

DESCRIPTION AND EVALUATION  
OF THE LYHTY PEER TRAINING PROGRAMME

A case study of user participation with injection drug users

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## ABSTRACT

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During the spring of 2010 Stoori drop-in centre organised a peer training programme for injection drug users called Lyhty peer training programme. The authors participated in this training programme by documenting the training during their placement.

The aim of this study was to describe and evaluate the Lyhty peer training programme. This was done in order to introduce one example of a peer training programme with injection drug users and to raise awareness of the potential of involving drug users in the services. The study deals with the issues of peer work, harm reduction, user participation and empowerment.

This research is a case study with a qualitative approach. Interviews and participatory observation were used as methods for data collection. Field notes from the placement were used as an additional source of data. Analysis of the data was conducted by using a thematic analysis method.

The results showed that the Lyhty peer training programme enabled discussion between service users and workers on an equal level. Moreover, the group members were motivated to participate in the training programme and peer work because they had a will to help other drug users. The main challenges with the training programme were field work supervision, participants' intoxication and especially the lack of resources, such as time. Results of this study are unique to this particular case and thus cannot be entirely generalised to other peer training programmes. However, they show the potential of peer training programmes as means of involving drug users in the services and utilising the expertise they possess.

Key words: peer work, injection drug users, harm reduction, user participation, empowerment, qualitative research

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## 1 INTRODUCTION

In the spring of 2010 we did our six-week practical placement in a place called Stoori drop-in centre. This placement was recommended by one of our teachers. She also mentioned a possibility to study the training further by writing our thesis on it. One part of our placement assignments was to carry out a project. At that time two of Stoori employees were starting a peer training for injection drug users and they needed a student to document the training, as it was their first peer training. Consequently, we participated in this training called Lyhty peer training programme as silent group members documenting the meetings. As a project work for our placement we compiled a peer training file for the staff in Stoori. This file will be used as one source of data in this research.

When we first heard of this peer training programme, we got especially interested in its aim to increase the participation of injection drug users in reducing drug-related harm. That is what motivated us to study the subject further and write our thesis about the peer training programme. During our placement we could see how Stoori worked as a community with warm atmosphere and respectful working methods. These features of Stoori community were also present in the Lyhty peer training programme; everyone was an equal member in the process and service user knowledge was appreciated. As our degree programme focuses on community development, it was interesting to take part in this type of training.

Our thesis presents an example of putting the principle of user participation among drug users into action and as such it participates in the current discussion and research on the topic of user participation and involvement in social field. In developing the social services it is highly important to hear and utilise the experience, skills and knowledge that service users possess. During our studies we have learned about empowerment and user participation but rarely have we come across with the topic of user participation with such marginalised groups as drug users. This is maybe because user participation among drug users is a controversial issue as it is generally thought that they have caused their situation themselves and are often not considered trustworthy. Involving other

groups, for example, elderly people or people with disabilities are considered easier topics as they do not awake so much controversial thoughts or feelings.

### 1.1 Aim of the research

The aim of this study is to describe and evaluate the Lyhty peer training programme and to look at it from different angles. Our study concentrates on issues of harm reduction, peer work, user participation and empowerment. These will be defined more precisely later in the study. By describing and evaluating the Lyhty peer training programme we aim to introduce one example of a peer training with injection drug users and to make peer work as a phenomenon more visible. We would like to see that different social- and health care organisations would consider using peer work more and increase service user participation by utilising the knowledge and skills their service users have. Furthermore, we would like to raise awareness of injection drug users' abilities and will to help others and affect issues in their own lives.

## 2 LITERATURE REVIEW

In this chapter we will take a look at literature concerning the key issues related to our topic. Primarily, we concentrate on the controversial policy of harm reduction along with peer work as a working method with injection drug users. In addition, we will discuss the social work approaches of user participation and empowerment, particularly from the point of view of the Lyhty peer training programme.

### 2.1 Harm reduction

The concept of harm reduction came up in the international drug policy in the mid-1980s when the connection between sharing syringes and needles and HIV infections among drug users became growingly recognised. That resulted in the establishment of HIV prevention programmes where clean injection sets were distributed to drug users along with condoms and information about safer sex and safer drug use. (Tammi 2007, 15.) In Finland, harm reduction was introduced in the late 1990s when new kinds of

drug regulations were set up as a response to an increased drug use and related harms (Tammi 2007, 32-34).

Harm reduction aims to reduce harms related to drug use without abolishing drug use as such (Tammi 2007, 15). These harms are commonly understood to include health hazards and –risks, transmission of infectious diseases, as well as, social problems (International Harm Reduction Association). Harm reductionists view drug use as an action that unavoidably takes place in contemporary society and hence drug users should be treated fairly as sovereign and informed citizens (Tammi 2007, 2). Moreover, harm reductionists think that plans should be made to alleviate its harms rather than wait for quick solutions (Bean 2010, 30).

According to Tammi (2007, 15), harm reduction consists mainly of two measures: the exchange of clean syringes and needles and opiate substitution treatment programmes. In addition, harm reduction aims to empower and involve drug users as competent actors to prevent and reduce the drug-related harm they experience.

In our study we concentrate especially on the last-mentioned harm reduction idea of involving injection drug users. Distribution of clean injection sets is an important part of Stoori's health guidance services. In the Lyhty peer training programme peers are trained to help the professionals with the exchange of syringes and needles and to take correct information of safe use to the drug user communities. By doing this, Stoori enables more effective and diverse activities aiming for the reduction of drug related harms.

Harm reduction has received credit in helping to fight the spread of HIV. However, it is not without its critics. There is debate whether harm reduction is within a prohibitionist framework or closer to legalisation of drugs (Bean 2010, 34). Some people also wonder if harm reduction is more concerned with minimising harms or maximising benefits (Bean 2010, 33). There are also examples of failed harm reduction programmes, for instance in Vancouver one out of five injectors shared needles although they had good access to clean injection sets (Bean 2010, 35).

## 2.2 Peer work

In this thesis we define peer work as the work done by trained peers who belong to the target group which receive services from the organisation in question (Malin et al. 2007, 7). The idea of the Lyhty peer training programme was to train drug users to work as peers who work in a way that reduces harms related to drug use in drug user communities. The main focus in the training was to give tools by professionals for the group members to help and support other users. Peers also get a small amount of money for their work, thus the use of a concept of peer work is more relevant than peer support in this case. However, there were elements of peer support as the group provided a place for support and sharing thoughts and personal experiences (Colella & King 2004, 213). A peer can be defined as someone who has a similar background or life situation as a service user. Peers are part of the target group themselves, thus similar experiences and insight are a strength in peer work (Toronto Harm Reduction Task Force).

Peer work as part of harm reduction work is not a completely new concept in Finland. Finnish A-clinic foundation founded their first health advice center, Vinkki, in the year 1997. Vinkkis are concentrating on harm reduction work and there are over 20 Vinkkis at the moment in Finland (A-clinic foundation). In 2001 Vinkki's field work group Viitta organised the first peer training called Snowball and it was directed to Vinkki's service users. Additional four Snowball-projects were organised during the years 2001 and 2002. As a model for this training the work group used Belgian Modus Vivendi's Snowball-operation model. (Malin-Kaartinen, Marttinen, Puro, & Viljanen 2008, 8.)

After service users had gone through Snowball-training and had accomplished a one month period of field work, they had the right to exchange needles and syringes. Later, the trainees may participate in another training in order to gain a permission to work in assisting tasks in Vinkki. There has also been a Linkki-project, which took place during the years 2004-2008 and included peer training programmes and research on this particular topic. (Malin-Kaartinen et.al 2008, 7.)

Mirja Laitio has conducted interviews with peers who have gone through a peer training called Snowball in Espoo's Vinkki and written her thesis on the experiences of those

peers who have gone through the training. Vinkki provides health guidance services and is run by the A-clinic foundation and it was the location for the training.

Laitio's research aimed to find out whether the training programme had had an impact on the drug using habits of the participants, what were the weaknesses and development needs of the training programme and did the peers believe the training programme to have an impact to the usage habits of drug users. (Laitio, 2007, 18.)

The peers had had a positive experience with the training programme, the trainers and contents of the programme. The peers also believed that beliefs and habits could be changed among drug users communities with the help of the training programme.

Although there has been peer training programmes arranged in Finland before, the Lyhty peer training programme was the first peer training in Stoori. During Lyhty the term used was peer and it still is the term in the peers' identity cards. A peer is also a term used by other reports, like Toronto Harm Reduction Task Force's Peer Manual (Toronto Harm Reduction Task Force, 2003, 4).

### 2.3 User participation

User participation deals with citizen's rights and aims to effectively involve service users in the planning, delivery and evaluation of services. It supports the social inclusion of those who traditionally do not have a real say in the society. (Kemshall & Littlechild 2000,7,9.) Empowerment and participation of service users have become key issues in the current social work. However, there is not much research conducted on drug user participation and traditionally drug users have had to struggle to get their voice heard in matters concerning them. Most development in drug user participation is owing to the harm reduction movement. (Charlois 2009, 3.)

