Focus Assessment Studies:

A Qualitative Approach

to Data Collection

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Preface

The GAP *Toolkit Module 6, Focus Assessment Studies: A Qualitative Approach to Data Collection*, was prepared by the United Nations Office on Drugs and Crime as part of the activities of the Global Assessment Programme on Drug Abuse (GAP). The main objectives of GAP are to assist United Nations Member States to collect reliable and internationally comparable data, to guide demand reduction activities through assistance for capacity-building at the local level and to improve cross-national, regional and global reporting on drug trends.

At the Global Workshop on Drug Information Systems: Activities, Methods and Future Opportunities, held in December 2001 in Vienna, it was agreed that the GAP Epidemiological Toolkit should include a module on focus assessment studies. Subjects covered by other GAP Toolkit modules include the provision of support for the development of an integrated drug information system; indirect methods for estimating prevalence; school surveys; data interpretation and management for policy formation; basic quantitative data manipulation using the Statistical Program for Social Sciences; and ethical issues. Other GAP activities include the provision of technical and financial support for the establishment of drug information systems and support and coordination of global data collection activities.

The philosophy behind the GAP Epidemiological Toolkit is to provide a practical and accessible guide to implementing data collection in core areas. The toolkit modules are designed to provide a starting point for the development of specific activities and are based on principles of data collection that have been agreed on by an international expert panel and endorsed by States Members of the United Nations. Models and examples presented in the modules are based on ones that have been found to be effective, but a key principle is that approaches will be adapted to meet local needs and conditions.

For further information, visit the web site of the United Nations Office on Drugs and Crime at www.unodc.org, e-mail GAP at gap@unodc.org, or contact the United Nations Office on Drugs and Crime, P.O. Box 500, A-1400 Vienna, Austria.

Focus assessment studies

A focus assessment study is a theme-guided, multi-method approach to data collection, utilizing mainly qualitative research methods to investigate a particular problematic behaviour or group of behaviours among a target population (such as street children, drug dealers or a minority ethnic group). The aim of the study is to explore the social meaning and social context of this behaviour from the perspective of the target population and from those in contact with them. Results are used to identify, plan and improve intervention programmes and further research. The time frame for a focus assessment study is three to four months.

Toolkit Module 6 is a practical guide to implementing a focus assessment study, aimed at those who may have little experience of conducting research, especially using qualitative methods. The module can be redelivered as a workshop using the PowerPoint presentations available at the United Nations Office on Drugs and Crime web site at www.unodc.org. The contents were informed by the needs, discussions and evaluation of participants of workshops organized by the United Nations Office on Drugs and Crime in the framework of the Drug Abuse Epidemiological and Surveillance System Project and GAP on planning and implementing focus assessment studies.

As a practical guide, the present module concentrates on the considerations necessary for the successful completion of the study, illustrated by examples and case studies. It does not contain complex theoretical and procedural discussions of aspects of the research process, although references are provided for those who wish to explore these issues in more depth. It is also highly desirable that the research team conducting the study include (or be able to consult regularly with) an experienced qualitative researcher.

Any research project must consider a range of issues simultaneously, but in a document such as this they must necessarily be dealt with separately. Nevertheless, each section of this module has an impact on other sections: in practice, it is not intended that any section should be considered in isolation.

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Defining the problem and formulating the research question

KEY POINTS

Defining the problem and formulating a research question to investigate it (that is, establishing the aim and objectives of the study) are central elements of a focus assessment study, because these affect all its other phases.

As Flick points out: [1] "The less clearly a research question is formulated, the greater is the danger that researchers will ultimately find themselves in front of mountains of data helplessly trying to interpret them."

The difference between an aim and an objective should be noted here. An aim describes the overall result that the study intends to achieve (although a study can have several aims), while an objective refers to the specific activities that will be conducted in order to achieve the aim(s).

The identification of a drug-related problem may be arrived at from a variety of sources, such as informal observation of a particular phenomenon or the perceptions of social workers, the police or school-teachers. The examination of secondary data (sources of which are detailed below in section II.G), such as media reports, drug treatment and notification data concerning the human immunodeficiency virus (HIV) and the results of other research studies can also suggest areas of investigation: secondary data may, for example, reveal the geographical and social settings in which particular patterns of drug use occur. The use of secondary data at the planning stage of the study means that the local situation can be better understood and gaps in the existing data can be identified.

Case study 1.   Defining the problem and formulating the research question

The problem

There are data from a national school survey on the prevalence of drug use and on drug-using patterns among school pupils in Saint Kitts and Nevis. However, there is currently a paucity of data on drug use among out-of-school young people who are living in communities characterized by high levels of poverty, unemployment and a lack of adequate infrastructure and where there are reports of drug use. Additionally, there is no information on the needs of this population in terms of drug demand reduction and prevention.

The research question

What are the drug-using behaviours of out-of-school youth, their perceptions of drug-related problems and risk behaviours and their views and needs concerning demand reduction and prevention initiatives?

Source: Focus assessment study proposal, National Council on Drug Abuse Prevention, Saint Kitts and Nevis, June 2002.

Choosing the
research methods

KEY POINTS

The qualitative research methods that are best suited to gathering information during a focus assessment study are semi-structured interviewing, themed interviewing (with individuals or groups), focus groups and observation.

Secondary data is also valuable.

However, it should be stressed that there are no "right" or "wrong" methods for a focus assessment study: the challenge is to create the mixture that is best suited to achieving its aims and for collecting data from the target population.

A. The value of qualitative research methods

The benefits of qualitative research methods in the context of a focus assessment study are usefully summarized as follows by Rhodes [2] and the United Nations Office on Drugs and Crime [3].

1. Reaching and researching "hidden" populations

Some drug-using populations can be accessed relatively easily, such as those who are in prison or receiving drug treatment. The qualitative research methods described in the present section and the sampling techniques described in chapter III are ideally suited for conducting research among "hidden" or "hard-to-reach" populations, such as drug users who are not in treatment, young people who are starting to use drugs and drug dealers.

2. Describing the social meanings of drug use

Qualitative research gathers data that describe drug use and the associated behaviours from the perspectives of drug users themselves. A

key example is the sharing of injecting equipment. Qualitative studies have high-lighted how this, and not using condoms, is a social behaviour that communicates trust and love in relationships.

3.   Describing the social context of drug use

Qualitative research can describe the social and physical settings in which drug use occurs and the interplay of individual and social factors that influence drug-using behaviour. Examples include studies that have shown the influence of peer groups and social networks on drug use and how the rules of a shooting gallery (a venue where drug users gather to inject drugs) on the sale and rental of injecting equipment affect behaviours that place injectors at risk of infection.

4.   Informing quantitative research

Results from research using qualitative methods can inform the design and param-eters of quantitative research, so that appropriate questions can be asked in quan-titative surveys. Sharing injecting paraphernalia is again a good example of this: until qualitative researchers reported what was shared, how it was shared, why it was shared and with whom, quantitative questionnaires were not asking sufficiently detailed questions about this behaviour. Other examples of how qualitative research can inform quantitative research are the identification and monitoring of new drug trends and the reactions to new drug treatment methods, such as the prescribing of heroin.

5.   Explaining and complementing quantitative research findings

Whereas statistical data may identify correlational relationships between variables, they do not adequately assess why or how these relationships exist, nor explain what the associations mean. For example, in the United Kingdom of Great Britain and Northern Ireland, South Asians (people from Bangladesh, India and Pakistan) are underrepresented in the statistics relating to clients of drug services. Until recently, it was thought that this meant that the prevalence of drug use among them was substantially lower than that of the white population. However, results from qualitative research have shown that drug use does occur among the South Asian population, but that there are many social and cultural barriers that hinder them from seeking help.

6.   Developing effective intervention and policy responses

Results from qualitative research studies identify processes and relevant contexts for engaging drug users into interventions that strive to address their needs and experiences.

B. Semi-structured questioning

A semi-structured (or open-ended) question asks respondents to answer in their own words: unlike a structured question, it does not confine them to ticking a box from a pre-designed list of options in order that statistical data can be collected. Put simply, semi-structured questions ask "what?" "why?" and "how?", rather than "how often?" and "how many?" Semi-structured questions not only allow respondents to express their own point of view and to describe situations, events and their experience, but are particularly valuable when little is known about the issue under investigation and it would therefore be difficult to compile a list of options in advance.

Examples of semi-structured questions

To current marijuana users: "What do you like most about using marijuana?" and "What do you like least about using marijuana?"

To out-of-school young people: "What could be done to make you decide to go to school?"

To problem drug users not in drug treatment: "Why haven't you been to a drug service?"

To drug users buying drugs in an open (outdoor) drug market: "How do you choose which dealer to buy from?"

C. Themed interviewing

Themed interviewing, also known as "in-depth" interviewing, is a more unstructured technique than interviewing using semi-structured questions. Using this method, a list of themes is compiled, each introducing an issue to the interviewee(s) and the interviewer seeks new information and new perspectives on it.

Themed interviews can be conducted with just one interviewee or with small groups. However, group interviews are not the same as focus groups (section II.D), and are not used to elicit the more sensitive personal information and viewpoints (about, for example, drug use and sexual behaviour) that may be asked for in interviews with individuals.

> ### Case study 2.   Interview themes
>
> In London, individual and group themed interviews were conducted with providers of services for homeless people in order to provide insight into what they saw as the key issues surrounding the provision of services to homeless drug users. The themes for the interviews included their perceptions of the adequacy of services provided for homeless drug users in London, suggestions for improvement and their service provider's particular problems and successes regarding service provision for homeless drug users. The findings were thus an indication of what was important to those working directly with the population of homeless people.
>
> *Source:* Fountain and Howes [4].

D.   Focus groups

While interviews can be conducted with more than one person at a time, a focus group is a shift away from an interview to a group discussion between a small (6-10) group of individuals who have been selected because they have some knowledge about the research question. As illustrated by the case study below, the discussion is stimulated by a short list of themes.

> ### Case study 3.   Focus group themes
>
> A series of focus groups with young people was held in Barbados in order better to comprehend their perspectives on drug use and drug prevention strategies. Prior to the focus groups, a list of themes was prepared in order to ensure that all the issues related to the study's aims were explored. These themes included the types of drugs used by young people and their recommendations for future interventions. Discussions were therefore guided by prepared themes covering different aspects of drug use, but the list was consulted only when the participants did not spontaneously address them.
>
> *Source:* Focus group study on the perceptions of young Barbadians towards drug use and drug prevention strategies. United Nations Office on Drugs and Crime, Caribbean Regional Office.

Focus groups are an extremely efficient method of collecting data on a subject about which very little is known and are also valuable for asking participants to comment on and suggest explanations for research findings (section VI.B).

In a focus assessment study, it is desirable to conduct several focus groups with representatives of different groups, not only to ensure that a particular group does not have opinions peculiar to them, but also that a variety of perspectives on an issue are explored.

E. Observation

It is not recommended that observation should be the sole method used in a focus assessment study: indeed, most research projects collecting data by observation also use other methods.

There are several ways of observing a particular situation: as a participant (an insider), as an observer (an outsider or "fly on the wall"), or somewhere in between (participant-observer). For example, an evaluation of a drug education session in a school could include observation of pupils' reactions by the following methods:

(a) In the case of participant observation, the researcher is, or pretends to be, a participant (a pupil or, more likely, a member of staff or an assistant to the person delivering the drug education), and pupils do not know they are being observed. Such covert observation, however, raises ethical issues, which are discussed in chapter VII;

(b) In the case of an observer, pupils are informed that the researcher is there to note their reactions;

(c) An example of a participant-observer in this scenario is that the researcher is involved in the session in some way, but tells the pupils that he or she is also there to observe reactions.

Observation can be unstructured or structured. Unstructured observation collects background data on, for example, locations where drug dealing takes place, where drug users socialize or where young people spend their leisure time. However, the results of this activity should quickly feed into more structured observation that focuses on the aims of the study, that is, on "specific behaviours or activities, in specific places at specific times" (United Nations) [5]. Otherwise, as illustrated by the first case study below, and noted by Mason [6], there is a risk that the observer will have "overestimated their ability to 'hang around' in a setting or a location and to 'soak up' relevant data".

Case studies 4 and 5. Observation

At a workshop to draft proposals for focus assessment studies, one group aimed to investigate the effect of drug use on sexual behaviour among young people, believing that they took more risks concerning sexually transmitted diseases while under the influence of drugs. One of the aims of the study was to identify these risk behaviours and the group listed one of their research methods as observation of young people. However, during discussions on exactly what they intended to observe, the group agreed that, as sexual behaviour was highly likely to be conducted in private, they would be unable to gather any data on it from observation. Although it might have been possible to note when couples who had been using drugs left the observation site in an amorous fashion, it would have been impossible to ascertain whether or not they subsequently engaged in sexual behaviour, risky or otherwise. The method was therefore deleted from the proposal.

