‘Qualitative Research: Method, Practice and Policy’


Edited by Jane Fountain
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FOREWORD

This section reports on the activities during the three days 2-4 July 1997 when some sixty researchers attended the seminar which was hosted by the Region of Emilia-Romagne and organised for the EMCDDA by the National Addiction Centre (UK) and the European Forum for Urban Security. The focus was on how qualitative research can contribute to epidemiological understanding of the drug phenomenon by describing and interpreting the processes underlying the statistics, and how these insights can help formulate relevant responses. It was clear that a substantial body of qualitative research and expertise exists in a few countries, whilst, in others, this is a novel approach. It was also clear that there is untapped potential for bringing this knowledge into the policy domain. (from a report by Richard Hartnoll in DrugNet Europe, EMCDDA Newsletter, September-October 1997, Issue7).

INTRODUCTION

FROM A PRESENTATION AT THE SEMINAR BY RICHARD HARTNOLL, EMCDDA.

This seminar is attended largely by researchers who approach the issue of drugs from a point of view that it is only with a good understanding of local circumstances that adaptations can be made to any sort of response. We have a few representatives of Central and Eastern Europe here with us today and I think it is very important that as well as looking at local variations and local needs, the seminar will also have a broad view that also goes beyond the European Union to a wider, pan-European perspective. I hope that this is not just a one-off seminar but for the EMCDDA in Lisbon, I see it very much as a starting point for trying to develop a network of researchers who are trying to interpret the reality behind the statistics and to enable prevention, interventions, and harm reduction in particular, to be increased in scope, relevance, and effectiveness.

This project is the first activity that the EMCDDA have launched in the area of qualitative research, and I will say a little about how it fits in to the overall work of the monitoring centre in Europe. The EMCDDA was set up in 1993, but in practical terms we became operational almost two years ago. We have the task of trying to provide an overview of the drugs situation in Europe: drug use, the problems related to drug use, drug dependence, and health consequences. Quite a lot of the work that we carry out concerns epidemiology and responses to drug use. In other words, demand reduction activities, treatment, prevention, harm reduction, and rehabilitation. Our focus at the moment is very much on the demand and demand reduction side of the equation. In future years we will be developing, probably, to other areas of the drug phenomenon - trafficking and so on. At the moment our first priority in Lisbon is to look at drug use patterns and their consequences. This information is supposed to be reliable objective and comparable. I am sure those of you who have worked in a European context or any comparable context know that these simple words are rather difficult to actually implement. Not only are they supposed to be reliable, comparable, and
objective, they are also supposed to be relevant and useful to policy-makers both within the EU member countries and beyond.

A final point about the centre’s mission: we are not a policy-making body but an information-collecting organisation. We can only collect information, analyse it, and disseminate it. The actual use of the data we collect and disseminate is left to either European policy-makers or national policy-makers. We all know that the information collected and how it is presented is never neutral. We set up a very clear mandate that is limited to information collection and processing. The broad epidemiology programme is focusing on some key priorities: prevalence, patterns characteristic of drug users, geographical variations, changes over time, and the main health consequences. Those are the main concerns: there are many other questions which lead on from them, but we are starting with these conceptually rather simple questions - though again, in practice, they are not easy to answer.

We work in trying to deal with these questions with two groups of partners in two different ways. One is through an official network of national centres - national Focal Points. The governments of each country have nominated one centre in each country to act as a conduit - a channel of communication - between the country and us. They collect the information from their different sources, put it together, synthesise it, and send it to us. We do the comparison, analyse it, and send it back again. This is a rather formalistic procedure but it is very important for us to have these national centres supported by their governments in order to give some sort of credibility and acceptability to the information we disseminate. We can then say our reports represent officially what has been provided by the fifteen members of the Union. The second way that we work is with groups of experts such as yourselves in a number of different activities. We have tried to identify networks of researchers, first to identify individuals and then to try to establish them as a working group on particular topics such as prevalence, population surveys, prevalence estimation, and so on.

