatment as high as 70-80 %. To change this optimistic attitude I doubt whether qualitative research without any quantification would have worked.

It is obvious that these results have some consequences for drug policy in the future, and while the quantitative part of the research worked well as legitimation for the factual results, qualitative research has a promising role of being a source of knowledge of how to make plans for the future so that unnecessary, costly and maybe even harmful treatment is not given to persons who do not benefit from it. The qualitative data that can help assisting developing a more rational drug policy is partly psychological and partly anthropological, since both psychological and social data are crucial in gaining an improved picture of the prospect of individual

clients. The development of treatment is another fruitful field for qualitative research, which in that case may be experimental as well as descriptive.

In general treatment can be said to be in a preparadigmatic state - or as a colleque (Per Nielsen 1997) proposes: a postdinosaural state implying that most of the treatment methodologies rest on plain ideology or untested experiences. The status of working with addiction is in general low and in particular bw for medical and psychiatric staff and this has dire consequences for the medical research of addiction, which is prioritised much lower than high status items as heart transplantations or brain surgery (Järvinen 1998). To some extent the same is the case for the psychological research even if a least the quantitative research has been intensified during the last decade.

To establish qualitative research in the drug field we need not only to overcome the general problems about validity which any qualitative research project has, but also to raise the status and level of drug research in general. So, we must continue to work out alternative means of persuading different audiences, which eventually add their own interpretation to the presented research, that qualitative research has validity and can be useful in developing new and more efficient political stragies in the drug field.

Notes: The first results of interviewing clients two years after treatment suggest that the percentage of drugfree clients drop further and is rather 7-10 %.

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Legitimations, fashions and whiches

By Irmgard Eisenbach-Stangl

1. In the collection of research I used a broad definition of „qualitative" and „demand reduction". My estimate is that I investigated one half to three quarters of all drug research carried out in Austria during the last 10 years. The studies investigated are respresentative for drug research in Austria to a certain extent. I finally analysed 26 studies, at least to a certain extent containing elements of qualitative methods (sampling or open questions for instance)

2. I tried to categorise the studies that I had found. Here I will present another rough category: 16 of the 26 studies investigated (60 %) dealt with "new" intervention strategies. Half of them (of 30 % of all studies investigated) dealt with "new" treatment responses aiming at "controlled addiction" (for instance substitution and harm reduction), the other half (20% of all studies investigated) dealt with prevention.

The "new" treatment responses and respective facilities (as for instance low threshold centres) were introduced in the late 80s/ beginning of the 90s (mainly as socio- political reaction to HIV and AIDS) and the studies carried out on this topic were carried at about the same time or only few years later.

Prevention was "introduced systematically" in the second half of the 1990s: In the mid of the 1990s in the nine Austrian states prevention agencies were founded, with the task to prevent addiction ("Suchtprävention"). The qualitative studies on prevention were carried out recently, that is in the second half of the 1990s.

In other words: The introduction of "new" intervention strategies (at first "new" treatment and then "prevention of addiction") was accompanied by qualitative studies, but the studies disappeared, when the intervention "normal": there was almost no (qualitative) research on substitution and harm reduction in the second half of the 1990s.

(Qualitative) research thus seems to have a function and a meaning somewhere between legitimation and fashion. It`s weak position is further underlined by the fact that many of my contact persons confused qualitative research with quality assurance and that the line between documentation and qualitative research is very thin and trembling.

Another function of qualitative research — not mentioned in the title of my presentation- is to mentioned: it seems to serve competition. But I have to give you some information about the Austrian drug situation before I talk about it.

3. Four types of interplay between prosecution and treatment and their actual presence in the nine Austrian states

Expansion of treatment ("old" and "new")

	High	**Low**
High	Tyrol Vorarlberg Vienna	Burgenland
	Prosecution	
Low	Upper Austria	Carinthia Lower Austria Salzburg Styria

The table roughly shows how much "new" treatment responses develop parallel to "old" treatment responses and how much treatment responses in general develop parallel to prosecution, that is to repressive responses. The common denominator of this parallel development is the activity or passivity of drug policy in a given state. The (qualitative) research only concerns the "new" intervention stragieds, the "old" ones (abstention oriented treatment or prosecution or the above not mentioned juridical system) are not investigated, though the "new" ones do not replace them at all and though the "old" ones are especially expanded in regions in which " new" ones are introduced. My interpretation is that the "new" ones have to compete with the old ones and that (qualitative) research is also used for this aim.

4. The quality of qualitative research is in general poor, the researchers are usually not trained. About half of the researchers of the qualitative studies were psychologists or social workers, about half of the studies only focus on "the person"- that is on the client. The "intervention staff" is mostly neglected, the facilities and the wider social environment is almost always neglected. In the end most of the qualitative results are quantified. I would like to connect this result to the profession of the researchers and to interpret with " the control wishes" win.

Nevertheless in the second half of the 1990s — when the majority of the qualitative studies deals with prevention and evaluation of prevention — the research improves. More sophisticated and social science oriented studies were carried out than before, more studies looked at social processes and at the intervening persons (as for instance teachers). But may be it is easier and seems to be politically less dangerous to pose open questions to teachers than to clients.

5. But if the focus was on drug consumers (as in the first half of the 1990s) or on processes (as in the second half of the 1990s): the wish to help or to prevent was prevailing. Drug consumers consequently were only defined as clients, the leading normative perspective was almost never questioned. A similar development can be observed in the field of prevention and treatment: Possible (positive or negative) side effects of prevention are not even mentioned and the "new" treatment responses were only positively perceived. Success, for instance was nor investigated at all or even mentioned.

