Addressing empowerment through the process of empowerment —a discussion

Colophon

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Editors:

Georg Bröring

Eberhard Schatz

Publisher

Foundation Regenboog AMOC

Correlation Network

Postbus 10887

1001 EW Amsterdam

The Netherlands

Tel. +31 20 5317600

Fax. +31 20 4203528

http://www.correlation-net.org

e-mail:info@correlation-net.org

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Coordinator: Lorenzo Camoletto, Gruppo Abele

Focus Group reports

Authors:

France: Lenneke Keijzer, Espoir Goutte d’Or

Sweden: Berne Stålenkrantz, Svenska Brukarföreningen (SBF)

Netherlands I: Maria Cerutti, AMOC Amsterdam

Netherlands II: Theo van Dam

Italy: Lorenzo Camoletto, Gruppo Abele

Norway: Runa Frydenlund, City of Oslo - Alcohol and Drug Addiction

Service Competence Centre

1.Introduction: Rationale and methods of focus groups

"*A focus group is a form of qualitative research, in which a group of people are asked about their attitude towards a product, service, concept, advertisement, idea, or packaging. Questions are asked in an interactive group setting where participants are free to talk with other group members*." (Wikipedia – 20 November 2007 – http://en.wikipedia.org/wiki/Focus_group#In_social_sciences)

In the area of social sciences, "…focus groups allow interviewers to study people in a more natural setting than a one-to-one interview. In combination with participant observation, they can be used for gaining access to various cultural and social groups, selecting sites to study, sampling of such sites, and raising unexpected issues for exploration. Focus groups have a high apparent validity - since the idea is easy to understand, the results are believable. Also, they are low in cost, one can get results relatively quickly, and they can increase the sample size of a report by talking with several people at once." (Marshall and Rossman, Designing Qualitative Research, 3rd Ed. London: Sage Publications, 1999, p. 115)

a) Methods

In the following part, the main characteristics and methods of focus groups are summarised in a concise way. For more detailed information, please see the suggestions for further readings in the section *Literature* below.

- Focus groups are focused on a specific, pre-defined issue
- Focus groups are particularly relevant to find out about peoples attitudes, believes and opinions
- The focus group participants share common characteristics
- Focus groups are generally designed for 8 to 12 participants
- A moderator guides the discussion
    - A catalogue of possible questions supports the moderator in his task

    - The prepared questions need to be used in a flexible way to give space to the needs of the participants
- An observer takes notes during the meeting
    - The notes do not only reflect the spoken word but also non-verbal messages and the atmosphere at the meeting
- The information generated by a focus group needs to be analysed properly and can be used for the development of policies and interventions

Preparations

Before starting a focus group, the following questions should be settled:

- What specific information do we want do get from the focus group?
- How do we identify and select the participants?
- Who will conduct the focus group and how?
- What are the contents of the pre-defined question list?
- How will the information be analysed and reported back?

Selection of participants

For the selection of participants, some considerations should be made:

- Firstly, define the group, from which you expect to get the needed information
- From this group, you can select people at your convenience
- Make sure you have a good representation of people you want to include
    - Consider age, gender, ethnic background etc.
- Invite more people than needed – consider that people may not show up

Preparation of questions

Take care of the following aspects when developing the question line:

- Make sure that all can understand the questions
    - Consider language skills and intellectual level
    - Do not combine several issues in one question
- Avoid questions that may embarrass people or make them feel guilty
- Avoid too many `Why` questions; they may sound interrogative
- If questions are translated, check whether they are really understood

Collection of the information

There are various forms of collecting data from focus groups:

- Written notes – this is probably the easiest way to organise, but information can get lost, in particular when the discussion gets more lively
- ape recording – this may be the most appropriate means of collecting information, as it is not too complicated to organise, and still prevents to a great extent the loss of information
- Video recording – provides even more information than tape recording, as it also reflects non-verbal expression; but it may be intimidating for participants.

No matter, which way of collecting information is chosen, it needs to be communicated clearly to the participants.