So we have this way of working which enables us to bring in people who governments would not necessarily appoint or who do not necessarily belong to the national Focal Point. It allows us to reach a much wider range of researchers: people working in the field and in demand reduction activities - people who are actually doing the work at local level. It is in this second context that this meeting is taking place. This way of working allows us a lot of flexibility to be able to talk to be able to discuss things, to brainstorm without any sort of official or formal consequence. It is a context in which I hope will facilitate an exchange of ideas and will lead on to the development, in the first instance, of closer contact between people who are carrying out research and are involved in research from the qualitative point of view in the different countries. In the longer term, that this can develop into a more regular sort of network that facilitates not just the exchange of information and meetings like this from time to time, but also leads on to collaborative research projects.

In this type of research it clearly makes no sense to talk about harmonisation or comparability in a strict sense. It is not carrying out surveys using the same questionnaire, the same methods of data collection, the same interviewing, training, and so on. It is a much more flexible and adaptable tool. The objective is to facilitate collaboration and people working together and exchanging ideas, both on methods and on the results of studies on three main themes we have chosen for this meeting - New Trends in Drug Use, Injecting Risk Behaviour, and the Relationship Between Drug Use and Crime. All these themes have a very strong topical interest, a strong relevance to policy, and a strong relevance to interventions, particularly New Trends in Drug Use. The representative drug for this is ecstasy: it represents new trends in youth culture that have been taking
place in different countries in Europe over the past ten years in some countries or more recently in others, and there is considerable political and professional anxiety about these changes across all countries in Europe and beyond Europe.

The second main theme is injecting risk behaviour - in particular HIV risk behaviour but also, increasingly, hepatitis. Although HIV and AIDS amongst drug users is not such a new topic, it remains a substantial problem in many countries, and the responses to it vary considerably from one country to another. In some, there are considerable problems in promoting harm reduction approaches aimed to limit the damage. In others, harm reduction is the principle response to the problems of HIV and other health risks amongst drug users.

The third topic we are dealing with is the relationship between drug use and crime - not drugs and crime in the sense of organised crime and trafficking, but drugs and crime at the local level: the point at which citizens and local inhabitants come face-to-face with drug users and the consequence of that in terms of crime and the problems that causes in terms of tensions within the community; and the problems crime causes for local authorities in terms of conflicts between police strategies and public health strategies.

The structure of the seminar is as follows: first of all we will be looking at an overview of what is done in way of qualitative research in Europe, with some case studies in the three topic areas. Then we will be looking at the issue of the relationship between research and policy - how the results of the research that you carry out affect can be used by policy-makers. I think many of us have had the experience of doing research and then finding nothing much happens to the results. However, from the policy and political point of view, when faced with problems they ask researchers to investigate, the response is 'We'll do research and let you know in five years'. The issue of the relationship between research and policy is a key one if what we are doing as researchers is to have any impact on these areas of policy and public health. We are also examining qualitative research methodologies.

Half a day of this seminar will be devoted to workshops that will pick up on the three topic areas with a view to trying to identify possible issues on which collaborative research can move forward. There is research funding available, although not directly from the EMCDDA: we do not have a research budget - we just have a small budget to facilitate meetings like this, pilot projects, literature reviews, and so on. However, there are some research funds available within other sections of the European Union, but it needs a cohesive groups of researchers to put together proposals. The groups need quite a lot of perseverance to get them through the bureaucracy, but I hope that the outcome of this seminar will not just be that you have got to know each other better and had a good exchange of information and views and learnt something, but also that it will lead on to some firmer on-going communication between you as a network which will result in the development of proposals for collaborative research between different countries. In a way, Europe presents a beautiful natural laboratory in which you can look at these topics within different social contexts, different cultural contexts, and different policy contexts. This provides a very rich area where there are serious limitations of quantitative statistical research. One can have comparable surveys in different countries but the problem of interpretation remains: what it means in the different countries and what are the implications for policy in those different countries. That jump is quite difficult to make without the sort of research that comes from qualitative researchers, which looks in more depth at the links between the different actors, and their contexts, and allows more meaningful interactions and interventions to be developed. I hope that this will be a brainstorming. You can say what you like,
criticise what you like, and I hope that out of this sort of exchange will come some stimulating ideas for future work that will also benefit your work too. I hope that the final results will be published, either in a journal or as an EMCDDA monograph. Thus, I hope, that the results of this seminar will not just be of interest to you but will receive dissemination to a much wider audience.