Thus the (qualitative) research could be labelled affirmative, non- critical and naiv: it reduces complexity to a high degree. The wishes of the "good and helpful" people are reinforced. But it has to be kept in mind that the researchers are often not well trained, and that they often belong to the treatment or prevention staff

themselves: The studies consequently often mirror the wishes of the intervention staff or of the state agency paying for the investigated intervention or the study. Neither the staff nor the researchers seem to have the right distance to the drug consumers on the one hand and to drug policy on the other hand.

6. Final remarks: The qualitative studies mirror the Austrian drug situation/ drug policy: the combat between repressive and supportive forces. The repressive side- the police and the juridical system- produces statistics on federal state and state level since decades. The supportive side only has scattered, badly co-ordinated and often not well distributed research (this is even true for the purely quantitative studies — that is for epidemiological studies). But the quality of the documentation and the research on both sides is not very high.

Research (and documentation) very often seem to be used instead of (political) arguments.

My wish: A representative study on drug research (quantitative and qualitative) and the development of research recommendations. The recommendations should aim at the differentiation between policy and research and they should support more openness in research areas and the development of research questions.

Promises and Pretentations; Qualitative Drug Research in the Netherlands

By Ronald Knibbe

A good example of the clash between promises and pretensions of both qualitative and quantitative research on drug use is a recent article in the Dutch papers. In a first article in almost all papers it is reported that there has been an increase in the use of cocaine especially in the populations visiting discos and other clubs. This finding was based upon more qualitative methods of monitoring drug use in (selections of) general populations. This article provoked a reaction from a researcher carrying out a large-scale general population study on drug use in the Netherlands. In this multi-million survey he could find no indication of an increase in cocaine use in the general population. Therefore he felt that the conclusion about the increase in cocaine use was fabricated by the treatment agencies to secure their financing.

The pretensions of the quantitative researcher are clear: despite a non-response of 40%, the transversal design and very low prevalence of cocaine use in the general population he felt confident that his survey provided ‘hard’ figures about the incidence of cocaine use.

The pretensions of the qualitative research are perhaps less clear. However, qualitative research methods rarely allow random samples and therefore rarely allow statistical generalization of prevalence or incidence figures to the larger population from which the research subjects have been sampled. Any signal of changing prevalences and incidence noticed with these methods should always be confirmed by other methods.

From a more general point of view it can be said that the promise of qualitative research methods is that they are sensitive to changes in behavior and the social context of these behaviors and that they can be done relatively quickly. The promise of quantitative research is — provided the non-response is not too

selective and the prevalence of behaviors being studies is not too low — that it provides more certainty about the prevalence and incidence of certain behaviors in general populations. However, also that quantitative methods for monitoring tend to require more time and money before conclusions can be drawn.

I will further concentrate on the promises and pretensions of qualitative methods in particular. To structure the discussion I distinguish three areas in which qualitative methods have their own specific promises.

I Description of behaviors in 'hidden' populations

A big advantage of many qualitative methods is that they do not insist on standardization of the research situation, as all quantitative methods require. The researcher adjusts to the situation of the subjects rather than that the research subjects have to conform to requirements set by the researcher. Because of the legal and sub cultural aspects surrounding drug use and drug users it will be clear that this population will be less accessible with standardized methods.

From this point of view one of the major promises is that if one wants to know what is happening among drug users one has to use qualitative methods. Examples from Dutch study which from a descriptive point of view have provided relevant data for secondary prevention and drug policy are descriptions of the practice of front loading and more specifically the associated risks of the diffusion of AIDS and the diffusion of smoking heroin and cocaine among injecting hard drug users. As far as I can see descriptive studies suffer not strongly from pretensions. In the reception of the outcomes of these studies there may be some misunderstanding in as far as these results are understood to be valid for the whole population of drug users.

II Inner logic of drug taking behavior

The promise of qualitative research methods is that it articulates at the personal or group level the meaning of specific behavioral patterns. This is a direct contribution to our understanding of these behaviors with implications for prevention, care and, more generally, drug policy.

The potential danger of research aimed at articulating the meaning of drugs and drug taking is that the heterogeneity within the population of drug takers is under estimated. One example is research into the population of a heroin using population in a provincial town in the Netherlands: Groningen. It appeared that in this town there were two quite different populations of drug users which in terms of social network but also in terms of practices and meanings surrounding drug use had little in common.

III Explanations

Qualitative research methods are not only suited to develop theories, they are also suited to verify theories about drug use and drug taking. One very good example of this type of research is the research on "open drug scenes: a cross national comparison of concepts and urban strategies. In this study a theoretical framework is used which articulates how external circumstances like drug policy translate into actions at the group and personal level of the actors involved in drug use (e.g. drug users, police, treatment agencies) which lead to consequences like ill health, nuisance which everyone wants to avoid.

Personally I think this is one of the main promises of qualitative research methods in the drug field. However, it must also be said that most studies using qualitative methods have a far more limited scope. As far as I can see the main reasons are:

- Lack of clear theoretical and conceptual notions at the start of the research. Quite often qualitative research seems to be a fishing expedition (or to say it differently: explorative research) with no clear focus about the type of conclusions one wants to draw at the end of the research.