Analysis of the results

The analysis of the information should be done in various steps:

- Firstly, you should look at the data – notes, tape recording or video-recording – as a whole

- Next, you can read, listen, watch it again, taking into account specific indicators (e.g. how often a certain message/word/question occurs during the group session)
- You may use certain codes for those messages/words/questions to make the analysis easier

Rounding off

To finish the process of the focus group, you may wish to discuss the results and analysis with colleagues, in order to establish, whether the results provide the information that you were looking for in the first place.

b) Advantages and disadvantages of focus groups

It needs to be noted that focus groups are an important tool, but that they also have their limitations.

Advantages

- Focus groups produce a lot of information
- They can be organised more easily and at less cost than separate interviews with different respondents
- They are suitable for communities with limited literacy skills
- They can provide information about attitudes and opinions that might not be revealed in a survey questionnaire
- Focus groups can be fun!

Disadvantages

- Results from focus groups can not always be used to make statements about the wider community
- For various reasons, participants may agree with responses from other group members; caution is required when interpreting the results
- A moderator who is not-well trained may influence the participants to answer questions in a certain way
- Focus groups have limited value in exploring complex beliefs of individuals; for this purpose, in-depth interviews are a more appropriate method

c) Literature

There is a wide range of publications and websites available that provide information about the methodology and potential of focus groups. A concise overview of some fundamental information about focus groups has been compiled by the Iowa State University (http://www.extension.iastate.edu/publications/pm1969b.pdf). The authors look particularly into the purpose and procedures of focus groups and compare them with other forms of (social) research. They address the way of communicating during and reporting after focus group sessions. In they summary they stress that focus groups ”produce high quality data if they are employed for the right purposes, using the right procedures.”

A more comprehensive and detailed publication has been developed by the Tropical Health Program University of Queensland Medical School: A Manual for the Use of Focal Groups. This document is based on materials of the WHO and UNDP and is available online (http://www.unu.edu/Unupress/food2/UIN03E/uin03e00.htm#Contents). Information is given about all steps of the implementation of focus groups – from the design of the study to the selection of participants and the analysis of the results. Special attention is paid to training of health professionals, in order to prepare them for properly conducting focus group sessions.

Another very comprehensive document is the book Focus Groups: A Practical Guide for Applied Research (RA Krueger, MA Casey, 2000). The authors guide the interested reader along all important aspects of focus groups, such as planning, developing the questioning

route, participants, moderating skills, analysis of the results and reporting. Parts of the book are accessible online.

2. The process of the Correlation focus groups

As members of the Correlation expert group on Empowerment[1], we asked ourselves how it can be possible to investigate the meaning of empowerment and generate applicable outcomes, within our budget and time constrictions. We needed to find a simple, flexible method that is both useful for us and can also include clients and service providers in the process, and which, in doing so, can change each other's point of view and deliver results in terms of self-efficacy and self-esteem.

The choice of a "focus group" technique appeared to be suitable, as it can be relatively simply applied at a low-threshold centre (for example, involving participants within the group who are at the centre at a given time). The purpose was to gather a group of experts who, in accordance with our aim of empowerment, meant that drug users had to be involved and considered as experts too. This was a first step for us and meant that we all met people who were involved because of their personal knowledge of addictive substances and addiction-related lifestyles — a knowledge, at least of the same value as that coming from university studies.

A focus group can be defined as a "carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment," (Krueger and Casey, 2000, p. 5). The focus group was designed originally as a marketing research tool and has been adapted for research in many fields, such as medicine and social sciences.

Focus groups are quite simple to organise and can achieve a win-win situation: in this context, they can address empowerment while at the same time empowering the participants involved.

During the Correlation meetings in Amsterdam and Krakow[2], we decided to establish a number of focus groups in several countries where associations, drug centres and

1 Members of the group: see above

2 Egmond September 2005, Krakow March 2006

organisations exist that are members of the Empowerment Group.

The aim to discuss empowerment issues while promoting empowerment at the same time led us to choose (at the Amsterdam meeting) the focus group methodology and involve — as experts — both clients and professionals of low-threshold services, who would discuss the following:

- The right to be treated with respect and dignity.
- The right to receive information, medication and treatment.
- Regulation/normalisation of drug use.