The National Addiction Centre has been conducting a review of the qualitative research being carried out in the different countries. We hope that one spin-off of this seminar will be that the work they have done will be enriched, the gaps will be filled in, errors corrected, and so on. They will produce their final report by the end of November so there are some months for them to follow up on the contacts and promises that you will make to them about finding information for them here. These contributions are also a very concrete output from this seminar: it brings us together to help map out what's going on in Europe in this field.
ABSTRACTS OF PRESENTATIONS

Qualitative research: a historical perspective and dissemination of findings

By Jane Fountain

As an introduction to the presentations at this seminar, this paper gives a brief history of the changing perspectives of qualitative research on drugs. Prior to 1960s, research into drug use was often carried out by psychologists, who concluded that users were either 'sad,' 'mad,' or 'bad.' In the 1950s and 60s, however, studies were conducted from a sociological perspective: following the work of the Chicago School, theories of deviant behaviour were developed, and dominated the research of the time. More recently, with the advent of HIV and hepatitis, the health care agenda has influenced the way qualitative researchers have examined drug-using behaviour.

This paper also discusses the dissemination of the findings from qualitative research. The data the National Addiction Centre has collected on publications which publish - and appear largely to ignore - qualitative research will be presented, followed by a report of the work in progress on the literature search which forms a major part of the project.
OVERVIEW OF QUALITATIVE RESEARCH IN THE EU

The Netherlands: Peter Blanken
France: Rodolphe Ingold
UK: Tim Rhodes
Spain: Aurelio Diaz
Germany: Uwe Kemmesies
Ireland: Aileen O'Gorman
Denmark: Mads Uffe Pedersen

Expanded versions of these presentations - and profiles of the remaining member countries - are presented earlier in this volume.

CASE STUDIES

CRIME AND DRUG USE / DRUG MARKETS

By Karen Ellen Spannow (Denmark)

Between August 1993 and August 1995 an ethnographic fieldwork among drug users in Aarhus city was performed by CRF with the intention of learning more about how police control and social interventions influenced the selling and taking of illegal drugs.

The characteristic of ethnographic fieldwork is that it aims to present the complexity of a given field and makes use of qualitative methodology. This includes observation and open-ended interviews which allow the researcher to work from an explorative angle and continuously add new questions and to redirect the study. This methodology has an advantage in relation to the study of hidden populations, where statistic sampling and other sociological methods cannot be applied. It could even be claimed that it is the only way to learn something about what is going on, and that results can be informative in relation to the development of effective and relevant social interventions.

COPING WITH "THE SICKNESS": DRUG RATIONING AND HELP-SEEKING AMONG HEROIN USERS

By Aileen O'Gorman (Ireland)

An ongoing qualitative study examining the role of social and structural processes in the development of problematic drug use has noted the multiplicity of references to "the sickness" in heroin users' narratives. Vivid details of "the sickness" (the physical withdrawal symptoms experienced by users) are constantly exchanged in heroin-using networks, imparting an almost mythological status to the condition. However, these narratives play an important function in marking transitional points in a heroin using career. For example, a user's first experience of "the sickness" marks the transition from being a "dabbler" (an experimental heroin user) to a more problematic user, while more severe experiences mark the change in administration from chasing to injecting heroin. As a heroin user's career develops, lessening the impact of "the sickness" (rather
than seeking pleasure) becomes the main focus. To this end, many users adopt strategies to control or cease heroin use and judge the success of these strategies by their ability to alleviate the symptoms. Consequently, interventions which accommodate heroin users' concerns regarding "the sickness" may be an effective means for securing behavioural change.

Qualitative Research: Impacting on the Policy Agenda

Qualitative research and the policy agenda

By Mike Agar (USA)

First of all, ambiguities in the title must be straightened out: 'qualitative' data, for example, can be incorporated into traditional positivist research, and ethnographers use quantitative data to form and validate pattern. 'Policy,' thought of as the definition of a desirable state of affairs and the means to bring it about, may serve ideological or symbolic functions which override the conventional rational/instrumental definition. Several cases will be analyzed from the author's US experience to account for successes and failures in the policy/qualitative relationship. Among them will be factors such as macro-timing, micro-timing, paradigm, crash, translation and detail work. Running through the cases will be an attempt to generalize under what conditions policy discourse and qualitative research become compatible, along with an effort to use this understanding to explain why, at this particular time, interest in and demand for qualitative approaches is increasing in the drug field.