-The techniques of qualitative research are often considered in themselves that innovative that issues concerning design of the study (e.g. a case control design/ including proxies/ triangulation) are rarely made before starting a study. Possibly the fact that qualitative research methods cannot be as easily looked up in handbooks as quantitative methods, plays a role here. It means that learning how to work with qualitative methods may tend to get too much attention and too less attention is paid to strategic questions how to increase the informative value of research. Quite often qualitative research is simply submerging one self in the field without too much consideration about the type of conclusions one wants to draw at the end and the amount of certainty about the conclusions. A more systematic concern about the quality of qualitative studies would definitely increase the informative value of these studies.

Interdependences and Main Directions in German Demand Reduction Research

By Susanna Prepeliczay

First of all must be mentioned that the term "Demand Reduction" or "Drug Demand Reduction Research" is not a terminus explicitly used in German drug research. According to this unusual expression, we had to discuss the definition of this term.

So for this study we understood "Demand Reduction" in a wider sense, including a variety of different aspects. Factors and variables playing a role in demand reduction are resulting from different branches in qualitative drug research: basical sociological research on sociocultural attitudes towards drugs, ethnographical research on context, patterns and conditions of illicit drug use, research on harm reduction and safer use, treatment / therapy evaluation research and research on secondary prevention and drug education.

Among these, the by far largest amount is on drug use monitoring (non-institutional samples) and treatment evaluation (institutional samples), so both can be considered as main directions in German drug demand reduction research.

1. Notes on the collection of existing qualitative research

- We contacted governal and NGO institutes and researchers by personal letters and by e-mail. Additionally, the project was advertised on the ARCHIDO- website (www.archido.de), giving more information about the project, its definition and the applied format for bibliographic data and abstracts, and a link to the QED website.

In these e-mails, we referred to both websites, too. The e-mail call was repeated after two weeks.

In the returning answers, there were various misunderstandings concerning the methodology: many quantitative investigations were sent, as well as a number of investigations without information on any methodologic aspects at all. For this reason we had to contact people again.

- The 1990s issues of the German scientific drug journal "SUCHT" were revised in order to find qualitative work.

- An ARCHIDO electronic database recherche was done using keywords like "interview" or "qualitativ". ARCHIDO contains more than 15 000 titles of drug-related literature of all kinds, including many grey materials like reports, scientific investigations published by institutions, diploma and doctoral university papers and research applications. The literature resulting from the query was examined and abstracts were written and translated for those fitting in the project.

- An internet query was done, looking through the webpages of drug research institutions and their publications lists (e.g. INDRO, BZgA, IFT,) that sometimes indicated the methodology of their publications.

When the collection was finished, with the permission of NAD the German inventory / bibliography of qualitative research and demand reduction research were published on the ARCHIDO-website. An info-mail was distributed within our mailing list, informing everyone interested about the accessible results.

2. Notes on monitoring drug use by qualitative research

Investigations on drug using populations and subcultural drug use, can be summarized under the term "monitoring drug use". This kind of research, done more or less continously, is investigating a changing phenomenon. Results give ethnographic information on the groups who take drugs — characteristics of different populations of users and how they do — drug use motivation and context, and differing use patterns of various illicit substances.

This field includes much information about drug demand reduction, partly implicitly included as indirect indicators since the mid-1980s. Qualitative research on drug use patterns turned out some important factors involved in remission of compulsive drug use, i.e. factors of influence in moderate, non-addictive, socially adapted drug use, or in autonomous cessation processes and recovery of addiction, such as motivations for cessation, self-control of the individual and other variables participating in this development.

One of the most important findings turned out for example the fact that phases of remission towards moderate drug use or cessation are developing "naturally" (i.e. without institutional or professional influence), as well as phases of compulsive, addictive use behavior. Which indicates a new view on principals of spontanous demand reduction. In the 1990s, emphasis was put explicitly on these principal factors. Several studies were done on the so-called "maturing out" phenomenon and investigating autonomous recovery from addiction.

3. Notes on treatment and therapy evaluation by qualitative research

The other main direction in the field of demand reduction, treatment evaluation using qualitative methodology is able to discover quality and effectiveness of drug treatment (mostly methadone maintenance programs) and other drug help offers. Evaluation research is showing therapy results on the individual level, to find out which variables participate in failures and success, and which competences treatment must produce in formerly addicted persons. Besides the view of its clientel, the perspective of the actors in drug treatment is considered, i.e. professionals as drug helpers, social workers, medical practitioners and physicians as well as prison staffs and the police. Qualitative evaluation shows positive effects as well as weaknesses in the drug help system, e.g. the psychosocial accompany, and reasons for relapse.

Findings turn out that the role of subjective life quality and the aspired goals of therapy, which are traditionally abstinence and drug free living are an important point of discussion.

Theroretical and practical interdependences

According to the complexity of the demand reduction field, we must consider that there exist a lot of interactions or reciprocal actions that are influencing each other — regarding society, culture and the drug phenomenon as a multidimensional system, a whole with a non-linear structure, characterized by changes and trends. Research and reality are characterized by vice-versa impacts and feedback processes, interdependent relations.

4. Notes on ideological consequences

One of the questions emerging partly from qualitative research findings, partly from drug policy on the level of the general health insurance system (financial reasons, payment for programmes and offers) is concerning the therapy goals in professional drug treatment. Drug help is influenced by findings of qualitative research in the area of monitoring non-institutional drug using samples. Different, varying and changing definitions of aspired ideals to be achieved within institutional treatment measures such as methadone maintenance programmes in popular opinions move between abstinence and responsible handling of addictive substances, development of general life competence, self-esteem and coping stategys, i.e. personal independence in a wider sense.

