



Johanna Helle

# “You are the only ones welcome to me”

## Outreach Voluntary Work from the Viewpoint of Recipients with Substance Abuse Problems

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Author	Johanna Helle
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<p>This thesis pursued to investigate and bring forth how people with substance abuse problems experience harm reductive outreach voluntary work and its benefits. Furthermore, the aim was to find out whether any added value was produced to their experiences by the fact that the work is carried out by volunteers instead of paid professionals. The idea to study outreach voluntary work from the recipients’ viewpoint came from the thesis’ working life partner A-Clinic Foundation and its Volunteer Lane project (Vapariväylä-hanke 2022-2024). For the Foundation the results bear particularly developmental value. Additionally, the thesis contributes to fixing the lack of voluntary work studies from the recipients’ viewpoint.</p> <p>The theoretical background of the thesis aimed to form an understanding of the examined outreach voluntary work through the concepts of voluntary work, outreach work, harm reduction and social support. The research problem was examined through a qualitative approach. Four participants were reached by accompanying outreach volunteers during their work. Data was collected with semi-structured interviews and analysed with abductive reasoning.</p> <p>Participants’ experiences of encountering outreach volunteers were mostly positive, and they regarded the work as important. Outreach voluntary work was considered similar to the work of other outreach workers and participants were not aware that this time they had encountered voluntary workers. Volunteerism was therefore not a significant aspect of the work for them. Food aid and a feeling of being cared about were identified as central benefits of the work. Participants felt that they were seen and heard as human beings. They regarded volunteers to be genuine and discreet. Interaction was considered mostly successful and a central mediator of the benefits. Results indicate that the outreach voluntary work conforms to its principles. Lack of volunteers from different cultural backgrounds was mentioned as a developmental point. The results also revealed issues in the accessibility of mental and information support as well as in contact making.</p> <p>All in all, A-Clinic Foundation’s outreach voluntary work supplements the network of outreach work and in the light of the results there is an undeniable need for it. The need is particularly great for those whose needs the service system is unable to meet. Outreach voluntary work has the potential to advance wellbeing and agency as well as reduce drug-related harms to the individual and the community. It promotes a culture of care, the meaning of which is enormous for those with substance abuse problems.</p>	
Key Words	experiences, voluntary work, harm reduction, outreach work, social support, substance abuse

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<p>Tämän opinnäytetyön tarkoituksena oli selvittää ja tuoda julki päih-teitä ongelmallisesti käyt-tävien ihmisten kokemuksia etsivien vapaaehtoisten kohtaamisesta sekä etsivän vapaaeh-toistyön hyödyistä. Lisäksi tavoitteena oli tutkia mitä merkitystä työntekijöiden vapaaeh-toisuudella oli kohdatuille. Idea vapaaehtoistyön tutkimisesta kohdattujen näkökulmasta tuli yhteistyökumppanilta A-klinikkasäätiöltä ja sen Vapariväylä-hankkeelta (2022–2024). Tu-loksilla on säätiölle erityisesti kehitysarvoa. Lisäksi tutkimus täydentää vapaaehtoistyöstä hyötyvien näkökulmasta tehdyn vapaaehtoistyön tutkimuksen puutetta.</p> <p>Opinnäytetyön teoreettisessa taustassa pyrittiin ymmärtämään etsivää vapaaehtoistyötä vapaaehtoistyön, etsivän työn, haittoja vähentävän työn sekä sosiaalisen tuen käsitteiden avulla. Tutkimusta lähestyttiin laadullisesta näkökulmasta. Neljä haastateltavaa tavoitettiin etsivän vapaaehtoistyön ohessa. Aineisto hankittiin kohtaamispaikoilla puolistrukturoiduin yksilöhaastatteluin. Sisällön analyysissä hyödynnettiin abduktiivista päättelyä.</p> <p>Haastateltujen kokemukset etsivien vapaaehtoisten kohtaamisesta olivat pääsääntöisesti positiivisia ja he pitivät työtä tärkeänä. Työ koettiin samankaltaisena muun katutyön kanssa eivätkä haastatellut tienneet, että olivat tällä kertaa kohdanneet vapaaehtoisia. Vapaaeh-toisuudella ei siis voida sanoa olleen merkitystä haastatelluille. Keskeisimmiksi hyödyiksi mai-nittiin ruoka-apu sekä tunne siitä, että itsestä ja päih-teitä käyttävistä ihmisistä välitetään. Haastatellut kokivat tulleensa nähdyiksi ja kuulluiksi ihmisinä. He näkivät vapaaehtoiset ai-toina ja hienotunteisina. Vuorovaikutusta pidettiin pitkälti onnistuneena ja hyötyjen keskei-senä tekijänä. Tulosten perusteella etsivän vapaaehtoistyön koetaan noudattavan sille määritettyjä periaatteita. Kehittämiskohdaksi mainittiin eri kulttuuritaustoista tulevien vapaa-ehtoisten puute. Tulosten perusteella myös henkisen tuen ja informaatiotuen saavutetta-vuudessa sekä kontaktin teossa on kehitettävää.</p> <p>Etsivä vapaaehtoistyö täydentää katutyön verkostoa ja sille on aineiston valossa kiistatta tarve. Tarve on erittäin suuri niille, keiden tarpeisiin palvelujärjestelmä ei kykene mukautu-maan. Työllä on potentiaalia edistää hyvinvointia ja toimijuutta sekä vähentää huumehait-toja niin yksilölle kuin ympäröivälle yhteisölle. Se edistää välittämisen kulttuuria, jonka mer-kitys on päih-teitä ongelmallisesti käyttäville suunnaton.</p>	
Avainsanat	kokemukset, vapaaehtoistyö, haittoja vähentävä työ, etsivä työ, sosiaalinen tuki, päih-teiden ongelmakäyttö

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## 1 Introduction

Although a single action for the good of other people or a cause may seem insignificant in the grandiosity of human reality, there is much more to voluntary work than first meets the eye. Based on evidence, voluntary work is, in fact, a powerful force in the society that creates, transitions and follows social trends in a timely and creative manner (Seppo, 2013, p.13). For example, in Finland many social welfare services that are now defined as societal responsibilities have first been carried out by volunteers and volunteer organisations (ETENE, 2014, p.2). Furthermore, powered by values of solidarity, mutual trust, reciprocity, empowerment and belonging, volunteers are able to represent marginalised groups, hold those in power accountable, influence power relations, mend broken connections between service providers and users, contribute to more inclusive development together with governments and civil society, and support collaborative and participatory decision-making (UNV, 2016; UNV, 2021). While extensive research shows the many benefits that volunteering has on the society, the volunteer organisation and even the health and well-being of volunteers, studies of voluntary work from the recipients' viewpoint shine by their shortcoming. This lack of research is surprising as the definition and motivation of volunteering rests on the aim to do good to other people or a cause (Grönlund and Falk, 2019).

On that note, this thesis studies harm reductive outreach voluntary work from the viewpoint of its recipients with substance abuse problems. Substance abuse is a highly controversial phenomenon in the society. Today drug abuse is considered both a criminal activity and a treatable disorder. This puts people with substance addiction in a discordant position; on one hand they are a target of harsh moral evaluation and stigma, and on the other hand, extensive interventions. (Laitinen et al., 2017.) Feelings of shame and a fear of being stigmatised have been identified as some of the central barriers to seeking treatment (Mäkilä et al. 2022, p.65). Moreover, the service system is unequal and insufficiently supports the most disadvantaged who either fall out of services, use them arbitrarily or are completely left out of the system (Hietala, 2018, pp.52-53). Reforms to drug policy and the service system that are seen as necessary by experts and professionals are hindered by political decision making and prejudices (Honkasalo, 2020). Meanwhile, five people per week die of drugs in Finland (Jouhki, 2022).

Low-threshold services, such as those provided by outreach and harm reduction work, are in key position to support the most disadvantaged. According to Hietala (2018, p.52) non-governmental organisations and activities play a central role in improving substance abuse services and their accessibility. Moreover, volunteerism may create unique standpoint to providing support. Initial findings of volunteerism research from recipients' viewpoint indicate, for example, that certain forms of volunteering such as "befriending" and "peer support" effectively reduce loneliness by increasing self-esteem, agency and a sense of participation for many target groups. In the studies in question, the effects were not achieved due to simply having somebody around, but instead due to the particular features of a voluntary relationship characterised by reciprocity and neutrality. (Grönlund and Falk, 2019.) Some researchers suspect that due to its special characteristics, voluntary work may have a unique impact that is hard to replicate by paid staff or even friends and family who can be considered as obliged to help (Haski-Leventhal, Hustinx and Handy, 2011, p.139; Grönlund and Falk, 2019, p.22). Hence, voluntary work may hold a unique position in being able to respond more effectively to some issues. Furthermore, in one study the fact that services were provided by volunteers made the respondents feel that there was a caring community and increased their wish to become volunteers themselves (Haski-Leventhal, Hustinx and Handy, 2011, p.155). Hence, volunteerism may promote the growth of a caring, reciprocal and health-generating community.

This thesis was produced in cooperation with A-Clinic Foundation – a non-governmental organisation specialised in substance abuse and mental health problems. The Foundation started organising voluntary work opportunities in 2021 and continues to develop them under Volunteer Lane project (Vapariväylä-hanke, 2022–2024). In order to support this development, increase understanding of voluntary work and verify its intention to do good to others, this thesis asks: "How do people who abuse drugs experience A-Clinic Foundation's harm reductive outreach voluntary work and its benefits?" and "How do they experience meeting volunteers instead of paid professionals?". By presenting concepts of voluntary work, harm reduction, outreach work and social support the thesis forms a theoretical understanding of the studied voluntary work. The research problem is examined through qualitative approach. Data is collected with semi-structured interviews and analysed with abductive reasoning.

## **2 A-Clinic Foundation and Volunteer Lane project as civil society players**

Founded in 1955, A-Clinic Foundation is a nationally recognised non-profit, non-governmental organisation that produces and develops services for people with substance abuse and mental health issues as well as problem gambling. In 2016 the Foundation was split into two and now some of its services such as polyclinics, substitutions treatment and detoxification treatment are produced by its privatised segment, A-Clinic Ltd. The Foundation's services are primarily project based, financed by the Funding Centre for Social Welfare and Health Organisations (STEA), and always free for the service user. Owned by the Foundation, A-Clinic Ltd has been given the Finnish Social Enterprise Mark meaning that all of its profits circulate back to the development of Finnish substance abuse and mental health work. Both the Foundation and Ltd. are SHQC (Social and Health Quality Service) certified, referring to their high standards in terms of legal, national-recommendations and treatment-quality considerations. (A-Clinic Foundation, n.d.; A-Clinic Ltd, n.d.)

All activities of the Foundation are grounded on values of human dignity, confidentiality and accountability. In other words, all service users are treated equally without prejudices, employees engage in confidentiality to ensure service users' privacy, and finally, the right to high quality services is protected by treasuring honesty, safety and reliability in the work. (A-Clinic Ltd., n.d.) In addition, the Foundation has strong values in research and expertise, which is reflected in their organisational principles for 2022-2024 period. Guided by these values the Foundation aims to decrease drug related harms, increase the participation of people in vulnerable positions and advance equality-promoting decision making (A-Clinic Foundation, n.d.).

A-Clinic Foundation has been organising voluntary work since January 2021 in Helsinki and Tampere, Finland. Voluntary activities were started based on an observed need for food and warm clothes at the streets. In addition, professional outreach workers spent a significant amount of time in manually preparing Ziploc bags with products for safer injection, which took their time from more demanding tasks. Voluntary work opportunities were started based on these needs. Since the beginning, the Foundation's voluntary work has taken many forms such as outreach work, pop-up cafés, neighbourhood work and bagging products for safer injection. Since receiving a STEA funding for Volunteer Lane project (2022-2024), the Foundation keeps developing and organising voluntary work in Helsinki, Tampere and Hämeenlinna.

This thesis focuses on A-Clinic Foundation's *outreach voluntary work* as it is one of the Foundation's most established and frequent forms of voluntary work that is directly in contact with its recipients. Shortly described, A-Clinic Foundation's outreach volunteering involves encountering people at public spaces such as streets, stations and parks, and offering them snacks, hygiene products, sometimes products for safer injection, and a listening ear. According to the Foundation the primary task of volunteers is to encounter and be present without any demands. Outreach voluntary work is primarily targeted at people experiencing homelessness and people with substance abuse problems according to which the places of visits are chosen. The work comprises elements of voluntary work, outreach work, harm reduction and social support, which are introduced in chapters three to five in order to form a comprehensive understanding of the voluntary work. Volunteers are also trained about trauma aware work orientation and cultural sensitivity. However, these were left out of the thesis in order to stay within the task's bounds.