Finally, recent work in the general field of organization theory will be mentioned that features inductive learning and systemic models, work that suggests a fundamental shift in understanding and intervening in organizational process that spans disciplines and institutions, one that shares fundamental assumptions with qualitative work.

The Use of Qualitative Data: The Political Point of View, or 'Have I Not Correctly Understood Your Question?'

By Marijo Taboada (France)

Political decision-making in health issues - particularly in the more complex field of drugs - cannot rest solely on quantitative or epidemiological research. Qualitative research must allow for more thorough analysis of the phenomena, and therefore more efficient and relevant decisions. The relationship between the researchers and the decision-makers is ridden with misunderstanding: the decision-makers often ask the scientific questions to which they have already found political answers (and not scientific ones). The researchers give scientific answers to political questions (which have not always yet been asked).

This appears simplistic, but sometimes true. Nevertheless, the relationship is more complex. Actually, the qualitative research must find a way between the experts in their fields on the one hand, and the political decision-makers on the other. At each stage of the study, there should be a clear explanation of the processes involved in the study, so that each party finds what they are looking for. The procedure which begins with an objective approach to the problems and
ends with the making of decisions which aim to solve those problems is not as straightforward as it may seem. It is useful to clarify each party's point of view in order to eliminate the misunderstandings (if possible) and to better grasp the limitations of both sides. It is equally important to find a meeting point and intermediary structures which could be the interpreters for one and the other.

THE ROLE OF QUALITATIVE RESEARCH IN AFFECTING DRUG POLICIES

By Howard Parker (UK)

If we take a broad view of drugs-related policies and accept that 'policy' includes the local as well as the national level and embraces changing the policies of particular agencies (eg the police, the health services, the local government) or partnerships, then qualitative research can have a major impact. This paper illustrates three kinds of impact or influence.

1. In drugs scenes where quantitative research is simply not possible.

For instance, we cannot 'survey' drug dealers or polydrug injectors who have no contact with services. There are numerous situations where we will only be able to enter and explore a drugs 'problem' using qualitative methods, yet very often it is a high profile politicised 'problem' whereby the research results will affect policy and intervention.

2. For investigating drug scenes where qualitative methods (eg observing, informal interviewing) are required even though the data eventually collected can be quantified.

Two examples of this will be given: methadone programmes and crime reduction, and the criminogenic lifestyles of 'hidden' crack cocaine users. These studies illustrate how policy and practice was influenced at both a local and national level by 'mixed methods' studies.

3. Qualitative illustrations

Because drugs policy is entwined in moral and political debate the media has a major role in influencing policy. Radio and TV programmes feed off qualitative 'stories' and illustrations of drug misuse. Thus policy and practice often change 'unofficially' without political announcement. Harm reduction strategies for rave/dance club drug users provide a good example of this research and information-led change (an example of a radio documentary based on research will be given).

In the end, however 'good' the qualitative research, its influence on policy will also be related to many other factors: the political moment, the role of the media, the relationship between the researchers and the policy-makers, the ways findings are 'managed' in dissemination, and whether findings are converted into ideas and interventions which others can easily use in further developing policy and practice.
**METHODOLOGY**

**THE INTERACTIONS BETWEEN QUALITATIVE AND QUANTITATIVE RESEARCH**

By Rodolphe Ingold (France)

Such interactions are going to be analyzed and discussed at a methodological level, starting with a selection of examples in the field of drug misuse: the experience of the 'Multicity Epidemiological Work Group' (The Pompidou Group), and a selection of works such as evaluations and qualitative studies which have had a strong influence upon treatment and preventative actions. Some social functions of qualitative research will be discussed in view of other quantitative studies in the same field.

**RAPID REPORTING SYSTEMS**

By Paul Griffiths (UK)

Historically, qualitative research has often been characterised by intensive, long term and detailed studies of specific subcultural groups. Often borrowing from anthropological methodological tradition, researchers have made considerable efforts to gain access and integration into the chosen study population. Whilst researchers conducting such work must be commended for their dedication, the time-consuming nature of this kind of enterprise is not always compatible with the demands of today's health care agenda. This presentation will explore the potential role of qualitative research in meeting the needs for rapid information systems. In particular, the demands of information systems for rapid situation assessment and of early warning systems (rapid reporting systems) will be considered. The problems in analysing information collected for these purposes and how qualitative methodology can compliment but not replace other information collection strategies will be discussed.