At the same workshop, another group aimed to investigate issues surrounding risk factors for problem drug use among adolescents in isolated communities in their country. As little was known about these communities, the group intended to use data from observation to contribute to background information on how young people there spent their leisure time in public (such as hanging around on the streets apparently aimlessly, or playing football). During discussions on this proposal, workshop participants agreed that the data from observation would make a valuable contribution to the study.

Source: Workshop on Focus Assessment Study Planning and Implementation, organized jointly under DAESSP and GAP, 2003.

F.   Ethnography

An ethnography is a descriptive account of the behaviour of a usually small group of people, characterized by an in-depth study through personal contact over a period of at least several months. The qualitative research techniques discussed above (semi-structured interviewing, themed interviewing, focus groups and observation) are generally components of an ethnography. However, the short time frame for a focus assessment study (three to four months) is insufficient for a full-scale ethnographic study to be carried out. For further details of the technique of ethnography, see, for example, Agar [7], Adler [8], Hobbs and May [9] and Atkinson and Hammersley [10].

G.   Secondary data

In addition to employing one or more of the qualitative research methods listed above, it may be appropriate for a focus assessment study to examine secondary data: those on aspects of drugs and drug use that have already been collected by others.

Sources of secondary data include (United Nations [5]; World Health Organization (WHO) [11]):

(a)   Existing statistical data, such as those on population, school attendance, drug treatment, drug seizures, arrests for drugs offences, drug-related deaths, drug-related HIV rates and hospital records on drug overdoses and other drug-related emergencies;

(b)   Relevant policy documents;

(c)   Research reports, both those published in academic journals or books and unpublished documents ("grey literature", which may not be widely circulated and may exist only in the form of a report to funders), including evaluations, for example, of drug education programmes and outreach work, and reports by non-governmental organizations on the scope and implementation of their work;

(d) Media reports, although sources of this information should be carefully checked, because they can be sensationalist and not based on the results of valid research.

H.   Triangulation

It should be emphasized that the use of multiple research methods, discussed below, and an analysis of their findings, which is known as triangulation (see section VI.D below), will yield a more comprehensive picture of the phenomenon under investigation than the use of only one data source. As noted by WHO [11]:

> "Using just one research method will only provide a very narrow perspective and understanding of the topic under study. Sometimes such a reliance on just one method can provide an inaccurate or even biased description."

Example of multiple research methods

Research on aspects of the drug use of young people could employ several of the following research methods, depending on the time and financial resources available and on the expertise of the researcher team:

(a) Individual interviews and/or focus groups with young people;

(b) Interviews and/or focus groups with those who come into contact with young people in relatively formal situations, such as schools, youth clubs and places of religious worship;

(c) Interviews and/or focus groups with those who come into informal contact with young people, such as disc jockeys, hairdressers and workers in shops where young people buy clothes or music;

(d) Observation of the activities of young people wherever they congregate in their leisure time;

(e) An examination of media reports on drug use and young people;

(f) A summary of existing research reports on the drug use of young people;

(g) A summary of the relevant sections of national and/or local drug strategies.

Sampling procedures

KEY POINTS

Sampling procedures that demand consideration during the planning stage of a focus assessment study include:

(a) Convenience and purposive samples;

(b) The importance of selecting the sample to meet the aims of the study;

(c) The criteria for inclusion in the study;

(d) Sample size;

(e) Access strategies: snowball sampling, privileged access interviewers and gatekeepers;

(f) Rewarding informants.

The sample(s) for a focus assessment study should be systematically selected and accessed according to the guidelines in the present section.

A. The type of sample

Time and financial resources will dictate the sampling method(s) used for any research study, but it is clear from the definition of a focus assessment study (see the preface section above) that it is not intended to be conducted with a representative sample of the targeted population. Rather, convenience (also known as opportunistic) and/or purposive samples are used, as described below:

(a) A convenience sample describes those who are selected because they were the only ones available or the only ones who agreed to be interviewed or participate in a focus group. The observation method necessarily uses a convenience sample;

(b) A purposive sample comprises those who are deliberately targeted because they are thought to have information that will help to achieve the study's aims.

A focus assessment study should not rely solely on information from convenience samples of, for example, volunteers or individuals who are readily available. Access strategies (section III.E) should be devised to allow data to be collected from as wide a range of informants as possible.

Case studies 6 and 7. Convenience sampling

At a workshop to draft proposals for focus assessment studies, obstacles to their implementation were discussed. One group highlighted that their previous attempts to conduct focus groups had encountered difficulties when attempting to get professionals together in one place at the same time, because of their work commitments. The group's previous samples had therefore been comprised of those who were free to participate on the days when the focus groups were held.

Source: Workshop on Focus Assessment Study Planning and Implementation, organized jointly under DAESSP and GAP, 2003.

Purposive sampling

When information is required about the effectiveness of school-based drug prevention programmes, it is likely to be more relevant to select informants from school pupils who have been the target of these programmes, rather than from the teachers who administered them.

Source: United Nations [5].

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1. Focus group samples

If the focus assessment study includes focus groups, a sample comprising a mixture of informants can facilitate constructive dialogue: for instance, a focus group to discover perceptions of a drug information leaflet for parents could include both parents and those who devised the leaflet.

On the other hand, a mixture of participants may hinder the discussion. For example, if parents and young people are participating in a focus group to investigate drug-using behaviour among young people, the young people may be inhibited from speaking openly about their own and their friends' behaviour.

B. Selecting the sample to meet the aim of the study

The selection of the sample from which data will be collected must relate to the aim or aims of the focus assessment study in order to build up the fullest possible picture of the phenomenon under investigation.

If, for example, the aim is to seek the perceptions and opinions of drug users concerning drug treatment services, then both drug users receiving treatment and drug users not receiving treatment should be interviewed. However, there are other informants—known as key informants—who can also provide specialist information on this issue, including doctors treating drug users and other individuals working with this population, such as outreach workers.

Key informants can also put existing data into context and comment on interpretations of existing research data, including data collected during the focus assessment study to which they are contributing: their interpretation will provide further understanding of the meanings of the findings.

As wide a range of key informants as possible should be selected, in order to avoid obtaining only the viewpoints of a few marginal individuals or groups. For example, key informants who may be used in a focus assessment study investigating how drug users deal with the adverse effects of drug use could include:

(a) Drug treatment providers and counsellors;

(b) Outreach workers and others who work with drug users on the streets;

(c) General health workers;

(d) Emergency and ambulance teams and hospital staff;

(e) Active drug users representing the focus assessment study's target population.

Case studies 8 and 9. Selecting the sample to meet the aim of the study

Aim

To assess the magnitude and characteristics of drug use among out-of-school youth in Saint Kitts and Nevis.

Sample

(a) Out-of-school youth;

(b) Representatives of organizations delivering programmes to prevent, reduce or treat drug abuse and/or use;

(c) Social workers;

(d) Police and other representatives of the criminal justice system.

Source: Focus assessment study, National Council on Drug Abuse Prevention, Saint Kitts and Nevis, 2003.

Aim

To identify the drug information needs of parents from diverse communities in a region in the United Kingdom.

Sample

(a) Members of seven local populations (South Asians, black Africans, black Caribbeans, Italians, Jewish, Roma and those with a visual and/or hearing impairment);

(b) Representatives of organizations working with these populations.

Source: Dhillon and others [12].

C. Establishing the criteria for inclusion in the study

A focus assessment study should establish criteria for an individual to be included in a sample. For example:

(a) If the study is focusing on young people, then an age range, for example, 14-18 or 12-25, must be specified;

(b) If problem drug users are the focus, then a definition of "problem" is necessary to establish the criteria. As an illustration, the European Monitoring Centre for Drugs and Drug Addiction defines problem drug use as [13]: "intravenous or long-duration/regular use of opiates, cocaine and/or amphetamines".

(c) If key informants are to be interviewed, the knowledge of the phenomenon that they must have in order to be included must be specified. For example, if social workers are to be used as key informants in a study of drug use among unemployed young people, these informants must be working with that population.

The establishment of criteria for inclusion in the study also clarifies and prevents misunderstandings of commonly used phrases such as "out-of-school youth" and "young people at risk". For example, "out-of-school youth" may be variously interpreted as young people who are supposed to attend school, but do not do so; those who have been expelled from school; those who have left school; and those who attend school but whose behaviour out of school hours is the subject of the investigation.

D. Sample size

As in any research study, the target sample size—the number of those to be interviewed or participate in focus groups—depends on the financial and human resources available to the research team. However, adjustments may be necessary as the study progresses, according to whether access to the sample is easier or more difficult than anticipated (see section III.E below).

Case studies 10 and 11.   Factors affecting sample size

A research project had planned to conduct 50 individual semi-structured interviews with chaotic problem polydrug users. Appointments were made for them to attend a research centre for the interviews, at times the drug users said were convenient for them. However, some appointments were not kept because the drug users had been buying or using drugs at the time, had forgotten they had made the appointment, or, in one case, because the individual had been arrested and was in police custody. Some of those who did arrive were too incapacitated by their drug use to be able to answer questions. The final sample size was only 25.

A study had planned to conduct a series of focus groups each comprising 10 young people but was having difficulty in attracting participants. After several groups had consisted of only two or three participants, the next one was advertised at youth clubs, with the result that 30 young people arrived at the focus group venue. As the maximum size of a focus group should not exceed 10 participants, 20 had to be turned away, although they were asked to return to participate in focus groups at later dates.

A study intended to ask religious leaders of a minority ethnic group for their perceptions of drug use among members of that community. However, despite evidence to the contrary, these individuals denied that drug use was occurring in their community because the religion forbade it. They refused to discuss the issue. Thus, the plan to include religious leaders in the sample had to be abandoned.

A focus group was arranged, but a severe storm began an hour before the group was to meet, preventing all the participants from getting to the venue.

Source: Examples given during the Workshop on Focus Assessment Study Planning and Implementation, organized jointly under DAESSP and GAP, 2003.

E.   Access strategies

Gaining access to the population to be studied is a key consideration of any research project, particularly those investigating people involved in criminal activity and/or socially unacceptable behaviour.

Drug users in treatment or in prison can be accessed relatively easily, but it is more difficult to access others, such as drug users not in treatment, young people who are starting to use drugs and people involved in the distribution of illicit drugs. Such populations are known as "hidden" (that is, previously unresearched) or "hard-to-reach" (by researchers and service providers).

Accessing and researching such populations requires different techniques from, for example, those employed in a school survey, where each pupil is given a questionnaire to complete in class. It is unlikely that researchers working on a focus assessment study that aims to investigate a particular problematic behaviour among a

target population such as street children, drug dealers or a minority ethnic group, can directly approach them and expect them to agree to participate. Rather, the techniques of snowball sampling and the use of privileged access interviewers and gatekeepers can be employed.

These methods of access, details of which are given below, depend on the researcher building trust and rapport with those being researched or with those who are accessing them on behalf of the researcher. If successful, the target population has enough trust to put the researcher in touch with others like themselves (snowball sampling), to work for the project as interviewers (privileged access interviewers), or to introduce the researcher to their world (gatekeepers).

1.   Snowball sampling

Snowball sampling (also known as chain referral sampling or network sampling) involves identifying a few respondents who fit the study criteria and asking them to nominate others who also fit the criteria. The nominees are then interviewed and asked to nominate others. This process is repeated, ideally until a saturation point is reached, that is, no new nominations are made.

One of the shortcomings of this method is that it may result in a sample of individuals who are all from the same network and who thus may not represent the whole target population. Therefore, the initial recruitment should be made from as many locations as possible in the research area (Hartnoll and others [14], and United Nations [5]). However, some focus assessment studies may deliberately target a specific social network and so this strategy may be unnecessary.

Case study 12.   Snowball sampling

In Warsaw, snowball sampling was used to construct a sample of the out-of-treatment population of drug users. An initial 14 such drug users were identified by the research team and the final sample size was 72. Although one initial contact would not nominate any others, the longest chain of nominations was 7 persons.

Source: Sieroslawski and Zierlinski [15].

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2.   Privileged access interviewers and community fieldworkers

A privileged access interviewer (or community fieldworker) is an individual who has easy access to and is trusted by the target community. For example, if the target population is drug-using sex workers, an individual who is part of the same scene

(such as a drug-using sex worker or an outreach worker who works with this population) is trained to collect data according to the methods employed by the research study (Blanken, Barendregt and Zuidmulder [16] and Griffiths and others [17]).

There are certain criteria that privileged access interviewers should fulfil before they are employed (Griffiths and others [17]). Obviously, these include that they have existing contacts, or can easily develop contacts, with the target population, but also that they have personal attributes and/or life experiences that make them non-threatening to that population; that they are socially and educationally equipped to collect data; that their lifestyle is stable enough to allow them to be reliable enough to fulfil their duties; and that collecting data and making contacts with the target population will not be damaging to them (this is particularly important in the case of privileged access interviewers who are also drug users or former drug users).

Case study 13.   Privileged access interviewers and community fieldworkers

In the United Kingdom, although the provision of drug services for the country's many black and minority ethnic populations is increasingly being addressed by policy makers and drug service commissioners, few needs assessments have actually taken place among these populations, many of whom are considered "hard to reach".