Through voluntary activities A-Clinic Foundation offers the public an opportunity to do tangible good to others. At A-Clinic Foundation volunteers do not commit to any particular frequency of work. At the time of writing this thesis there were approximately 160 volunteers of which around 30 were actively participating.

The operational environment of the thesis is civil society in which voluntary work, powered by the public, and A-Clinic Foundation, as a non-governmental organisation, can be considered to function. Seppo (2013) describes civil society as a sector of the society next to other sectors such as the markets, the political system and the state. The main players of civil society are the public, activist groups, citizens' associations and non-governmental organisations. A common denominator for civil society players is that they are not after financial gains or established legislative or political power. (Seppo, 2013.) According to Seppo (2013), central characteristics of civil society activity are spontaneity, voluntarism, communality, agency and autonomy. Although civil society actors do not have formal political power or agenda, they challenge and influence decision-making and the political system, thus supporting the actualisation of democracy and offering citizens a space to get involved. Furthermore, civil society plays an important role in supplementing and sometimes even substituting for insufficient service provision. (Seppo, 2013.) For example, Hietala (2018, p.52) sees that the accessibility of substance abuse and mental health services for the most disadvantaged can be significantly improved when public services are complemented by non-governmental service providers and experts by experience.

Other civil society organisation working toward the inclusion and well-being of people with substance use issues in Finland include Deaconess Foundation, EHYT Finnish Association for Substance Abuse Prevention, Sininauhasäätiö, Tukikohta ry, and Irti Huumeista ry, inter alia, most of which also arrange outreach work and voluntary work. In addition to professional outreach work there is outreach work carried out by experts by experience such as the Hood Couches (Hoodikoutsit). It seems, however, that A-Clinic Foundation is the only organisation arranging outreach voluntary work for the public.

### **3 Voluntary work in social welfare**

#### **3.1 Five dimensions of voluntary work**

According to United Nations Volunteers (UNV, 2016) “volunteerism is a basic expression of human relationship”. In research, voluntary work is traditionally described as unforced and unpaid activity that is done for the benefit of other people or a community (Pessi and Oravasaari, 2010). Voluntary activities can be manifold. Central is that voluntary work is done out of free will, toward public good and without monetary reward as a primary motivator (UNV, 2021, p.16). The 2022 State of the World’s Volunteerism Report (SWVR) highlights volunteering as civic participation, which is commonly described as collective, non-compensated action that aims to improve the society and life of citizens (UNV, 2021, p.19; Ballard et al. 2015). While voluntary work and civic participation do overlap, not all forms of voluntary work are civic participation and vice versa. For example, actions such as voting and donating are civic participation, but often not regarded as voluntary work. (UNV, 2021, p.19.)

A new model for comprehending volunteering in a broader sense in the 21<sup>st</sup> century has been proposed. The model defines volunteering through five dimensions that are central to volunteer action: structure, site, intensity, aspiration and category. Structure refers to formality or informality of the voluntary work. Popularly voluntary work is considered to function within an organisation, but awareness of informal, spontaneous and episodic volunteering is increasing (UNV, 2021). Compared to collective and organised volunteering, episodic and personalised volunteering have, in fact, become more common in societies where values of individualism are emphasised (Haski-Leventhal, Hustinx and Handy, 2011; Seppo 2013). As hurry, wish for intense experiences and inability for long-term commitment become descriptive of the population, voluntary work and civil society activities need to find new forms to enable citizen participation (Seppo,

2013). Moreover, site points to whether the work is done on-site or online. Intensity describes the nature of the activity as episodic or regular. Aspiration is divided into self-building and/or community-building. And finally, category illustrates the form of the work.

The model recognizes five categories of volunteering. In *mutual-aid*, people come together to respond to a shared need or issue. In *service* volunteering people respond to a perceived need of other people or a community. In *campaigning* the aim is to change the status quo and bring out marginalized voices through collective action. In *participation* volunteering meets decision-making mechanisms. And finally, in *leisure* volunteers advance community well-being and cohesion through expressing their personal interests in areas such as arts, sports and culture. The model helps to see that although volunteering stems from the same core characteristics, it can seem very different depending on the context. (UNV, 2021, pp.18-19.)

### 3.2 Voluntary work vs. professional work

In relation to social welfare, voluntary work shares similar characteristics with professional work such as ethical grounds, an aim to help and a focus on the interest of the service user (ETENE, 2014, p.2-3). A-Clinic Foundation describes these similarities in the principles of their voluntary work as 1) volunteers are bound by the same rules of confidentiality as professionals, and 2) voluntary workers commit to values of equality and respecting others. Both principles enclose central values of social welfare field (check e.g. Talentia, 2019).

Yet, voluntary work is not the same as professional work. Lack of monetary compensation is an obvious difference between professional and voluntary work. In addition, A-Clinic Foundation's voluntary work principles state that voluntary work is done with every person's skills and knowledge. Although volunteer trainings involve similarities with professional education, volunteers cannot replace legally required tasks of public authorities (ETENE, 2014, p.6). Furthermore, volunteers represent themselves and the organiser instead of their professional selves even if their profession aligns with the field of the voluntary work.

National Advisory Board on Social Welfare and Health Care Ethics ETENE (2014) has identified some advantages that voluntary work enjoys compared to professional work. Firstly, voluntary work is not limited or controlled by field-specific or administrative regulations and practices that apply to private and public sectors. Instead, volunteers can

encounter the individual holistically, equally and without prejudice, and adjust their practices flexibly. Secondly, voluntary work is not constrained by goals of effectiveness, which can be particularly beneficial in a harm reductive manner for those who professionals have not been able to support effectively. (ETENE, 2014, pp.6-7.)

### 3.3 Voluntary work and wellbeing

By definition, voluntary work is done for the benefit of other people or a cause (e.g. Pessi and Oravasaari, 2010). This is often translated into an aim to improve well-being. UNV (2016) sees a link between volunteerism and well-being in two ways of which the first is the aim to generate well-being for others. Secondly, UNV (2016) recognises the reciprocal and solidary values of volunteerism as part of the dynamics that creates well-being and improves life quality, as opposed to mainstream economic views that promote self-interest and competition for ultimate satisfaction.

In recent years, voluntary work has been associated with the concept of social capital, which refers to exactly the social resources of the society (Hanifi, 2013). Central in regard to social capital are social networks, trust between community members and (reciprocal) norms of the community, which facilitate and, at best, improve the interaction between community members as well as enhance the functional ability of individuals and the community (Ruuskanen, 2001; Hanifi, 2013). According to Putnam (1993 cited in Hanifi, 2013) social networks are better functioning when built on equality and even division of power and status (compared to hierarchy and dependence), as these characteristics are more likely to foster trust and cooperation between community members. According to the World Bank human resources are four times more influential in economic development compared to physical resources (Metteri and Haukka-Wacklin, 2004, p. 58).

## 4 Harm reduction and outreach work in substance abuse work

### 4.1 Substance abuse, drug policy and shortcomings of service system

The use of illicit substances is not uncommon. The World Health Organization (WHO, 2020) estimates that globally 269 million people used drugs in 2018. For most people, substance use does not create significant harms. However, for some substance use can develop into a health-damaging pattern of behaviour or into an addiction. Based on WHO's estimate, circa 35 million people were affected by substance use disorders in

2018 (WHO, 2020). In Finland, 31 000–44 000 people were estimated to abuse opioids or amphetamines in 2017. In 2018, opioids were the most commonly abused drug, and polysubstance use was found common with 52% of service users having at least three problem drugs. Generally, substance abuse has been on the rise during the past decade in Finland, particularly among the youth. (Rönkä, 2020 in Rönkä and Markkula, 2020, pp.37-38).

Substance abuse is commonly defined as such use of substances that has resulted in serious health or social harms (Rönkä and Markkula, 2020, p.37). The term is commonly used in relation to the misuse of alcohol, illicit drugs and prescription medicines, and it is typically connected to a hazardous way of using the drug, such as injecting (Rönkä and Markkula, 2020, p.37). Additionally, it is often accompanied or followed by addiction, commonly described as compulsive or uncontrolled substance use despite its negative consequences in life. Hirschovitz-Gerz (2014, p.32) depicts addiction as behaviour that is more fixated and difficult to replace than a habit, and that eventually becomes an intrinsic goal that overrides other vital activities. In public and administrative discussions, substance abuse is seen through the medical view as a dependence syndrome based on ICD-10 (and DSM) classifications in which it is described under mental health disorders (Mäkilä et al. 2022, p.66).

Life situation of people with substance abuse issues are versatile. However, the most disadvantaged can have an accumulation of challenges such as a low level of education, unemployment, financial troubles, homelessness, mental health issues and decreased physical health (Koskela and Ovaska, 2017; Laitinen et al., 2013). While substance abuse itself can cause health damage and challenges in life management, there are often factors that have contributed to the development of substance abuse in the first place. For example, genetics, depression, behavioural disorders and ADHD have been found to increase risk for developing substance use disorder later in life (Ezard, 2001, p.213; Marttunen and von der Pahlen, 2013, p.2051; Hirschovitz-Gerz, 2014). On the community level, problems in collective efficacy and community cohesion have been found to intercede the community's predisposition to the risk of harmful substance use (Kawachi and Kennedy, 1997 and Kawachi et al., 1997 cited in Ezard, 2001, p.213). Environmental factors can also increase the risk for substance abuse. For example, children who come from families with substance abuse have a significantly higher risk for developing substance use disorder themselves (Lander, Howsare and Byrne, 2013) and a history of sexual abuse has been found to increase the likelihood for risky injection behavior (Ezard, 2001, p.213).

Internationally, drug policy has been approached through total prohibition and control (Tammi, 2007, p.15). Finland is no exception. Its drug policy applies international agreements on narcotics control such as *United Nations Single Convention on Narcotic Drugs 1961*, *Convention on Psychotropic Substances 1971* and *Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances 1988* (fimea, n.d.). Currently, guidelines for drug policy and substance abuse work are provided by EU's Drugs Strategy for 2021-2025. The Ministry of Social Welfare and Health (stm, n.d.) names the general aims of Finnish drug policy as preventing supply and demand of narcotics, decreasing drug related harms, enabling early treatment of people who abuse drugs and ensuring criminal liability of those who have acted against the law. Today, Finnish drug policy applies both a criminal approach as well as a contrasting harm reduction approach (Tammi, 2007, p.37).

The right of people with substance abuse issues to social security and needed support services are outlined in different legislations and acts. Based on the *Constitution of Finland 731/1999* (6 §) everyone is equal against the law regardless of their state of health, and (19 §) those unable to obtain means for a dignified life have the right for necessary subsistence and care. In the *Social Welfare Act 1301/2014* 11§ substance abuse itself is recognised as a source for needs for which services must be arranged. Moreover, substance abuse services must be provided for people with drug-related problems, their family members and close others based on their needs. The law separately requires services to support also in problems with subsistence, living and work. (*Päihdehuoltolaki 41/1986*, 7§ and 8§.)

In Finland municipalities have the responsibility to arrange substance abuse services to the extent that correspond with the existing needs. (*Päihdehuoltolaki 41/1986*, 1§ and 7§.) Currently, substance abuse services are produced by the public, private and third sector. Services include outpatient and institutional care, treatment and rehabilitation services as well as social services. They are organised in both healthcare and social welfare and often comprise of a multidisciplinary team. (Kuusaari and Partanen, 2020.)

Although the service system has developed immensely and legal bases for providing substance abuse services for those in need exists, the issue of substance abuse remains. In some cases, the service system fails to support some people who either fall out of services, use them arbitrarily or are completely left out of the system. Sociocultural factors, socioeconomic status, decreased functional ability and dogmatism of the service system have been identified as factors contributing to unequal service access

and utilisation. (Hietala, 2018, pp.52-53.) As professionals from substance abuse service Tukikohta ry write in their blog, a service user in a rehabilitation institution is always to some extent subordinate to the prerequisites and problem definitions of the service and too often the needs of the service users do not meet the possibilities provided by support services (Juhlia, 2006 cited in Pingoud, Malin-Kaartinen and Furman, 2022). This has been identified as one major problem in substance abuse services. In addition, geographic distance of specialised services, delays in getting accepted to services, transferals between services, lack of knowledge and skills in basic services as well as negative attitudes toward people who abuse drugs are recognised as problems in service provision. (Kuusaari and Partanen, 2020.) From the viewpoint of people who abuse drugs, shame and fear of being stigmatised can complicate admitting the need for support as well as raise the threshold for applying to services. Accessing substance abuse services is also seen to require a lot of initiative and independence. (Mäkilä et al. 2022, p.65.)