**INNOVATIVE METHODOLOGY TO ASSESS NEW DRUG TRENDS**

By Dirk J Korf and Ton Nabben (Netherlands)

Traditional methodologies, such as school and household surveys, are not usually very adequate to trace new drug trends. Often, trends evolve among specific groups, which are not - or not sufficiently - represented among samples drawn from general populations. Moreover, specific questions on new drugs (or new ways to use drugs) can only be included in questionnaires used for such surveys if prior information on such drugs is available. For several years, in addition to an annual school survey, we have conducted a panel study in order to study trends in illicit drug use amongst young people in Amsterdam. The panel consists of members who are well-informed about drug use among specific groups or in specific settings. The panel members are interviewed twice a year.

In this paper, the nuts and bolts of the panel method will be discussed. For example, a major complication is not only the continuity of the participation of the panel members (a general prerequisite), but also that new informants should be included, in order to trace and follow trends among new networks or in new settings. From practical experience, problems of generalisation will be illustrated. What is signalized in the mass media as a 'new trend,' may appear to refer to a
drug that is not used at all, or to a substance that is only used within a small group and/or for a very short period of time.
WORKSHOP REPORTS

The drug use - crime relationship

Chair: Howard Parker
Report by: Jane Fountain

We took as the underlying themes for this workshop: what common research agendas do we have where qualitative research has a role? and what can we do in this workshop towards future collaboration? We began to talk about drug use and crime in relation to qualitative research in each of our countries: the idea was to try and identify issues we could share. As we went round the room and talked about this, it was clear there was a wide range of themes ranging from the very general and complex to the very specific - from global issues to local issues - and it was also clear that we were taking our own and others' personal opinions and morals into account when we were talking about the relationship between drug use and crime. The discussion was summed up by Howard Parker using a drugs-crime, crime-drugs matrix he had devised, and the discussion generated a few more items to add to it.

We agreed that the task of any qualitative research was to make sense of the relationship between the crime and the drug. This led to a discussion about various potentially fruitful areas such as social exclusion, distribution systems, lifestyles, hierarchies of 'acceptable' behaviour, and progression through the stages of the involvement in crime, where, initially, at the 'recreational' stage of drug use drug use is the only crime committed, to the dependent use stage, where use cannot be funded by legitimate means.

So far, so good. Then we got stuck - first of all in definitions: how could we define 'crime,' 'lifestyle,' and also, how do policy-makers define these words? And also there was a feeling that we were ourselves engaging in high risk behaviour - we felt that we were about to jump into bed with people we had only just met, too quickly, and we felt we needed to create the conditions for more dialogue - a 'second date' before we went any further.

We concluded that:
- we needed to narrow the focus of the themes we had been discussing and that if we were going to get any collaborative work off the ground, we needed to know what drug and what crime we were talking about.
- we should accept national differences, and what is important to each country.
- we should find similarities in our explanations of a phenomenon.

The way forward should begin with quite a simple question such as 'Under what conditions does a particular crime occur?' We know that the answers to that question would be very complicated whatever aspect of the crime-drug relationship we investigated - certainly more complicated than policy-makers think.
**New trends in drug use**

**Chair: Peter Blanken**  
**Report by: Louisa Vingoe**

It was clear from the workshop that the whole issue of 'new drug trends' is attracting considerable interest, but there was also a great deal of debate about exactly what the phrase means.

The first part of the workshop was spent looking at the range of possible topics which could be included in any study of new trends, and we managed to fill an entire large blackboard with issues that could constitute a new trend and provide an appropriate area for methodological development. We then broke from this to listen to two short presentations which were applicable to perhaps the kinds of qualitative research which the workshop participants have conducted in this area.

Susan Boldt presented a study on the rationale for abstinence among attenders of the techno party scene, and this presentation emphasised the point that trends are not just about taking up drug use, but also about populations abstaining from use. Patrick Mignon then presented an overview of the rave culture and ecstasy use in France, and, amongst other points, discussed features not only common across countries but also distinct features of the French scene, and how the scene demarcated itself in various ways. He suggested that France was becoming more like its neighbouring countries with diversification and the expansion of the rave culture.