What then are the barriers to drug users' participation? Some reasons are stereotypical attitudes and stigmatisation. Drug users are often viewed as criminals incapable of engaging even into normal life activities such as working or taking care of their housing. This type of point of view is not strange to many professionals and state



officials either (Anker, Asmussen, Kouvonon & Tops 2006, 39; Warren 2007, 53). Other barriers to participation in general, according to Janet Warren (2007, 53-54) are: poor communication with service users, (e.g. about available options) service user perceptions and experiences (e.g. feelings of powerlessness), institutional structures and practices (e.g. complex systems) and lack of time.

Despite the barriers, there are drug users willing to participate. In our opinion, active drug users acting as peer workers, as well as the existence of drug user organisations (e.g. Pedersen & Tigerstedt 2003, 20) challenge the image of drug users as unreliable addicts who should not be trusted with responsibilities. However, attitudes are deep-rooted and providing an alternative image of drug users is undoubtedly an easier task than changing practices in a larger scale.

The Lyhty peer training programme is an example of practice where user participation was the basis for the whole training. Lyhty aimed to be user-oriented and to be shaped by the needs and ideas of the participants. According to Janet Warren (2007, 26), one of the potential benefits of user participation is that it promotes advocacy. Trainers of the Lyhty peer training programme recognised the fact that through outreach work, peer workers have a good possibility to reach people in drug user communities who are left outside social- and health care services. Also, the expertise of service users was taken into consideration with the training's aim of collecting information related to drug use from the group members. The purpose of collecting experiential service user knowledge was to develop Stoori's services.

## 2.4 Empowerment

Empowerment is hard to define with a few words, as there are many meanings to it. In this study, we see empowerment as a working method. While talking about empowerment as a working method it can be defined as people's ability to gain control in their personal life situations, to reach their aims and execute power. Empowerment also enables people to gain skills to improve their quality of life as well as skills to help others to do so (Adams, 2008,17).

The basic idea of empowerment is to work *with* the client rather than *for* the client (Thompson, 2007, 22). By working this way may create a feeling of power and self-determination, so that the client gains an ability to influence his own life. This is the aim of empowerment in social work, it involves enabling the person to act for himself and helps in gaining dignity.

According to Thompson (1998, 22), empowerment takes place on three different levels; personal, cultural and structural level. On a personal level it is much like described earlier in this chapter: working alongside people, to help them to gain confidence, self-esteem and self-determination on matters affecting their life. On a cultural level empowerment can be, for example, challenging dominant stereotypes or prejudices. On a structural level to empower is mainly to raise awareness of how the client's personal challenges are connected to wider contexts, like social and political issues pertaining to the fabric of society. (Thompson 1998, 22.)

In the Lyhty peer training programme the aim was to empower group members to act through user participation. Completing creative tasks together was a simple example of empowering the group members, for example the task of producing an edification poster to the wall of health guidance room. The training followed the idea of working with the group members in order to create a training that is useful for all parties and in which service users' voice is heard.

### 3 RESEARCH PROCESS

This chapter presents the process of our research. Firstly, we will present the type of the research, research questions and methods used in conducting this study. Secondly, we will describe the data collection process and thirdly, how the data analysis was conducted. Finally, we will discuss ethics and validity concerning this research.

### 3.1 Type of the research

This research has a qualitative approach.

Qualitative research findings could be named as undeniable, words have a more vivid meaning that is more convincing to the reader than statistics in some cases (Miles & Huberman, 1994, 1).

Our study is an intrinsic case study of the Lyhty peer training programme. John W. Creswell (2007, 74) defines intrinsic case study as a type of case study design which focuses on the case itself (e.g. evaluating a programme) because of its particularity, instead of illustrating an issue through a case or multiple cases as is done in *an instrumental case study*. According to Stake (1995, 3), in an intrinsic case study the researcher has an interest to the case. The researcher does not aim to understand some general problem with the help of the case but he or she wants to learn about that particular case. According to Robert K. Yin (2003, 1) :”case studies are preferred when ”how” or ”why” questions are being posed, when the investigator has little control over events, and when the focus is on a contemporary phenomenon within some real-life context.” Qualitative case study was considered to be an appropriate frame for this research as it aimed firstly to describe and secondly to evaluate a peer-training with injection drug users. Therefore we formulated our research questions in the following way:

How was the Lyhty peer training programme carried out?

Why was the Lyhty peer training programme organised?

How can the Lyhty peer training programme be improved?

The purpose of this study is not to give a generalized perspective to peer training programmes with injection drug users. Instead, the study focuses to this particular case example of a peer training programme and relies to a great extent to what the participants have produced. It presents one model of peer training programme and discusses how it could be improved.

## 3.2 Research methods

Yin (2003, 8) mentions that case studies usually include a variety of evidence, such as documents, artefacts, interviews and observations. In this study we used the following qualitative research methods: participant observation and interviews. Our notes also served as a source of data.

### 3.2.1 Participant observation

One of the qualitative methods used in this research was participant observation, which main aim is to try and find out the perspectives held by a certain community (Guest, Mack, MacQueen, Namey and Woodson, 2005, 13). According to Guest et al.(2005, 13), the participant observation is situated in locations and communities that have relevance to the research questions. Stoori was our location for observing, participating and interacting in an informal way. The difference between observation and participatory observation is that while conducting participatory observation, the researcher goes to the participants and to their surroundings, rather than have the participants coming to him (Guest et al. 2005, 13). Our participation consisted of our placement in Stoori, peer training and all its meetings, planning and evaluation meetings and informal interaction with the group members. As mentioned earlier, we did not participate in the group as active members, but as silent members so that we would have more time and concentration for our note-taking.

Major part of our participant observation was note-taking. Writing down sounds easy, but in fact, in order to be a competent note-taker, one should be able to observe discussion, body language and to be considerate of ones' role as a note-taker (Guest et al. 2005, 69).

While participating in the Lyhty meetings we both took notes constantly. While taking notes, we bore in mind the file that we would have to produce about the Lyhty peer training programme, as well as our own thesis process. This process might have affected the note-taking. Our note-taking aimed at reporting what happened, but we also had to have a certain evaluative point of view, because of our thesis.

Apart from quick hand-writing, one of the skills of a note-taker is to recognise the “individual quotes that capture the spirit of a given point.” (Guest et al., 2005, 69). During the meetings many topics were discussed and it was challenging to be able to write down someone else’s words and to capture the point and feelings of the exact words. In order to make the most use of our field notes, it helped to transcribe the notes as soon as possible.

The impossibility of writing down and memorizing everything while you are in the middle of action or activities is mentioned as one of the disadvantages of participant observation (Guest et al., 2005, 14). However, what benefited us was that we were two people seeing, hearing, participating and writing down. We could memorize discussions and happenings together. We also spent time with the group members outside the Lyhty meetings, as we were having our placement in the Stoori drop-in centre.

There is also a question of objectivity vs. subjectivity while conducting a participant observation. It brings a lot of change into reported actions if they are *coloured* with personal feelings or interpretations. (Guest et al. 2005, 14). The aim is to be as objective as possible. Again, having two people observing is a strength in this case, so that the notes can be compared and possible interpretations discussed.

Researchers conducting participant observation need to be prepared and willing to adapt to a variety of uncontrolled situations and settings.  
(Guest et al. 2005, 18).

As Guest et al. (2005, 18) mention in the quote above, varying circumstances and factors, like an intoxicated group member, have an impact on the research and its findings. While conducting a participant observation, there are always factors you did not think of beforehand, as well as, uncontrollable situations.

### 3.2.2 Interviews

Interviewing is a common qualitative method, where the expertise on the subject lies on the interviewees’ hands and a researcher is the learning party. Interviewing also gives a personal voice to a research problem. (Guest et al., 2005, 29).

We used semi-structured interviews, meaning that they were not constructed neither in-depth interviews (Hirsjärvi & Hurme, 2008, 48). As our interviews were also evaluative interviews with which we wanted to find out whether the Lyhty peer training programme has reached its goals (Rubin & Rubin, 1995, 27), the questions were the same for all interviewees. At the same time, there was space for the discussion to evolve and a certain freedom to it. The intention was to try to continue the interviews with the same open, honest and relaxed atmosphere as in the Lyhty peer training programme.

We conducted interviews after the training had ended. The main aim of the interviews was to find out how the group members and trainers had experienced the training. This is what in-depth interviews are used: to gain an insight to an individual's viewpoints and emotions (Guest et al., 2005, 30). Interviews add up to our own observations and note-taking, so that we are able to give more precise picture of the training programme and its participants' points of views.

### 3.3 Data collection

Our data collection took place in the spring of 2010 from early March until the end of May. The Lyhty peer training programme began on 11<sup>th</sup> of March in 2010 and it was concluded on the 14<sup>th</sup> of May in 2010. During that time we participated in the training meetings and planning and evaluation discussions with the trainers and wrote notes of our observations and the whole process.

Subsequent to the training, at the end of May, we interviewed everyone who participated in this training. The interviews were held in Stoori, in a separate room and we were both present in each interview. A separate time was organised for the interviews and the time was agreed together with the interviewees. There were a total of five individual interviews: two with the trainers and three with the group members. Regarding the interviewees, as the group was rather small, we found it important to interview all the participants, in order to gain as extensive an opinion of the training as possible. Same basic questions were asked from both the group members, as well as, from the trainers in order to respect the training programme's idea of *a common journey*, which will be discussed in more detail in chapter 4. The questions were

planned in order to receive information about the experience of the training for all the participants and about the improvement of the training.