The social, political and cultural view of drug use or drug dependence, according to and depending on underlying ideological frames and drug policy in Germany, the main discussion can be summarized as "acceptance versus abstinence". Research may create and maintain social constructions or destroy, change them — as it is producing sometimes unwanted results.

Closely linked to recent and current drug policy, differing from state to state (federal structure of Germany), in general popular ideology exist traditionally conservative and restrictive tendencies (e.g. bavaria, new eastern states), representing the "abstinence paradigm", according to the drug war concept (so-called "Rauschgiftbekämpfungsplan"), looking on drug use and drug dependence as a crime, as deviant behavior.

Also, there exist more liberal tendencies towards a rational drug policy in a more acceptance-oriented view, learning from Netherlands or Swiss experiences. (e.g. Northrhine-Westphalia, Hamburg, Bremen) Recent developments with the new

German Drogenbeauftragte, Christa Nickels, represent a shift towards the "illness paradigm", i.e. the decriminalization and medicalization of addiction.

Some qualitative research was done considering or explicitly investigating sociocultural attitudes towards drugs, the most interesting of them including intercultural comparisons.

Ideological frames are influencing the user perspective, either — to see themselves as ill and not responsible for their situation and their behavior, including a limited self-determination, or even provokes initiatives of e.g. cannabis users to investigate themselves (AG Hanf & Fuß) and describe the cannabis-culture in order to correct / rectify their negatively charged social image.

5. Notes on practical consequences on ACTORS and ACTIONS in demand reduction

From results in monitoring drug use and treatment evaluation emerged the development of new, innovative drug help offers / projects and their accompanying scientific evaluation, using in first line qualitative means. One of the most interesting facts is that some drug researchers become actors, i.e. initiators in demand reduction projects themselves, simultaneously playing a role as social scientific supervisors.

These new means of drug help offers can be observed for example

- in secondary prevention: e.g. developing and testing new means of information on synthetic party drug use and evaluate their effects

- in the harm reduction field: pilot project for needle distribution in prison, combined with health education for 3 years, accompanied by qualitative interviews with professionals / staff and drug-addicted prisoners

- in low-threshold drug help offers: e.g. establishment of injection rooms for intravenous drug users, going along with qualitative evaluation from the drug helper´s and the user´s perspectives.

Gaps in demand reduction research can be observed especially in the field of primary prevention programs: For example campaigns for children like the "Keine Macht den Drogen" (no power for drugs), maintaining sports to strenghten kids against drugs, conducted by the Deutscher Fußballbund (German Football Federation) or projects like the toy-free Kindergarten as well as school drug education programs and their effects have not yet been investigated using qualitative means.

Demand Reduction Policies and Programmes in Ireland

By Aileen O'Gorman

This presentation gave an overview of drug demand reduction programmes and policies in Ireland.

The programmes identified were categorised into four groups for purposes of assessment:

1. Education (school based and media campaigns);
2. Community development (training/lifeskills programmes, community projects etc.);
3. Addiction support services (needle exchange, outreach etc.); and
4. Treatment (methadone maintenance programmes, community drug teams, addiction counselling and drug free treatment).

In addition, the main policy programme the government's Drug Initiative was assessed. This programme was seen to operate on two main levels:

1. the thirteen Local Drug Task Forces (based on partnership arrangements between the statutory and community sectors in areas most affected by disadvantage and drugs); and,
2. the National Drug Strategy Team (a co-ordinating body with representatives from the Government Departments dealing with issues concerning health, social welfare, justice, employment, social exclusion and youth)

Both policies and programmes were seen to, by and large, focus on opiate misusers. Both were seen to be in particular need of qualitative evaluation and action research given that little research had been conducted to date, and that which had, had been output rather than process oriented.

Drug research and policies: Who is controlling the game?

By Fabienne Hariga

One of the recurrent concern or questions of researchers, and mainly qualitative researchers, is the question of the hypothetical influence research has on policies. I have tried to analyse how different pieces of research around drug use, risks, HIV prevention in prison have been considered by the policy makers and/or by the administration. These studies are either qualitative, either quantitative or both, have been funded by governmental agencies or co-funded.

The main conclusions of this quick analysis are:

1: Two types of response by authorities have been identified:

1. If the results (and recommendations) of the study are in accordance with the general line of the policy makers in power:

    - The results will be accepted and used as much as possible
    - There is no critical analysis of the methodology used
    - Recommendations will be implemented
    - Results will be widely published if commanded by the concerned governmental agency

2. If the results (and recommendations) of the study are discordant with the general line of the policy makers in power:

    - The results will rejected as much as possible
    - The methodology will be criticised and more easily if it is a qualitative study "this is not scientific work"
    - Some of the recommendations could be implemented, but not in a coherent manner.
    - Results will not be published at all if the study was commanded by the concerned governmental agency

1. When the issue studied is the responsibility of the funding agency, in other words when research is driven by the funding agency, it is unclear weather there is no hidden agenda behind the demand and no insurance that you will be able to publish your results

2. As now, most researches are funded by governmental agencies and commanded by governmental agencies, supra-national co-funding provides (such as from the EU, UN or private sectors) provides the only insurance for some kind of independency.

Interplay between drug policy, knowledge and research - some Swedish reflections

By Börje Olsson

Qualitative research on drug demand reduction is, and has been very limited in Sweden.

And the limited scope of qualitative research makes it useless to categorise the research or to say anything about trends.

The reasons way qualitative research is so rare (not least in comparison to quantitative research) are two be found on at least to levels; one general and one drug specific.