However, it was argued in a successful research proposal that the "hard to reach" label had been attached to these populations because those who usually conduct research—white researchers from universities and research organizations—do not speak the relevant languages and were unaware of how to approach these populations in a culturally sensitive manner, especially in view of the cultural barriers attached to drug use by some of them.

Under the Black and Minority Ethnic Community Drugs Misuse Needs Assessment Project, black and minority ethnic community groups (groups providing some sort of service for their community such as lunches for elderly people, after-school clubs, health and welfare advice and social activities) were recruited, trained and supported in order to allow them to conduct interviews among their own communities. The result was a series of reports highlighting drug-related needs. In many cases, there was no previous information on the population in question.

Source: Bashford, Buffin and Patel [18].

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3.   Gatekeepers

Gatekeepers are part of the setting that the research study wants to access, but they do not collect data themselves. Instead, they introduce the researcher to their world and to the individuals in it. The following case study is an example of how this strategy operates, showing that the trust and rapport between the researcher and the gatekeepers and between the gatekeepers and the targeted population not only facilitates access, but also the collection of detailed data about sensitive topics.

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Case study 14.   Gatekeepers

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"I was conducting an ethnographic study of outdoor ('open') drug marketplaces as part of a project to discover why drug users in treatment sold their pre-scribed drugs. From previous research projects, I knew a couple of drug users who were part of those scenes. They had worked for me as privileged access interviewers, and so they knew I wouldn't go running to the police to give them the names of drug users and dealers.

"I asked these two individuals if I could hang around with them when they went to buy their drugs and they agreed. I sat around the drug marketplaces with them for a week or two and they introduced me to a few buyers and sellers as a researcher who was interested in presenting their world from their point of view. Because I was with people that others in the marketplace trusted, it appeared I was also trusted, as no one objected to my presence. After a few more weeks hanging around with my gatekeepers, as far as I could tell I had blended into the background and business carried on as usual when I was there. After a bit longer, I began to ask drug buyers and sellers questions to help me understand what I'd observed."

Source: Personal account given at the Workshop on Focus Assessment Study Planning and Implementation, organized jointly under DAESSP and GAP, 2003.

Gatekeepers to the target population are not necessarily part of that population as in the case study above, however. For example:

(a) If drug users in treatment are targeted, gatekeepers could include drug treatment workers who can facilitate access to their clients;

(b) A study wanting to talk to young people could use a youth club leader as a gatekeeper to those attending the club;

(c) If a study intends to interview key informants working with a particular population of drug users, a health service manager or government official could be a gatekeeper to the relevant individuals.

F.   Rewarding informants

Although the reward to an informant for participating in a focus assessment study can simply be the opportunity to assist in a project that may influence policy and practice and to put forward their point of view, many research projects also reward informants in other ways.

This is a hotly debated issue, with some researchers maintaining that rewards should not be given, while others stress that informants should be adequately compensated for their time with cash or a gift. For example, some participants at the Workshop on Focus Assessment Study Planning and Implementation organized jointly under

DAESSP and GAP in 2003 reported that they had given schoolchildren small gifts such as pencil-cases or books for taking part in studies, while others believed that refreshments were adequate compensation.

Giving cash rewards to drug users presents a particular moral dilemma to the research team, as the money may be spent on drugs. Kaplan and Lambert [19] point out that in the United States of America, non-monetary items such as food coupons and clothing have been given to drug users in return for interviews.

Case study 15.   Payment for interviews

In a study of heroin users who were not in contact with drug services, conducted in Bratislava, "Financial reward was an important motivating factor for those agreeing to participate … On the one hand, there was the probability that the money would be used to buy drugs, but on the other hand, we understood that studies of non-drug-using populations pay respondents for their time. We therefore paid our respondents a small amount of cash and did not make any conditions on how it was spent."

Source: Ciutti [20].

Two further issues require consideration if rewards are given to informants:

(a) If the reward is substantial, informants may only pretend to fit the criteria for inclusion in the study in order to get the cash or gift. For example, if the criteria specifies that the sample should be aged between 18 and 25 and should have used cannabis at least 10 times in the last month, unless the potential informant is obviously older or younger, the interviewer has no way of knowing whether or not they fit the criteria;

(b) Although a reward may overcome obstacles to participation, it should not be used to persuade potential informants to participate if they would not otherwise have done so.

Designing the research instrument

KEY POINTS

The research instrument—the list of semi-structured questions or themes—must be related precisely to the aims and objectives of the focus assessment study and carefully constructed in order to collect the data necessary to achieve those aims.

In this chapter, guidelines for the compilation of semi-structured questions, interview themes, focus group themes and observational guides are provided.

It is essential that the research instrument to be employed in a focus assessment study should be related precisely to the research aims and objectives. This in turn relates to the output, or the report on the project. For example, if an aim of a study is to identify HIV risk behaviour and factors affecting it among a particular group of drug users, the research instrument must be designed to find out what risks are being taken and the circumstances under which they occur. The resulting report will be expected to contain details of these risk behaviours and why they occur.

Qualitative research instruments are designed to facilitate the examination of the world of the interviewee from their point of view: they give the interviewee the opportunity to answer a question or discuss a theme in depth and for the interviewer to ask follow-up questions. If the instrument is too structured, it will not allow interviewees to put forward their own point of view and experiences, while if it is too unstructured, the result may be too many data that are irrelevant to the study.

It is unlikely that qualitative interviews and focus groups will follow the research instrument exactly, as responses of individuals to semi-structured or themed questioning or focus group discussions are likely to be unpredictable. However, although it may appear to interviewees and focus group participants that they are simply having a conversation with the interviewer, the research instrument

should be as carefully constructed as a structured questionnaire to avoid the following [11]:

(a) Complex and technical language: clear and simple language should be used;

(b) Multiple questions, such as "What do you feel about the risks of sharing syringes now as opposed to five years ago?" Such a question can confuse informants and result in them responding only to the parts of the question they can remember;

(c) Leading questions, such as "Why is there so much prostitution around here?" This would be better rephrased as "Is there any prostitution in this area?" or "Tell me about prostitution around here."

A.   Semi-structured questionnaire

Semi-structured questions can be used to interview individuals or groups (examples were given in section II.B above). A further illustration is provided in the case study below.

Case study 16.   Semi-structured questionnaire

Aim

To assess information needs surrounding drug use and drug services among minority ethnic groups in the city.

Sample

Members of various minority ethnic groups in an area of the United Kingdom.

Extract from the research instrument administered to individuals and groups

Where do you think members of your community get their information about drugs?

What kind of information about drugs do you feel is needed by your community?

What format do you think this information should be in? (Interviewer: prompt if necessary—written, verbal, video, radio, Internet).

Where is the best place for members of your community to access information about drugs? (Interviewer: prompt if necessary—doctors' surgeries, shops, community centres, privately at home, schools, health centres).

Source: Research instrument used by Dhillon and others [12].

In interviews with individuals, semi-structured questions can be combined with structured questions in a questionnaire, as shown in the case study below. In this example, the structured questions are in the first four response columns and the semi-structured questions in the last two columns.

Case study 17. Extract from a questionnaire showing structured and semi-structured questions

The aims of the study from which this extract is taken included an assessment of the drug services needed by homeless people. The interviewer introduced this issue by saying "I'm going to ask you some questions about drug services you may have used".

Type of service	1 Ever used? yes/no	2 Would you use (again)? yes/no	Used in last year? yes/no	Used in last month? yes/no	Complete only if never used or would not use again ("No" in columns 1 and/or 2)	
					Why wouldn't you use (again)? (write in)	What could this service do to make you use it (again)? (write in)
In-patient drug detoxification						
Treatment with methadone						

Source: Questionnaire used by Fountain and Howes [4].

B. Interview themes

The list of themes or topics to be covered in a themed interview should be as short as possible while incorporating all the issues required by the aims and objectives of the study. The aim of a themed interview is to elicit in-depth responses on each theme; interviewees should not be interrupted because the list is too long and the interviewer wants to move on to the next theme.

Themes are introduced throughout the interview and, according to the progress of the interview, may not be addressed in the order in which they are laid out in the research instrument. A new theme is introduced into the proceedings in a simple way, such as "Let's talk about . . . now" or "Can I ask you about . . . now?", although some may not need an introduction as the interviewee may spontaneously discuss them.

> ### Case study 18.   Interview themes
>
> In London, individual and group themed interviews were conducted with providers of services for homeless people in order to provide insight into their perceptions of the key issues surrounding the provision of services to homeless drug users. The themes for these interviews were:
>
> (a) The service provider's policy concerning homeless drug users;
>
> (b) The issues surrounding service provision for drug users who are also homeless;
>
> (c) The degree of knowledge staff at the service provider have about drug use;
>
> (d) The adequacy of services provided for homeless drug users in London and suggestions for improvement;
>
> (e) The service provider's particular problems and successes regarding service provision for homeless drug users and examples of good practice;
>
> (f) Suggested strategies for engaging people sleeping rough (i.e., on the streets) who are resistant to change;
>
> (g)   Opinions on the Government's strategy for reducing the number of people sleeping rough.
>
> *Source:* Fountain and Howes [4].

C.   Focus group themes

The themes for focus groups should be prepared, administered and introduced to the participants in the same way as interview themes (see section IV.B above). Again, the list of themes should be short: in some cases, there may be only one or two themes for discussion, although if that is the case, a highly experienced focus group moderator must be used in order to follow up responses and keep the discussion relevant to the aims and objectives of the study (see section V.C.1).

> ### Case study 19.   Focus group themes
>
> A series of focus groups with young people was held in Barbados in order better to comprehend their perspectives on drug use and drug prevention strategies. Prior to the focus groups, a list of themes was prepared in order to ensure that all the issues related to the study's aim were explored. These themes were:
>
> (a)   Types of drugs used by young people;
>
> (b)   Favourite drugs;
>
> (c)   Age of initiation;
>
> (d)   Perceived prevalence of drug use among young people;
>
> (e)   Frequency of drug use;
>
> (f)   Reasons for drug use;
>
> (g)   Consequences of drug use;
>
> (h)   Impact of drug prevention strategies;
>
> (i)   Recommendations for future interventions.
>
> *Source:* Focus group study on the perceptions of young Barbadians towards drug use and drug prevention strategies. United Nations Office on Drugs and Crime, Caribbean Regional Office.
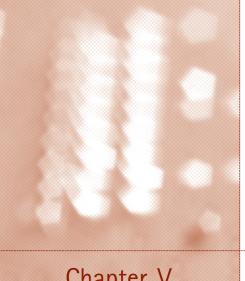
D. Observational guide

As WHO points out [11]: "Almost anything can be observed. However, this does not mean that researchers should unsystematically observe everything." Although, as noted in section II.E, brief unstructured observation is useful for collecting background data, an observational guide stating exactly what is to be observed should then be devised in order for the procedure to be carried out in a more structured fashion.

The aim of observation is to produce data on the following aspects of the setting in question [11] and observational guides should be devised accordingly:

(a) Setting: What are the physical aspects of the location being observed?

(b) People: What are the characteristics of the people who are present and why are they there?

(c) Activities: What activities are occurring in the setting?

(d) Signs: Are there any clues that provide evidence about meanings and behaviours?

(e) Acts: What are people doing?

(f) Events: Is what is being observed a regular occurrence or a special "one-off" event?

(g) Time: In what order do things happen? Is there a reason for this?

(h) Goals: What are people in the setting trying to accomplish?

(i) Connections: What is the relationship between people in the setting? Does it change over time?

E. Piloting the research instrument

All research instruments should be piloted before being finalized. Piloting of draft questionnaires and interview themes should be conducted using interviewers who will be administering the final version and interviewees who fit the study criteria. This procedure will identify any problems such as the wording of questions, the length of the interview and whether the research instrument has been compiled in a logical fashion. It will also test the ability of the interviewer to administer the research instrument (section V.B.2) and indicate whether further training is required. For the same reasons, research instruments designed for focus groups should also be piloted by the moderator appointed to conduct them.

Data collection

KEY POINTS

There are various methods by which the efficiency of data collection and the quality of the data collected can be maximized.

It is essential for interviewers and focus group moderators to be skilled in administering research instruments.

If resources allow, interview and focus group sessions should be tape-recorded and fully transcribed.

A. Setting

The physical surroundings in which an interview or focus group takes place should be as neutral as possible in order to facilitate the process of data collection. For example, if an interview with a drug user in treatment takes place in a doctor's office at the treatment centre, the drug user may feel inhibited when discussing negative experiences relating to their treatment; and young people from a disadvantaged community attending a focus group in a formal conference room may feel uncomfortable in such a setting. The focus assessment study team should consider hiring a suitable venue if they do not have one at their research base. It should also be considered that some interviews may be best conducted in locations (indoors or outdoors) frequented by the target sample.

For focus groups, chairs and tables should be arranged in a circle and the moderator should sit with the participants: the resulting eye contact promotes participation and communication.