These following basic questions were used with every interviewee:

1. What did you gain from the Lyhty peer training programme?
2. What were the good aspects of the Lyhty peer training programme?
3. What were the negative aspects of the Lyhty peer training programme?
4. What kind of suggestions do you have for future peer trainings?
5. What has the peer activity been like so far? What is good? What is challenging?

Duration of the interviews varied from fifteen minutes to half an hour. The trainers gave notably longer answers than the group members. All interviews, except for one, were conducted by using a tape-recorder and they were transcribed from word to word, encompassing altogether eleven pages. The interviews were held in Finnish and the material presented in this research has been translated into English from the Finnish transcripts. One of the group members did not give us a permission to tape-record the interview, so it was documented by taking notes. In one of the recorded interviews with a group member, tape-recorder was not in on-position in the beginning of the interview. While listening through the recorded tape of that interview, we noticed that parts of it were disturbed by construction noises. However, data was not lost as we had taken notes for that interview as well.

In June 2010 we compiled a file from our notes as our placement assignment, as mentioned in the introduction. The file covers 17 pages and it is written in Finnish, as it was done for the use of Stoori employees. Quotations from this source of data have been translated into English. This file includes: description and aims of the training, timetables, programme outlines for each meeting (written by Sanna Häkkilä), documenting of the meetings, as well as, all planning and evaluation discussions that were held. The file was compiled in order not to lose information and to help in planning possible future peer trainings.

### 3.4 Analysing data

In a case study, an analysis consists of detailed description of the case, the analysis and interpretation (Creswell 2007, 163). For the description we have written a separate chapter including details about all the stages and contents of the training. For the data analysis we used a thematic analysis method (Holliday 2007, 94).

As Holliday (2007, 94) mentions, themes are often already formulated during the research process. Our themes were chosen by discussing our research questions and the aim of the research. Reading through the transcriptions also helped us in recognising themes. First, we read the transcriptions of the interviews identifying and marking smaller themes that repeatedly came up in the texts. Secondly, these smaller themes were discussed in order to find the most relevant themes in the data. These same themes were searched from the Lyhty peer training programme file and combined with the interview findings. The themes are presented in chapter 5: Evaluation of the training. The challenge with thematic analysis for the researcher is to acknowledge that he or she may bring influence to the analysis. Already the answers formulated by the researcher have influenced the themes. (Holliday 2007, 97.)

After the themes were formulated, we used a direct interpretation (Creswell 2007, 163) in interpreting the data and made generalisations from our analysis. In order to distinguish interviewees from each other we have referred to the group members as G1, G2 and G3 and the trainers as T1 and T2. We have presented the opinions of the group members and trainers separately as they have different perspectives to the training. However, we have mentioned whenever the experience or opinion has been collective.

### 3.5. Ethics and validity

As Eskola and Suoranta state (2000, 19), our observations are always affected by our previous experiences. We are aware of the critical points of our research. In this chapter we will look deeper the ethics and validity of this study.

Our role in the group, as well as, our aims with note-taking were made clear from the beginning, so that no one would feel anxious because of our constant note-taking and



silent participation. It may have taken some time for the group members to get used to us, as being part of the group, but eventually they even made jokes about it. As a researcher you have to maintain a certain distance, yet you have to be open so that others will not feel distracted by you and your presence (Guest et al., 2005, 16). Finding our role as silent group members was a painless process as the group was so welcoming.

But, as research deals with people, extreme care must be taken to ensure their safety, anonymity and the issue of confidentiality. Traditionally in qualitative research ethical issues are focused on informed assent, right to privacy and protection of harm (Denzin & Lincoln, 2008, 142). Informed assent means that the research participants are thoroughly informed about the research. For example, we informed our interviewees that the interviews would be used for our final thesis, but anonymity would be maintained. We also asked each interviewee individually, whether we can tape-record the interview or not.

The maintenance of anonymity brings us to the remaining two ethical issues: a right to privacy and protection of harm. A respondent has a right to privacy, which has to be confirmed by maintaining the anonymity. In analyzing the data, recognising the study population's identity should not be made easy (Eskola & Suoranta, 2000, 57). By leaving out the name of a person is not enough, there should not be any other signs of recognition, such as age or gender. In case of Stoori's peer work, anyone can enter Stoori and see the peers' names on the community chalk board, but in this study the group members stay unidentified and the quotations are such that they do not reveal the identity of the group member. During the research, the participant's emotional and physical safety should be ensured (Denzin & Lincoln, 2008, 142).

While discussing the validity and limitations of this study, there are issues in the research process that need to be mentioned. As already mentioned in the chapter of research methods in the part of participant observation, there is an issue of objectivity vs. subjectivity. We participated in the whole process of the group, sharing life experiences of the group members and the learning points of the trainers. This is a strength in receiving data, but it is inevitable that it has an effect to the results. We were lucky to be accepted by the group members, as well as, the trainers. Observing the group as total outsiders would have been a differing experience. We have aimed to

objectivity and have critically read through our collected data, discussed the use of words, for example, so that the results would be as objective as possible.

However, for example our interview questions and the way they have been formulated have had an impact on the answers of the interviewees. We also did not conduct a preliminary interview, which might have been useful. After the interviews we noticed that there was unnecessary repetition concerning our questions. We had planned to ask what was positive and what was negative about the training, but instead of asking what was negative, in the interview situation we transformed the question into “What should be done otherwise?” This overlapped with the question of suggestions for improvement for future peer trainings. Having little previous experience on conducting a research also affected the research process.

While talking about the training itself and the results it aimed at, the group size affected to the training. This group was a small group, which created a certain atmosphere of sharing and working together. It is difficult to say, what kind of an impact a bigger group size would have had. If there had been more members in the group, there might have been more data produced concerning the outcomes of the Lyhty peer training programme. Group members did not necessarily produce the material that was expected for the training or for the research, despite them being very open.

#### 4 DESCRIPTION OF THE TRAINING

In this chapter we concentrate on the description of our case; the Lyhty peer training programme in detail. The chapter answers to our first research question “How was Lyhty peer training programme carried out?” The description has been divided into following sections: background, resources, meetings, objectives and peer activity.

#### 4.1 Stoori and the background of Lyhty

Stoori drop-in centre was established in 1996. It is a low-threshold unit that utilises and develops new models for social work and nursing. It operates as a part of Helsinki Deaconess Institute's drug-abuse treatment work. Stoori is located in Puotinharju shopping centre, next to Itäkeskus shopping centre, and it offers daytime activities for substance abusers, who are marginalised, or in danger of becoming marginalised in the eastern Helsinki. The services are especially directed at those who are not welcome elsewhere and whose needs are not met by other services. Unlike many other places for substance abusers, customers can come to Stoori even if they are intoxicated. (Stoori drop-in centre.)

Moreover, Stoori is a community. In this context we define community as a group of interacting people who regularly meet in the same drop-in centre, have a chance to participate and have agreed to the common rules. Stoori's activities and the whole place are shaped from the needs of the service users. Every Wednesday there is a community meeting where the members of the community (service users) can express their ideas and suggestions. The leader of the meeting, as well as, the secretary is always chosen by the participants themselves. Community members can affect the rules and activities, which creates a feeling of being part of a community. As we spent time in Stoori, heard discussions and participated in the community meeting, we noticed that being around with people who share a similar lifestyle also creates a sense of belonging to a community for many. One of the service users said in a community meeting: "This is our home, let's not be ignorant." This tells about the importance of Stoori as a community for the service users. (Field notes 22.3.2010.)

In the autumn of 2009 Stoori organised a health course for its service users which turned out to be very popular. Utilizing the experiences of this course, two of Stoori employees; director Sanna Häkkilä and Katri Järvi started to plan a peer training for injection drug users in Stoori. Lyhty-training is applied from the CABLE (Community Action Based Learning for Empowerment) -community work training which was organised by Helsinki Deaconess Institute's staff in co-operation with Diak University of Applied Sciences Järvenpää unit. (Cable & Cable partner organisations) Sanna

Häkkinen participated in this training and received the qualification of a community work trainer.

The idea behind the Lyhty peer training programme was that peers would have a better access to drug user networks to distribute knowledge and clean injection sets. The name of the training, Lyhty, means *lantern* in English and it came from the thought that while some of the drug users are “left in the dark” due to marginalisation and prejudices, the peers can be seen as “lanterns” bringing light to the dark.

#### 4.2 Resources

There were two workers from Stoori, who were planning and conducting the training. We, as students, participated in the training by documenting it and taking part in the planning and evaluation meetings with the trainers. At the beginning there was a time set for the planning of meetings that lasted from one to two hours. However, as the training proceeded, the planning time for meetings got shorter. There was no exact time reserved for the workers to plan the training. Workers and students came together before and after each meeting to discuss, plan and evaluate. Any other planning by the workers took place among other work duties.