On the general level social sciences have firstly developed in relation to the social welfare society. Two significant traits of such societies are equality and universal measures. Social engineering was the way to accomplish such aims and to improve the welfare society in general. Social sciences became mainly empirical and used almost exclusively quantitative methods. Secondly, have several drug specific factors contributed to the lack of qualitative research:

1. Drug problems developed in parallel with the growth of new disciplines such as sociology, psychology and social work. They were concerned with empirical descriptions of the "new" drug phenomena, causes of addiction and evaluation of different measures (often treatment outcome studies). Research on theses areas had quantitative methods in common.

2. The "zero-tolerance" approach in Swedish drug policy has strongly contributed to a general lack of interest in the type of knowledge that qualitative methods

produce. For instance, no dvisions are made between different drugs (all drugs are seen as more or less equally dangerous) and no deeper interest in specific drug use practices have existed. A deep rooted mistrust in drug users and their own statements have led to a "disqualification" of their perceptions and ideas about their drug use, identities and so forth.

However, during the most recent years, interest in qualitative aspects of drug use and problems as well as qualitative research has increased substantially.

The French Refusal for Evaluation

By Claude Faugeron/Chantal Mougin

Since 1990, good qualitative research has developed in France on illicit drugs. The most recent research deals primarily with two major topics : drug users' careers, and risk reduction strategies. The career study shows the links between drug users and their substances, and explains in particular how users change from one product to another, choose a multi-drug addiction, or how they move from a controlled consumption to dependence or excessive consumption. This study explains the drug users' social relations and their relationship with institutions (see in particular Aquatias, Bouhnik, Duprez & Kokoreff, Castel et alii, &ldots;).

Research on implemented policies has turned towards risk reduction, following in this respect the development and commercialisation of substitute products (méthadon, Subutex®, &ldots;) (see Lert), as well as risk prevention linked to intravenous injections (Ingold) and to synthetic drugs (Sueur). Policy models and strategies have been studied at the local level (Joubert). The establishment of low threshold institutions has also been observed (Jacob). Attitudes and practices of drug addiction workers have also been analysed in order to understand their resistance to change (Bergeron, for example). Such research shows the gap between the common political language and what is said by most of those in charge of local policy. It also shows the difficulty of having coexisting institutions, the police, the law court, the health and social institutions with different or incompatible working strategies. Lacking a consistent official political language, these experiences are fragmented and can hardly be spread to other drug addiction workers.

Qualitative research, including qualitative epidemiological works (Ingold), has come to the fore in the last ten years. This research work is primarily ethnographic and sociological, using interviews, document analysis and observation. Quantitative research, especially epidemiological, has almost not been continued, having difficulties in discerning minority forms of uses and emerging trends. We regret that clinical research has not been as well developed. Historical research is pratically non-existent.

The lack of evaluative works in France demands attention. If therapeutic intervention has been recently evaluated (with a quantitative work from Setbon), there is very little qualitative research on this topic. Specifically, if there has been any evaluation, it remains obscurely presented. Evaluative research hasn't had a major place in France, in contrast to the countries with an Anglo-Saxon research tradition. Education is certainly the area in which it was most developed. Health areas have not been evaluated for a long time; the same is true for illicit drug treatment. This is because of several reasons we will now explore.

1 – Research traditions

In France, clinical research about drug addiction has been poor. This weakness is linked to the influence exerted on clinical research by hospitals and universities practitioners. In hospitals, most practitioners have refused for years to treat and consider drug users, except in emergencies (cf Parquet report). Doctors working in drug users' institutions were seen as marginal and were unable to afford to start research programs lacking appropriate infrastructure. Also, the militancy of most clinical practitioners (Bergeron) made them suspicious of possible administrative control over their jobs. This phenomenon explains the evaluative research weakness of clinical models.

We must also add sociologists' contempt for evaluation. Most sociologists were trained around 1968. In that period, they refused American sociological models and what they felt was a technocratic influence and control over research. The evaluative research techniques hadn't yet been tought, and still aren't tought very often in the universities' programs. Evaluative research is still seen as kept by non scientifically reliable offices. Finally, let's add the fact that research on drug addiction was almost non-existent until the beginning of the nineties (Faugeron 1999).

2 – The drug addicted institutions

Treatment of drug addiction has been developed and structured since the beginning of the seventies, in a specific way as shown by Bergeron (1999). The treatment model which developed was mainly influenced by psychoanalysis, whose target is withdrawal, to the detriment of any other model (i.e., behavioural therapies, therapeutic communities and so on). This model cannot be evaluated because it is justified by its failure: to enter in a treatment program, one has to express a treatment request authenticated by the therapist. What doesn't seem to be an "authentic " request is refused. The most marginal and dependent drug addicted are thus excluded from evaluative studies. Treatment is long and often has several setbacks . If withdrawal is not reached, this is explained by the psychoanalytic process.

Such a model can hardly be evaluated. And the absence of second opinions in the French model keeps us from arguing the relevance of that kind of treatment. This is the main reason why France has been so late in beginning the methadon treatments on a non-experimental scale. And risk reduction strategies have only recently been officially promoted (since the middle of the nineties).

3 – The " unvoiced feelings " in French drug policy

For two decades, the French drug policy model's failure was blamed on bad implementation of the 1970's law aimed at drug use eradication by two measures: cure and repression (Pelletier report, Trautmann report). Only after the Henrion report, in 1995, has doubt been cast on the model itself. At the Drug Abuse National Meeting, organized at the end of 1997 by the Health Office, the professionals reached an agreement on a risk reduction policy and on the necessary revision of the 1970 law. That agreement is still far from being accepted by the political staff and most importantly the President of France.