Privacy for the duration of the interview or focus group meeting should be ensured, not only so that the session remains confidential (section VII.B), but also so that informants feel they can speak freely. Sessions should not be interrupted by telephones or other people entering the location.

> ### Case study 20. Ensuring privacy during the interview or focus group session
>
> A focus group was set up with school pupils to gather information on their knowledge of drugs. Their teacher, who had agreed to set aside time in the school day for the session, had expected to remain in the room during the focus group meeting. The focus group moderator explained that this would compromise the confidentiality of the information that was given and that the teacher's presence might inhibit the pupils. The teacher was not convinced, saying: "My pupils tell me everything—they're not going to tell you anything I don't already know. They don't mind me being here and I want to hear what they say." The moderator gently explained that the ethical code governing the project meant that the focus group could not continue if the teacher remained and persuaded her to leave the room.
>
> *Source:* Example given during the Workshop on Focus Assessment Study Planning and Implementation, organized jointly under DAESSP and GAP, 2003.

B.   Interviewing

Although qualitative interviews aim to encourage interviewees to reveal personal opinions and explanations for behaviour, "The conversation in a research interview is not the reciprocal interaction of two equal partners. There is a definite asymmetry of power: the interviewer defines the situation, introduces the topics of the conversation and through further questions steers the course of the interview (Kvale [21])." The present section discusses the considerations necessary to ensure a successful outcome of this technique: that is, that the interview yields data that contribute to achieving the study's aims.

1.   Introducing the interview

Interviewees should have been told in advance how long the interview is likely to last and they should be reminded of this before the interview begins. Piloting the research instrument (section IV.E) will ensure that an approximate duration can be established.

Before the interview begins, the interviewer introduces him or herself (if necessary) and thanks the interviewee(s) for giving up their time. Refreshments should be offered. The purpose of the interview is explained, confidentiality and anonymity are assured (these issues are discussed in more detail in chapter VII), agreement that the session will be tape-recorded is obtained (section V.D.3) and/or the purpose of a note-taker is explained (section V.D.2).

2.   Essential skills for interviewers

The United Nations publication *Guidelines for drug abuse rapid situation assessments and responses* [5] is an excellent source for much of the information set out on this issue below.

The considerations in this section apply to all interviewers (whether privileged access interviewers or members of the research team), to all interviews (whether with individuals or groups) and to all types of interviews (whether semi-structured or themed). Many of them also apply to moderating focus groups, although these require some additional or different considerations, details of which are presented in section V.C below.

Of course, it is hoped that the interviewee will freely answer all the questions or address all the themes on the research instrument. However, if these deal with sensitive issues, an interviewer may encounter problems, even if they are armed with an excellent research instrument. For example, it can be difficult for interviewees to pinpoint their motivations for a particular behaviour or express their feelings because:

(a)   Their motivations may be unconscious or deliberately repressed;

(b)   They are not in the habit of talking about their feelings;

(c)   It is more important to preserve their view of themselves than to tell an inter-viewer why they are behaving in a certain way;

(d)   They might say what is generally said about certain behaviour;

(e)   There is rarely a single motivation for a behaviour;

(f)   They simply do not want to reveal aspects of their behaviour (especially if it is illegal) to an interviewer, because they think this will make them appear foolish, ignorant or socially unacceptable.

Training to conduct interviews

Detailed training of interviewers is necessary for the required data to be collected and the aims of the focus assessment study thus achieved.

While studying some of the many textbooks on the technique may give some guide-lines on interviewing, the literature on interviewing emphasizes that roleplay using the research instrument is the best training method. Flick suggests that sessions are recorded by video or audio tape and evaluated by all the interviewers taking part in the study [1]: "for interview mistakes, for how the interview guide was used, for procedures and problems in introducing and changing topics, the interviewer's non-verbal behaviour and his or her reactions to the interviewee" in order to identify problems and to discuss solutions.

Other interviewer training methods include reading transcribed interviews, listening to or watching interview tapes and watching more experienced interviewers at work.

An understanding of the relevant research and drug-related issues

In order to conduct interviews confidently and competently, an interviewer for a focus assessment study must understand all aspects of the process of the study in order that they comprehend how their work fits into the whole project.

In addition, interviewers must have an understanding of the basic concepts related to drug use, drug services and legal issues. This includes, for instance, knowledge of the current colloquialisms for drugs used by the potential interviewees.

Good communication and rapport

An interviewer's good communication and rapport with those being interviewed has a crucial impact on the collection of data, particularly about sensitive topics. These attributes help the interviewer to gain the trust of, and elicit honest responses from, the interviewees.

Building up a rapport with interviewees does not mean the interviewer has to be the same sort of person as them, but rather that they should show a genuine interest in the person(s) they are interviewing and in their responses to questions.

While there are no "right" and "wrong" ways for an interviewer to look, image management (that is, the way the interviewer looks and behaves) must be considered during their recruitment. For example:

(a) If young people from a disadvantaged area and who hang around in the street are targeted for interviews, a 60-year-old, smartly dressed person who looks uncomfortable to be in that location is not the most appropriate interviewer;

(b) If an interviewer known by the potential interviewees to be a police officer conducts interviews with young people to ask them what drugs they use, they may be reluctant to answer. However, the young people may be happy to discuss general issues around drug use among their age group with a police officer they know, provided that they are not asked to implicate themselves or their friends.

Knowledge of the local slang used by informants will facilitate communication and rapport and will mean accounts are not constantly interrupted by the interviewer or focus group moderator for explanations.

Non-judgemental attitude

An interviewer should be able to guard against reacting in a judgemental fashion to what an interviewee tells them, as such reactions will bias subsequent responses from the interviewee. For example:

(a) If interviews are conducted by an interviewer who makes it clear (verbally, by their facial expression or by their body language) that they strongly disapprove of drug use, drug users may not give honest answers to subsequent questions on this subject: they may, for example, exaggerate their drug use to shock the interviewer, or underreport it because they are sensitive to the disapproval of the interviewer and do not want to incur it;

(b) If an interviewee trusts an interviewer enough to tell them about the crimes they commit in order to fund their drug use, the interviewer must try to react as neutrally as possible, however shocked they are.

Being judgemental also includes showing approval of responses from interviewees. For example, if an interviewer gives approving signals when a young person tells them that they have never used an illicit drug and then asks if the interviewee thinks they will ever do so, the response may be an automatic "no" because the young person wants the continued approval of the interviewer.

Ability to observe verbal and non-verbal cues

An interviewer needs the ability to observe verbal and non-verbal cues about the mood of their interviewee(s). This means recognizing when the interviewee is bored, tired, angry, upset or embarrassed by the questions being asked.

Examples of verbal and non-verbal cues and interviewer responses

If a respondent says they do not want to answer personal questions, the interviewer should acknowledge that the questions are indeed very personal and sensitive, but politely remind the interviewee how important their answers are to the study. Of course, if the interviewee still refuses to answer the questions, then the interviewer must accept this (section VII.A).

If the interviewee is clearly tired and not bothering to think about the issues being discussed, then the interview should be stopped and rescheduled.

An interview is not a counselling session. However, if an interviewee is clearly distressed by the issues being discussed, the interviewer should stay with them until they have recovered (see section VII.G for more on this issue).

Ability to follow up responses with a view to exploring emerging issues while adhering to the research instrument

Working both for and against the interviewer who is conducting semi-structured or themed interviews is that, generally, interviewees are only too happy to talk about themselves and their experiences—drug users in treatment like talking about drug treatment services and policy makers like talking about policy-making, for instance—and are flattered that their opinions are needed for the research project. The interviewer must therefore strike a balance between encouraging the interviewee to give the required information and discouraging them from giving information that is—however interesting—unrelated to the list of questions or themes and therefore to the aims of the study.

Keeping an interviewee "on track" means that the interviewer must take decisions throughout the interview in order to make sure that they are simultaneously sensitive to the interviewee and to the aims of the study. This is not an easy task. Interrupting an interviewee in the middle of an account in order to move on to the next question may mean that their subsequent openness and valuable contextual information are restricted. On the other hand, allowing them to continue may mean

that some questions or themes are not covered in as much depth as others or must be abandoned altogether because of time restrictions.

An interviewer must have the ability to listen and to remember what has been said previously by the interviewee in order to be able to make connections, recognize contradictions and ask follow-up questions to explore a response further. When following up responses, non-directive probes should be used in order that interest and encouragement to continue is communicated to the interviewee.

Examples of non-directive probes

"Tell me more about . . ."

"Take me through exactly what happens when you . . ."

"Can you give me an example of . . .?"

"Did I understand you correctly when you said . . .?"

"Can you explain a bit more what you mean by . . .?"

"Why do you think that is the case?"

"Do you think everyone thinks that?"

Ability to adapt to the situation

The need for an interviewer to be adaptable covers numerous situations, including those shown in the examples below.

Examples of adapting to the interview situation

When an interviewee is clearly under the influence of drugs, the interview should be stopped and rearranged.

If other people have come within earshot of the interview, they should either be asked to leave or the interview should be stopped and continued in a private place.

Sometimes, there is nothing that can be done to adapt to the situation other than rearrange the interview. Examples are a failure of public transport, preventing interviewees from keeping their interview appointment, and the national football team unexpectedly reaching the World Cup final, which is being televised at the same time as the interview is scheduled.

C.   Moderating focus groups

Many of the skills required by a focus group moderator are the same as those required by an interviewer and were presented in the previous section. However, a crucial difference between a focus group and an interview is that group interaction reduces the data collector's control of the process: the role of a moderator is not to lead like an interviewer, but to guide.

The method of obtaining information from 10 participants at the same time rather than conducting 10 separate interviews can be seen as highly desirable, but, as emphasized in *Toolkit Module 1* [3], the quality of the data collected from focus groups is "critically dependent on having a good facilitator" [or moderator], a role that "requires a great deal of skill and training".

A useful definition of a focus group is that, using a list of themes or semi-structured questions, a moderator [5]: "capitalizes on the group dynamics to focus on the key issues but does not obstruct the natural flow of the discussion in the group". The present section discusses the considerations necessary for the successful employment of this technique.

1.   Tasks of the moderator

Introducing the focus group

The first minutes of a focus group meeting set the character of the group and the moderator plays a crucial role in this regard. As participants enter the room, they are greeted by the moderator. Serving refreshments at this point encourages "small talk" to help participants relax into the setting.

When the participants are seated, the moderator thanks them for attending, makes introductions and explains the purpose of the focus group in order to clarify both his or her own expectations and those of the participants.

Participants should then be assured that the research team will keep all the information from the session confidential and anonymize names in the study's report. Participants should also be told not to disclose information given by other participants to anyone else. However, they must also be told that it is not possible to guarantee this and that they should determine their own safeguards over what they reveal during the session.

Agreement that the session will be tape-recorded is obtained (section V.D) and/or the purpose of a note-taker (section V.D) is explained.

The moderator then explains the ground rules for the session: that only one person should talk at a time and that the participants should not make personal criticisms of each other's comments (that is, they can say they do not agree with another

participant and explain why, but not, for example, say "you're so stupid for saying that" or "I don't know how you can sit there and admit to such a disgusting thing").

During the focus group

The focus group moderator's tasks are to encourage divergent thought, encourage participants to talk to each other and to make the experience energetic and informal.

To maximize contributions to the discussion, every participant has to feel that their opinion matters. It is possible that there will be one or two participants who will try to dominate the discussion and one or two who need encouragement to contribute. A moderator can rectify this with comments such as:

(a) "If you have a different opinion from those you've heard so far, I want to hear it, because you'll be representing a sizeable proportion of people out there who just did not happen to be in this focus group."

(b) "Let's hear a different perspective on this from someone else."

(c) "I haven't heard from you yet."

Of course, the aim of the focus group is to keep the discussion going. If it falters, the moderator can employ various tactics to restart it. For example:

(a) Participants can be asked to complete sentences such as "The most dangerous thing about drug use is . . .," "The best way to prevent HIV transmission is . . .," "I would advise a young person to . . .";

(b) The moderator can leave the room for a few minutes in order to encourage participants to talk among themselves;

(c) Participants can be asked what they are not saying.

At the end of the focus group

At the end of the discussion, the moderator summarizes the main points (if it can be ascertained that all the participants can read, a flip-chart can be used here) and asks if participants agree. Participants are then asked how they felt about the session and if they have any questions. Finally, they are thanked for their contributions and the session is ended. However, the moderator should be the last person to leave the room: as participants say goodbye, they may volunteer additional useful information.

After the focus group

Immediately after the focus group session, the moderator and note-taker should make notes on (or tape-record) the following:

(a) A description of their impressions of the interaction between participants;

(b) Incidents that hindered or facilitated the discussion;

(c)   The general atmosphere of the group;

(d)   The extent to which they think the participants "opened up".

In addition, the notes taken by the note-taker should be briefly reviewed in order to check that they accurately reflect the focus group session. Significant points should be highlighted and further explanations and omissions added.