Afterwards, in order to make empowerment the very core of the focus group, the following question was added:

- "Do you think clients can be actively involved in the work of service providers/centres? How?"

The focus groups' target was to make comparisons between different European situations, but the "shadow-target" was to verify the participants' perceptions, possible oppositions, and the availability of services, possibly leading to the founding of smaller work groups of clients and social workers, who would be able to work together. As for the methodology, flexibility was the guiding principle. Therefore, every group made adjustments according to its own situation. In order to disseminate and compare the focus groups' outcomes, the tools that were chosen comprise of a short written report and a number of comparative overviews.

We established twelve focus groups:

- Four in France, in a drop-in service
- Two in Italy, in two drop-in services
- One in Norway, in a public resource centre for drug users
- Three in the Netherlands, one in a centre for low-threshold services, one in a drug-user room and one was carried out informally
- One in Sweden, in the offices of a drug-users' union

- One in Switzerland, in the offices of a parents' association.

The aims:

Firstly, for the Correlation conference in Sofia (September 2007), we wanted to create a document with outcomes detailing the experience of focus groups as well as some basic "guidelines" and answers to the following questions:

- Was it easy to work at the same level (clients and social workers)?
- What about feelings and feedback?
- What about a means to "pass the ball" to clients?

The second (and more important) purpose was to improve the involvement of clients in the decision-making process of social services.

However, this is only the first step and we want to establish how we feel about working together.

In this overview we summarise our focus group experiences in low-threshold centres, service providers and/users' groups, before addressing outcomes and feedback. The conclusions will be presented at the Correlation conference in Sofia.

3. Focus groups overviews

3.1. France

Who?

Hosts:

Espoir Goutte d'Or, Paris.

The initiative was taken by a service provider of a low threshold drop-in centre and the choice was made to invite only drug users attending the service. One or two professionals acted as facilitators and tried to influence the content of the discussion as little as possible, in order to collect data only reflecting the users' point of view.

Participants:

The first three meetings were facilitated by one or two people. The users attending the meeting were mainly marginalized crack users (only men). *The last meeting* was facilitated by one professional and attended by highly marginalized opiate users.

Despite the effort to invite the same people to the focus groups, every group was attended by different users. This is a problem often encountered in a low threshold setting: people attending our programmes are very marginalized, thus they are not always able to participate repeatedly, even though they might want to.

Why?

Again, it is about lowering the threshold so that people, who want to participate, can. It is very important to explain the purpose of the meetings. People are more willing to participate if they know that the results are going to be used (we wanted to present the results during a conference which would be attended by politicians).

How?

First meeting:

The users of the drop-in have a meeting every week; this particular week, the president of the users' committee was absent, so this focus group replaced their usual meeting.

The meeting took place without specifically inviting users. Information flyers were made one week before the meeting. Fifteen minutes before the meeting, one of the facilitators invited everybody present to join the meeting, explaining what the purpose of the meeting was. The meeting was held in a quiet corner of the drop-in. First, the users gave their own definition of every term (respect, dignity), and then we discussed the issue knowing we were all talking about the same thing.

Second and third meeting:

These meetings took place during opening hours of the syringe exchange programme in an open space downstairs. This means that, though separated from the usual activities, users could hear and see what was going on at the syringe exchange programme, but the other clients could not hear what was said during the meeting. In order to invite clients to the meeting flyers were made one week before.

Also, several users (those who attended the meeting at the drop-in before and other people who we thought might be interested in participating) were invited personally (after an explanation of the purpose of the meeting and an oral invitation).

Several evenings before the meeting, and also during the hour preceding the meeting, one f the facilitators invited everybody that came in to join the meeting, explaining what the purpose of the meeting was.

Last meeting

Due to low levels of participation in the previous group meetings (4, 3 and 4 people), we decided to invite people to participate in the focus group in a small restaurant where we would all eat. Seven people were invited and two people showed up.