According to Hietala (2018, p.52), increasing client-centredness and complementing public services with non-governmental functions and the knowledge of experts by experience are central in improving substance abuse services and their accessibility. Low-threshold services and outreach work – which are both descriptive terms for the voluntary work examined in this thesis – are in key position particularly with those who cannot meet service criteria or who's needs services are unable to meet. In low-threshold services central is to focus on forming trust and identifying each individuals' unique situation, needs and readiness to receive support. (Hietala, 2018, p.53.) Service users ought to be encountered holistically (Mäkilä et al. 2022, p.68) and equally from recovery orientation that focuses on service users' agency, participation, hopes and wishes instead of problems and labelling. (Hietala, 2018, p.55.)

## 4.2 Harm reduction

In a nutshell, harm reduction refers to reducing harm without primarily restricting the activity that causes the harm. In substance abuse work it is defined by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, n.d.) as interventions, programmes and policies that are directed towards minimizing the negative health, social and economic effects of continued substance use to individuals, communities and societies. A-Clinic Foundation describes it in a similar manner as measures that aim to reduce the social and health harms of problematic substance use to the individual, their surroundings and the society (Sedergren, 2015). What distinguishes harm reduction from other strategies is that its primary goal is not to defeat or regulate substance use

itself (Koskela and Ovaska, 2017; Kleinig, 2008). In harm reduction the starting point is an acceptance that drug use cannot be stopped completely and therefore focus is directed to reducing its negative repercussions (Reporter 2003 cited in Roe 2005). Harm reduction is precisely a contrasting approach to the punitive and controlling policies and it shakes the society's understanding of drug use as an immoral activity and people who use drugs as criminals and sick people (Tammi and Hurme, 2007).

At the core of harm reduction paradigm lies the respect for human rights, justice and evidence (Ezard, 2001; HRI, n.d.; Tammi and Hurme, 2007). A non-governmental organisation Harm Reduction International (HRI, n.d.) stresses that people who use drugs ought to be treated with dignity and compassion ensuring their right to life, health, privacy, social services and freedom from spiteful treatment without demanding abstinence as a precondition for support. Based on international research on harm reduction Tammi and Hurme (2007) have construed four principles that describe how drug use and people who use drugs are seen from the harm reduction viewpoint:

1. Drug use itself is considered a neutral act.
2. People who use drugs are sovereign citizens and members of communities as opposed to deviant and only objects of measures.
3. Science and practice ought to determine drug policies.
4. Drug policy cannot undermine human rights.

The first principle sets the starting point for harm reduction. According to it, drug use is neither right nor wrong, and as long as it does not harm others, it is not a problem that should be regulated by law. (Tammi and Hurme, 2007, p.85.) Some characterize harm reduction as a value-neutral approach to drug use and people who use drugs as it does not judge them or the behaviour (Kleinig 2008, p.4). Based on the second principle, people who use drugs are seen as agents in their lives and communities (Tammi and Hurme, 2007, p.85.) They are able to make decisions concerning their life and treatment as well as take responsibility for their choices (Erickson et al., 1997, pp.8-9 cited in Tammi and Hurme, 2007, p.85). Harm reduction is a movement from external to internal control meaning that individuals are expected to take responsibility over their own health. The third principle proposes that harm reduction is not arbitrary, but instead, actions are pragmatic, based on knowledge and continuously evaluated. Finally, harm reduction involves a critical view on the dominant punitive policies that are seen to cause unreasonable hardship. (Tammi and Hurme, 2007, pp.85-86.)

In harm reduction, central is the health and safety of people. HRI (n.d.) states that the fundamental priority of harm reduction work is to keep people alive and protect their health. Harm reduction is often discussed in relation to public health and, in fact, some consider it as traditional or mainstream public health work (Tammi and Hurme, 2007; Rhodes and Hedrich, 2010). In public health work the aim is to protect the health of individuals and the population by monitoring, identifying and managing risks to health (Ashton and Seymour, 1988 and Peterson and Lupton, 1996 cited in Rhodes and Hedrich, 2010). Public health work recognises the role of the social environment in creating harms and, on the other hand, in enabling individuals' and communities' capacity to avoid risk and change behaviour (Peterson and Lupton 1996, Rhodes, 2002, and WHO, 1986 cited in Rhodes and Hedrich, 2010). Hence, harm reduction is about creating a health-enabling social environment.

What is regarded as drug related harm can vary depending on the context and standpoint. According to Rhem and Fischer (2010) it is vital to define harms and the measures that indicate their reduction in each instance. Kleinig (2008, pp.3-4) divides drug-related harms into three categories: harms to the individual engaging in the harmful activity; harm to others who are directly or indirectly affected by those engaging in the activity; and finally, social cost from the lost productivity of those engaging in the activity and/or the costs of treating the affected people. Harms to the individual may include, for example, unintended overdose, repeated absences and job loss, financial troubles, homelessness, incarceration and viruses such as Hepatitis B and C (Hall, 1997 and Drucker, 1998 cited in Ezard, 2001). Harms to the immediate social network may involve theft within family and inability to care for children (Ezard, 2001). The surrounding community can experience drug-related crime, public order issues and untidiness of public spaces, for example.

Means to reduce harms include, needle and syringe programmes, condom distribution, opioid substitution treatment, counselling services, risk reduction communication, supervised drug consumption rooms, peer support, outreach work and the promotion of policies that enable communities at risk to claim their right to health (Markkula and Visari, 2020, p.49 and WHO, 2009 cited in Rhodes and Hedrich, 2010;). Services follow low-threshold principles. Rhodes and Hedrich (2010) picture harm reduction as a combination of interventions that are designed to fit the local setting and needs. For example, supervised drug consumption rooms aim to reduce public order issues as well as accidental overdoses and the spread of infectious diseases among people who inject

drugs (Rhem and Fischer, 2010). According to Markkula and Viskari (2020, p.49), central aims of harm reduction work are to prevent infectious diseases, overdoses, drug-related mortality, crime, exclusion, injecting drug use and polysubstance use.

In face-to-face work, professionals Koskela and Ovaska (2016) of a harm reduction service *Völjy* stress the importance of flexibility and client-centredness: Harm reduction work happens within the service user's reality, focusing on the things that improve well-being today and giving concrete support for the service user to reach their own empowering goals. Abstinence is not required as a prerequisite nor as a goal in the work. Instead, goals can be quite "small" such as learning to inject with a smaller needle. Such as in outreach work, change is often essential for the service user to reach their goals.

According to Koskela and Ovaska (2016) service users of *Völjy* have first and foremost a need to be seen and heard. Interaction is therefore a key component of harm reduction work. In the encounter it is important to be non-judgmental, respectful and aware of one's power.

At A-Clinic Foundation's outreach voluntary work harm reduction means, for example, a non-judgmental attitude towards substance use, regarding people who use drugs as equals and agents in their lives as well as offering concrete support that meets immediate needs and is valued by the individual. Food is a good example of support that is often needed due to drugs being higher on the priority list for some people with addiction. Offering clean syringes and instructions for safer injection are direct harm reductive measures. Also, giving information on where to sleep can be considered harm reductive as homelessness can be caused by substance abuse. However, in voluntary work more important is to address needs than to categorise causal connections of problems.

### 4.3 Outreach work

Outreach work is a low-threshold method that, by verbatim, reaches out to the unreached (Mikkonen et al., 2007, p.18). According to Mikkonen et al. (2007, p.17) outreach work is first and foremost an attitude and only after that a working method. It sees that social work should have the courage to be on the side of those who need support (Granfeld, 1998 cited in Mikkonen et al., 2007, p.17). Even those who cannot meet the requirements of other services have the right for needed support. Respect for human rights, autonomy and self-determination forms the backbone of outreach work (Mikkonen et al. 2007, p.17). In this thesis outreach work is understood according to the following definition:

Outreach work is a contact-making and resource-mediating social activity, performed in surroundings and situations that the outreach worker does not control or organise, and targeted at individuals and groups who otherwise are hard to reach and who need easy accessible linkage to support (Andersson, 2010, p.68 cited in Andersson, 2013, p.184).

Outreach work mainly targets marginal groups, sometimes referred to as “hard to reach”. Often, they are people who are unable to make use of the society’s support services and who are either considered as excluded or at the risk of becoming excluded. People who abuse substances is one typical target group of outreach programmes (Mikkonen et al. 2007, p.25). According to Andersson (2013, p.178) people encountered by outreach workers are considered as “hard to reach” in two ways: On one side, people are new to living at the margin and have little knowledge on the available support services.; On the other side are people with long and commonly troublesome history with authorities and services who report feelings of being overlooked and mistreated.

A central characteristic of outreach work is that it happens in the service users own environment such as streets, internet or home. Outreach workers are therefore “visitors” in the target group’s world. For the worker this means a lack of situational control and the absence of protection from external power symbols such as tables and doors. For the encountered people it may mean that the workers appear when they are at their most vulnerable and in need of support, but also that the workers may see situations of their lives, which they would not want to share with others. (Andersson, 2013, pp.178-179; Mikkonen et al. 2007, p.21.)

Respect for human dignity, self-determination and autonomy lead to a central principle of outreach work: “meeting people in their own terms” (Mikkonen et al. 2007, p.20). This means that the outreach worker must respect the individual’s territory as well as the right and responsibility to make decisions that affect their life. In practice this can mean, for example, that interaction is continued only if the person allows it and that support is not imposed upon people. Instead, the professional works together with the individual and offers their knowledge in order for the individual to be able to make informed decisions that fit their circumstances. A genuine respect for the individuals and communities is vital in order for the outreach workers to gain their acceptance to enter the target group’s environment (Mikkonen et al., 2007, pp.18-27).

Methodologically outreach work is paradoxical. The work is described through informality, flexible interventions, an emphasis on personal engagement and even as art or

dance. On one hand, outreach workers hope for clearer methodological and professional guidelines, but on the other hand, they see that the target groups need exceptional attention and special solutions that require the professionals to act outside the box. (Andersson, 2013, pp.174-175.) Also, service users seem to prefer informality. In a discussion with eleven services users, approachability, genuineness and honesty, listening skills, ability to see everyone as individuals, the ability to go the extra mile and never giving up on them were considered important aspects for the professional in face-to-face encounters. (Mikkonen et al., 2007, p.34.) Due to the informality and lack of clear methodology in outreach work, the elements of the professional as a person might get highlighted (Andersson, 2013, p.175).

Andersson (2013, p.175) divides the content of outreach work into three main tasks: 1) making contact, 2) initiating a process of social change and 3) maintain the process through social support. Contact making is the initial step in starting a process of interaction between the target group and the support-body. As the contact is made in the target group's own environment the worker needs to know about relevant places as well as have the skill to initiate desired encounters in conditions that do not necessarily trigger reciprocal interaction. In the second step of outreach work, the aim is to start a process that would improve the target group's life conditions. In outreach work, this is done through taking social and health services directly to the target group or linking people to the needed services. This step requires a mutual understanding between the professional and the encountered people of what the causes behind the "problem" are. The final step is to provide social support to facilitate and maintain the process of change. Social support can involve giving information, motivating and helping in practical ways. It can also focus on meeting immediate needs. However, some consider this harm reductive and counterproductive of long-term solutions. (Andersson, 2013, p.176).

A primary aim of outreach work is to improve people's well-being. Change is seen more or less central in order to reach this goal. Mikkonen et al. (2007, p.26) divide goals of change in professional outreach work into individual, community and social policy levels: At the individual level outreach work aims to increase awareness of risk behaviour, affect beliefs and values and motivate by sharing knowledge and giving support; At the community level outreach work aims to influence the group culture and norms through debunking taboos and beliefs; Finally, at the social policy level outreach work aims to influence attitudes and decisions concerning the target group by collecting and bringing forth up-to-date knowledge about life situations at the margins. Here, interaction is considered a mediator of change – when change happens in an individual it affects the

group and vice versa. According to Andersson (2013, p.177) changing people is not a central aim of outreach work: Instead, outreach work aims to create prerequisites for a social change process by improving the target group's life conditions through the encounters, social support and linkage to services.

On a general level, there are differing views on who should change exists, and they can be brought forth by comparing universal and transformational views on access. Shortly, universal view on access is concerned with including the excluded to the mainstream by changing "them" towards "we", whereas a transformational view challenges the mainstream to transform towards a different "we" (Grymonprez and Roose, 2022). Generally speaking, access can be understood as "the ability to benefit from things—including material objects, persons, institutions, and symbols" (Ribot and Peluso, 2003, p.153). Hence, the universal view on access suggests that outreach work needs to engage and link marginal people in order for them to receive the needed services. From the transformational view, focus is directed toward the way the society can be engaged in order for the target group to receive needed services. (Grymonprez and Roose, 2022.)

As volunteers are not expected to work in such goal-oriented manner as perhaps professionals are, initiating or facilitating a change process for the target group is not an aim at A-Clinic Foundation's outreach voluntary work. Instead, it can be stated that the outreach voluntary action itself is the central aim. From the standpoint of transformational view on access, the outreach voluntary work is a way to engage the public to improve the ability of marginal people to access basic needs. Therefore, also the role of social support is not to maintain a process of social change, but instead merely to improve people's life conditions by answering immediate needs. While doing so, the outreach volunteers express values of equality and care.