2.   Supplementary questionnaire

Structured data can be collected from focus group participants by means of an anonymous questionnaire, although this is not advised unless it is certain that they can all read and write. This questionnaire should be as short as possible so that discussion time is not taken up by completing it and should ask only for the information that is necessary according to the aims of the study and that will not be covered during the discussion. For example, the age, gender and occupation of participants will be needed for the description of the sample in the final report of the project. Other relevant information that participants may not want to divulge publicly include their educational achievements, income, drug use and HIV risk behaviour.

At the Workshop on Focus Assessment Study Planning and Implementation organized jointly under DAESSP and GAP in 2003, participants discussed whether or not this questionnaire should be completed before or after the focus group session. There was no consensus: some thought that if the questionnaire asked sensitive questions—about the participant's own drug use or HIV risk behaviour, for example—it should not be completed before the session has encouraged a revelatory mood; others thought that if it was administered at the end, participants may be rushing to get away and be reluctant to complete it.

D.   Recording responses from interviews and focus group meetings

Careful consideration must be given to how much of the informants' responses needs to be recorded in order to achieve the aims of the focus assessment study. There are three methods:

(a)   The interviewer or focus group moderator takes notes of responses and writes them up more fully after the session;

(b)   A note-taker attends the interview or focus group;

(c)   The interview is tape-recorded.

1.   Note-taking by the interviewer or moderator

There are several disadvantages to the interviewer or moderator taking notes of responses during the session:

(a) Eye contact with the informant, which encourages conversation, cannot be maintained and non-verbal cues may be missed;

(b) If concentrating on writing, the note taker may miss small cues that merit further probing;

(c) The informant may become distracted from speaking while trying to see exactly what is being noted;

(d) By writing down only parts of a response, the interviewer/moderator is making decisions and giving non-verbal signals about which responses are important and which are not;

(e) The informant may try to dictate what should be written down;

(f) The informant may be inhibited from speaking because he or she feels the interviewer/moderator will not be able to write down their responses quickly enough.

In short, note-taking by the interviewer or focus group moderator is a far from satisfactory method of recording responses. They will be able to make only brief notes during the session and will have to rely on their memory to recall what was discussed and, importantly, the manner in which it was discussed. If this method must be used, the interviewer or moderator should make more detailed notes immediately after the session.

2.   Use of a note-taker

A note-taker strategically placed apart from the interviewer and interviewee or the focus group, away from direct eye contact with informants, will avoid the disadvantages listed above to some extent, although it will not be possible for them to record every word that is spoken.

If this method is used, the note-taker and the interviewer or moderator should discuss and expand on the notes immediately after the session and not rely on their memories at a later date.

3.   Tape recording

The major disadvantage of note-taking is that the data thus obtained and analysed are reliant on the note-taker accurately and objectively recording responses. It is therefore strongly recommended that interviews and focus group meetings for a focus assessment study should be tape-recorded, unless the informant(s) refuse to allow it. Informants are highly likely to agree to tape recording if they are told that the

interviewer or moderator prefers to concentrate on what they are saying rather than take notes and if they are assured that:

(a)   Confidentiality is guaranteed;

(b)   Their names, and those of any other individual or organization they mention, will be anonymized in any reports on the study;

(c)   No one other than the research team will have access to the tape;

(d)   The tape will be destroyed after transcription.

Unlike responses to a structured questionnaire, the responses elicited during a qualitative interview and a focus group can never be exactly repeated. Therefore, because tape recorders break down, two should always be used and, if the machines are battery-operated, spare batteries should always be available.

Tape recorders should be of good quality so that the recording can be easily heard and transcribed. A tape recorder that is adequate for a one-to-one interview may not be sufficient to record a focus group discussion.

The site of the tape recorder should be carefully considered and tested before interviews and focus group meetings begin. The quality of the recording can be affected by traffic noise, for example, if the machine is placed near an open window.

E.   Transcribing tape recordings

It was strongly advised in section V.D.3 that interviews and focus group meetings for a focus assessment study should be tape-recorded. However, in order that these data can be analysed, they must first be converted to a written format.

The decision on how many of the spoken words are to be transcribed needs to be considered at the planning stage of the study in order to allocate appropriate resources to the task. A one-hour tape recording can take up to six hours to transcribe fully and the transcription will cover up to 20 sheets of paper. If resources are available, however, a full transcription is advised to facilitate data analysis and the selection of quotes from informants as illustrations of the findings.

If resources do not allow word-for-word transcription of tape recordings, it is important to take detailed notes from the recording in order to allow data analysts (chapter VI) to obtain a sense of the full picture of the perspective of the informant. In this case, the note-taker should be completely familiar with the aims of the study in order to minimize subjectivity in the selection of extracts they choose to note.

Examples of a full transcript and of effective notes from a tape recording are provided below. The final example illustrates how poorly ineffective note-taking reflects the rich data collected during qualitative interviews.

Examples illustrating the difference between a full transcription and notes

Interviewer: What could an in-patient drug detoxification service do to make you use it again?

Full transcription from tape-recorded response

Interviewee: *[emphatically]* Nothing. Absolutely nothing. I've been for three of those and I'm not doing it again. First of all, they're no good. Yeah, you get detoxed, but look at me—three times I've been and three times I've started using [heroin] again. So they don't work. Then, these places are horrible. People being sick and moaning and crying all over the place [sounds really disgusted]. Not very inviting, is it? And third of all, sure, you get detoxed, but then what? You get discharged and you have to go back to your flat and you know where the dealers are and all your mates are using and what are you supposed to do? Tell them all to **** off and change your life? Just like that? Don't make me laugh! I've been using heroin for twenty years and so I ain't gonna stop now, am I? *[laughs ruefully]*

Effective notes on the recording

[emphatically] Absolutely nothing. Been three times and started using heroin again so they don't work. Horrible places because of other people detoxifying [there is a good quote here—he sounds really disgusted]. After detoxification you have to go back home—you know where the dealers are and all your friends use drugs. Can't change life so easily. Been using heroin too long to change *[laughs ruefully]*.

Ineffective notes on the recording

Informant says there is nothing the service can do.

Source: Presentation at the Workshop on Focus Assessment Study Planning and Implementation, organized jointly under DAESSP and GAP, 2003.

1.   Transcribing tape recordings of focus group meetings

Several further considerations are necessary when tape-recorded focus group discussions are transcribed:

(a)   Ideally, the focus group moderator or the note-taker should transcribe the tape recordings from a focus group and, while doing so, refer to the notes made during the session (section V.D.3). This ensures that, for instance, significant non-verbal cues are included. For example, a good note-taker will have recorded that when a participant made a comment, the rest of the group nodded in agreement. That consensus will not have been picked up by the tape recorder;

(b)   Although it is difficult to distinguish between the voices of up to 10 participants, the transcriber should try to do so by allocating each speaker a

pseudonym or number. It is sometimes illuminating to know if only one person has expressed a particular viewpoint or whether several participants have done so. This task will be easier if the transcriber was also the moderator or the note-taker;

(c) In focus groups comprising males and females, the speaker's gender should be indicated in the transcription;

(d) The impressions of the note-taker and moderator should be added to the transcription of the discussion where appropriate.

F.   Field notes made by researchers

A useful additional data source is field notes made by the data collector on issues not covered by the research instrument. These can include comments on their own feelings during interviews or focus group meetings and other potentially useful observations about, for example, the settings in which data collection took place.
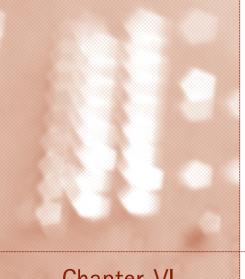
G.   Monitoring data collection

Interviewers and focus group moderators should meet the rest of the research team on a regular basis in order to discuss their experiences in the field. Such sessions should include identification of problems with the research instrument and access to the target population: it may be that the research instrument and the access strategies need revision or that the interviewer or moderator needs more training.

These sessions also enable the researcher to provide feedback on their personal experience, which may include distressing or threatening incidents that require action and support from the rest of the research team.
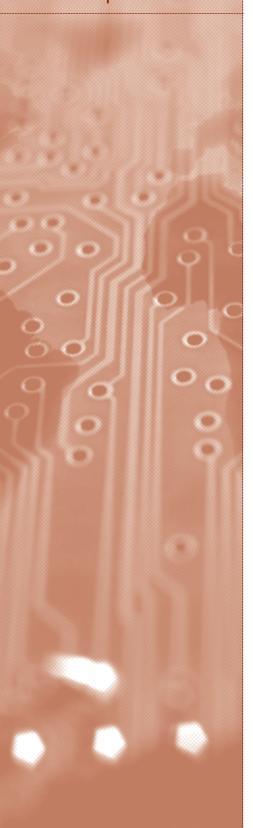
H.   Data storage

Raw data (tape recordings, completed interview schedules, interview and focus group notes and field notes) should be systematically stored, not only as a "good house-keeping" measure, but also for ethical reasons, particularly to ensure confidentiality (section VII.B below).

Analysing data

KEY POINTS

Qualitative interviews and focus groups cannot be reproduced exactly by other researchers and the analysis of the data and interpretations of the results must be conducted with sufficient rigour and quality control to ensure that the results are valid.

Interpretation of results must be unbiased and accurately reflect the data.

Triangulation is valuable to cross-check findings and increase the validity of interpretations made from the analysis.

The analysis of the data collected during a focus assessment study is presented in the final report as a description of behaviour from the perspective of informants. An overview of the process of analysing qualitative data and the presentation of results is usefully summarized by the United Nations as follows [5]:

> "Descriptive analysis starts with summarizing each set of inputs, ideas and views provided by respondents. This brings out the points of view of respondents, which are often different from those of the researchers. Similar categories of responses are first identified and thereafter variations in the responses. Care is taken not to overgeneralize or selectively choose information but rather to report the major findings accurately . . .

> "A qualitative data analysis may highlight descriptions of drug use, patterns of drug use, risk behaviours associated with drug use and the social context of drug use, as well as perceptions and attitudes concerning drug use."

It should be stressed here that, to avoid bias and subjective interpretations of the data, only trained members of the research team should perform the processes described in the sections below. In addition, at least two members should separately conduct the tasks, compare their results and discuss and find a solution to any differences.

A.   Analysing data from interviews and focus groups

The present section details the processes by which analysis of the data collected from interviews and focus groups during a focus assessment study is best performed.

1.   Categorizing and coding data

The method of analysing the data collected during a focus assessment study is as follows:

(a)   A template of categories of responses is prepared, each firmly related to the research aims;

(b)   Each category is given a series of codes to denote aspects of the issues under investigation;

(c)   Each relevant passage of the transcriptions is allocated to a code;

(d)   This process is repeated for every category assigned to the data.

The process of categorization takes one of two broad forms:

(a)   Inductive category formation describes a process where responses are examined for themes that arise from them and categories formed from those themes: the research team has no pre-defined hypothesis as to what these themes may be;

(b)   Deductive category application is a mechanism where categories have been formulated from expected responses before the data are applied to them. The data are then examined for evidence to assign them to each category.

A simple illustration of categorization and coding is shown overleaf. The aim of the study described was to collect data on the perceptions of young people of drug use, including factors that encouraged and inhibited such behaviour. Individual, semi-structured interviews with young people asked "Why do you think young people use drugs?" and used the inductive category formation method. Many responses mentioned peer influence and these were all placed in a category labelled "PI". Within that category, the different comments were coded. (It should be noted that only three codes are shown in the hypothetical example; far more are likely to be used for the data from an actual study.)

The example below is a simple one. Informants tend not to talk in neatly defined categories and comments relevant to each category usually must be extracted from a block of transcribed text. In addition, categories may need to be revised during the analysis process.

If an interview or focus group tape recording has been fully transcribed, the coding method described above ensures that no data are overlooked. In addition, a full transcription can be checked in order to minimize the biases that can occur via subjective note-taking and in the selection of data to illustrate findings in the final report on the study (see section VIII.A.4 below).

Example of coding responses to the question "Why do you think young people use drugs?"

Response category: PI (peer influence)

PI1 = use drugs to fit in with a group

PI2 = immune from peer group influence

PI3 = unsure

PI1   "If your friend is smoking weed [marijuana], you wanna do it too because you don't want to feel left out. So you are gonna do it too."

PI1   "Some people take drugs for image. You know, image is important. You need to be cool—like your friends. It's cool to take drugs."

PI2   "I've seen what it does to some of them. I've stopped hanging around with them now—they can't think about anything except getting stoned."

PI2   "Nobody tells me what to do. If I want to use drugs, I will—if I don't, I won't. As it happens, I do—because I want to."

PI3   "I'm not sure about this—some of my friends smoke weed [marijuana] and some don't. So which are influencing me? If I tell you I smoke, you'll say those that smoke and if I tell you I don't smoke, you'll say those that don't. Maybe I just do what I want to do."

Source: Presentation at the Workshop on Focus Assessment Study Planning and Implementation, organized jointly under DAESSP and GAP, 2003.