Outcomes and remarks

The idea to have the meeting in a restaurant was good, but difficult to realise in such a setting. When the meeting takes place in a drop-in, it is no problem if someone does not show up because there are always other users who can join in. When a meeting takes place outside the organisation, “no-shows” can’t be replaced. To increase participation, next time, it might be better to bear the following in mind:

- Let everybody know in advance when a meeting will take place, on what subject and for what reason.
- Invite several users personally (because you think their input will be particularly valuable, because you think they will be able to take along friends to participate etc.)
- The meeting can be held in the drop-in. A special atmosphere can be created (food, drinks etc.) to make the users really feel welcome and respected.

3.2. Sweden

Who?

Hosts:

The Swedish users' union (SBF) office, where we have facilities to arrange conferences, seminars or other activities for our members and others in connection with drug use.

One of the main issues of the Swedish users' union is to incorporate real "user involvement" into Swedish drug policy.

Participants:

We have 12 participants so far. Five users, five professionals, one scientist from SORAD University of Stockholm, one municipal politician and one observer/moderator from SBF (the Swedish users union). Gender: Eight men, four women.

The professionals represented are: the Swedish social service, Swedish Justice Department, the association of drug counsellors and other service providers, such as representatives from the various substitution clinics in Stockholm. The users included: three from the Swedish users union (participating in the methadone programme), one "active" user and the chairman from the Swedish homeless association.

Why?

To create a more “balanced” division of power between clients and professionals.

The client participants of the focus group all felt free to express their opinions and feelings. They all had a feeling of mutual respect and understanding and the conversation was good, without irony or negativity. The clients believed that the focus-group form provides a good forum for discussions concerning these matters and they all look forward to our next meeting.

The professional participants all felt respected and comfortable with the discussions. The group gave a good response to the questions and opinions discussed. They all felt that the focus group could be a forum for a greater understanding and increased user involvement.

The discussions were a good way of visualising both the users’ and the professionals’ experiences and opinions.

How?

One employee from the Swedish users union (SBF) was given the task of preparing the focus group. We invited as many representatives of social/health service providers connected to drug use in Sweden as possible. And we invited users of both legal and illegal drugs. Until now we have had 12 participants. An overall introduction and presentation of the themes and Correlation’s work was sent to all the participants in advance. We decided to hold at least one meeting each month and the duration of the meetings is 2.5 hours including a break.

Outcomes and remarks

We raised the following four issues and received a broad range of feedback, which is described below.

1. The right to be treated with dignity and respect:

We discovered that there were not only prejudices between users and service providers/ social services, but also between the different organisations involved in our field. For example: a social worker has a hard time understanding and working with the doctors from a specific clinic. We all agreed that there is a problem with the respect for users in Sweden and all participants agreed that it is very important for both users and professionals that we achieve a better mutual understanding concerning the reality and daily life of both users and professionals. The group also found it very important to eliminate the stereotype image of ”the user” and to try to reduce stigmatisation of and prejudice against the users nationwide.

In Sweden we have a large problem with the attitudes towards users. Because in theory, Swedish drug policy combines zero-tolerance towards both use and abuse of drugs with active police work and active social work. But in practice, Swedish drug policy means criminalizing both personal possession and intake of drugs. The authorities are thereby demonising both the drug and the drug addict. Swedish police for example, regularly enforce compulsory urine tests to detect personal drug use. We discussed the fact that many of the Swedish social workers and other service providers or government representatives have a strong moralistic attitude towards drug use. Condemnation and even contempt are common attitudes towards drug addicts. This is not a subjective statement, these are facts that are true for Swedish drug policies at all levels of the drug-user scale. Therefore, the right to be treated with dignity and respect is a very serious matter that we are working hard to improve.

2. The right to receive information, medication and treatment:

The right to receive medication and treatment has improved greatly in the past few years because the government took away the restrictions for accessing substitution programmes. But we still have a lot of work to do because in Sweden patients are regularly refused medication, when they are suspected of being under influence of drugs. This is just one example.

Another case worth mentioning that reflects the attitude towards users in Sweden, and in particular outside the urban environment, is a case from a small town, where a young man

had quit heroin and started using subutex by himself. When he and his father went to the social service to apply for substitution treatment, the social worker refused him anything other than a drug-free treatment, using the argument that “*He should not be rewarded for his use of heroin.”*

3. Regulation/normalisation:

The focus group agreed that we have to work towards a common goal — to get service providers and users to aim for the same objectives and to reduce stigmatisation and the political polarisation with respect to drug use and rehabilitation.