## **5 Social support**

It is common knowledge that humans are social animals. From the day we are born we are affected by and dependent on other people. This is translated into many theories. For example, the concept of well-being is commonly divided into social, physical and psychological well-being and according to Ryan and Deci's self-determination theory, relatedness – a feeling of being accepted and valued by other members of your community – is a vital part of psychological well-being. Metteri and Haukka-Wacklin (2004,

p.58) describe humans through four interrelated and interdependent dimensions as biological, psychological, social and spiritual beings. Thereby, the social dimension is an inseparable part of humanity that affects and is affected by the other dimensions. In the research community, interest in the health effects of social relations has been on the rise since the end of 1970's (Vahtera and Uutela, 1994). One focus of research within this theme revolves around the concept of social support.

Social support is understood in various ways. Cohen and Syme (1985 cited in Vahtera and Uutela, 1994) describe it as a resource gained from social relations. Feeney and Collins (2015) understand it as a process between people that promotes "thriving" at times of adversity as well as in the absence of adversity. Sarason et al. (1983 cited in Sohlman, 2004, p.49) interpret it as having people whom we trust and who make us feel valued, loved and cared about. In many definitions social support is seen central in the formation of identity, when going through crisis and at times of change. Social support can be seen as services that promote the individual's life management and autonomy. It is about creating and maintaining connection and a culture of caring. (Metteri and Haukka-Wacklin, 2004, pp.55-65.)

In practice, social support can be various things and the ways in which different types of support are categorised are manifold. For example, Vahtera and Uutela (1994) identified four types of support: 1) informative support, which can include advice, guidance and re-evaluating the situation, 2) tangible support such as lending money, 3) appraisal support referring to voicing out the individuals' strengths or positive actions, for example, and 4) mental support, such as listening, showing empathy and encouraging. Berkman et al. (2000 cited in Sohlman, 2004, p.49) on the other hand divide social support into 1) emotional support such as love, care and understanding, 2) instrumental support such as lending money or helping otherwise, 3) appraisal support, which includes giving feedback and helping with choice-making, and 4) informative support referring to sharing knowledge and giving advice. For simplicity, in this thesis social support is understood as 1) mental support (including mental, emotional and appraisal support described above), 2) tangible support (corresponding to tangible and instrumental support) and 3) information support.

Social support presupposes social relations or, in other words, social integration. Commonly, social support is provided in lasting relationships and social networks, but also help from authorities can be considered social support. People differ in regard to the networks from which they get social support. At one end are those who get support broadly from family, relatives and friends but who also use help from organisations. At

the other end are those for whom the public sector is the most central and perhaps the only source of support. Additionally, there are those who are not receiving any social support and who are outside the service system regardless of their need for support. (Kinnunen, 1998, pp.77–97 cited in Metteri and Haukka-Wacklin, 2004, p.56.) This end of the spectrum is supposedly the most relevant in this thesis.

From early on, social support has been linked to research concerning psychosocial processes and stress (Metteri and Haukka-Wacklin, 2004, p.55). According to the widespread stress buffering theory social support serves as a buffer, protecting people from the effects of stress created by challenging life events (Haber et al., 2007, Lakey & Cohen, 2000 cited in Melrose, Brown and Wood, 2015, p.97). Shortly, socially integrated people are on average physically and mentally healthier than socially detached people ((Barrera, 1986; House, Landis, & Umberson, 1988, Uchino, 2009 cited in Melrose, Brown and Wood, 2015, p. 97). Based on research, social support is associated with emotional well-being, positive dimensions of mental health such as happiness, contentment, self-confidence, self-esteem and feeling of coherence, as well as perceived well-being. Social support is considered particularly important when an individual's own resources are low. (Sohlman, 2004, p.49-50.) In relation to people who abuse substances, higher perceived social support can prevent from internalising public stigma and the negative health effects associated with it such as depression, anxiety, lower self-esteem and poorer sleep. Stigma can be considered a stressor that occurs if a person is associated with a devalued social identity, making people who abuse substances vulnerable to it. (Birtel, Wood and Kempa, 2004.)

Central in terms of health and well-being is that the individual can trust getting social when needed. This is called perceived support. An individual's perception on the availability of social support can fundamentally impact the way they perceive situations in advance and the coping mechanisms they adopt. Available social support enables the development of better coping skills and increases the utilisation of support. (Pierce et al. 1994, pp.435-444 cited in Metteri and Haukka-Wacklin, 2004, p.55). Findings on the positive health outcomes of received support, which is the actual support that a person has received, are less consistent than those of perceived support. Simply increasing support does not necessarily yield more health but can, in fact, do the opposite when support is not needed or wanted. (Melrose, Brown and Wood, 2015.) Therefore, in terms of health promotion it is fundamental that social support is timely, that it corresponds with the individual's needs and that the individual subjectively feels that support is available to them when they need it.

In relation to voluntary work, social support and its role in promoting health and well-being is emerging constantly in qualitative research: In one study, emotional support was identified among the most central benefits to the recipients (Faulkner and Davis, 2005 cited in Wilson, 2012), while in another study, practical support was found to be most helpful (Wilson, 2012). According to Ganster and Victor (1988 cited in Sohlman, 2004, p.49) social support is positively associated with mental health regardless of its operational type.

In the past decades, also social support has been discussed in relation to social capital, which, again, can be translated into trust, networks and reciprocity (Kajanoja 2000, pp.22-23 cited in Metteri and Haukka-Wacklin, 2004, p.58). Thereby, these characteristics can also be considered central in social support.

## **6 Outreach voluntary work from theoretical viewpoint**

This thesis investigates the experiences of people with substance addiction of A-Clinic Foundation's outreach voluntary work and its benefits. Voluntary work, outreach work, harm reduction and social support were identified as the key concepts that illustrate the theoretical viewpoint on the examined outreach voluntary work. This chapter revises the central points of these concepts in relation to A-Clinic Foundation's outreach voluntary work.

Outreach voluntary work at A-Clinic Foundation can be described as formal community-building service volunteering that happens regularly or episodically onsite. Formality stems from the fact that the volunteering activities are initiated, designed, instructed and scheduled by the Foundation. The Foundation acts as an expert of substance abuse work and enables the public to participate in work that is seen as helpful and needed. Community-building and service volunteering refer to the fact that people come together to improve the circumstances of other people based on an observed need. Outreach volunteering is organised regularly approximately twice a week. However, volunteers are not obligated to work regularly and there can be major differences on how often each volunteer participates. Therefore, for some volunteers the work can be relationship-based work while for other the emphasis is on one-off encounters.

Outreach voluntary work is based on human rights, justice, equality and respect. The starting point for the work is a genuine respect for the encountered individuals and communities. Central is to meet people confidentially, in their own terms, respect their

autonomy and right to self-determination. Outreach voluntary work is done out of free will, with ever person's skills and knowledge and without monetary compensation.

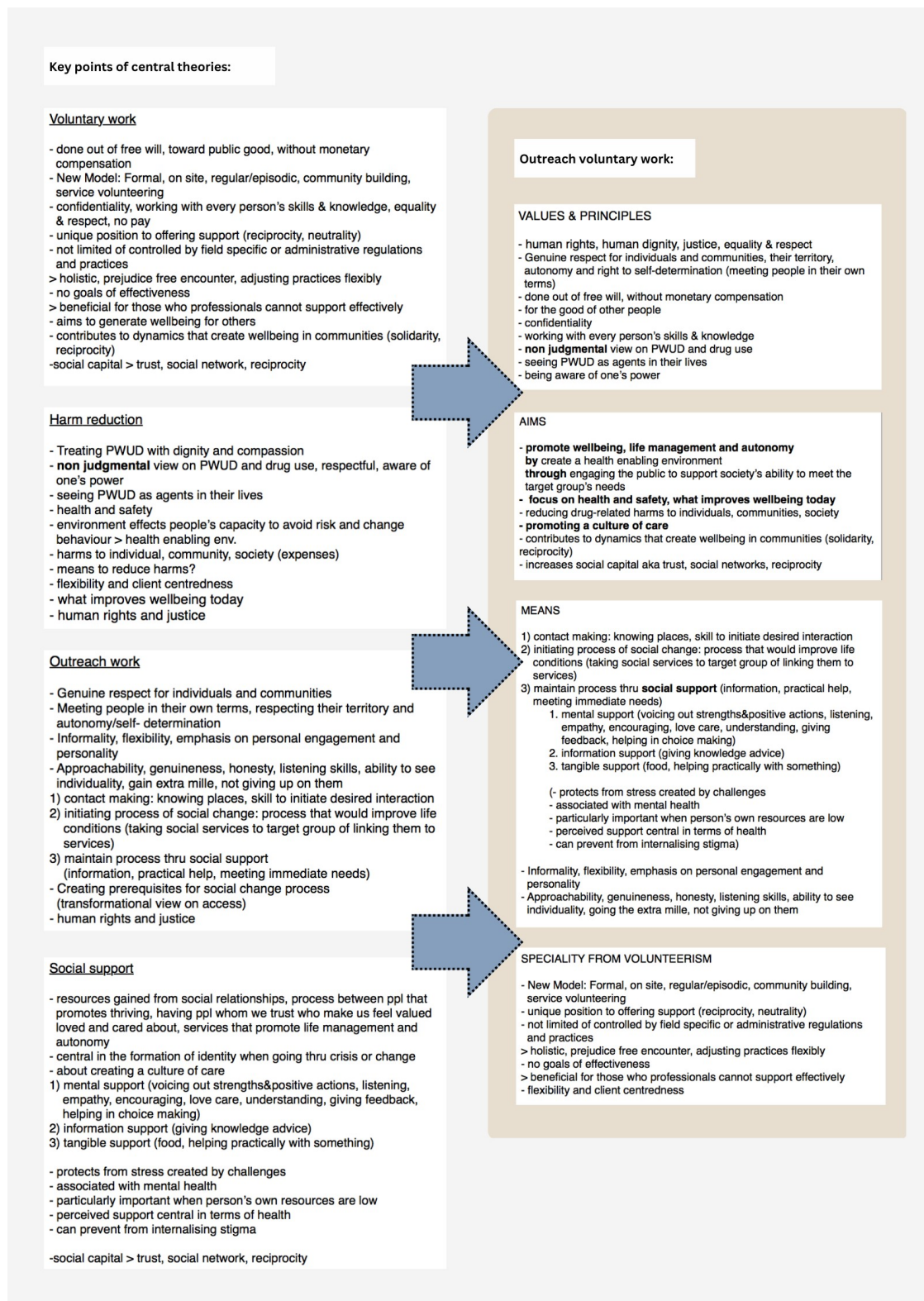


Figure 1. Outreach voluntary work based on concepts of voluntary work, harm reduction, outreach work and social support

Outreach voluntary work is done toward the good of other people. At A-Clinic Foundation the work is targeted primarily at people experiencing homelessness, substance abuse problems or mental health problems. The aim of outreach voluntary work is to promote wellbeing, life management and autonomy by creating a health enabling environment. The social environment is transformed into more health enabling through the outreach voluntary work itself, which engages the public to support the society's ability to meet people's needs. Focus is on meeting immediate needs regarding health and safety and reducing drug-related harms to individuals, communities and maybe even the society. Outreach voluntary work is about promoting a culture of care. Fundamentally it contributes to the dynamics that creates wellbeing in communities and societies and increases social capital.

In practice, outreach voluntary work means making contact with target group in their own environment, taking social services directly to the people or linking them to services and providing social support. The encounters may be characterised by informality, flexibility and personal engagement. Volunteers ought to be approachable, genuine, honest and have good listening skills. At A-Clinic Foundation contact is made by offering food aid, which is a form of tangible social support. Moreover, volunteers are equipped with information support regarding social services such as shelters and day centres. In terms of wellbeing, it is essential that the support meets people's needs and is timely.

As the outreach work is carried out by volunteers there are certain advantages that the work may have compared to professional work. Moreover, volunteerism is characterised as reciprocal and neutral, which may create a unique standpoint for the encounters.

## 7 Implementation of thesis

### 7.1 Research question

The purpose of this thesis was to investigate and bring forth the experiences that people who abuse substances have of receiving harm reductive outreach voluntary services. As the fundamental motivation of voluntary work is to do good to other people or a community, the aim was to find out how the recipients consider benefitting from the work and whether there are aspects in the work that they find problematic. Particular interest was drawn to the recipients experience of receiving the services from volunteers instead of paid staff and whether this aspect held any significance or added value for them. Hence, the aim was to increase understanding of voluntary work as a phenomenon by examining a particular form of voluntary work in relation to a particular demographic group.