It is at this stage of a focus assessment study that the importance of the cohesion of all its components is particularly pertinent. If the aim of the study was clearly defined, the methods and sample were carefully chosen to achieve it, the research instrument was firmly related to the aim and skilled researchers were used to administer it, then it should be possible to code the bulk of the interview and focus group data. A large surfeit of unusable data at the analysis stage (that is, data that—however interesting—do not relate to the aims of the study) means that previous stages were ineffectively planned or executed.

2.   Content analysis

The most suitable method of analysing the coded data from a focus assessment study is content analysis.

When all the data pertaining to peer influence have been coded as described in the example above, it is possible to report the number of informants who thought that

peer influence was a factor influencing drug use, those who did not and those who were unsure. This type of analysis is known as a content analysis.

If a content analysis is performed on data from individual interviews, it is possible to count how many times a specific response appears. Thus, to continue with the example, if 30 interviews were conducted, it can be reported that 20 interviewees thought that young people used drugs to fit in with their friends, 7 maintained they were immune from the influence of their peer group and 3 were unsure.

If the question "Why do you think young people use drugs?" is asked of focus group participants, content analysis also makes it possible to assess the relative importance of this theme compared to other themes by counting the number of comments pertaining to it and the number of participants who discussed it.

3.   Text-orientated software

Qualitative data can be stored, coded, retrieved and analysed using a wide range of commercially available computer software. However, unless a member of the research team is already experienced in the use of such packages, they are not recommended for a focus assessment study.

In addition, as noted by the United Nations [5]: "Often . . . a large volume of data is collected in a local language and it may be labourious and time-consuming to translate such data before using text-orientated software. In such situations, manual coding and analysis have to be carried out."

B.   Interpreting results

After the data have been coded and analysed, they must be interpreted for presentation in a final report and to support recommendations for further research and/or interventions.

Great care should be taken when interpreting and presenting the results from a content analysis. As a simple illustration, the statement from the example in section VI.A.1: "Nobody tells me what to do. If I want to use drugs, I will—if I don't, I won't. As it happens, I do—because I want to", could be interpreted as the respondent having high self-esteem. Similarly, the statement "If your friend is smoking weed [marijuana], you wanna do it too because you don't want to feel left out. So you are gonna do it too", could be interpreted as indicating low self-esteem. However, interpreting the meaning of comments made by informants in this way (known as discourse analysis) should be undertaken only by those trained to do so, in order to avoid erroneous interpretations.

If the procedures in the present section have been followed, biases will be mini-mized and "inconvenient" deviations from the norm cannot be ignored. Common biases include an interpretation of the findings based on statements from only those informants who hold views that are acceptable to, or the same as those of, the research team, or one that supports the recommendations the research team wish to put forward.

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Example of minimizing erroneous interpretation of results

Erroneous interpretations of results can be minimized if the study has used skilled interviewers and focus group moderators who probe responses in order to clarify their meaning (section V.B.2).

For example, if interviews are conducted with problematic drug users who are not in treatment and analysis of the data reveals that the majority claim that they do not need help from drug services, without data from follow-up probes, a plethora of interpretations of this finding can be proposed. These could include:

(a) The informants are reluctant to admit that their drug use is problematic;

(b) The informants fear that their drug use may be reported to the police if they present themselves to a drug service;

(c) The informants do not know how to access these services.

These interpretations may or may not be valid, but should not be made with-out supporting evidence.

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It is recommended that time should be built into the focus assessment study to obtain feedback on interpretations of results by conducting a small number of focus groups. Participants are asked to verify interpretations of the data and to clarify ambiguous or unexpected findings. The results from this exercise should be incor-porated into the other findings.

Case study 21.   The value of obtaining feedback on results

An analysis of the data from a structured questionnaire on perceptions of drug services administered to dependent heroin users not in treatment asked "What could drug services do to make you use them?" The list of options included to provide women-only services. Only 1 of 41 female respondents indicated that she wanted such a service.

This could have been interpreted as there was no need for drug services to pro-vide women-only services, but the research team was surprised at the result, as they had thought this option would be popular among women and had expected to include it in the study's recommendations.

The study then held a focus group for female heroin users, which included a discussion on their experience of mixed-sex services.

The analysis of the discussion showed that the women were far from satisfied with group therapy sessions that included men: they felt that men dominated the sessions. However, like the survey respondents, the focus group participants did not demand women-only services but rather more consideration of their needs within existing services, such as a group session leader who could "shut the men up". This was therefore the recommendation that was included in the final report.

Source: Presentation on focus assessments, Regional Workshop on Capacity Building, organized jointly by the United Nations Office for Drug Control and Crime Prevention and the Caribbean Epidemiology Centre, Barbados, 25-29 November 2001.

C. Analysis of other data

In addition to qualitative data from interviews and focus groups, a focus assessment study may also have collected data from observation, secondary sources, supplementary structured questionnaires and field notes made by researchers.

1. Analysis of data from observation

If an observational guide has been constructed and implemented according to the categories described in section IV.D above (setting, people, activities, signs, acts, events, time, goals and connections) the findings can be collated according to each item in the guide.

Example extracted from the results of an analysis of data from observations of a location known to be frequented by out-of-school and unemployed young people

The setting was observed for three 2-hour periods between 1200 and 1400 hours and three 2-hour periods between 2000 and 2200 hours (when it was dark) in order to study the activities of out-of-school and unemployed young people.

Setting

The location is a small park. It has a playground, a grass area and gardens. The target population congregates in an area of the park that is shielded from public view because it is surrounded by tall trees. They are thus isolated from the other members of the public using the park. The young people call "their" area "the Garden of Eden". It consists only of grass and six benches in a poor state of repair.

People

The age range of the young people frequenting the Garden of Eden was esti-mated to range from 10 to 18 years and the number present in the location to range from 6 to 20. The park contained the fewest number of young people at midday and these were usually at the younger end of the age range. By 2200 hours, however, none of this age group remained in the park, but between ten and twenty 14- to 18-year-olds were present. The young people in the Garden of Eden were all male.

Activities

While during the 1200-1400 hours observation periods, the younger age group were "larking about" chasing each other, having "play fights" and kicking a football around (although not playing a proper game of football), these activi-ties ceased when members of the older group began to arrive. The younger boys then gathered together in one corner of the Garden of Eden, away from the older group. The older group simply sat around on the benches throughout each observation period, listening to loud music from "ghetto blasters".

On occasion, however, a member of the older group would approach one of the younger boys and give him money to go to the shop for cigarettes and alco-hol. After such an errand, the younger boy would return to his group, looking proud to have been chosen for this task and having been given a cigarette or sip of alcohol in return. On many occasions, a younger boy would approach the older group to ask for a cigarette or some alcohol. The request was usually refused, although sometimes a sip from a bottle of beer or a puff on a cigarette were forthcoming.

Cigarettes and alcohol were consumed by all members of all age groups, although the younger boys tended to share one cigarette and one bottle of beer between several of them, while the older boys had one each.

The older group smoked marijuana, particularly during the 2000-2200 hours observation periods. The younger group did not appear to have their own supplies of this drug, but as with cigarettes and alcohol would occasionally ask a member of the older group for a puff of a joint. If this request was granted, the older boys would laugh at the recipient, who returned to his group exaggerating the effects of the drug.

2. Analysis of secondary data

The information from secondary data sources (existing statistics, policy documents and research, evaluation and media reports, see section II.G) should be combined and described to provide data according to the aims of the focus assessment study.

This process may involve re-analysing existing statistical data sets and summarizing information from other sources in the form of a short literature review. The results of this exercise not only provide a background or rationale for the focus assessment study by detailing the existing knowledge base (chapter I), but, if appropriate, can also be compared with the findings from the focus assessment study.

3.   Analysis of supplementary questionnaires

It was suggested in section V.C.2 that focus group participants should be asked to complete a short, structured questionnaire to collect data on their demographics and on sensitive issues they may not wish to discuss publicly, such as their drug use and HIV risk behaviour.

The data from these questionnaires are analysed using a statistical package such as the Statistical Program for Social Sciences and the results are fed into the final report on the project, or, if there are not too many questions and completed questionnaires, the analysis could be conducted manually.

4.   Analysis of field notes made by researchers

The information from field notes made by interviewers and focus group moderators should be fed into the description in the final report of the methods used in the study.

D.   Triangulation

Triangulation is defined as the use of multiple research methods and an analysis of their findings in order to yield a more comprehensive picture of the phenomenon under investigation. The use of multiple methods was discussed in section II.H, and the present section illustrates how triangulation is used to cross-check findings and increase the validity of interpretations made from the analysis.

Case study 22.   The value of triangulation

A study of drug use among young people included focus groups with school pupils, individual interviews with key informants from a variety of social, health and criminal justice organizations and secondary data collection.

Three participants of different focus groups reported the use of a combination of drugs—cocaine and marijuana, known as "blackies"—hitherto unknown in the locality of the study. Two key informants—a police officer and a community nurse—also reported use of this combination.

As no other focus group participant nor key informant had heard of this combination, and because it was not revealed by the analysis of secondary data, the study was able to report with some confidence that the use of this combination was a very new drug trend among young people in the area.

The recommendations contained in the final report on the study therefore included targeting of this new trend by prevention and education initiatives.
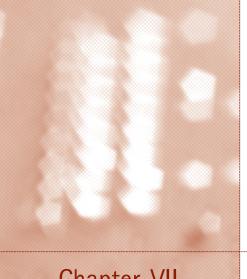
Source: Example given during the Workshop on Focus Assessment Study Planning and Implementation, organized jointly under DAESSP and GAP, 2003.

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1. A cautionary note

Although triangulation can enhance the validity of a focus assessment study, obtaining the same results from each of the multiple research methods used (as in the case study above) does not automatically validate each method, nor the interpretation of the findings, unless the study has been conducted as rigorously as determined by the present *Toolkit Module 6*.

To illustrate using the case study above, a false assumption of the validity of the methods (that is, that they were valid because multiple methods were used) and of the interpretation of the results (that is, that there was a new drug trend) would have been made if:

(a) Blackies were first mentioned by two key informants, only one of whom commented that the combination was "the latest trend";

(b) The interviewer had never heard of blackies and assumed it was a new trend. The interviewer therefore did not probe the key informants on how long blackies had been used in the locality. If they had, the other key informant would have reported that blackies had been used there for the last three years;

(c) A question about blackies was then added to the research instrument for focus groups with young people;

(d) The focus group participants were asked a leading question, "What do you know about this new drug called blackies?";

(e) Some of the focus group participants said they had heard of it and that it was a new trend. However, many did so only in order to appear knowledgeable and "streetwise";

(f) The research team reported that they had identified a new drug trend and that blackies should be addressed by prevention and education initiatives targeting young people.

Ethical issues

KEY POINTS

There may not be clear-cut solutions to ethical problems that may arise during the study. Nevertheless, whatever the view of the research team on the behaviour that is being studied, the overriding ethical principle upon which a focus assessment study is conducted must, as stressed by the United Nations, be [5]:

> "that the research team be orientated and sensitive to respecting an individual's human rights and to ensuring that these are not violated in the course of participation."

The quality of every aspect of the study should be assured.

The present section outlines the basic ethical protocols to which all members of a focus assessment study team must adhere and which mirror those demanded by research institutions and universities in many countries. *GAP Toolkit Module 7: Ethical Challenges in Drug Epidemiology—Issues, Principles and Guidelines* [22] addresses ethical challenges in detail and should be studied by all those involved in a focus assessment study.

A. Informed consent

Potential participants must be given enough information about the study to be able to make a decision about whether or not to agree to an interview or to participate in a focus group. Agreement must be completely voluntary and potential informants must not be coerced to participate.

The usual method of obtaining informed consent is to provide the potential informant with a verbal or written summary of the aims of the study, how it will be carried out, the benefits of participation, how results will be reported and how the confidentiality of the infor-

mation they give will be maintained. It should also be stressed that their consent to participate can be withdrawn at any stage of the interview or focus group.

The researcher should invite questions and answer them fully before obtaining the consent of a potential informant (verbally or in writing) to participate. An example is provided in the case study below.

Case study 23. Obtaining informed consent

After checking that the potential respondents fitted the criteria for inclusion in the study, the following was read out to them:

"This study is being conducted by Crisis (a well-known organization working with homeless people) and is about homelessness and drug use. I will be asking you and other homeless people questions about both these things, although you don't have to be using drugs to take part in the study. A report on the findings will be used to inform those providing services for homeless people who also use drugs.

"I can assure you that everything you tell me is completely confidential: you need not give me your name and no information that can identify you will be passed on to anyone outside the research team.

"You don't have to answer any of the questions if you don't want to, but please answer where you can.

"The interview will take about 40 minutes to complete.

"Do you have any questions about the study or the interview? [Interviewer should answer all questions.]

"Do you agree to be interviewed?"

Source: From a questionnaire used by Fountain and Howes [4].

However, although this method of obtaining consent is sufficient for individual interviews, it is not practicable when a particular location (especially a busy, public location) is being observed. There may also be problems applying this method when adolescents are being interviewed, as they may not fully understand the implications of participation.