We will hold focus group meetings monthly and the number of participants will probably grow, since many different institutions have shown interest in the focus group. All the participants agreed that it is very important that we have a strong user involvement in the Swedish substitution programmes.

The work of the Swedish users union has been very important for the Swedish users. As an example: we now have a voice in the Swedish drug debate and we try to convince politicians and other people concerned to look also from the users’ point of view.

We are constantly working to establish several local user unions as a means to promote a collective users’ view. Another important task is to establish so called ”quality councils” (a meeting structure on a regular basis, between users and the head of the clinic) at every team nationwide. This would be a good model for assuring real user involvement on a higher level at each clinic.

4. Do you think clients can be actively involved in the work of the provider centres? If yes, how?

To highlight the various situations and the everyday life of a user for other people.

To arrange meetings, seminars and conferences with/for social and health services, sharing and visualising the users’ experiences and problems.

The Swedish users’ union wants to standardise the focus group model and we will invite our local divisions in Malmö and Örebro to participate in the focus group in order to extend the perspective from Stockholm to a nationwide perspective.

3.3.The Netherlands 1:

Who?

Hosts:

AMOC in Amsterdam — service provider for European drug users, homeless people and boys working in prostitution. AMOC offers them daily basic facilities, a place to use in a safe hygienic environment. We also offer them daily counselling with social workers.

.Participants:

We worked with eight participants of which

- three drugs users:

- talian man (35 years old) living in Amsterdam for nine years
- Italian woman (39 years old) living in Amsterdam for seven years
- Spanish man (28 years old) living in Amsterdam for two years
- one homeless person: German man (36 years old) living in Amsterdam for two months
- one German man (34 years old) working in prostitution, living in Amsterdam for 12 years
- one woman (27 years old) working in a drop-in
- one man (44 years old) working in male prostitution project

How?

The focus group was organised by two Correlation team members (working at AMOC) plus one drop-in worker and one worker from a male prostitution project. It lasted for two hours, in which five clients and two workers were invited to answer to three questions (we didn't have the time to ask all the four questions).

Outcomes and remarks

All the members of the focus group agreed that it is difficult to be respected if you live in the streets. Some of them sell newspapers in the street, and they have to fight daily against mistrust of the society, trying to be well-dressed and clean just to earn a few euros.

The society asks respect from them, but is not ready to give it back.

When they arrive in Amsterdam, they think Amsterdam is a city of freedom and easy life, but soon they discover that this is not true. Amsterdam is free if you are a tourist. The lack of tolerance in the general society can be felt in the streets of Amsterdam and through the strict laws concerning immigrants and foreigners in the Netherlands. A reason for the negative attitude could be the large number of immigrants that arrived over the last twenty years and the response of the population and politicians to this.

Everybody has the right to receive information and it is possible to receive this if you are willing to invest energy into finding it. Organisations like AMOC have the responsibility to help clients with information. Unfortunately the social workers do not always have the time to find all information that every single client needs. Therefore, clients also have to be involved in developing peer support.

The improved involvement of clients is possible and necessary on a practical level, more so than on a decision-making level. The focus group thinks that the clients who come to AMOC on a daily basis should definitely be more involved on a practical level than the clients who only drop-in once in a while. This is nonetheless problematic, since the flow of regular clients changes on a monthly basis, when clients stop coming to the organisation.

Despite this, it would be possible to arrange regular meetings with clients and staff, to develop and organise common activities.

The members of the focus group proposed that clients could be involved in the daily activities in one or more of the following ways:

- Meetings every three weeks with the clients at the drop-in, to exchange information and plan tasks;
- regular evaluation of the involvement of clients and its results;
- a newspaper with more space for clients' ideas and wishes;
- sharing their experience and knowledge at regular client-staff meetings.

The focus group emphasised that clients need to feel more as part of the organisation, instead of just being involved in taking care of small jobs for money.

3.4. The Netherlands 2:

Who?