Personal invitations to join the peer training were given to ten people who were active injection drug users, they had a long history of drug use, they were members of Stoori’s community and they wanted to participate in peer work. Invitations were given personally. Those who participated had a chance to exchange 300 needles and syringes at one time and if they had none to exchange they could receive 30 new ones at one time. The aim of these larger chances to exchange needles and syringes was to reach new users through peers. The term injection drug user, also abbreviated as IDU, refers to someone who injects drugs into his or her body using a syringe and a needle (Centers for Disease Control and Prevention). Three out of ten people (two females and one male) participated to the training programme; two from the beginning and one joined the training programme at a later stage. The Lyhty peer training programme had two visitors. A lawyer, Timo Mutalahti, participated in the discussion of human rights. He shared his professional points of views with the group and answered questions. Another

visitor was Tuuli Bernard, who works with Mobile-help. Bernard told about Mobile-help and the group tried it and discussed it. Group members and trainers also made suggestions on how to improve the service for those who use it. (Lyhty peer training programme 2010).

### 4.3 Objectives

The first objective of the Lyhty peer training programme was to gather a group of active injection drug users to participate in a training. This training programme needs to be user-oriented in a way that it empowers the group. The content of the training has to be formed of the challenges and needs of users themselves. One of the objectives was to gather street data to be of use for the workers. In this study we define street data as the service users' knowledge on the life around drug use. Collecting street data happened via discussions during the training.

The Lyhty peer training programme also aimed at training committed peers to work in Stoori, but also in drug user communities. Through peer activities correct knowledge can be brought to these communities. Idealistically, peer activities in Stoori could bring a change in reducing the common use of drugs and to spread the harm-reducing way of drug use. From participants' point of view, empowerment, the chance to work as a peer and new challenges are important aims. Participants can have a chance to work as trainers themselves in the future after going through the training.

### 4.4 Training meetings

The Lyhty peer training programme consisted of ten meetings that lasted two hours each and were mainly held once a week from 2pm until 4pm. Meetings took place mostly in the Stoori drop-in centre, except for two meetings that were held outside Stoori: a visit to a movie theater and a party where the ending of the training was celebrated. Each meeting began with general conversation. Then a trainer introduced the day's topic and then the meeting continued with discussion led by a trainers or a visitor. Sometimes creative tasks were used as well. Small breaks were held in between of the discussion. There were also snacks, coffee and tea on offer in each meeting.

Characteristic to the Lyhty peer training programme, from the very beginning, was the idea of doing *a common journey*. This was presented very concretely already in the first meeting when both the trainers and the group members made their own footsteps out of carton and wrote their expectations for the training on them. These footsteps were put on the wall and at the end of the training another set of footsteps were added next to them where the participants wrote down how the expectations were accomplished. The beginning of the training concentrated on familiarising with one another and included very open discussions of personal issues. The first four meetings were more relaxed and informal in character and included creative methods (See. TABLE 1, Content of the Lyhty peer training programme, page 23) Topics were:

- Objectives and expectations of the training
- One's own life and resources
- Peer activities
- Drug use and responsible injecting

The content part of the training included the following topics:

- Stoori's health guidance services
- Drug users' rights and possibilities to influence (visitor)
- Going to movies: Reindeer Spotting- a documentary about young drug users in Lapland
- Trying out *Mobilehelp*- a text message service, a project carried out by Elämä on Parasta Huumetta ry (Life is the Best Drug) and its partners (visitor)
- Planning and defining peer activities

TABLE 1. Content of the Lyhty peer training programme

<b>TIME</b> (14.00-16.00)	<b>TOPIC</b>	<b>METHODS/ DISCUSSION THEMES</b>
11.3	Introducing the training and setting objectives for the training programme	Introducing ourselves: cards Objectives: Footprints
12.3	Me, today and here/ discussion about values	Making a collage: dreams?, what prevents dreams to come true?, what supports you in life?
18.3	Naming the challenges and planning contents	Only one participant → discussion concentrated on that person's peer role
25.3	Collecting street data	Drug use & making a poster into health guidance services about returning used syringes and needles
1.4	CONTENT: Health guidance services in Stoori/ Häkkinen & Järvi	Exchanging needles and syringes, HIV, hepatitis C, under aged injectors
8.4	CONTENT: Drug user's rights and possibilities to influence/ visitor Mutalahti	Lack of service, rude service, right of appeal, lack of strength to complain
15.4	CONTENT: Reindeer Spotting -movie and discussion	Different viewpoints to the movie between group members and trainers
22.4	CONTENT: Mobile Help/ Visitor Bernard & peer activity	Trying out Mobile Help and discussion about peer work and its challenges
29.4	Planning and defining peer activity	Field work vs. Stoori, "diligence money"
14.5	Handing out certificates and end of training party	

The discussions were the core of each meeting. Many interesting topics concerning drug users' lives were covered in the meetings and the discussions were very honest and open. For instance, drug users' rights was a thought-provoking topic which generated discussion about how drug users are treated in different social- and health care services:

One of the group members had experienced violence on a street and was told: "There is no point patching you because you do not stay in good condition anyway." There was also discussion about the issue that many times substance abusers are denied access to an ambulance because they have caused their condition themselves. "He will get up eventually" is a common comment from the rescue team...

...When a person does not receive service, few have strength to make a complaint when the situation is acute. The group members said that in many places (services), staff members make limitless and arbitrary decisions. Another one of the trainers also remarked that many times in these situations customer is not even directed to other services".

(Lyhty peer training programme 2010.)

Also, the group members' worry of young drug users was raised up in the discussions repeatedly:

According to group members, young people lie to each other (about drugs) and do not believe if somebody gives them advice. In one group member's opinion, it does not help anything just to go and say to young people "do not use." Another group member said that the only way to influence this issue is that young people learn how to buy "pure stuff".

(Lyhty peer training programme 2010.)

As mentioned earlier, the Lyhty peer training programme was the first peer training programme in Stoori. Thus, for the lack of experience, this training programme was mainly about trying out what works and what does not. However, it still had its own form and characteristics. More than a distribution of information from one side to another, this first Lyhty peer training programme was a shared process. The training brought along challenges, such as, unexpected behaviour of an intoxicated group member. It also brought experiences of success, for example, in the form of motivated peer workers. However, the training was certainly most characterised with the idea of doing together and working side by side. The main principle of the training programme was that all participants are equal in the process and everyone had the roles of an informant and a learner.



Another feature of this training was that it developed and was planned during the process. Hence it lacked a clear structure, although each meeting date and the main topics were decided in advance by the workers. A reason for the lack of structure was the aim of finding the training's contents from the group members. That is why one of the trainers made the planning base for the next meeting after the previous evaluation discussion. Consequently, any future Lyhty peer training programme should not be a copy of this first one but it should be formed according to the group in question.

#### 4.5 Peer activity

Peer activities started already during the training. Mostly peers helped in exchanging needles and syringes in Stoori during the rush hours, but a lot of their work took place outside Stoori, in drug user communities. While they worked in the community, peer's name appeared on the community's chalk board. Peers also presented their new position as peers in the weekly community meeting held in Stoori, so that their new role is clear for all community members. They also received id-cards which they wore while working in Stoori. Each peer agreed on certain weekly timetable, which included working hours in Stoori. At the end of every week, they received a weekly allowance.

Peers signed a peer contract, with which they agreed not to be intoxicated while being in a peer's role. The trainers were aware that these peers have an active user's background and that they still used injection drugs in their daily lives. It was a contradictory issue; however peers were not allowed to appear intoxicated while conducting their peer activities. They were also not allowed to be involved in selling or buying drugs while working as peers, neither were they allowed to be involved in depth issues.

While working in the field, a peer had to carry a container for old needles and syringes, which cannot be collected into a plastic bag. They also had to collect pseudonyms in little notebooks, so that there can be a proper follow-up of the exchange. Field work relied a lot on the peers' own level of activeness and monitoring field work was challenging.

Peers had a weekly discussion with a worker where they could discuss about the challenges and issues that came up in the work or shared other information related to peer activity. These weekly meetings were held with one of the trainers.

## 5 EVALUATION OF THE TRAINING

This chapter presents the results of our study. We have divided the analysis to the following headings according to the themes found from the data: experiences of the training, participation, the beginnings of peer activity and ideas for improvement. The first three answer to the research question “Why was Lyhty peer training programme organised?” and the last one answers to the question ”How can Lyhty peer training programme be improved?”

### 5.1 Experiences of the training

Based on the interview results, the Lyhty peer training programme was primarily a positive experience to all participants. Group members said that the training gave “more to do” and offered them a chance to help others, as they all had expressed their readiness to help. Both, the participants and trainers, felt that it was a positive experience to see new sides and to get to know new things about familiar people. One group member said that completing a collage-task together with the trainers ”felt like therapy”, because ”for once” there was time do something like that. This was also the experience of the trainers.

Trainers experienced that coming closer to the group members enabled them to deepen their relationship and to spend more time with the group members personally.

Then of course that kind of closeness and getting close to everyone of these group members was another kind of big experience. There has been like flashes of that kind of experiences earlier in this work with some customers... Have got good discussions that have been continued but this [training] was maybe structured and we were all equal... (T1)

Trainers felt that Lyhty was an empowering experience of a peer group and leading a peer training programme.

To gain this kind of experience of leading that kind of training... it was indeed a very empowering experience and it was a great feeling that it was followed through and it was great to notice that things like flowed by itself, although there was stress in the beginning. Have we stressed the right things and have we planned enough...or is there enough participants... still at the end of the day the whole training began to work by itself in some way and the trainer's role got smaller and it was a great experience to be a leader in this kind of a training programme. (T1)

Trainers gained a deeper insight into the world of drug users through the discussions and by sharing thoughts in the group. It was also an important experience for the trainers to realise that a professional is never able to comprehend the world of a drug user in the same way as a drug user is. One of the trainer's felt that this was a bit frustrating at first but in the end she saw it as a resource. For the workers it is important to recognise one's own limits and borders.