We can wonder about that obstinacy not to admit the French model's failure, which imposed detour behaviors, as to let on sale buprenorphine in high dose (Subutex®), delivered by physicians, without a real debate about it. The weakness of French public health policy has been pointed out several times (Ehrenberg, Bergeron for example). Bergeron made a shrewd analysis of the way drug addiction work has been formed, showing how the withdrawal-based therapeutical model has come to the fore, excluding other models. This is due to centralized management of drug problems by the relevant departments of the government which weren't inclined to negotiate or interact with other departments. Coordination attempts at the local level have always failed until elected local representatives, mayors particularly, take that problem in hand (see their management models in Joubert, 1999). With few exceptions, there has not been a coherent structured French policy concerning drug addiction where different local and department strategies are co-ordinated.

Research Practice and Policy-making — Accidental Meetings in Demand Reduction?

By Tuukka Tammi

Introduction

The present paper will discuss the relationship between research and policy-making in the field of drug demand reduction. Firstly, I will very briefly consider, what kind of information seems to be most relevant and desired at policy-level. This will be done partly on the basis of the country reports produced within The Inventory on Qualitative Research on Demand Reduction project and partly by taking a look at one central drug policy document, namely the Guiding Principles of Drug Demand Reduction by the UN. Secondly, I will introduce some hypotheses about the mechanisms through which research knowledge may become involved in actual decision-making.

Some remarks on the relationship of drug demand reduction and social scientific research

Demand reduction is, by definition, highly goal-oriented field of action: It aims to reduce the demand for drugs. To achieve this goal, i) it needs tools that effectively reduce the demand. To know which tools are effective, ii) the demand reduction practice needs information and knowledge both about the demand and the tools used. To get the information and knowledge, iii) it needs systematic observations both about the demand and the tools used. According to our modern thinking, iv) the most reliable and powerful method to make these observations is scientific research – scientific research provides us with the most accurate information about the reality and how it can be best influenced to reduce the demand of drugs.

Thus ideally, the interplay of research and practice goes as follows: i) the researchers conduct studies and produce results, out of which ii) the policy-makers and practitioners pick out the most useful ones iii) to develop their own practices on the basis of scientific knowledge. Correspondingly iv) the research findings evoke new questions to the researchers, who v) continue their investigations in order to produce an ever-cumulative body of knowledge, that is, tools for the practitioners.

This is — put very simply — the logic of the evidence-based medicine. Assumption lying behind is that the science can — by natural experiments and by randomised controlled trials — find out which practices are the most effective ones. However, drug problem is a medical problem only to some extent. It is largely a social problem, too. And the more social a problem is by its nature, the more vague and indirect appears the linkage of research and decision-making.

Conclusions from the Inventory/Country reports

At least the following general conclusions can be derived from the country reports of the Inventory on Qualitative Research on Demand Reduction project:

- Demand reduction is high on political agenda
- Political prioritisation is not necessarily reflected in research funding
- Demand reduction policy-making and practice prefer quantitative methods to qualitative
- Evaluation is increasingly emphasised, but it is rather dealing with assessments of practical programmes than with overall policies
- Need for versatile (also qualitative) research is increasingly emphasised in some national action plans and strategies
- Qualitative approach is sometimes associated with "alternative" and/or not-repressive drug policies/policy-making
- Nature of research desired depends on the prevailing policy paradigm (abstinence, illness, crime, harm reduction etc)

One comment in the country reports also stated that: "The researchers should "not fawn on policy maker to ensure the funding&ldots;universities have become producers of policy-supporting research&ldots;".

What kind of research do the policy-makers want?

Almost every policy-level resolution, strategy paper and action plan stresses the need for

1. Information on trends (indicators describing changes in time, showing progress, new problems, and effectiveness)
2. Evaluative information (recommendations, best practices, studies showing effects, outputs and outcomes of practical actions)

In June 1998 the United Nations General Assembly Special Session on Drugs (UNGASS) approved a Declaration on the Guiding Principles of Drug Demand Reduction. This kind of declaration deals with its subject on a very general level, but also crystallises the idea of demand reduction to the extent it is a commonly agreed concept. What does this central policy document say about the role and tasks of research?

The first note concerning research is made in the paragraph "4.A. Assessing the problem" which states as follows:

IV CALL FOR ACTION

4.A. Assessing the problem

9. Demand reduction programmes should be based on a regular assessment of the nature and magnitude of drug use and abuse and drug-related problems in the population. This is imperative for the identification of any emerging trends. Assessment should be undertaken by States in a comprehensive, systematic and periodic manner, drawing on results of relevant studies, allowing for geographical considerations and using similar definitions, indicators and procedures to assess the drug situation. Demand reduction strategies should be built on knowledge acquired from research as well as lessons derived from past programmes. These strategies should take into account the scientific advantages in the field, in accordance with the existing treaty obligations, subject to national legislation and the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control (1987).

After this paragraph research is not mentioned until the paragraph

F. Building on Experience

16. States should place appropriate emphasis on training policy makers, programme planners and practitioners in all aspects of the design, execution and evaluation of drug demand reduction strategies and programmes. Those strategies and programmes should be ongoing and should be aimed at meeting the needs of participants.

17. Demand reduction strategies and specific activities should be thoroughly evaluated to assess and improve their effectiveness. The evaluations should also be appropriate to the specific culture and programme involved. The results of these evaluations should be shared with all those interested.