Peter Blanken had meanwhile distilled the rather large number of topic areas which had resulted from our opening brainstorming session into four substantive topic areas:

1. Developing methods and models for monitoring trends in drug use.
2. The study of patterns and meaning of substance use among different subgroups or populations, including:
   - different substances - synthetic drugs as well as changes in the use of other drugs
     - such as heroin, crack cocaine, and prescription drugs
   - different subgroups - heavy users, less problematic users, women
   - cultural meaning / phenomenology
   - patterns, drug careers, combinations of drugs
3. The relationship between drug use and society. This is more about methodology than anything else, and we had a discussion about using panels of drug user interest groups. We also discussed using the Internet as a research tool.
4. Studies addressing the needs with respect to prevention, intervention, treatment programmes, and evaluation.

We then moved on to a fairly lively debate about some of the ethical issues around work in these areas. Some of the participants who had had practical experience of conducting research on new trends shared these with the group.
**Injecting risk behaviour**

Chair: Tim Rhodes  
Report by: Mick Bloor

We started off with a sort of round robin describing issues about risk and injecting in our various countries, and then moved on to possible research topics. We identified four, some of which are the collapsing of categories and so on. The first was qualitative work on the treatment process and we thought especially qualitative work on methadone treatment. We lack the sort of ethnographies of, for example, psychiatric treatment that many of us are familiar with. There was also a role for focus group work in that area - a very enlarged topic detailed ethnographic description of the practices around drug use. The idea that although in the area of studies with gay men, for example, we have very detailed descriptions of gay men's sexual repartee, we do not have the same sort of detailed knowledge of sharing of filters, sharing of spoons, frontloading, backloading and so on to anything like the same degree. These sorts of phenomena may be much more important in understanding epidemic spread of hepatitis C than they have been in terms of HIV. We also felt that kind of work could be combined by mixing and matching with quantitative data where epidemiologists were seeking community samples. The technological changes, the possibility of saliva testing for hepatitis C for example, obviously raises the prospect of prevalence, even incident studies in community samples which can be combined with detailed ethnographic work in community settings.

Secondly, we thought that overdose was an important topic. Actually, none of us in our group actually had detailed experience of work on overdose so it is probably dangerous for us to say too much about it, but we recognised it as an important topic.

Thirdly, Jane Fountain mentioned social exclusion in her report from the Drug Use and Crime workshop: obviously there are going to be overlaps between the three different topics - we also recognised that social exclusion was important. Controversially, we have lumped together women and ethnic minorities in our discussions of social exclusion.

Fourthly, initiation and drug injecting careers are areas where we thought it would be worth while to consider more life history studies. I think they may be particularly fruitful in terms of international comparisons. I am not aware of any life history studies which are comparative in that sort of sense. I have used a rather clumsy term 'incremental development,' but we also felt it had to be a staged process of development here that we needed here first of all smaller more focused discussions on particular topics, and from then we might be able to move to applications for funding but those applications should be probably in the first instance pilot and feasibility studies with particular emphasis perhaps on the problems of comparison.
CONCLUSION

The feedback we have had from the participants of the seminar has shown that it was considered to be a very successful event from a number of points of view. It enabled the NAC staff working on the project to consolidate working relationships with qualitative researchers throughout the EU, and to establish new ones. Communication with this network has been maintained since the seminar, and will be an invaluable resource for the next stage: the new project 'Co-ordination of working groups of qualitative researchers to analyse different drug use patterns and the implication for public health strategies and prevention.' The three workshops proved to be effective starting-points for future collaboration in the three areas upon which the next stage of the project will focus: the drug use-crime relationship, new trends in drug use, and injecting risk behaviour. The discussions provided both researchers and topics from which to build future collaborative activities.

Richard Hartnoll (EMCDDA), in closing the seminar, felt that five major objectives had been achieved by the seminar:

1. The gathering together of EU researchers who work from a qualitative perspective to discuss issues surrounding the collection and interpretation of data, and raise the profile of qualitative research in the EU.

2. The exploitation of the seminar as a resource for the final report for the project 'Inventory, bibliography, and synthesis of qualitative research in the European Union.'

3. The stimulation of the process of cross-country collaboration.

4. The development of an agenda to improve the collection and interpretation of statistical information on a European 'early warning system' of new drug trends, the risk behaviour of injecting drug users, and the relationship between drug use and crime.

5. The formation of a basis of a well-informed network of qualitative researchers. It is hoped that funding will be made available for a second meeting in 1998.