The objectives of the thesis were formulated into two research questions:

1. How do people who abuse drugs experience A-Clinic Foundation's harm reductive outreach voluntary work and its benefits?
2. How do they experience meeting volunteers instead of paid professionals?

This thesis was conducted in co-operation with A-Clinic Foundation and its Volunteer Lane project, for which the results bare developmental value.

### 7.2 Qualitative research

Qualitative approach was chosen for the thesis due to the exploratory nature of the study and the wish to acquire in-depth understanding of the experiences of individuals. O'Leary (2017) describes qualitative research as a tradition that appreciates subjectivity, allows differing perspectives, prefers depth over quantity, and aims to truly understand and explore the interactions, lived experiences, processes and belief systems of individuals. Qualitative research recognises that the researcher and their understanding of the topic are inseparable of the study results and therefore knowledge is never purely objective (Tuomi and Sarajärvi, 2018). Therefore, qualitative research often stems from relativist, social constructivist and subjectivist assumptions (O'Leary, 2017, p.272). Rather than aiming for an objective truth or statistical generalisations, qualitative research aims to depict a phenomenon or an event, understand certain behaviour

or offer a theoretical interpretation for a phenomenon (Tuomi and Sarajärvi, 2018). Qualitative approach allows differing perspectives and experiences also within the target group, hence allowing us to only look at the variety of experiences without drawing any simplifying generalisations from it.

Qualitative research can be considered an approach to knowing that attempts to understand a phenomenon instead of explaining it. In human sciences understanding as a method involves a psychological and an intentional side: the researcher has an intention to understand a certain meaning through empathising with the mental atmosphere, thoughts, emotions and motives of the target of research. (Tuomi and Sarajärvi, 2018.) In the case of this thesis the intention is to find out what the meaning of outreach voluntary work is for people who abuse drugs.

### 7.3 Semi-structured interviews

In this thesis, data was collected using one-on-one semi-structured interviews. Due to the possible life-management issues of the target group, interviews were held immediately after an encounter with a volunteer, in the same place where the encounter had taken place. One-on-one interviews were chosen to allow more sensitive topics to rise in case the conversation went that way.

Interviews are a common, however, not the only method for executing qualitative research. Open-ended questions can also be asked in a questionnaire. However, the advantage of semi-structured interviews is that they allow the interviewer to ask additional questions and explore emerging, unexpected themes (O'Leary, 2017, p.442). According to Adams (2015, pp.493-494) semi-structured interviews are suitable for many tasks including situations where several open-ended questions might need follow-up questions; where there is a need to ask investigative, open ended questions and the aim is to know the independent thoughts of individuals in a group; and situations where you are exploring an unknown territory with potentially significant issues for which the interviews need flexibility to explore. As there are not many studies of voluntary work from the recipients' viewpoint, it felt important to have the flexibility to get side-tracked from pre-determined themes. In semi-structured interviews, pre-determined themes help the interviewer to get at least all the intended data but also unexpected data if it emerges (O'Leary, 2017, pp.442).

Semi-structured interviews can be conducted conversationally, and the dialogue can wander around the topics freely (Adams, 2015, p.493). According to Adams (2015,

p.502) the interviewee ought to maintain a professional, neutral, casual and pleasant approach that is neither too familiar nor too cold. Neither should the interviewee seem too knowledgeable nor completely clueless. The interviewee should be interested, but not astonished or shocked about the answers. (Adams, 2015, p.502.)

Instead of designing a fixed set of questions, Adams (2015) recommends preparing for semi-structured interviews by creating an agenda for the interviews that outlines central topics and relevant questions as well as their tentative order. In order for the interview to be smooth it is good to consider starting with lighter and more comfortable questions to break the ice. Additionally, it is better to approach the positive side of the topic before asking about areas for improvement. Sensitive and controversial questions including demographic questions are best introduced during the closing half of the interview when a needed trust between the interviewer and interviewee has formed. If needed, the interviewer can remind about confidentiality at this point. Finally, a short and easy question related to the topic and perhaps the future may bring the conversation to a substantive end. When drafting questions, it is important to pay attention to using the everyday language of interviewees and designing the questions in a way that does not impose socially accepted answers. Although open-ended questions are typically better for getting elaborate answers, close-ended questions can also function as gateways to open-ended pondering through follow-up questions of why and how. Simultaneously they produce solid quantitative data, which can be beneficial reference points in the analysis of the data. (Adams, 2015, pp. 496-499.)

Keeping these tips in mind I construed the interviews by outlining relevant questions under each theory, highlighting those that were mostly of interest. In addition, the questions sheet included the research question and two questions that described central interests in the research problem. The purpose of these questions was to help in case the interviews would get side-tracked. In practice, keeping all of Adams' tips in mind was difficult and it was clear that I was executing such interviews for the first time. Particularly challenging was to bring the side-tracked conversations back to the topics of interest as well as to get deeper answers to those topics.

To avoid leading towards certain kinds of answers, I decided to start the interviews by asking the interviewee to explain their experience, thoughts and feelings of the encounter in their own words. Depending on the answer I then jumped into questions under the most fitting theory or asked the person to elaborate on an interesting aspect of their initial answer.

## 7.4 Abductive content analysis

Content analysis is a basic method of analysis suitable for all traditions of qualitative research (Tuomi and Sarajärvi, 2018). The aim of content analysis is to produce a systematic, comprehensive and coherent description of the content or structure of the collected data without losing information (Seitamaa-Hakkarainen, n.d.; Burns and Grove, 1997; Strauss and Cobin, 1998 cited in Tuomi and Sarajärvi, 2018). In this thesis focus is on the former meaning that analysis focuses on the matters, themes and topics told by the interviewees (Seitamaa-Hakkarainen, n.d.; Vuori, n.d.).

In this thesis content analysis is done with abductive reasoning. Abductive reasoning in content analysis is something in between data driven analysis (often associated with inductive reasoning) and theory driven analysis (commonly accompanied by deductive reasoning). While data driven analysis seeks to form a theory from the collected data without the influence of former knowledge and theories on the topic, theory driven analysis rests on predetermined theory and knowledge according to which the data is analysed. In abductive content analysis the researcher's attention fluctuates between data driven and theory driven approach. Such as in data driven analysis, units of analysis are often chosen based on the data after which theory is used to support the analysis. There is no rule for when theory ought to be included in the analysis. The earlier it is included the more deductive the reasoning is, and the later it is included the more inductive the reasoning is. (Tuomi and Sarajärvi, 2018.)

There are various ways on how to proceed with making a content analysis. However, at first central seems to be to decide what in the data is a target of interest based on the research objectives or research problem. Data that is not a target of interest is ruled out. Data reduction can be done by underlining phrases that describe the research problem. While doing this, different colours may be used to distinguish phrases that depict different phenomenon. The aim is to find all original phrases that describe the research problem. After this, reduced or simplified versions of the phrases can be clustered into subclasses that are then grouped to form classes and so forth. The final class that unites all the other upper classes and subclasses is connected to the research problem. In abductive analysis sub classes are created from the data whereas upper classes are brought from theory and former knowledge. When reducing original phrases, it is important to notice that one original phrase may contain several aspects that can be reduced into their own simplified phrases. Finally, in abductive analysis, the data is connected to theory. (Tuomi and Sarajärvi, 2018.)

## 7.5 Ethical considerations

Ethical considerations are a central aspect of conducting any research and they should cut through the whole research process. According to Haaparanta and Niiniluoto (1991 cited in Tuomi and Sarajärvi, 2018), relevant questions to raise concern criterion of good research, acceptability of thirst for knowledge, acceptable topics of research, and the ways they are selected, desirable results, and methods of research. The credibility of the research is inseparable from the researcher's ethical choices. The Finnish research community follows instructions for responsible conduct of research that were published in 2012 by the Finnish National Board on Research Integrity TENK (Arene ry, 2020, p.8). Based on these instructions responsible conduct of research involves honesty, transparency, general carefulness and accuracy, appropriate planning and reporting as well as respect for the work of other researchers, acquisition of required permits, good management of human resources and transparency regarding financiers or other affiliations also to the participants of the study (TENK, 2012).

Furthermore, when the study targets humans and human activity, essential is to take into account the rights and protection of the participants. On a general level, human rights can be seen as the base for ethical research that targets humans (Tuomi and Sarajärvi, 2018). The protection of the rights of participants include that 1) the researcher explains the aims, methods and possible risks of the study to the participants in an understandable way, 2) the participants give consent voluntarily and have the right to discontinue the study at any point and refuse the use of their data, 3) the participant knows what the study is about as well as their rights when giving consent, 4) the study cannot cause harm to the participants, 5) the study is confidential meaning that data is not presented to outsiders or used for purposes other than what promised, 6) the study does not reveal participants' names, and finally 7) the participants have the right to expect the responsibility from the researcher regarding agreements and reliability of the study (Reynolds, 1987 and TENK, 2012 cited in Tuomi and Sarajärvi, 2018).

From the beginning of the thesis process, I was actively considering ethical viewpoints. The idea to study voluntary work from the recipients' viewpoint came from A-Clinic Foundation. Choosing to interview people with substance abuse problems and possibly many related disadvantages in the society, ethical considerations seemed even more important. To start, I did not see a problem in the chosen topic or "thirst for knowledge". Instead, it seemed rather fair than unethical to be interested in the experiences of those who volunteers attempt to help. The research topic and chosen methods did not involve any risks to the participant either.

However, I did acknowledge that as a researcher I could be in a position of power and the way I write about the topic and the results, and the way I carry out the whole research process can affect the ethical quality of the thesis and hence the reliability of the study. Throughout the thesis process I was aware of the fact that I am studying a vulnerable group of people. Therefore, I considered it important to pay attention on which words I use to describe the target group, for example.

In relation to the protection of the participants' rights I wondered whether the influence of substances should be considered as a barrier for voluntary consent. Substances can alter the mind and affect feelings, thoughts and behaviour. Hence, it could be argued that the individual is not in full control of themselves. On the other side, one of the core values of our society is the right for self-determination. Hence, people of age should have the freedom to decide for themselves. Additionally, the study was made anonymously, which gives further protection to the participants. I discussed this question with my teacher supervisors and together we concluded that the influence of substances is not a barrier for voluntary consent.

Before each interview I explained clearly what the study is about and the rights of the participants. As instructed in A-Clinic Foundation's research platform Knowledge Tree (Tietopuu), I emphasised the participants right to refuse or discontinue the study without explanations and without any consequence on the participant's right to receive treatment or other services. This information was also given to the participants in written form together with my contact details. I collected and stored the data in my personal laptop, behind a password, as planned and destroyed within six months of collecting.

## **8 Results analysis**

### **8.1 Data and Participants**

This thesis was produced in cooperation with a substance abuse service A-Clinic Foundation and their Volunteer Lane project (Vapariväylä-hanke 2022-2024). The target group of the thesis was chosen accordingly as people who abuse drugs. Due to ethical reasons the target group was confined into people who are of legal age. Furthermore, instead of using a standardised tool, the interviewees' personal evaluation of their suitability to the study in terms of their substance abuse status was considered enough. For practical reasons, the participants had to be in such condition that it was possible

to carry out the interview onsite with the participants consent immediately after the encounter with voluntary workers.

Four participants were interviewed for this thesis. Participants were reached by accompanying the outreach volunteers in their rounds during August and September 2022. The interviews took place immediately after the encounter with the volunteers in three areas of Helsinki, Finland: Itäkeskus, Sörnäinen and Kallio. No personal data was collected about participants. However, participants were clearly past youth, three of them were supposedly men and one was supposedly a woman. All participants were native in Finnish and resided in Helsinki at the time of the interviews. Most had decades of substance abuse history behind. Some had a relatively stable life situation while others were lacking basic rights such as a home.

The four interviews summed up to 80 minutes of audio and approximately 15 pages of transcription with font size 11 and 1,0 line spacing. The shortest interview lasted for 10 minutes while the longest for 35 minutes. Median length of all interviews was 17 minutes. Transcriptions did not always correspond with the time length of the interview as there was a lot of variety in how fast each participant produced speech. Hence, some shorter interviews resulted in longer transcripts than other timewise longer interviews.

## 8.2 Experiences of the encounter with outreach volunteers and its benefits

Harm reductive outreach voluntary work raised positive feelings and gratitude unanimously in all participants of the study. They described the work as “helping people” and as “emergency help for people in need”. Participants considered the work generally very important either for themselves or for others in more challenging situations. What in the work was recognised as a central benefit alternated between participants. While for some most important or even the only benefit was the food-aid, for others it was a feeling of being seen, heard and cared about. Regardless of what the participants held most important in the work, offered support was considered to meet their or their friends’ current needs accurately.