...but then that experience of diving into the world [of drug users], going to the borderline and then the experience of noticing the separateness that one still never gets into the world of a user and then the helpful feeling that one doesn't even have to. One can be separate and then maybe it clarified the question that this work is anyhow about being so close to a customer and the borderlines tend to blur... noticed that the borderlines still exist although one doesn't show it outwards all the time. (T1)

Another trainer pointed out that these close relationships and open discussions will be beneficial in peer work.

it was very nice to hear own experiences and people told vey confidential issues and that kind of issues that haven't been discussed earlier, at least with them... and that will facilitate future work when this person will work as a peer, it will make things easier that we have already shared something deeper. (T2)

In addition, there was one issue brought up by a trainer; the use of words as a professional. She had experienced that a group member had reflected her own words back to her. This made the trainer think of her words and their usage, as Lyhty focuses a lot on discussion.

## 5.2 Participation

In the interviews, group members did not produce so much information about participation. One of the Lyhty peer training programme's aims was to provide an opportunity for injection drug users to participate as active peers. Group members did not have earlier experience of participating as peers and it was a common comment that the training "gave them something to do". What motivated group members to participate in the training was their readiness to help other drug users and their worry about young injection drug users. This was said by them already in the beginning of the training. One of the group members told how he/she nowadays helps other users. The group member was asked how the helping happens and the answer was:

I listen to them, talk with them, help, give them a place to stay overnight, give them syringes, warn about people who not to trust, so that they [other users] would not just blindly run after those who have dope. Sometimes I inject for people I know, if they are not able to do it themselves.  
(G1, Lyhty peer training programme 2010.)

Group members' opinion is that the best way to help young users is to listen to them and talk with them rather than "preach" about the dangers of drugs.

Participation happened through discussion as well. Group members brought the service users' point of view into the table. For example, one Lyhty meeting had a visitor from Mobile Help, first she told about the service and then the group members commented on it and gave honest feedback from their point of view. This was a positive experience and useful for the development of Mobile Help-service.

One of the group members participated in health guidance meeting already during the training with the other one of the trainers. Group member participated through sharing his or her point of views and this was a very positive experience in the trainer's as well as the group member's opinion.

In general, prejudices hinder drug users' participation. In one of the meetings, the group discussed about the voice of drug users and their unfair treatment, for example in health services. It came up in the discussions that it is very difficult for drug users to get their voice heard because of the prejudices. It was discussed that in order to change the

situation, drug users should work actively themselves to get their voice heard. Furthermore, drug users can also affect to the prejudices by their behaviour. One of the group members said in a meeting that drug users should act in a more responsible manner, for example, not to leave used needles to parks. In this person's opinion that kind of more responsible behaviour would lead to a more tolerant society.

From the trainers' point of view it was important to provide an opportunity for equal participation for all group members. It was the trainers' opinion that the wide experience and knowledge of group members should be utilised. Participation has been important in Stoori drop-in centre as it operates as a community and service users as community members have been encouraged to participate. Having this background, group members were familiar with the concept of participation. However, only three out of ten invited persons participated to this training, as mentioned earlier. It is difficult to say why but possible reasons include the lack of knowledge about the contents and aim of the training as well as personal issues that prevented participation. For instance, a person's health may have been such that he or she did not have strength to take part in this training programme. However, the trainers were satisfied that those who participated in the training were motivated and committed.

It was good that there were people there every time, and that we got overall those who came, that they became excited about it and are now actually excited to act as well, and they were like, they also experienced it as a good thing, and that was maybe the biggest thing. (T2)

As this trainer mentioned, the participation which began in the training continued after it, in the form of peer work. However, it is impossible to predict if the group members will be committed participants or not.

### 5.3 The beginnings of peer activity

When we asked about the peer activity, the group members told that it has begun well and has been a positive experience for them. One of them said that the encouraging feeling of "not being alone with this thing" (drug use) has increased after working as a peer and seeing other users in the exchange of needles. According to another peer, the feedback from other users has been positive. They have said that it is "a good thing"

that this person is involved in a peer activity. However, the other peer said that there has also been some envy towards the peer activity from other users' side and people have asked about a chance to participate in a similar training. This person had felt that some people had also signalled with their behaviour that the peer is arrogant when he or she does not use drugs with others while involved in peer activity. This group member was queuing to substitution treatment at the time of the interview and mentioned that behaviour in the peer activity might change after attending the treatment. This person thought that attitude towards drug using might turn negative and talking about the harms of drug use in peer activity might increase.

Both of the trainers felt that the peer activity has begun extremely well but it is also challenging. What caused them to worry was the possible intoxication of the peers while involved in the peer activity, as well as, uncertainty related to field work.

...the peers working in the field, we have talked so much about how here in the community they are in our care and work according to the rules of the community, so the working in the field...so maybe the issue that into what kind of situations they end up in there and the thought that I have is that we cannot back them up completely though we have done many things already. (T1)

...you know that in practice they know these things (rules), there are big issues at hand anyway and big frameworks, so you cannot control, and you don't have to control but you cannot know about everything, so there are a lot of this kind of issues there. (T2)

This latter comment was related to the trainer's experience that in the discussions between the worker and the peer it had come up that a peer had worked in an unwanted way but did not recognise doing anything wrong. This is why, according to the trainer, the weekly discussions with the peers were extremely important as they enabled to go through why something should not be done, what are the peers' rights and obligations and what are the best ways to act. All this would require time. The trainer expressed that in order to have proper discussions with the peers and to give them the time and respect they deserve it should be planned so that the worker would not have other duties during the day when the discussions are held.

Peers are a good help to other workers in harm reduction work as they can access situations differently than professionals. They also bring out the service users' points of views and they can discuss about contradictions in the services. However, peers cannot fully compensate professionals. A trainer mentioned that drug users should always have a possibility to meet a professional, as well. According to her it should be acknowledged that there are risks when having peers who are active substance abusers themselves. These risks include, for instance, trading or treating users unequally.

...when one is an active user and moves in the same circles there can be all kinds of issues with depth and trading and it is difficult to distinguish those from working as a peer although there are written agreements made.

...because there can be risks with trading and a kind of tribalism that this person gives clean stuff (injection sets) to *these* people but not to *those* people because they buy from another person or something.

(T2)

After the beginning of the peer activity, there has been a growing interest towards it in Stoori community. Many people have come to the peers and trainers in Stoori to ask about the possibility to attend peer activity. So, after seeing what working as a peer really means, others have got interested in it as well.

#### 5.4 Ideas for improvement

When asked about the improvement suggestions concerning the training, the group members had little to say at the interview situation. Mainly the suggestions were related to the duration of the training, which will be discussed later on in this chapter. Other ideas brought up by the group members dealt with the content of the training. One of them said that it would be useful if the peers would be taught first aid skills, such as resuscitation, as the peers may end up in situations with drug users where first aid is needed. This group member also suggested that there could be teaching about rotating the injection sites. It was also suggested by a different group member that the training could include information on different drugs, such as MDPV.

Although mentioned by one of the trainers that there is actually not just one way of conducting this kind of training, both of the trainers had clearly thought about its

improvement. First of all, it was highlighted by the trainers that each Lyhty peer training programme should be unique and consider the needs of the group in question. Each group is different and it should be taken into consideration that group members are individuals who have different aims and points of views in the group. In the evaluation discussions the trainers drew attention to the point that each group member should be encouraged by bringing up their individual strengths and resources. In relation to the nature of the training it came up that this type of peer training requires a lot of flexibility from the trainers:

...there should be given space for that if something comes along the way, good ideas or changes, then one would be ready for it and, for example, in my opinion the movie thing, it wasn't planned in advance but it was good and it resulted into good discussion. So, that it's not so much written in stone to start with. (T2)

Trainers' role is important also after the training ends and peer activities begin, as the peers still need support. That is why, according to a trainer, the trainers should belong to the same community as the peers.

And also that, the communities... whether it is the community of Stoori or some other unit, that the trainers would come from that specific community, because it was important, that we did not just train or educate, but we stayed here with Katri to work as support persons for the peers. If there was a situation that I would have to go to some other unit to continue this, they would be left quite alone. It is important that it [Lyhty-training] resembles that specific community, trainers come from that community and then all you need is the courage to start with it. (T1)

For the improvement of the Lyhty peer training it is essential also to take a look at the challenges that were faced with this particular group. It came up in the evaluation discussions of the Lyhty peer training programme file that one of the biggest challenges with this type of training for the trainers was to know where to draw the line with a person's participation. Group members were welcome to join the meetings even if they were intoxicated, although they were encouraged to come to the meetings sober. The fact that intoxication did not deny participation caused problems at times and according to our observations was distractive to other group members.