In the declaration information on trends and evaluation as well as building actions on research are given central roles. I would argue that these three emphases go through – more or less – all central drug policy documents: information on trends and evaluation of programmes are emphasised, and the importance of research is stressed. Needless to say, these points are of utmost importance for effective demand reduction. But what makes certain kind of research more important than others?

On a general level it seems that it is mainly the quantitative epidemiology and utilisation-focused evaluation research that affects policy-making. A simple answer to the question ‘why’ — why certain research affects policy-making while others don’t? — is, that these research traditions produce information that is clear and unambiguous, and is easy to use as basis of practical decision-making. It is directly applicable. But this reasoning is far from a full answer.

If we will study individual cases on how research has had an impact on political decisions nationally and locally, we will see variations of mechanisms how it takes place. Virginia Berridge (1999) has recently presented three central channels or mechanisms through which research has effect on policies. In addition to quantitative nature of information being one criterion for usefulness, she has suggested that there are policy–research alliances, where certain policy-tradition has a strong connection to a certain research tradition. These symbioses can be

born for many different reasons. One example is the "alliance" between Nordic alcohol policy and social alcohol research with its theory on the relationship between control policy, consumption and harms.

Berridge also suggests that media is more and more important mediator between research and policy; it selects the topics for public discussion and thus sets the agenda for political action, too.

Thirdly, there are cases where crisis is an important variable; unexpected changes in societal situations may bring forth certain research approaches. For instance, a sudden HIV epidemic among drug users has increased the importance of ethnographic studies of "hidden populations" in some crisis situations.

Such a presupposition that the relationship between research and policy would be always direct and open is thus hardly the case. It may also be a question of traditions, publicity and accidental meetings of policy/research traditions in time and space.

Concluding remarks

In this paper I have suggested that there are two main qualities of information that are most desirable from the policy-making viewpoint: quantitative information on trends and evaluative information on effects. I find this very understandable as this kind of information is highly applicable to the needs of a policy-maker.

The idea of evidence-based policy is not totally applicable to demand reduction as a whole. Relating to this, I suggested that there are also mediating mechanisms that may involve certain kind of research tradition to policy-making. It is not only a matter of methodological nature and easy adaptability of information. For instance, the media and research–policy alliances can be these kind of mechanisms, or research and policy can also "meet by accident" as a result of a crisis situation.

The role and scope of certain research traditions in demand reduction policy-making do not always satisfy the representatives of these traditions. Qualitative research is probably one of these "dissatisfied" research traditions. This assumed dissatisfaction challenges us all to discuss the theme further on. How could the findings of this approach be better heard by the decision-makers? The observations by Virginia Berridge provide some answers: by allying and networking with policy-making and media.

Eventually we should ask: how inherent part of policy-making should the research be? In my (Kuhnian) view, not all research should be closely linked in decision-making. There is always a need for different and critical voices that feed the alternative ideas for discussion, and eventually cause slow changes in paradigms. This is not the role of only qualitative research; all social scientific research, whether qualitative or quantitative, should be in this role to some extent.

Qualitative Research on Drug Demand Reduction in the UK

By Jane Fountain

A great deal of qualitative research is conducted in the UK, but the problem is finding some of it: there is a lot of grey literature — unpublished reports prepared for the organisation that funded the research, and not generally available. The UK branch of the network of qualitative researchers which has been built up over the last three years of EMCDDA projects has been a crucial resource in locating much of this work.

In the UK, a variety of organisations are involved in research production, including specialist drug research organisations, government departments, universities, and local health authorities. In addition, many drug services (such as treatment agencies and educational programmes for drug prevention) conduct and/or commission needs assessments or evaluations of their operations in order to gain or maintain their funding.

The quality of some of this research, and of the methods used, is unknown, and the results can have an extremely limited circulation — perhaps a report seen only by the funders of the service (often a local council or health authority), for example.

Funding for research into aspects of drug-using behaviour comes from a wide variety of sources, ranging from government departments to charities.

There is a receptivity to the use of qualitative methods, which reflects their practical utility in understanding and responding to public health and social problems amongst hidden or hard-to-reach populations. This was particularly apparent during the periods when HIV began to spread amongst IDUs.

In the UK, these are the four main funders of research. Currently, the government is investing in research into aspects of drug use as part of its Ten-Year Strategy for Tackling Drug Misuse programme, and some tenders for research projects are still being considered by the Anti-drugs Coordination Unit. Three other major funding sources are the Department of Health, the Health Education Authority and the Home Office Drugs Prevention Advisory Service (formerly the Drugs Prevention Initiative).

Funding is also obtained for collaborative projects from various European funding bodies.

From the inventory of current projects on demand reduction compiled for this project, there does not appear to be a distinct common theme.

The UK government's Ten-Year Strategy for Tackling Drug Misuse coordinated by the UK Anti-drugs Coordinator (popularly known as the 'drugs Tsar') is a major current focus of research and demand reduction initiatives in England, and is also the basis for drug policy in Scotland, Northern Ireland and Wales. The strategy has four aims, the first three of which are concerned with aspects of demand reduction (particularly 1 & 3):

1. Young people. To help young people resist drug misuse in order to achieve their full potential in society.

2. Communities. To protect our communities from drug-related anti-social and criminal behaviour.

3. Treatment. To enable people with drug problems to overcome them and live healthy and crime-free lives.

4. Availability. To stifle the availability of illegal drugs on our streets.

New organisational structures have been being set up, and performance indicators are being developed with which to measure the degree of success of these objectives.