*For me came this positivity when people who have nothing are remembered.*

*You do more than good to people, apparently.*

*You bring something that I really need. Like now I was hungry, and I got some food.*

The importance of food-aid for those with substance abuse issues was brought out in most interviews. It not only helped with immediate feeling of hunger, but it was also considered to enable agency to seek for more support as well as prevent public order issues, and health and safety hazards that lack of life-skills and suitable living conditions could impose. Access to food seemed generally limited for some participants either due to lack of life skills or knowledge on services that offer free food. Outreach work and day centres were central sources of food for some participants and outreach voluntary work was seen to complement the similar work of other outreach organisations. Even if food-aid was not needed by the participant they regarded it as welcome and important on behalf of other people at the streets. One participant described the work solely as food-aid and did not experience getting any other benefits from the encounter. In general, outreach work was considered as significant next to other substance abuse services due to the fact that it responds to people's immediate and basic needs such as food.

*For many the porridge from Symppis can be the only meal of the day.*

*Some sneak food from the store, but I don't have the skill. But now I got a sandwich and I'm okay again.*

*Now that I got a little bite, I have the energy to go to the next stopping point.*

*The Hood Coaches [fin. Hoodikoutsit] etc. visit here. My friend eats here almost every day. Their life is a bit messed up so it's better they eat here than go home and cook there, grill something, they have a gas stove, so they are gonna burn themselves someday. So better they eat here and then go home to sleep. Yes, fucking good. Good for everyone.*

*Like I said to that person about the world of drugs that it's easy there to put a stamp on a paper and pretend as if you know it all. But in street work, for example, like some people can really be hungry...*

The theme of being remembered and cared about was repeated in all interviews. For some participants it appeared to be the topmost valuable aspect of the encounter and related to a feeling of not being alone after all. Rather than dealing with loneliness per se, participants referred to the opposite of social exclusion and stigma experienced daily by people with substance abuse problems.

Participants were positively surprised that substance abuse was not a barrier for receiving support. This raised questions of identity in the participants. A need to be seen and heard was repeated across interviews. Particularly, participants wished that they were seen as individuals and as having also other defining attributes than substance abuse. Moreover, being positively and equally acknowledged as also other than *a substance abuser* gained central importance for one participant as they recognised a lack of social acceptance as the fundamental root cause for their addiction. While the encounter made most participants feel seen and heard, and some felt being seen as a human, for one participant these needs were not met.

*Simply come and ask, "How are you?"*

*I didn't give a fuck about it cause' I was finally accepted, in that tough sector, I was acknowledged. So, then my own identity, everything disappeared, I submitted fully to that role, to this street life, and that's when I needed booze even more.*

It was also noted that some do not have any support network, in which case it is extremely valuable that somebody comes to check on you.

In addition to a feeling of being cared about and recognised as an equal, the significance of respectful encounters was connected to the participants' access to services needed in everyday life.

*Nowadays I know roughly which situations are such where I'm treated like a dog, and I avoid those situations. And then I'm more in those where I'm surrounded by people who treat me in the same way. -- For example, like Kela, health care stations, supermarket queue, public offices, banks [are places that I avoid] ...*

Although information about social services such as shelters and food-aid points is in the knowledge of volunteers and the need for guidance was expressed in the interviews, none of the participants received such information during the encounter. It appears that information support was neither offered by the volunteers nor asked for by the participants. Interviews revealed three barriers to asking for more support. Firstly, gratefulness for the work extended to not wishing to ask for any more or less support. Secondly, an internalised perception of poorly financed inflexible social and health care services prevented from asking for anything more than what was offered, as it was thought that the work cannot expand into meeting other needs anyway. Thirdly, independence of participant to solve their own problems was related to a characteristic of

generally not asking for help. On the other hand, genuineness of volunteers and the experience of confidentiality and anonymity were considered to enable asking for more support. These notions were discussed in relation to food aid, however, which is offered to all the encountered by default. Information needs that were brought out in the interviews concerned treatment options, process of getting into treatment, shelter services and food aid services. One participant considered that providing information in written form would be useful.

Based on the interviews, interaction was considered a central aspect of the experience, creating either positive feelings or suspicion. Positivity came from experiencing volunteers to be present, genuine, discreet and interested. Participants felt that volunteers listened deeply. Moreover, an informal way to chat, smiles and getting eye contact were mentioned as good aspects of the experienced interaction and as the driving forces behind creating the feeling of being seen, heard and cared about. Furthermore, volunteers were seen to react to the participants substance abuse in a good manner.

The number of volunteers was brought up in two interviews. Approaching as a clear group was seen to create clarity and ease, and it was also considered safer for the volunteers themselves. Suspicion and attention to the volunteers looks was activated when the volunteer group was small. In the two interviews participants expressed that approaching as a small group had or could have had felt confrontational.

*[When they approached] I wondered who they were because mmm they were not wearing any vests or... so I thought that were they gonna come snatch something or... Cause then I would have had to... Yeah. Cause here there are... dude has tattoos etc. All of us have tattoos.*

*I know cases where somebody attacks alone, and that causes wariness.*

Absence of control and demands was one aspect that made volunteers welcome to the participants and the encounter a positive and beneficial experience. The importance of this aspect was emphasised by those who expressed dissatisfaction to other services with more regulatory features. Participants valued that they did not have to tell who they were, prove their needs or explain their problems in order to receive support. Furthermore, the encounter was experienced as confidential and simple. When asked directly, whether participants felt that they could have refused from encountering the volunteers or the offered support, everyone answered affirmatively.

*... because I also respect you for doing this work and you apparently respect me although I'm like this and here and you don't judge me for that*

*or ask much about my background, so this is quite nice or so – for this urgent [need].*

*Well getting the urgent food-aid without any interrogations. You give the food and it's like, it doesn't become too complicated or so that you need to apply, beg or lie to get more sandwiches...*

*You are the only ones welcome to me.*

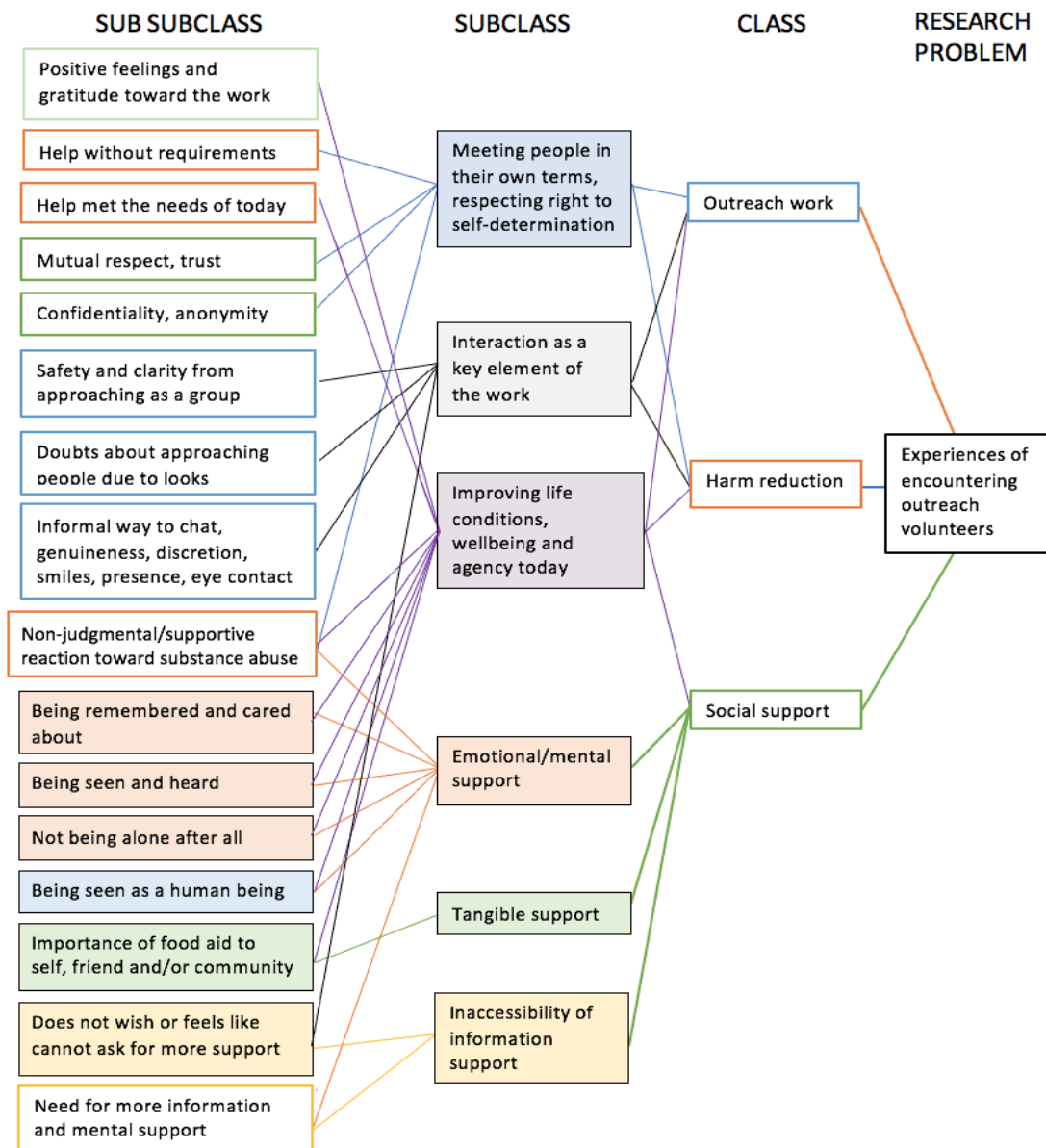


Figure 2. Experiences of encountering outreach volunteers and the benefits of the encounter

### 8.3 Experiences and thoughts of volunteerism as an aspect of the work

No participant of the study was aware at the time of the encounter that they had met a voluntary worker instead of a paid professional. Furthermore, participants of the study

had not met these volunteers before and only one participant discovered, which organisation the volunteers worked for, during the encounter. Overall, participants regarded volunteers and their work as similar and complementary to the work of other outreach workers.

When volunteerism was discussed in the interviews it raised mostly positive feelings in the participants. Volunteerism was connected to genuineness and a sincere wish to help others. Volunteers were also considered to have more time and rely more on being empathetic than paid professionals.

Conception of paid professionals was more critical. Some participants found it dislikeable that professionals get paid for other peoples' problems. Critical image of professionals was also linked to their position of power, which in itself was thought to be a barrier to some. Distrust towards authorities among people with substance abuse issues was repeated in many interviews. However, substance abuse workers were considered as exceptions and some participants wanted to thank their previous professional contacts. Critical view on professionals was also related to their role as social educators as well as the inflexible structures in which they are bound to work. One participant expressed doubts about the selflessness of volunteerism and their possibilities to help outside predetermined practices. When asked directly, some participants would prefer volunteers over paid staff and for some there was no difference.

*I think it's great! And I think they will be welcomed in the future as well, not coming with an authoritative attitude – this "I know" attitude.*

*When you are cooked in the oven of society you will become cynical robots that are no use to street men like me.*

*I'm such a sceptic that I wonder if there is some hidden agenda, that there's some reason why they are volunteering, you know, to get on a list, to look good that you've done something. I don't believe in pure volunteerism anymore.*