Another challenging issue was the open discussions. Giving space for open discussion came up several times both in the Lyhty peer training programme file and in the



interviews with the trainers. In the evaluation discussions it was deliberated that it is highly important that the trainers are aware of how far the discussion can go so that no-one feels uncomfortable. This was found as a challenging task as open discussion at times required crossing boundaries. For instance, the discussion about drug use was sometimes in the trainers' opinion in an inappropriate level as the group members began to share experiences about different drugs. Talking about drug use in this manner may cause different reactions among group members due to their different life situations. For example, someone may be thinking about ending drug use, whereas someone else is still an active user. However, the discussion provided street data that can be useful for the workers to know.

Resources, especially time was the most central issue that came up in our data in relation to improvement suggestions. In the group members' opinion, training could have been longer and there could have been more group members in order to get more points of views. One of the group members said that the participants should also be chosen more carefully. Trainers had a similar point of view as they said in one of the evaluation discussions that it is good to consider beforehand who to invite to the training, so that time is not wasted on controlling people who are not able to concentrate and might disturb others. Trainers also felt that sometimes there might have been a need for more members, as there was the feeling that maybe too much pressure was put on certain group members.

There was a lot of discussion on the length of the training. The trainers, for instance noticed that the group members proceeded in different pace. One group member may need more time with a certain task than the other. When tasks were included into meetings, there was speculation whether there was enough time to explain and discuss about the results. While comparing the answers of group members and trainers, we found disagreement in relation to the length of the training. One of the group members said that they could have discussed even longer during the meetings, whereas the trainers' point of view was that the training could have maybe been shorter:

I maybe thought at some stage that at the end of the training we clearly began to repeat things in some way, so maybe this group could have managed with a shorter training but then again, different kind of group could have needed a longer training. So, after the initial familiarizing and sharing phase we had a clear

switch straight to peer work. We kind of followed the structure of the training but in the plan these peer work issues would have been presented only right at the end of the training but we already handled them along the way. So, maybe we could have managed with a shorter training and a little less stress. (T1)

The trainers' common opinion was that there should be more time for planning and evaluation. In their opinion, separate project funding would enable the trainers to give the needed time for the group and the planning of the training.

...this training and planning it would surely require resourced time and that we didn't have. This was done with our own resources because we just wanted to carry this out. So if this is continued or duplicated, there should be a realistically resourced employee to carry it out and time for planning. (T1)

More planning time at least and time for evaluation, so that there would be a real funding for this kind of project. That would enable to arrange it in a totally different way. So not like that that we close at two and the training starts at two, and the training stops at four and working time stops at four, and then there's the evaluation and stuff should be gone through, and one can't do it the next day, so planning these things..

...arranging the timetables and enabling a thorough planning, so that there wouldn't be extra stress that one doesn't have time to complete other work duties properly and the rest of the working team feels pressured because of that. These are in my opinion very central issues...

..the thought that it's so nice to carry out something like this but one really has to resource it somehow...if one wants it to be reasonable and that people really get something out of it, it should be put effort on. (T2)

So, although it is possible to conduct a peer training programme without separate resources if there are motivated workers, it is explicit based on the data that extra resources would improve the training.

## 6 DISCUSSION

In this chapter we will discuss the results of our study. In addition, we will compare our results to a study of Espoo Vinkki's peer training programme and discuss suggestions in relation to the development of the Lyhty peer training programme.

## 6.1 Main findings

The Lyhty peer training was a positive experience for all the participants and it created a possibility for injection drug users to participate in Stoori's services by acting as peers and sharing their knowledge on the life around drug use. Discussions were open and educational for both the group members and the trainers. The group members were not forced to participate. On the contrary, they had personal motivation to help other drug users, especially young ones. The first Lyhty peer training programme was a pilot project which had both expected and unexpected challenges that were partly related to the group in question. Group members' intoxication in the training meetings and field work were seen as challenges, as well as, supervising the peers when they worked in the field. More time and separate funding were seen as a prerequisite for the continuation of the Lyhty peer training programme.

As mentioned earlier, these results are unique to this particular peer training programme and most useful in developing future Lyhty peer training programmes. However, they can also be taken into account when developing other peer training programmes as they present challenges that could possibly come up in other peer training programmes as well. In addition, the results of this study prove that peer training programmes and peer work are means of increasing user participation and utilising the expertise that drug users have about drug use and related challenges.

In the following sections we will discuss the results in more detail. We begin by taking a look on how the objectives of the training programme were realised in the light of our study results.

## 6.2 Realisation of the objectives

Despite the small number of participants, the objective of getting committed peer workers to Stoori was realised. Out of the three participants, two began working as peers in Stoori. As seen in the results, the peer activity has started out well but it has its challenges that need to be tackled. This shows the importance of having support persons

from the staff of the organisation. The *common journey* does not end when the training ends but the peers need support and guidance in the actual peer work as well.

Another objective of this peer training was to construct the contents of the training from the challenges and needs of the group members. Unfortunately, that turned out to be difficult as the group members did not present a lot of needs or challenges. Reasons for the lack of content suggestions were perhaps the low number of participants, as well, as the fact that the group members did not know clearly what the training would include, as it was the first peer training in Stoori. After the training, the group members gave some suggestions like the need of learning about new drugs or first aid skills. Perhaps now that the peers are working in Stoori there are more suggestions made on the content and more chances to increase user participation in constructing the training.

Third objective was to gather street data through the discussions. In our opinion this objective was also not realised as well as it could have been. The training included a lot of discussion about the everyday life of the drug users, new drugs and the rights of a drug user. However, in our opinion, not a lot of such information was produced that could have been of use in developing the services in Stoori as such. Trainers did not bring up this issue in the interviews either. Nevertheless, as seen in the results, the discussions were clearly valuable for the workers as they enabled to gain a deeper insight into the world of drug users and getting more familiar with those particular individuals and that can naturally help the trainers to develop their work methods.

The empowerment of the participants was seen as an important aim from the trainers' point of view. So, was the Lyhty peer training programme really an empowering experience? Group members did not mention to have been empowered by using that exact verb; neither could it have been asked in the interview as a direct question. However, it seemed that it was an empowering experience. Group members did say more than once that it felt good to be of help to others, especially for the young users. This shows that they felt themselves to be able to help others and also that they felt like they have something to offer. They were trusted by the trainers and treated with respect, which most likely helps in motivating them to work as peers.

Earlier in the empowerment chapter 2.4 , three levels of empowerment were described and all these different levels were somehow related to the Lyhty peer training programme. On a personal level it was one of the main aims to bring new challenges into a life of an injection drug user and involve him or her in participating through empowerment and creative methods.

One significant viewpoint is that the peer workers' self respect grows through peer work and training. Seeing oneself as important and useful can be a significant factor in viewing and re-organising one's own life. Training and peer work strengthen, and help one to see their own life from a different angle.  
(Malin, 2007, 29)

According to Malin (2007, 29) peer training and peer work have an effect on the peer at the personal level.

The group members were aware of the general attitudes of society and people, and it was discussed together in the group how these could be changed. Other cultural and structural issues were discussed too, for example there was a meeting with a topic of injection drug users' rights. Though discussing this issue consisted of personal experiences, societal level was discussed as well. Harm reduction work challenges what people think as a more traditional way of working with drug users, and during the training there was also discussion on what perceptions people have on drug users. A good example of this was a case, when a health care professional had said that there is no use of helping a drug user. There was also discussion on how general stereotypes could be challenged. One way of helping the drug users to act more responsibly is to have public containers for needles in the toilets. Thus, there would be a lesser chance for the needles and syringes to end up in parks, bins and yards. It would not erase the problem completely, but might be of help. These were all grass root-level discussions, yet they were topical to the Finnish society.

Next, we will discuss the issue of user participation in relation to our study results.

### 6.3 User participation

In our data, the group members did not mention the importance of being involved in the services as such. One reason is that we did not ask about participation directly and another may be because the Stoori community already offered a chance to help and participate for the service users. However, group members felt that it was important that they were given a chance to help other users and they were clearly motivated to work. The results show that injection drug users can be active participants instead of just passive recipients of services. What is needed is a chance to participate.

Nevertheless, even if a chance to participate would be offered, it seems that prejudices hinder drug user participation to a great extent. It is difficult to be motivated if the society in general views drug users only as marginalised potential criminals. As seen in the results, drug users can affect to the stereotypes and prejudices themselves by acting responsibly. Other reasons hindering drug user participation and drug user activism in Finland are according to Tuukka Tammi (Anker et al., 2006, 33), Finland's short history of the mass drug use and consequently the average young age of drug users in Finland compared to many other European countries:

Presumably, in order to become politically conscious and active, users need to reach a certain age and/or have a long enough "drug user career", and it also takes time to form the necessary critical mass.

Our findings support this thought as the group members' opinion was that young drug users are in general selfish and not interested in helping others. That would suggest their low interest in campaigning for a common cause.

In the meeting discussions it came up that different officials listened to drug users' problems better if, for instance, a social worker was accompanying them. So, besides drug users themselves, professionals also play a big role in changing prejudices and practices. However, the problem is that not all professionals are promoting empowerment and user participation. For instance Tuukka Tammi (Anker et al., 2006, 32) describes in his article clients' discontent on the substitution treatment in Finland:

Treatments for opiate users still seem to involve a strong element of control and the users' rights to influence treatment basically means the right to refuse treatment.