In addition, parental consent for a child under a certain age (up to 18 in some countries) to participate in the project should be obtained: this raises the issue of, for example, whether it is ethically acceptable to interview school pupils after obtaining only the permission of their schoolteacher.

A further problem concerning informed consent is noted by the United Nations [5]: ". . . in some cultures the decision of whether to participate in a research study (even after being adequately informed) may not lie primarily with an individual but may instead be more of a social process in which family members or relatives or friends actively participate." In such cases, the interviewer must be completely sure that the potential interviewee is willing to participate.

B.   Confidentiality

Informants must be guaranteed that what they tell the researcher will be kept confidential and will not be passed on to anyone outside the research team. This applies to all the information they give, however apparently trivial the researchers perceive it to be. This ethical consideration applies in particular when informants are revealing aspects of their behaviour such as drug use and criminal activities.

Several scenarios that may challenge the interviewer who has pledged to maintain confidentiality can be envisaged, particularly if interviewers are also community health workers, police officers or drug treatment workers. For example:

(a)   If an informant reveals to a community health worker that they are HIV-positive and they are having unprotected sex with several partners in the community covered by the worker;

(b)   If young people reveal where they buy drugs to a police officer who was previously unaware of the location;

(c)   If a drug user in treatment tells a drug treatment worker that, unknown to those providing treatment, the user is not complying with his or her treatment.

The likelihood of such incidents arising should be addressed when interviewers are appointed and, if they do occur, they should be immediately discussed with the manager of the focus assessment study. However, the overriding principle in dealing with them is that the confidentiality of the informant must be maintained.

Another aspect of maintaining confidentiality is data storage. Completed question-naires, tape recordings and transcripts should be securely stored, not left openly in an office or kept in the car or home of a research team member. If transcripts are stored on a computer, access should be restricted to designated members of the research team by a password.

Confidentiality is a particular problem if the study includes focus groups. Firstly, other participants are not bound by the same ethical code as the research team and, secondly, focus groups create a permissive environment that encourages the disclosure of highly personal information. Even though confidentiality by the research team can be assured, focus group participants must be reminded that it is not possible to guarantee that the information they provide will not be disclosed by other participants. They should therefore be encouraged to determine their own safeguards over what they reveal during the session.

C.   Anonymity

Anonymity means that it is not possible for a response to be linked to the individual who gave it. Guaranteeing anonymity needs careful consideration: in a final

report, the rich and personal qualitative data that may be generated from a focus assessment study may be recognized by the informants who provided them and others may be able to deduce their identity.

There are some cases where names of informants need to be recorded, such as where follow-up interviews are planned (in order that informants can be contacted) and to guard against the same person being interviewed more than once by different interviewers. Nevertheless, written information from interviews should not include the name of the informant and tape recordings should not be labelled with their names. Rather, pseudonyms or numbers should be used and tape recordings should be destroyed when the project ends.

During an interview or focus group, an informant may name other people, such as their friends, teacher or another person: these should also be anonymized in documents, not only to protect those named, but also because it may be possible to deduce the identity of the interviewee from them.

In the final report on the project, any quotes should not be attributed to a named individual. Instead, to indicate the speaker, they should be followed as appropriate by, for example, "female, aged 25", "male crack cocaine user, Focus Group 3", "female schoolteacher", "male social worker". Particular attention should be paid to anonymizing quotes if the study has been conducted in a small town, where it would be possible to identify the informant from their job title. For example, if informants from a study location include the only HIV/AIDS counsellor or school headteacher there and anonymity has been guaranteed, these job titles should not be used in the final report.

In the acknowledgements section of the final report, it is courteous to thank by name—after obtaining their permission—those professionals and institutions who were particularly helpful during the study, for example by facilitating access to the target group. However, to preserve anonymity, informants should not be named, but thanked as follows:

> "The authors gratefully thank all the individuals who have assisted with this project, but who, because of the confidential nature of the project, must remain anonymous."

D.   The effect of the study on participants

Informants of a focus assessment study should not be endangered in any way by their participation and careful consideration should be given to how the study and its results will affect those involved. The question to be considered here is "Will potential harm to the subjects outweigh the benefits of the study?" This is a particularly important consideration when drug users are being interviewed and especially relevant in settings where there are strict legal sanctions against drug use.

For example, if the study discovers previously unreported drug use among a group of young people in a particular area, benefits to them could include targeted drug education and prevention initiatives. However, harm to those young people could include retribution from their peer group for revealing the behaviour to researchers. In some focus assessment studies, it may be necessary to anonymize the names of locations, schools or even whole towns in order that informants are not endangered in this way.

E.   Quality assurance

The final report on a research project should convince readers that they can have confidence in the results because the quality of the project was assured throughout. This is especially the case in a qualitative research study, which, unlike a quantitative survey, cannot be reproduced exactly by other researchers.

In the qualitative interviews, focus groups and observations conducted for a focus assessment study, the researcher is the main instrument for obtaining information and therefore, ultimately, their integrity is crucial: their personal views, sympathies and prejudices must be minimized.

Case study 24.   Guarding against a loss of critical perspective
"During an ethnographic study of a network of cannabis dealers, I spent a lot of time with about 30 of them over a period of two years and developed a close, friendly relationship with some of them. While this was really useful for gathering information, one drawback of my relationship with dealers I knew well and liked was that I had to be constantly on my guard against ignoring or excusing aspects of their behaviour that I considered immoral. Conversely, I met some dealers I didn't like or was afraid of and I had to be careful not to report their behaviour in a negative way."   *Source:* Personal account given at the Workshop on Focus Assessment Study Planning and Implementation, organized jointly under DAESSP and GAP, 2003.

A carefully planned and executed study, following the guidelines laid out in the present *Toolkit Module 6*, will minimize any loss of critical perspective where some behaviours may be ignored and others overemphasized, to the detriment of a full and unbiased report of the phenomenon under investigation.

Monitoring data collection procedures (section V.F), the use of more than one data analyst (chapter VI) and triangulation (sections II.H, VI.D) enable the research team to take into account as many different aspects of the subject of the study as possible and to cross-check findings, thus minimizing the risk of biased researching and

reporting. These quality control procedures combine to increase the study's validity, that is, that there can be confidence in the accuracy of the findings and that they are reflective of the situation under investigation.

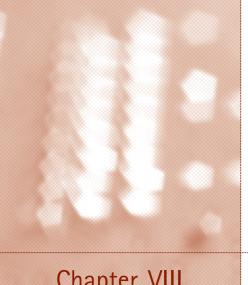## F. Health and safety of researchers

Ideally there should be two members of the research team present in any situation where they are at risk of harm and especially in locations with a high crime rate or where there is civil unrest. Whatever the situation, researchers should always inform someone at the research base of their whereabouts and the times they are working and provide an expected time that they will contact the base to say the collection of data planned for that day is completed. Mobile telephones facilitate the mainte-nance of contact between researchers and their base.

Another strategy to safeguard the health and safety of researchers is the formula-tion of a policy detailing what they should do when witnessing illegal activities, such as drug use and dealing. Generally, this policy is that they remain in the setting for as short a time as possible. A further problematic scenario is that a researcher is apprehended by the police because, by their presence in a location where such behaviour occurs, they appear to be participating in it. If this is likely, the relevant authorities should be notified that the study is taking place and that a researcher will be present.

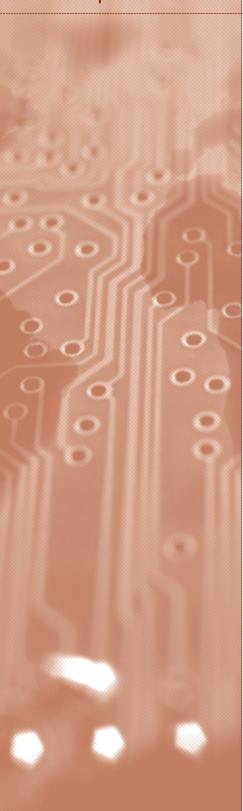## G. Giving advice to informants

It is beyond the remit of a focus assessment study to give advice to or counsel informants. However, given that some studies will be asking informants to divulge personal information, possibly about their own drug use or their worries about, for example, drug use by their friends or children, it may be that the interviewer is asked for help by an informant who feels upset or angry by the issues raised.

In such cases, although the interviewer should be sympathetic, they should also make it clear that they are not qualified to give such help. However, a leaflet should be prepared for informants (or an existing one used) with details of, for example, information about drugs, how drug services can be contacted, and HIV risk behaviour.

Reporting and disseminating the results

KEY POINTS

Good research can be reduced to the level of poor journalism if the results are poorly reported. A final report should not only widen the knowledge base, but also be relevant to policy makers and to those who plan interventions.

Final reports should be widely disseminated.

A. The project report

A template for final reports on focus assessment studies has been devised by the United Nations Office on Drugs and Crime, with the main sections consisting of an executive summary; an introduction; and chapters on methodology, findings and discussion and recommendations. Other sections include a table of contents, acknowledgements, references and annexes. The template is provided in the annex to the present *Toolkit Module 6*.

The present section details the considerations to be taken into account when completing each of the main sections of the report.

1. Executive summary

The executive summary should summarize all the information in the report in four or five pages, clearly laid out in short paragraphs. This is a very important section; it may be all that some people will read and must give a complete overview of the project.

2. Introduction

There should be at least three pages of background to the focus assessment study in order to demonstrate the rationale for the research.

The introduction will of course differ according to the project, but should begin generally, with a description of the country, city, area or community that is the subject of the research, including relevant structural, social, economic and political events. Data on unemployment and general health and living conditions may also be included in the introduction.

The study should be placed in the context of the drug use situation of the country and of previous research on the issue. If a literature review has been conducted, a summary should appear in the introduction. The introduction should continue with the specific concerns of the study and end with the rationale for collecting new data.

3.   Methodology

The chapter of the report on methodology should define the aim or aims and objectives of the research and how they were achieved. For example, if a review of local documents plus individual interviews and focus groups were conducted, the section on methodology needs to list the documents that were reviewed, list the criteria for the inclusion of specific methods in the study, detail the sampling procedures, including details of how informants were identified and accessed, and describe the location of interviews and focus groups.

Any particular methodological problems and successes (such as those concerning access) should also be described here.

Research instruments should be briefly described. The full versions should be provided in an annex.

The data collection procedures should be detailed, again including any particular difficulties (including ethical problems) and successes.

The method of data analysis should also be described in this section.

4.   Findings

The chapter presenting the findings is not the place for a record of the discussion and should cover the results only. It should begin with a summary of the characteristics of informants including the number and their demographics (gender, age and other details that may have been collected for the study, such as their educational achievements, employment status, etc.). If appropriate, details of drug use among the sample should also be provided here. Charts and tables may be the best way to present such information.

The main results of the study should be presented according to the aims and objectives of the study and the themes of the research instrument(s). For example, if

one of the objectives was to investigate the attitudes of young people to existing drug prevention and education initiatives, then this should be a heading in the chapter on the findings of the research.

If issues that were not anticipated in the aims and objectives of the study are being reported, they should not be given the same amount of coverage as those that were.

Throughout the results section, it should be clear where the results originated. For example, if it is reported that "The majority of young people interviewed had tried cannabis at least once", the statement should be followed by evidence that shows that 70 per cent (35 of the 50 young people interviewed) had done so. Similarly, if the statement "Police officers expressed a great deal of concern about the use of drugs by out-of-school youth" is reported, readers should be informed how many police officers were interviewed and how many of them had expressed this concern.

The multiple-method approach to the collection of data for a focus assessment study and the different samples targeted may give the same or different results on a particular issue. In the findings section of the report, the different sources of information should be compared for similarities and differences.

Reporting sensitive issues

Sensitive information may be revealed by informants in a focus assessment study. The decision whether or not to report this depends, to a large extent, on the judgement of the research team and the research setting.

Case study 25.   Reporting sensitive information

"One of the RSA [Rapid Situation Assessment] teams encountered repeated and consistent responses from several categories of informants about corruption on the part of some law enforcement officials involved in drug abuse control. The team also found out that a few key and powerful officials in the Government were extremely sensitive about the issue of corruption. Notwithstanding this sensitivity, a decision was taken to refer to this issue in the report on the findings of the RSA, albeit not in any detailed manner. The view was held that such sensitive information [the details] should be conveyed verbally in face-to-face discussions with the appropriate authorities."

Source: United Nations [5].

Use of quotes

Quotes from informants should be used to illustrate points made in the results section of the report. However, a balance must be struck between using quotes and summarizing discussions. Providing too many quotes gives a chaotic, "stream of consciousness" flavour to the report, with no indication of why they are being

included. On the other hand, having too many summaries deprives the reader of the rich qualitative data that have been collected and the sense of contact with the informants through their verbatim statements.

Care should be taken to present the points of view of all the study's informants.