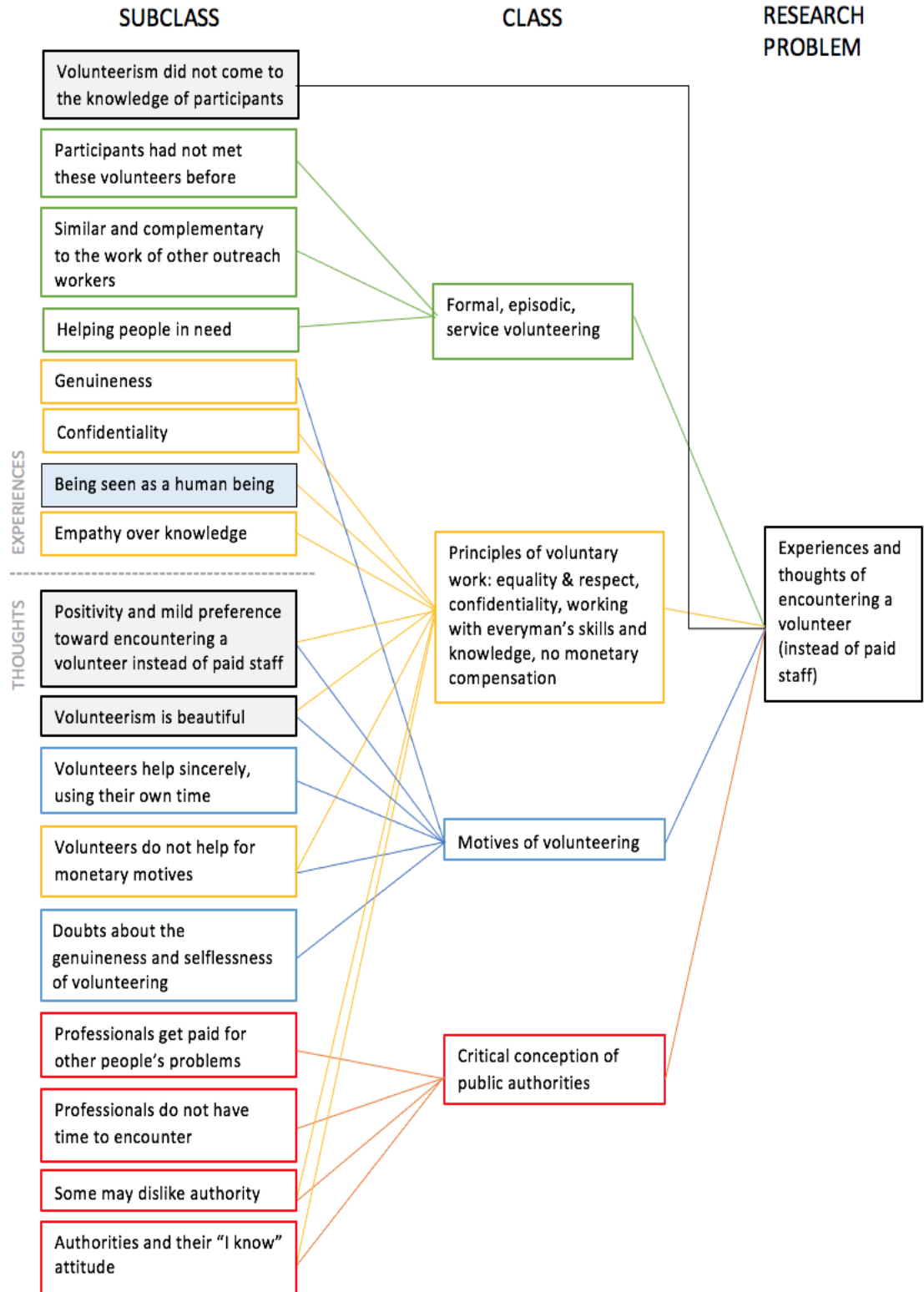


Figure 3. Experiences and thoughts of volunteerism as an aspect of the encounter

## 9 Conclusion

The aim of this thesis was to investigate how people with substance abuse problems experience A-Clinic Foundation's harm reductive outreach voluntary work and its benefits. Moreover, the aim was to find out whether the volunteerism aspect of the work held any significance to the encountered people. The examined voluntary work was interpreted through the concepts of voluntary work, harm reduction, outreach work and social support, which were identified to illustrate central elements of the work. Data was collected by semi-structured interviews and analysed with abductive reasoning.

In the light of the results, there is an undeniable need for outreach voluntary work and outreach work in general. The need is particularly present for those who do not have other support network or those who's needs the service system fails to meet. Participants interviewed in this thesis regarded the work mostly positive, helpful and important. Although there are already many organisations doing outreach work, there is not yet too much help available.

Based on the participants' experiences, the most important benefits of the work were 1) food aid and 2) a feeling of being seen heard and cared about despite substance abuse problems. Social support is seen to promote a culture of care, which A-Clinic Foundation's outreach voluntary work certainly does. The importance of being cared about was immeasurable for the participants, as many said they experienced degrading treatment in their everyday lives and even saw the lack of acceptance as a root cause of their addiction.

Harm reduction work aims to create a health and safety enabling environment and reduce drug-related harms. It is clear that food aid improves the wellbeing of the hungry. Based on the interviews, it is also perceived to promote safety and enable seeking for more wellbeing enabling support. Even though the concepts of health and wellbeing are not discussed in this thesis, it is safe to state that at least in terms of food aid, the outreach voluntary work is perceived to promote and enable wellbeing. Moreover, in the light of the results, food-aid has the potential to reduce drug-related harms to the surrounding community, such as thefts and household damage.

The outreach voluntary work has potential to promote wellbeing also from the viewpoint of the concept of social support. In terms of wellbeing, it is central that social support is timely, meets the individual's needs and that they feel that support is available when

they need it. Simply increasing support does not necessarily increase wellbeing but can, in fact, do the opposite. Food-aid is tangible support. Positive acknowledgment, listening, understanding and encouraging are forms mental support. These forms of support were experienced and regarded as important by the participants and majority of them felt that one or both forms of support met their needs at the time of the encounter. Interestingly even those who did not urgently need the offered support for themselves still considered it welcome and important on behalf of other people. Based on the theory of social support, it can therefore be stated that the provided support was relevant in terms of wellbeing and was not perceived as negative even when the participant did not need it. Based on the data, however, no effective conclusions can be drawn regarding outreach voluntary work's effects on how the participants felt that support is available for them. Although the majority of the participants felt that the support was timely and relevant, its accessibility still depends on when the outreach volunteers or street workers from other organisations are on the move. One interview revealed a need for support that can deviate from predetermined practices and adapt to emerging needs flexibly. It therefore seems that there are needs that no service is yet able to adequately meet and at least some people feel that needed support is not available for them when they need it.

Based on the interviews, information support remained inaccessible for the participants, even though the need for it was brought up in the interviews. From the participants' viewpoint this was caused by their gratefulness, independence and internalised assumptions regarding services' inability to extend to support needs other than what they already offer. Informational support was also apparently not provided by volunteers. For one participant, accessibility issues concerned also mental support, even though the need for it came up in the interview. Mere encounter therefore does not automatically increase the accessibility of support, which is a central feature of outreach work.

Contact making was considered mostly in positive terms. The only exception was a situation where volunteers were few-numbered, and the participant did not recognise them wearing any uniforms. In this case contact making caused the participant weariness and readiness to defend themselves. Interaction was considered successful and the named aspects align with former research.

The results strongly indicate that the participants were encountered in their own term, respecting their right to self-determination, which are the inner most principles of outreach and harm reduction work. Lack of regulations and control together with the volunteers' genuineness were seen to promote mutual respect and the accessibility of the support.

Participants perceived A-Clinic Foundation's outreach voluntary work as similar and complementary to the work of other outreach organisations. As none of them knew that the work was done by volunteers, volunteerism cannot be said to have held any significance to them. However, participants' experiences of confidentiality, mutual respect, being seen as a human and that emphasis was on listening and caring instead of providing educated knowledge illustrate that A-Clinic Foundation's voluntary work's principles of confidentiality, equality and respect, and working with every person's skills actualise. Furthermore, volunteers were seen as genuine and present, which are characteristic to voluntary work.

All in all, the results indicate a close resemblance between the experiences of the participants and the theoretical interpretation of the outreach voluntary work, which is described in this thesis through the concepts of voluntary work, harm reduction, outreach work and social support. In other words, the outreach voluntary work seems to, to great extent, function in an intended manner also from the recipient's perspective. Most importantly, the participants regarded the work important and helpful and hence, the fundamental motivation of voluntary work to do good to other people is verified.

## **10 Discussions**

### **10.1 Limitations of thesis**

A major limitation of the thesis is the fact that it was only possible to interview those who were willing to encounter volunteers and who were in such good state that it was possible to execute the interviews on the spot. It was not possible to interview arbitrarily anyone encountered by the volunteers and therefore some and possibly the most vulnerable people were left outside the scope of this study. Additionally, people who had had long and possibly fruitful moments with volunteers were often reluctant to stay behind for the interview. Choosing interviewees was also limited by the place. Some places such as busy and narrow streets were simply not suitable for executing interviews. All things considered; this study represents a limited range of experiences and

given the possibility to interview also those who had had a challenging encounter or people from different cultural backgrounds, the results of the study could be considerably different.

Limitations of the thesis are also related to the choosing of background theories. The theoretical base for the study ended up becoming broad including four grand concepts of which none were connected to the research question in a solid manner. Thereby, the analysis and results became perfunctory. Choosing abductive content analysis may have slightly counteracted the theoretical disadvantage as abductive analysis does not determine to which extent the theory or former knowledge are utilised. However, as the interviews were planned based on the theoretical background, the acquired material became dispersed and it was not possible to change the research question anymore to something more defined. Quality of interviews was also affected by lack of interviewing experience.

Despite these limitations, this thesis reports the real experiences of the participants meeting A-Clinic Foundation's outreach volunteers and documents their perspectives on the work's benefits as well as developmental aspects of the work.

## 10.2 Development ideas for A-Clinic Foundation's outreach voluntary work

The results and conclusion of this thesis denote several developmental points for A-Clinic Foundation's outreach voluntary work. Firstly, the results found that information support was not accessible to participants, although the need for it existed. Particularly need for information about shelters, food-aid services, treatment options and process of getting into treatment were mentioned in the interviews. Volunteers are equipped with a booklet including central social services such as shelters and food-aid services. To ensure that this information reaches those who would benefit from it, volunteers could be instructed to offer it by default in a similar manner as food-aid is offered. For example, volunteers could always ask if everyone has a place to sleep for the night. This thesis did not investigate why information support remained hidden from the volunteers' viewpoint. However, the service system is complicated, and it may be difficult to offer support regarding it if not certain of all the options. To strengthen volunteers' readiness to offer information support, central services of the relevant area could be revised before each outreach session. Additionally, one participant expressed general appreciation regarding information pamphlets. Perhaps, information booklets could be

offered to the encountered people with a lower threshold. From harm reduction viewpoint it is of secondary importance for the volunteers to be able to support in getting into treatment. Nevertheless, as the need for related information arose from the interviews, trainings could include knowledge about detoxification and rehabilitation services and how to get into them. On a general level, volunteers could be trained about how to support somebody who is expressing motivation of change.

Secondly, accessibility issues concerned also mental and emotional support. One participant expressed directly a wish to simply be asked how they are. Perhaps, volunteers could be instructed to add this question to their repertoire. Additionally, one participant expressed a need for “a space where there is the possibility to get to the root causes of the addiction”. A need for more mental support, listening and even professional psychological help was evident. To meet this need, could pro bono professional mental health support be taken directly to the streets and could volunteers be further trained on supporting mental wellbeing? The results already indicate that the encounter with volunteers has a potential to support people’s not-drug-related identity and self-image. Perhaps this could be discussed more in volunteer trainings. One participant expressed directly a wish to be encountered as an individual, not as a crowd. Finding ways of interaction that recognize individuality could support this.

Thirdly, in contact making the small number of volunteers and their lack of recognisable uniform caused feelings of doubt in participants. Volunteers do have work T-shirts and hoodies and even in the case where a participant expressed an initial weariness toward the approaching people, the volunteers had worn one or the other. Perhaps the volunteer clothes would be more recognisable, if when moving as a small group everyone wore the same work clothes – either the hoodie or the T-shirt. Also, moving in groups larger than three people could potentially prevent the confusion in the encountered people.

Fourthly, one participant noted that nowadays there are many immigrants with substance abuse problems and for them it would be nice to encounter somebody from the same cultural background. The number of immigrants, refugees and asylum seekers in Finland is increasing. While many of them come from groups where substance use is less common than in their receiving community, some may be more at risk to substance abuse due to mental trauma, unemployment, poverty, family loss, lack of social support or due to the effects of a new, more accepting environment. They may also have inadequate knowledge about substances and their risks as well as support and

treatment options. (THL, 2020.) A-Clinic Foundation discusses cultural sensitivity in volunteer trainings. To increase ability to meet the needs of people from different cultures co-operation could be done with substance abuse and mental health organisations targeted specifically at people from different cultural backgrounds (e.g. SAMHARy). Perhaps these organisations have better connections to volunteers from different cultural backgrounds.

Finally, the results show that, particularly for those who do not find the service system supportive in their situation, there is a need for flexible, control-free services that are not limited to predetermined practices. In theory voluntary work can be more flexible than professional work as it is not limited to field-specific or administrative regulations and practices that apply to public and private sectors (ETENE, 2014). In the end, the forms that voluntary work takes is up to the organising organisation and the volunteers themselves – what is the purpose of voluntary activities and what kind of activities are volunteers willing to engage in. It is also a question of health and safety of volunteers, of which the organiser carries at least a moral responsibility. Even if the aim of voluntary work is not to adapt to each and every emerging need, it could be useful to brainstorm ideas on how this advantage of flexibility could be harnessed in A-Clinic Foundation's voluntary work. Interviews revealed some practical ideas on where volunteer help could be needed. For example, one participant mentioned that they avoid social interaction where they anticipate disrespectful treatment such as supermarket, Kela, doctors and the bank. Could volunteers be of support in these visits, for example? Would it be possible to develop a more flexible model of outreach voluntary work where it would be possible to take people directly to services that they need?