In our opinion, active inclusion of service users and professionals' commitment to user participation are means of changing attitudes and practices into a more involving way of working. According to Schulte, Moring, Meier & Barrowclough (2007, 286), if drug users are offered a chance to be involved and have a say to changes and improvements in services, it may help to decrease social exclusion and reduce stigma. In the Lyhty peer training programme we could see that the trainers were really committed in involving their service users. Furthermore, the trainers respected the service user knowledge that the group members had and wanted to learn from them. This led to the closeness in the group, as mentioned in the results. In our opinion, that closeness made this training very unique. Although it was a pilot project, which had its challenges, it succeeded in changing the conventional hierarchical roles of service providers and users.

As mentioned in the description of the Lyhty peer training programme, the participants may have a chance to work as trainers in the future after completing the training. This would also increase user participation and probably make the training more effective as it would include the point of view of someone who has already worked as a peer and can tell about the benefits and challenges of the work from a peer's point of view. Drug users are experts in the life around drug use. As mentioned by a trainer, no outsider can have a real understanding of that world, so it would be important to utilise that service user knowledge.

Issues described above illustrate attempts to put user participation into practice instead of talking about it in a theoretical level. We consider that to be noteworthy in this training as involving service users is often discussed in today's social work but in reality it often seems to be easier said than done, especially with drug users. However, this training programme had challenges as well. Next we will discuss these challenges.

## 6.4 Challenges

As mentioned in the results, supervising field work was seen challenging by the trainers. When a peer enters a drug user community, he or she is a peer worker but also part of the community. There are questions of depth, trading, using drugs and personal relationships that might affect the peer work. Entering these communities is an effective way of working and reaching those who for a reason or another will not use the free health guidance services, thus field work plays an important role.

According to Toronto Harm Reduction Task Force's Peer Manual (2003, 44-45), the peer supervisor has an extremely important role in peer work. Communication between a peer and the supervisor is very important and if any personal problems begin to interfere with the peer work, the peer should inform the supervisor. If the supervisor senses that something is wrong, he or she has a responsibility to ask the peer what is happening and try to find a way to solve the issue in co-operation with the peer.

Furthermore, intoxication was a challenge during the training and it possibly is a challenge in the field work as well. There was more than one case where a group member's participation in the group was affected by intoxication. It is an unpredictable matter but will affect all group members. It took time to deal with these cases and all that time was away from the group. However, it is also part of the group process and in accordance with the ideology of Stoori, which is to welcome people even if they are intoxicated. Still, in our opinion, it is good to think what the limitations are with the cases similar to these during the training.

## 6.5 Previous research

We compared the results of this study to a thesis of Peer's experiences of Snowball-training in Espoo's Vinkki. Mirja Laitio has conducted interviews with peers who have gone through a peer training called Snowball in Espoo's Vinkki. Vinkki provides health guidance services and is run by the A-clinic foundation.

Both, in Laitio's research as well as in ours, young drug users came up. In Laitio's interviews the interviewees said that they are worried about the young drug users



(Laitio, 2007, 30, 35). The Lyhty peer training programme participants shared similar thoughts of wanting to help young drug users and that young drug users need more information about the harms, hygiene, dangers and services available.

Those who participated became dedicated, though there were fewer participants than had been invited. This is due to different situations in life that drug users face. In snowball-training the trainers had not expected a very high level of commitment (Laitio, 2007, 21).

Resourcing was different in the Lyhty peer training programme and in Snowball-trainings. For example, in the report of Snowball-training in a multicultural environment it is mentioned that there was a working team consisting of professionals who had two months time to plan the training. However, they had experienced the timetable of the training hectic and completing work tasks concerning the training had overlapped with their other work tasks (Malin et al., 2007, 18).

It could be said that our study of the Lyhty peer training programme confirms the results of previous studies on peer training programmes and peer work with drug users, rather than challenges them. It is evident that there should be more resources, like time and staff, in order to make peer training programmes even more efficient. It seems that the way of leading the training has an impact on the participants, and while they go through the training, most of them become active peers. Going through the training and finding resources in themselves to be of help to others has been a positive experience to the participants and has empowered to act as peers. Harm reduction work can enter drug user communities through field work done by peers. Participants distribute clean needles and syringes to other users while living their everyday life and this is seen as an effective way of reaching those who do not use the services available. Consequently, peer work helps in reducing the transmission of HIV/AIDS among drug users.

Next, we will discuss some suggestions concerning the development of the Lyhty peer training programme in relation to our research question “How could Lyhty peer training programme be improved?”

## 6.6 Suggestions

Field work is a part of peer work and our suggestion is that it could be included into the training already. During the training the challenges and possible situations in the field should be discussed. Perhaps some sort of practical tools or advices could be given for the future peers for dealing with these situations. For instance, group members could make short dramas where difficult situations would be solved. Those dramas could then be discussed in the group. If giving tools is complicated or for some reason not possible, field work should be at least discussed with group members, so that there is preparedness for the actual work. That would also save time in feedback discussions between peers and their support person, and possibly reduce unwanted behaviour in the field.

We agree with the group members that more practical topics concerning field work could also be included, such as, resuscitation, new drugs and protection while dealing with the exchange of needles and syringes. After the Lyhty peer training programme there were many things that the peers, as well as, the trainers learned in practise. This is due to the fact that this was a pilot training, so it is also true that not everything could have been considered or known beforehand. All in all, in our opinion the training could have been even more practical. Then again, that would challenge the discussive nature of the training.

When it comes to the resources of the training, we agree with the trainers that more time would have been needed, for example for planning and evaluation. This would have probably enabled the trainers to concentrate more on the practical issues. In the evaluation chapter, a trainer mentioned that she felt that the training began to repeat itself in the end. We found it interesting that we did not notice such repetition although we participated in the training as well. That is probably because the experience of the trainers differs from that of the others in this perspective. As the training focuses mainly on conversation, it is perhaps not that easy for the group members to keep a track of issues that are covered in the training. Whereas, the trainers have the stress and responsibility of keeping the training together, as well as a different work load. They also have some kind of a plan and idea of the issues which should be covered in the training and this may bring extra stress in this type of training where the content should

be mainly produced by the group members. It probably also adds stress if the participants produce little ideas for the content part, as was the case with this particular group. This issue also speaks for the need of increase in the resources for the training.

In the following chapter, we will make concluding remarks, suggest further research and discuss our professional development.

## 7 CONCLUSIONS

In this study it has been discussed how the Lyhty peer training programme brought service users and workers closer to each other and enabled a dialogue on a more equal level. The injection drug users who participated in the training were motivated to participate and help other drug users. Although the peer training programme was a positive experience for all the participants, it had challenges which should be taken into consideration if the training programme is continued. However, the Lyhty peer training programme proved to be an example of a work practice which creates a possibility to involve injection drug users in the services and their development.

In our opinion, the question of field work would be worth of studying in the future. There would definitely need to be more information on it, which would benefit both the trainers and the future peer workers. Field work is an effective tool in reaching those who otherwise are *left in the dark* for a reason or another. If there was more data about the field work and more focus and development on that area, it could strengthen the co-operation of professionals and voluntary peers and thus it would bring more efficiency to the harm reduction work. This type of training programme enables the mobilisation of the unused potential and expertise that the drug users have. The challenge is to win the prejudices and raise awareness on the potential of involving drug users in the services that affect their lives.

## 7.1 Professional development

First of all, this thesis process has been a learning experience for both of us. Working with drug users was a new and an eye-opening experience. We learned more about the everyday life of drug users and got to know the individuals behind the drug use who possessed resources to help themselves and others. This process also introduced us to the concept of harm reduction which we were not familiar with beforehand. It was interesting to learn about an alternative working method alongside more traditional methods, such as rehabilitation programmes. Working with this service user group was interesting for both of us and we are interested to continue this kind of work in the future, if possible.

User participation was one of our key concepts and this thesis process opened the subject for us a great deal. We learned that putting user participation in practice is not an easy task but it is possible even with groups that are generally considered as challenging, like drug users. Our own attitudes and limits were challenged during the process. For instance, sometimes during the meetings we felt that we would have asked an intoxicated group member to leave a lot earlier than the trainers did, as we felt that they were disturbing the other group members too much. Trainers' patience was probably a lot better because they work with intoxicated people every day and they wanted to increase the participation level of drug users as this service user group is often turned away from services.

In our opinion, one of the most important lessons we learned during this process was indeed the importance of increasing the involvement of those service user groups which struggle to get their voice heard or are not treated with respect because of prejudices. This is an issue on which we want to develop our knowledge in the working life as well. Our personal opinion is that all work with drug users should aim at supporting the service users to stop using drugs as they cause considerable damage to their health and often lead to many social problems. It would also be interesting to familiarise ourselves with preventive work forms and methods. However, we think that everyone has a right for equal treatment, services and to be helped in ways that reduce drug-related harms, even if the person is not willing to stop his or her drug use. These new learning

experiences motivated us in this thesis process which has also given us tools to conduct a research, as we had little experience on it beforehand.

Writing this thesis as a pair work was both rewarding and challenging. It made possible to share two different points of views and discuss about the topics. As we both participated in the Lyhty peer training programme during our placement, we also had two different experiences of it. This helped in having critical discussions and sustaining objectivity as there were two points of views instead of just one. What turned out to be challenging factors in the pair work were our personality differences and especially different situations in life. Arranging timetables for a common analysis and writing time was difficult at times.

Distribution of work in writing this thesis was carried out in the following way.