Case study 26. How to report the points of view of all informants

Perceptions of drug use among the Roma community

As illustrated by the first extracts from interviews below, all 11 Roma informants expressed strong feelings about drug use:

> Drugs is the biggest evil and will destroy the world. (Male, aged 32)

> Drugs have no class and identity. It is a disease, which exists in all classes from a poor person to the richest man in this world. It has already reached its ultimate level and it would be very difficult for any organization, Government or world to reduce it. (Female, aged 29)

There was vehement denial by all informants from the Roma community that drug use occurred within it. Reasons given were strong family and community values and children not being exposed to outside influences:

> I would say proudly that drug use does not exist within our community. The ratio is 1:10,000, if that. There are many reasons for this. We only send our children to primary school so that we can have control and influence over them. We do not send them to secondary school because this evil is big and uncontrollable there. (Male, aged 47)

> Our family values are very strong. (Female, aged 63)

> If somebody misbehaves, we as a community take over and control it then and there, within our limits, such as naming and shaming them and showing that they cannot live comfortably outside our community. (Male, aged 31)

Of the three professionals working with the Roma community who were interviewed, two agreed that there was no drug use among them, although one said that alcohol use was a problem:

> Drug experimentation is non-existent in their community. (Police officer)

> There is no drug problem in the traveller community. There is, however, a drink problem. I have come across a number of heavy drinkers and I know that the AA [Alcoholics Anonymous] have given them advice. (Social worker)

Another was not so sure:

> There is a strong denial about the problem and I haven't come across any research that shows that young [Roma] people are taking or experimenting with drugs. Such research on a national scale would be very welcome to show that there is a problem. This can then show people that there is a problem that needs to be addressed. (Community health worker)

Source: Dhillon and others [12].

Generalizability

Results should not be over-generalized. If, for example, the study was conducted among schoolchildren from one school in an area, it cannot be said that the results apply to all schoolchildren in the area, the town or the country. Rather, further research in other schools and areas should be one of the recommendations.

5. *Discussion and recommendations*

The present section examines the major results and discusses and interprets them in terms of their implications for policy and interventions.

The section concludes with recommendations based on the discussion. These should be concise and clear in order that policy makers and those who plan and execute interventions can easily see what action is being recommended. The use of bullet points or text boxes facilitates this presentation.

Recommendations should accurately reflect the results of the study. A simple illustration of this is that a recommendation to set up needle exchanges in a particular area must have reported results that show that there is injecting drug use among the target population and that injecting equipment is being shared.

Issues for further research should also be recommended in this section. It is not expected that a single focus assessment study will provide all the data on all the issues surrounding the subject of its inquiry and gaps in the results should be noted, with suggestions for further aspects of the investigation being provided.
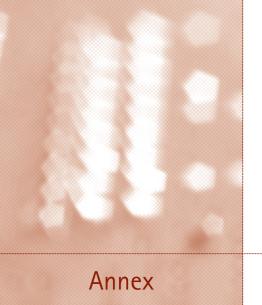
B. Dissemination

Too often, research reports sit in the office of the research team, where their findings and recommendations can have little impact. The final report on a focus assessment study should therefore not only be disseminated to the appropriate policy makers and intervention planners, but also widely disseminated to all relevant institutions. For example, if a study is reporting on drug use among out-of-school young people, the report should be sent to the managers of all those in contact with this group, such as social workers, the police and community workers. Drug services and social research institutions should also receive a copy of a focus assessment study report.

It is also courteous to send a copy of the final report (or at least the executive summary) to all those professionals who assisted with the study (not only those who acted as informants, but also those who assisted in some other way such as facilitating access to informants). It may also be decided to give copies to all informants,
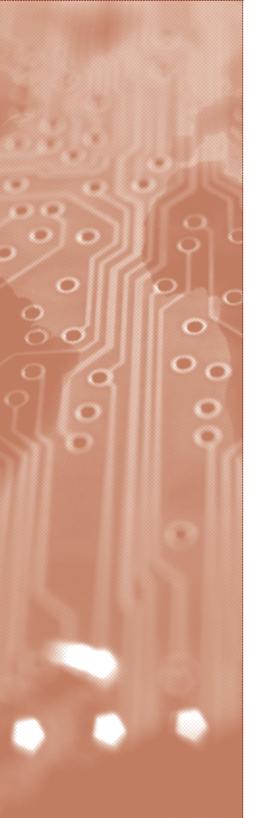
so that they can see how the information they gave in interviews and focus groups was used.

The results of a focus assessment study can also be disseminated at a conference or a meeting called specifically to discuss them. The final report (or at least its executive summary) should be available to those attending these events.

To assist future researchers, any appropriate libraries should also receive a copy of the report and if the organization to which the research team belongs has a web site, a copy should also be posted there

Template for the final report of a focus assessment study

Focus assessment report

Date: _____

Country: _____

The contents of the present report summarize the background, methodology and findings of the focus assessment study on (insert subject title) conducted in (insert place). The study was supported by (insert names of funding and technical support agencies).

For further information contact: (insert contact details for network coordinator)

(Insert details of the authors and/or name of the organization producing the report, the publisher and the place and year of printing.)

For access to further information and resources on drug information systems visit the Global Assessment Programme on Drug Abuse (GAP) at the United Nations Office on Drugs and Crime web site at www.unodc.org, e-mail gap@unodc.org, or contact the United Nations Office on Drugs and Crime, P.O. Box 500, A-1400 Vienna, Austria.

Contents

Executive summary

The executive summary of the report should contain a brief introduction to the study and a general overall statement summarizing its main findings. The executive summary can be structured according to the methods used. For example, the main findings from the focus groups and key informant interviews are summarized separately. The executive summary should then be followed by a summary of the main recommendations made, based on the overall results of the study.

Acknowledgements

I.   Introduction

A.   Country/city information

This should be a short section describing factors unique to the community/city or country. It can include population demographics such as age, gender and race/ ethnicity, geographic features and political or social factors such as war or the economic situation. Include any factors that could be related to the focus assessment study.

B.   Background of the study

Place the study in the context of the drug abuse situation in the country. Why was there a need for such a study? What new information will the results provide? It may be desirable to refer to other surveys or reports.

II.   Methodology

Please outline for each method used (i.e., focus group discussions, semi-structured key informant interviews, in-depth interviews with key informants, secondary data collection and observations):

A.   Objectives

What are the objectives of, for example, the focus group?

B.   Description and definition of target groups

In this section, present some of the socio-demographic characteristics of the target group. For example, for a focus group discussion among youth at risk in several communities, describe the characteristics of the youth at risk who participated in the discussions. Socio-demographic information is usually collected through a short, self-administered questionnaire handed to participants after the focus group discussion. The information may also be presented as graphs or tables.

C.   Selection criteria/description of the recruitment process

Describe how the interviewees and the participants for the focus groups were selected and by whom and where were they recruited?

D.   Procedures and difficulties encountered

This section should describe the proceedings (duration, process, incentives provided, etc.) during the interview/focus group discussions and outline any difficulties that were encountered (disturbances, participants coming late, etc.).

E.   Description of instruments/protocols used

1.   Focus group discussions

Describe in detail the main themes that were discussed during the focus group discussions. It is useful to add the list of questions that were asked in an annex.

2.   Interviews (in-depth and semi-structured)

Describe the main themes discussed during the interview. Was the interview structured or semi-structured? Add the interview protocol/questionnaire in an annex.

F.   Analysis procedures

How was the analysis undertaken? (i.e., deductive versus inductive procedure) Was a software program used?

III.   Findings

When presenting the results of the study, the following points should be taken into consideration.

The findings should be presented based on the defined objectives and themes. For example, if one of the objectives was to investigate the attitudes about existing prevention programmes among young people, that should then form a separate heading in the findings section. If different subpopulations were targeted, e.g., in-school and out-of-school youth, the findings might be presented separately and include a section on differences and similarities between the groups and areas.

Triangulation

Triangulation refers to the use of multiple methods and data sources. Various data sources are used to cross-check findings so as to increase the validity of interpretations made. For example, it was found that students in the focus group reported the use of "blackies" (combined use of cocaine and marijuana). In addition, the use of "blackies" was also reported by two key informants (a police officer and a

community nurse). In the report, refer to all three sources when outlining the findings in regard to new trends in drug use (i.e., use of "blackies") among young people.

Use of quotes

Writing the report of the findings requires a balance between direct quotation of statements made by the participants and a summary of the discussions. Too many quotations give the report a chaotic, stream-of-consciousness flavour. Too much summarization is not only dry but also deprives the reader of the direct contact with participants that reporting their statements verbatim provides.

Ideally, a report should separate the topics that are more important from those that are less important and then concentrate on a thorough portrayal of only what is most important. Thus, the goal of connecting the reader and the original participants through "well-chosen" quotations requires a match between the importance of the topic and the vividness of the example.

The report should include quotes that support the major findings and/or demonstrate unique ideas or controversial opinions. An example would be:

In every focus group, there seems to be a consensus on what is the favourite drug of young people: marijuana. As stated by the majority of youth, marijuana appears to be widely accepted by young people in the community:

"Most young people smoke, not all of them right, but most. There is a lot." (boys, age 15-16)

"They feel good about it [marijuana], it's accepted, you know." (girls, age 14-16)
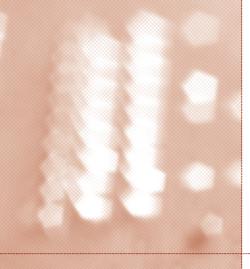
IV.   Discussion and recommendations

The discussion usually includes a recapture of the major findings and outlines the interpretations made based on the findings presented. Because the discussion also includes interpretations, it is not a summary. The discussion should conclude with a set of recommendations that are made for the development of intervention programmes or policies. The section may be particularly important for policy makers and programme planners and should be as concise and clear as possible.
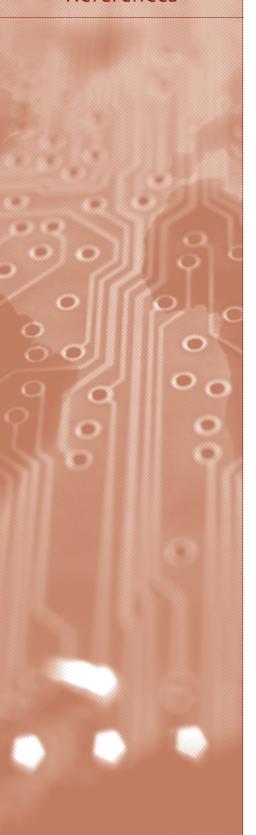
Annexes

Attach all instruments, interview schedules and/or protocols in the annexes.

References

Include all references.

References

There are too many high-quality research methods textbooks to list in the present *Toolkit Module* 6 and the list below refers only to those quoted in the text. If the research team does not have access to library services, the Internet is an excellent alternative source of information.

1. Uwe Flick, *An introduction to qualitative research* (London, Thousand Oaks, California and New Delhi, Sage Publications, 1998).

2. Tim Rhodes, "The multiple roles of qualitative research in understanding and responding to illicit drug use", *Understanding and responding to drug use: the role of qualitative research*, J. Fountain, G. Greenwood and K. Robertson, eds., European Monitoring Centre for Drugs and Drug Addiction Monograph Series, No. 4 (Lisbon, European Monitoring Centre for Drugs and Drug Addiction, 2000), pp. 21-36.

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15. Janusz Sieroslawski and Antoni Zierlinski, "The dynamic of drug use patterns in Warsaw: a qualitative approach", *Developing drug information systems in Central and Eastern Europe: missing pieces—nine studies of emerging drug problems: towards a better understanding of drug use in Central and Eastern Europe* (United Nations publication, Sales No. E.01.XI.9, 2001), pp. 237-254.

16. Peter Blanken, Cas Barendregt and Linda Zuidmulder, "Community fieldwork: bringing drug users into research action", *Understanding and responding to drug use: the role of qualitative research*, J. Fountain, G. Greenwood and K. Robertson, eds., European Monitoring Centre for Drugs and Drug Addiction Monograph Series, No. 4 (Lisbon, European Monitoring Centre for Drugs and Drug Addiction, 2000), pp. 291-296.

17. P. Griffiths and others, "Reaching hidden populations of drug users by privileged access interviewers: methodological and practical issues" (London, National Addiction Centre, 1993), pp. 1,617-1,626.

18. Jon Bashford, Jez Buffin and Kamlosh Patel, "The black and minority ethnic community: drugs misuse needs assessment project, final report" (Preston, United Kingdom, Centre for Ethnicity and Health, Faculty of Health, University of Central Lancashire and London, Department of Health, 2003).

19. Charles D. Kaplan and Elizabeth Y. Lambert, "The daily life of heroin-addicted persons: the biography of specific methodology", *Qualitative methods in drug abuse and HIV research*, Elizabeth Y. Lambert, Rebecca S. Ashery and Richard H. Needle, eds., National Institute on Drug Abuse Research Monograph Series No. 157 (Rockville, Maryland, National Institute on Drug Abuse, 1995).

20. Monika Ciutti, "The 'hidden' population of heroin users in Bratislava", *Developing drug information systems in Central and Eastern Europe: missing pieces—nine studies of emerging drug problems: towards a better understanding of drug use in Central and Eastern Europe* (United Nations publication, Sales No. E.01.XI.9, 2001), pp. 47-68.

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