This measuring is not only happening in the drugs field. If our prime minister is to be believed, the early years of the next century will be paradise: all social evils will be cut by defined percentages. For example, a major aim of the 10-year strategy for tackling drug misuse is to reduce the number of people under the age of 25 using heroin and crack cocaine by 25% within 5 years (2003) and by 50% within 10 years (2008).

The extent to which qualitative methods will be used in these performance indicators is not yet clear, and there is some concern that there will be an over-emphasis and over-reliance on statistical data for which baselines (of, for example, the current number of heroin and crack cocaine users under 25 in the UK) have not been rigorously established.

This is recognised by the Anti-drugs Co-ordination Unit, however, and £6,000,000 (9,000,000 euros) over three years has been allocated for 'improving research and information gathering' to build an evidence base. Again, it has not been specified how qualitative research methods will be employed in this exercise.

However, the emphasis on preventing young people using drugs means that drug researchers have forged stronger working relationships with educational establishments, at both local, regional and national level.

In 1998-1999, millions of pounds were allocated to resourcing a 'joined up' (co-ordinated) policy approach to drug misuse, including £57,000,000 (85,500,000 euros) over three years to support more sustained and better drug education and prevention work in school and the community in England alone.

This, obviously, is a good thing. BUT, overall, there is a lack of information about the effectiveness of such demand reduction activities, although the Home Office Drugs Prevention Advisory Service is currently investing heavily in evaluation of its demand reduction work.

From my work for this project, however, it seems that a systematic evaluation of demand reduction work is overdue.

The relationship between research and policy in the UK does appear to be undergoing an overhaul. It's too early to speculate on the nature of the outcome, particularly concerning the effect on qualitative research.

The future emphasis of research should be concerned with auditing and evaluating the demand reduction, prevention, and treatment activities. This will

have to be conducted against a background of quality control and value for money of the services provided to health services at local level.

This is a much-needed aspect of research into drug use, but one immediate gap is apparent: the proportion of drug users not in contact with services and the proportion of the whole drug-using population they represent.

And as we know, it is investigations into such 'hidden populations' for which qualitative research is ideally suited.

Although quantitative methods dominate research in the UK, I hope that policy-makers and funders, even in a climate of statistical measuring, remember that, and that qualitative research continues to play a role in future investigations.

PARTICIPANTS

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Programme

Thursday, 7 October

10.00-11.00
Introduction
Georges Estievenart (EMCDDA)

Drug demand reduction in EU-countries
Margareta Nilson (EMCDDA)

Coffee break

11.30-12.30
Qualitative research on drug use patterns - lessons learned
Richard Hartnoll (EMCDDA)

Presentation of the study (data, process, preliminary results)
Pia Rosenqvist and Petra Kouvonen (NAD)

Discussion

13.00-14.30 Lunch

14.30-15.30
DRUG DEMAND REDUCTION
Overlap of alcohol research and policy: lessons for the drug field
Jacek Moskalewicz (POL)

15.30-16.00 Coffee break

16.00 -18.00
Experiences from the study

A research/action experience on drug demand reduction in Italy
Franca Beccaria (ITA)

The drug demand side and the lacking qualitative research
Hildigunnur Ólafsdóttir (IS)

Unwanted results: the limited effect of drugfree treatment
Karen Ellen Spannow (DK)

Ten years of drug demand reduction research in Spain: The role of qualitative research
Nuria Romo Aviles (ESP)

Discussion

Friday, 8 October

9.30-10.30
THE FRAMEWORK OF QUALITATIVE RESEARCH

Qualitative methods - strengths and weaknesses
Robert Dingwall (UK)

10.30-11.00 Coffee break

11.00-12.00
Collective actors in provision networks – methodological comments
Sandro Cattacin (CH)

12.00-13.00
The role of qualitative research in process and impact evaluation
Sheila Henderson (UK)

13.00-14.30 Lunch

14.30-15.30 Experiences from the study
Legitimitations, fashions and wishes
Irmgard Eisenbach-Stangl (A)

Promises and pretentions: qualitative research into drugs in the Netherlands
Ronald Knibbe (NL)

Main directions in German demand reduction research: Monitoring and evaluation
Susanna Prepeliczay (D)

15.30-16.00 Coffee break

16.00-18.00
GAPS IN REALITY AND/OR IN RESEARCH?

Connections between demand reduction and harm reduction: points of discussion
Leopoldo Grosso (ITA)

A drug monitoring system in the Netherlands: a tale of three cities
Dike van de Mheen (NL)

Outreach, ethnography and street work – network approaches to qualitative research and quality interventions
Roger Lewis (EMCDDA)

Experiences from the study

Demand reduction policies and programmes in Ireland
Aileen O'Gorman (IRL)

Drug Research and policies- who is controlling the game?
Fabienne Hariga (B)

Saturday, 9 October

9.30
DRUG POLICY AND DRUG RESEARCH

Interplay between drug policy, knowledge and research – some Swedish reflections
Börje Olsson (S)

The French refusal of evaluation
Claude Faugeron (F)

Research practice and policy making – accidental meetings in demand reduction
Tuukka Tammi (SF)

Demand reduction research in the UK
Jane Fountain (UK)

11.00-11.30 Coffee break

11.30-12.30
RESEARCH NETWORKS AND FINANCING - perspectives for the future
Timo Jetsu (EC)

Discussion

12.30 -13.30
SUMMARY AND CONCLUSIONS
Project coordinators and EMCDDA