Sections written mainly by Minna Hekkala are: 2.1, 2.3, 3.1, 3.3, 3.4, 4.1 and 4.4. Sections written mainly by Saila Ohranen are: 2.2, 2.4, 3.2, 3.5, 4.2, 4.3 and 4.5. Other chapters we have either written together or divided the work to some extent but the analysis and discussion on the topics has been done together and both have made additions to each other's texts. In relation to the above mentioned divided sections, there has also been common discussion and there may be additions by another writer.

We hope this research could be of help for professionals interested in peer training programmes with drug users. In addition, we hope this thesis increases interest in service user participation, especially with the most marginalised and controversial groups like injection drug users.

## REFERENCES

Adams, Robert 2008. Empowerment, participation and social work. Fourth edition.

New York: Palgrave Macmillan

A-clinic foundation. Accessed 16.9.2010.

<http://toimipaikka.a-klinikka.fi/vinkki/toimipisteet>

Anker, Jørgen, Asmussen, Vibeke, Kouvonen, Petra & Tops, Dolf (Ed.) 2006.

Drug users and spaces for legitimate action. Helsinki: Nordic Council for Alcohol and Drug Research (NAD), NAD publication; no. 49.

Bean, Philip 2010. Legalising drugs. Debates and dilemmas. Bristol: The Policy Press.

Cable. Accessed 26.10.2010.

[http://jarvenpaa.diak.fi/files/diak\\_jvp/liitetiedostot/Cable2008.pdf](http://jarvenpaa.diak.fi/files/diak_jvp/liitetiedostot/Cable2008.pdf)

Cable partner organisations. Accessed 26.10.2010.

[http://www.ecgnet.cz/index.php?option=com\\_content&task=view&id=13&Itemid=34](http://www.ecgnet.cz/index.php?option=com_content&task=view&id=13&Itemid=34)

Centers for Disease Control and Prevention (CDC). Accessed 15.9.2010.

<http://www.cdc.gov/hiv/topics/cba/resources/guidelines/hiv-cp/appendixD.htm>

Charlois, Thierry 2009. Drug user participation and European cities. 6th EXASS Net

meeting in Amsterdam, the Netherlands 19 – 21 October 2009. Accessed 30.8.2010.

<http://www.coe.int/t/dg3/pompidou%5CSource%5CActivities%5CEXASS%5CDrugUserParticipation.pdf>

- Colella, Trace J.F & King, Kathryn M. 2004. Peer support. An under-recognized resource in cardiac recovery. *European Journal of cardiovascular nursing*. Accessed 27.10.2010  
[http://anna.diak.fi:2051/science?\\_ob=ArticleListURL&\\_method=list&\\_ArticleListID=1518091208&\\_sort=r&\\_st=4&\\_acct=C000060465&\\_version=1&\\_urlVersion=0&\\_userid=3411743&md5=5e41761c20db2a35b1040ff3e033fda7&searchtype=a](http://anna.diak.fi:2051/science?_ob=ArticleListURL&_method=list&_ArticleListID=1518091208&_sort=r&_st=4&_acct=C000060465&_version=1&_urlVersion=0&_userid=3411743&md5=5e41761c20db2a35b1040ff3e033fda7&searchtype=a)
- Creswell, John W 2007. *Qualitative Inquiry & Research Design. Choosing among five approaches*. Second Edition. London: SAGE Publications.
- Denzin, Norman K. & Lincoln, Yvonna S. 2008. *Collecting and interpreting qualitative materials*. Third edition. London: SAGE Publications.
- Guest Greg, Mack, Natasha, Macqueen, Kathleen M., Namey, Emily & Woodsong Cynthia 2005. *Qualitative research method: A data-collectors field guide*. North Carolina: Family Health International. Accessed 23.9.2010.  
<http://www.fhi.org/NR/rdonlyres/ezacxnbf52irvkhkxxvf2z7vt5aglkcxlwxb3zobgbab3renayoc373plnmdyhga6buu5gvkcpmgl/frontmatter1.pdf>
- Hirsjärvi, Sirkka & Hurme, Helena 2008. *Tutkimushaastattelu, Teemahaastattelun teoria ja käytäntö*. Helsinki: Helsinki University Press.
- Holliday, Adrian 2007. *Doing and writing qualitative research*. Second edition. London: SAGE publications.
- IHRA. International harm reduction association. Accessed 30.8.2010.  
<http://www.ihra.net/what-is-harm-reduction>
- Kemshall, Hazel, Littlechild, Rosemary 2000. *User involvement and participation in social care: research informing practice*. London: Jessica Kingsley Publishers.

- Laitio, Mirja 2007. Vertaistoimijoiden kokemuksia Lumipallo-koulutuksesta Espoon Vinkissä. Accessed 29.10.2010  
[http://kirjastot.diak.fi/files/diak\\_lib/Helsinki2007/669cf5\\_Helsinki\\_Laitio\\_2007.pdf.pdf](http://kirjastot.diak.fi/files/diak_lib/Helsinki2007/669cf5_Helsinki_Laitio_2007.pdf.pdf)
- Lyhty peer training programme 2010. Stoori's peer training file. Helsinki: Helsinki Deaconess Institute. Unpublished data.
- Malin, Katja, Mikkonen, Mika, Nastamo, Lioudmila & Puro Päivi 2007. Peer training in multicultural environment 2007. Snowball and individual training at the Vinkki health advice centre in Helsinki during 2005-2006. Amsterdam: Foundation Regenbook AMOC.  
<http://toimipaikka.a-klinikka.fi/vinkki/sites/toimipaikka.a-klinikka.fi.vinkki/files/quickuploads/file/snowball.pdf>
- Malin-Kaartinen, Katja, Marttinen, Kirsi, Puro, Päivi & Viljanen Merja 2008. Linkki-projekti 2008. Huumehaittojen vähentäminen vertaisryhmätoimintana Helsingin terveystieteiden tutkimuskeskuksessa vuosina 2004–2008. Helsinki: A-clinic report No. 54.  
<http://toimipaikka.a-klinikka.fi/vinkki/sites/toimipaikka.a-klinikka.fi.vinkki/files/quickuploads/file/Linkki-projektin%20loppuraportti.pdf>
- Miles Matthew B. & Huberman A. Michael, 1994. Qualitative Data Analysis. California: SAGE Publications Accessed 23.9.2010.  
[http://www.google.com/books?hl=fi&lr=&id=U4IU\\_-wJ5QEC&oi=fnd&pg=PR12&dq=Miles+%26+Huberman+1994,+Qualitative+Data+Analysis+pdf&ots=kB\\_H-JMW-P&sig=Lzve7cUvHMYd3LolIk26YnEVGLo#v=onepage&q&f=false](http://www.google.com/books?hl=fi&lr=&id=U4IU_-wJ5QEC&oi=fnd&pg=PR12&dq=Miles+%26+Huberman+1994,+Qualitative+Data+Analysis+pdf&ots=kB_H-JMW-P&sig=Lzve7cUvHMYd3LolIk26YnEVGLo#v=onepage&q&f=false)
- Pedersen, Esben, Houborg & Tigerstedt, Christoffer (Ed.) 2003. Regulating Drugs-Between users, the police and social workers. Helsinki: Nordic Council for Alcohol and Drug Research. NAD publications No. 43.



Rubin, Herbert J. & Rubin, Irene S. 1995. *Qualitative Interviewing, The Art Of Hearing Data*. California: Sage Publications

Schulte, Sabrina, Moring, Jan, Meier, Petra Sylvia, Barrowclough, Christine 2007  
 User involvement and desired service developments in drug treatment: Service user and provider views. *Drugs: Education, Prevention & Policy*. Date: June 1, 2007. Vol. 14 Issue 3. Accessed through Nelli 19.11.2010.  
<http://anna.diak.fi:2100/ehost/detail?vid=4&hid=17&sid=5b89dd36-b63d-417e-97c2-8233c0553b3b%40sessionmgr10&bdata=JnNpdGU9ZWZWhvc3QtbGl2ZQ%3d%3d#db=aph&AN=25346577#db=aph&AN=25346577>

Scribd. Dr IgnatiusGwanmesia. Accessed 31.8.2010.  
<http://www.scribd.com/doc/31302583/Strategic-Empowerment-in-Social-Work-Practice-An-Analysis-of>

Stake, Robert E 1995. *The art of case study research*. London: SAGE Publications

Stoori drop-in centre. Helsinki Deaconess Institute. Accessed 14.6.2010.  
<http://www.hdl.fi/en/drug-abuse-treatment/drop-in-centre-stoori>

Tammi, Tuukka 2007. *Medicalising Prohibition: Harm reduction in Finnish and International Drug Policy*. Helsinki:Stakes.

Thompson, Neil. 2007. *Power and empowerment*. London: Russell House Publishing

Thompson, Neil 1998. *Promoting Equality*. London: Russell House Publishing.

Toronto Harm Reduction Task Force, Peer Manual 2003. Accessed 10.9.2010.  
<http://www.harmreductionnetwork.mb.ca/docs/thrtf.pdf>

Warren, Janet 2007. *Service user and carer participation in social work*. Glasgow: Learning Matters.

Yin, Robert K 2003. Case study research: design and methods. Third edition.

Applied social research methods series; volume 5. London: SAGE Publications.