Most of all, the results indicated that the outreach voluntary work is considered helpful and welcome as it is as well as the aspects of interaction and offered support that made the work positive for the participants. Keeping hold of and strengthening on these aspects should be of most importance and not forgotten when developing voluntary activities.

### 10.3 Learning outcomes

The thesis process was a learning journey to the world of research and development, the chosen topic as well as professional growth. As a first timer, personal learning happened intensively throughout the whole process starting from choosing the topic, identifying relevant background readings, formulating the research question, getting better

acquainted with methods of data collection and the tradition of qualitative and quantitative research, execution of interviews, approaches to and execution of content analysis as well as general writing skills, project and time management skills, research integrity and cooperation with the working life partner. I noticed improvement in scientific thinking and practice. However, I recognize that the knowledge and skills I gained about conducting research are merely a scratch on the surface and there is much more to learn about scientific methods and methodologies as well as the philosophy behind research, truth and ethics.

A central area for future learning could be interviewing skills, which I found challenging in many regards. Firstly, it was difficult to get comprehensive answers, while simultaneously trying not to be overly directive. Secondly, it was challenging to steer a side-tracked conversation back to the topics of interest. Based on my readings, there is a lot of depth to interviewing skills such as building trust and having professional, neutral reactions. After each interview I reflected and documented on how it went and how I could improve for the next one. However, these skills require time and experience to develop.

In terms of knowledge, I gained a lot of information on several topics. I deepened my understanding of voluntary work and related research. In fact, reading about civil society and voluntary work opened up my understanding of the structure of the society and the possibilities to make a difference. Sidelining the concept of social capital and theories of access contributed to a deeper understanding on the social dimension of society. The concept and research of social support were completely new to me, which was certainly a significant learning outcome. It was also the first time that I read about outreach work. Finally, I spent a decent amount of time reading about different views on substance abuse, addiction and dependence, which reminded me of the complexity of the world and the need for critical thinking.

Working on the thesis by myself was a contrast to most other projects of this degree. It required skills to think independently, motivate myself, manage time and solve emerging issues. This taught me independence, resourcefulness, responsibility, self-management and motivating myself. All in all, the thesis process equipped me with valuable knowledge, skills and experience, which strengthen my readiness to work in and develop the field of social services.

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## Research problem and preliminary interview questions

*Research problem:*

*Miten päihteitä ongelmallisesti käyttävät ihmiset kokevat haittoja vähentävän etsivän vapaaehtoistyön?*

Mikä työssä on heille tärkeää ja miksi? Entä onko työssä jotain ongelmallista?

Eryteisesti miten kohderyhmä kokee sen, että työtä tekee vapaaehtoiset? Onko siinä jotain eroa ammattilaisten tekemään työhön?

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***Kertoisitko ensin omin sanoin, miten sä koit tämän äskeisen tilanteen. Mitä siinä tapahtui, mitä fiiliksiä tai ajatuksia sinulle heräsi jne....***

### **Outreach work:**

- > Miltä sä ajattelit tai mitä fiiliksiä heräsi, kun joukko ihmisiä tuli yhtäkkiä sinun/teidän luoksenne?
- > Tuntuiko sinusta siltä, että voisit kieltäytyä heidän kohtaamisestansa, mikäli niin haluaisit?
- > Pystyitkö vaikuttamaan jotenkin tilanteen kulkuun? Miten?
- > Oliko tilanteessa, jotain mikä tuntui epämiellyttävältä tai epäasialliselta?
- > Minkälainen on hyvä kohtaaminen?

### **Harm reduction:**

- > Miten koit, että vapaaehtoinen suhtautui **sinuun** päihteitä ongelmallisesti käyttävänä ihmisenä taikka **päihteiden käyttöösi**?
- > Mitä toivoisit vapaaehtoisen tietävän päihteiden ongelmakäytöstä?

### **Social Support (and harm reduction):**

- > Minkälaista tukea/apua sait kohtaamisen aikana?
- > Mikä oli kaikkein tärkeintä? Miksi? Oliko jotain mitä et tarvinnut/halunnut?
- > Tuliko apu oikeaan aikaan? Kuinka suuri tarve sinulla oli saamallesi avulle?
- > Olisitko kaivannut vielä jotain muuta kohtaamiselta?

### **Vapaaehtoisuus:**

- > Ketä nämä tyypit oikein olivat? Mitä se vapaaehtoisuus tarkoittaa?
- > Miten sä kuvailisit näitä vapaaehtoisia? Minkälaisia tyyppisiä he olivat? Miten he suhtautuivat sinuun? Miten sinä suhtauduit heihin? Miten sä kuvailisit sitä teidän yhteistä hetkeänne/vuorovai-  
kutusta/**rooleja**?
- > Jos voisit valita, kohtaisitko kadulla mieluummin ammattilaisen vai vapaaehtoisen?
- > Mitä ylipäättään ajattelet siitä, että on olemassa kanssaihmissä tekemässä vapaaehtoisesti täl-  
laista työtä?

## Form of consent



Tiedote tutkimuksesta ja suostumus  
tutkimukseen osallistumisesta

**Tutkimuksen nimi:** Harm reductive outreach voluntary work from recipients' viewpoint  
**Tutkimuksen toteuttaja:** Metropolia Ammattikorkeakoulu Oy,  
Tekijä: Johanna Helle, [Johanna.Helle2@metropolia.fi](mailto:Johanna.Helle2@metropolia.fi),  
[REDACTED]  
Ohjaaja: Jukka Törnroos, [jukka.tornroos@metropolia.fi](mailto:jukka.tornroos@metropolia.fi)  
Ohjaaja: Katja Ihamäki, [katja.ihamaki@metropolia.fi](mailto:katja.ihamaki@metropolia.fi)

### Tutkimuksen kuvaus:

Tämän tutkimuksen tarkoituksena on selvittää ja tuoda julki A-klinikkasäätiön etsivän vapaaehtoistyön tavoittamien päihteitä ongelmallisesti käyttävien täysi-ikäisten ihmisten kokemuksia saamastaan vapaaehtoistyöstä. Selvityksellä pyritään kartoittamaan vapaaehtoistyön merkitystä, vahvuuksia ja kehittämisen kohtia sekä sitä, onko aihetta tarpeellista tutkia lisää. Tutkimus tehdään yhteistyössä A-klinikkasäätiön Vapariväylä-hankkeen kanssa.

Tutkimus toteutetaan yksilohaastattelujen avulla. Tutkimukseen osallistuvaa haastatellaan kerran ja haastattelu kestää noin 10-30 minuuttia. Haastattelutilanteeseen osallistuu tekijän lisäksi yksi vapaaehtoistyöntekijä tai A-klinikkasäätiön työntekijä, joka on allekirjoittanut vaitiolosuomuksen.

Tutkimusaineistoa käsitellään luottamuksellisesti lainsäädännön edellyttämällä tavalla (tietosuojaseloste löytyy dokumentin toiselta puolelta). Tekijä ei luovuta aineistoa kenenkään muun käyttöön tai nähtäväksi. Tekijä analysoi aineiston ja raportoi tulokset ryhmätasolla, jolloin yksittäinen henkilö ei ole tunnistettavissa. Tekijä käyttää raportissa englanniksi kääntämiään lainauksia haastatteluista.

Tekijä raportoi tuloksista opinnäytetyössään, joka julkaistaan englannin kielellä, avoimessa Theseus-tietokannassa vuoden 2022 loppuun mennessä. Haastatellut voivat halutessaan tiedustella tuloksista myös suoraan tekijältä. Tekijä on antanut A-klinikkasäätiölle luvan käyttää tuloksia haluamallaan tavalla esimerkiksi nettisivuillaan. Tekijä poistaa tutkimusaineiston opinnäytetyön arvioinnin valmistuttua tai kuitenkin viimeistään 6kk kuluttua haastattelusta.

### Vapaaehtoisuus:

Tutkimukseen osallistuminen on täysin vapaaehtoista. Tutkittavalla on oikeus kieltäytyä tutkimuksesta tai keskeyttää se ilman perusteluita, eikä tämä vaikuta hänen oikeuteensa saada tarvittavaa hoitoa tai muita palveluita.

### Suostumus:

Minulle on selvitetty yllä kuvaillun tutkimuksen tarkoitus, tutkimusmenetelmät ja henkilötietojeni käsittelyyn liittyvät periaatteet sekä oikeuteni. Olen tietoinen siitä, että tutkimukseen osallistuminen on vapaaehtoista. Minua ei ole painostettu tai houkuteltu tutkimukseen.

Olen täysi-ikäinen ja suostun siihen, että minua haastatellaan ja antamani tietoja käytetään tutkimuksen tarpeisiin. **Allekirjoituksellani vahvistan osallistumiseni tutkimukseen.**

\_\_\_\_\_  
/ /  
pv kk vuosi

\_\_\_\_\_  
Allekirjoitus ja nimenselvennys

Tästä lomakkeesta on tehty kaksi identtistä versiota joista toinen jää tekijälle ja toinen tutkittavalle.

### Tutkimuksen tietosuojaseloste: Henkilötietojen käsittely tutkimuksessa

Tässä tutkimuksessa teitä koskevia henkilötietoja käsitellään voimassa olevan tietosuojalainsäädännön (EU:n yleinen tietosuoja-astus, 679/2016, ja voimassa oleva kansallinen lainsäädäntö) mukaisesti. Seuraavassa kuvataan henkilötietojen käsittelyyn liittyvät asiat.

#### Tutkimuksen rekisterinpitäjät ja vastuut

Tässä tutkimuksessa henkilörekisterien yhteispitäjiä ovat

1. Metropolia Ammattikorkeakoulu ja
2. Opinnäytetyön tekijä

Tekijällä on vastuu henkilötietojen asianmukaisesta keräämisestä, säilyttämisestä ja tuhoamisesta sekä rekisteröidyn informoinnista ja oikeuksien toteutumisesta. Metropolia Ammattikorkeakoulu on tarkastanut ja hyväksynyt tekijän suunnitelman ja välineet henkilötietojen käsittelyyn liittyen.

#### Kerättävät henkilötiedot, käsittelyn tarkoitus ja peruste

Tutkimuksessa teiltä ei pyydetä suoria henkilötietoja eikä niitä kerätä muista lähteistä. Teitä pyydetään kuitenkin kuvailemaan elämäntilannettanne ja tällöin jotkin teidän kertomanne tiedot voidaan käsitellä henkilötiedoiksi. Käsittelyn tarkoitus on ymmärtää paremmin kertomianne kokemuksia vapaaehtoisten kohtaamisesta ja heiltä saadusta tuesta, sekä lisätä ymmärrystä siitä, ketä vapaaehtoiset työllään tavoittavat. Käsittelyperuste on *suostumus*.

Teillä ei ole sopimukseen tai lakisääteiseen tehtävään perustuvaa velvollisuutta toimittaa henkilötietoja vaan osallistuminen on täysin vapaaehtoista.

#### Henkilötietojen suojausperiaatteet (kerääminen, säilyttäminen ja tuhoaminen)

Haastattelut, joissa henkilötietoja voi tulla julki, tallennetaan äänityslaitteella, joka ei ole yhteydessä internettiin. Äänitiedostot (mp3) siirretään heti haastattelun jälkeen tekijän henkilökohtaiselle tietokoneelle, jossa ne ovat turvassa salasanan takana. Tämän jälkeen tekijä poistaa äänitiedoston äänityslaitteelta. Tekijä muuttaa äänitteet kirjalliseen muotoon tietokoneelleen tallennettuun Word-tiedostoon. Muuttaessaan äänitteitä kirjalliseen muotoon, tekijä poistaa kaikki haastattelun mainitsemat erisnimet ja muut tunnistetiedot, jotta haastattelun henkilöllisyys pysyy suojattuna.

#### Käsittelyaika, hävittäminen ja tietojen luovuttaminen

Tutkimus saadaan päätökseen viimeistään vuoden 2022 loppuun mennessä, jonka jälkeen kaikki aineistot mahdollisine henkilötietoineen hävitetään siirtämällä ne tietokoneen ”roskakoriin” ja tyhjentämällä se. Tekijä ei luovuta aineistoja mahdollisine henkilötietoineen kenellekään tutkimuksen aikana eikä sen jälkeen.

#### Rekisteröitynä teillä on oikeus (ottamalla yhteyttä rekisterinpitäjään eli tekijään)

- saada informaatiota henkilötietojen käsittelystä
- peruuttaa antamanne henkilötietojen käsittelyä koskeva suostumus
- sallia automaattinen päätöksenteko nimenomaisella suostumuksellanne
- tehdä valitus tietosuojavaltuutetun toimistoon, jos katsotte, että henkilötietojanne on käsitelty tietosuojalainsäädännön vastaisesti

#### Tutkimuksessa kerättyjä henkilötietoja ei käytetä profilointiin tai automaattiseen päätöksentekoon.