Hosts:

LSD bv. (Drug user activist company)

We were able to organise four focus group sessions. The four sessions were held in four different locations in four different cities. One of the locations was a drop-in centre for homeless drug users. The second location was a consumption room for registered problematic criminal drug users. The other two sessions took place during the national meeting of Dutch drug user unions.

Participants:

The users who participated were all known as base cocaine and brown heroin users.

Why?

Many drug users would like to be heard. There is still a big misunderstanding between users, workers and decision-makers. A lot of users are sure that they could participate in low-threshold programmes. They don't understand that this is possible for them, and to many of them this feels like a kind of distrust. They were happy that they could talk about the following topics:

- To have the right to be treated with respect and dignity.
- To receive information, medication and (the right professional) treatment.
- Regulation and normalisation (and decriminalisation).

Several times we got the comment that they hope that something will change because of these focus groups.

How?

The focus group in the drop-in centre started spontaneously. Users were talking about things, which had to be changed in the services offered. They were glad that they could talk and discuss about the topics mentioned.

The focus group in the consumption room was a special one where users were invited to join, however, other users participated as well. Users were sitting around the tables, smoking cocaine and heroin and still concentrating on the issues. This group was especially keen in their wish to receive the right professional treatment.

The focus groups that took place during the Dutch national meeting of drug user unions were just a part of the meeting and they were asked to think about the topics. These drug users are all involved in the local users union. They strongly believe that while they are allowed to talk about all topics, there is still distrust and misunderstanding between the organisations and users and their unions. They said that they get sick about talking about regulation and normalisation. They believe that the first big step that has to be made is decriminalisation. From their point of view the time to change things for the better is right now. They believe that the political situation in Europe has to change first.

For the second meeting of the Dutch national users union all participants talked with their local friends. This focus group did not have any special outcomes.

Outcomes and remarks

All participants of the focus groups fully agree with the topics mentioned above. In the Netherlands, drug users have some experience with interviews. When this is done by participants of (other) user unions, they can talk openly and freely about their needs and wishes. They still hope that the participation in the focus group will lead to some practical recommendations for decision-makers.

3.5. Italy

Who?

Hosts:

Gruppo Abele, Turin.

Two drop-in services located in the city of Turin were chosen. They are different in both management and users, and can be considered as examples regarding empowerment issues.

Participants:

The focus groups were attended respectively by:

- Two professionals and five clients (three men – two of which were strangers — and two women) in the Gruppo Abele drop-in.
- Two professionals (one of them a peer operator) and six clients (one of them with experience as a peer operator in another low-threshold centre).

The first drop-in service is located on the outskirts of Turin and is managed directly by Gruppo Abele. In the beginning, the working team was formed by peer operators and professionals who did not have the same contract: their tasks and responsibilities were equal, but the wages were different. During the focus group meeting, the working team was formed by professionals only.

The second drop-in service is located inside a hospital for infectious diseases. Most of the users are drug addicts and heroin is their primary substance of use. From the beginning, the working team has been composed by professionals and "experienced" operators who benefited from a common training and make the intervention planning together. This service belongs to the Local Health Service, and all the staff members are consultants and have the same contracts and wages.

Why?

As previously stated, focus groups are quite straightforward to organise and achieve two things at the same time: they address empowerment while empowering participants.

The purpose is to establish a group of experts. This is the first step for us, but also means that we are also one step closer to stimulating empowerment.

Having clients and professionals involved as experts with a different, but equally valued knowledge and experience base can help to change the mutual feeling between social workers and clients.

How?

Firstly, we carried out the process using two operators of “University of the street” (Gruppo Abele’s training centre). They were involved in:

- Contacting the drop-ins.
- Meeting professionals and clients.
- Deciding the dates.
- Moderating the focus and elaborating on the outcomes.

In both services we briefly explained that we need a group of 6 to 8 people (clients and operators) who agree to answer some questions putting together their knowledge. We asked some volunteers and also left a “memo” note on the notice boards. In the first drop-in we decided to invite the focus group in the morning, when users are present. In the afternoon, the drop-in service is attended mostly by illegal immigrants, usually homeless, who are not always drug users. During the meeting the volunteers who were not present were replaced by others present at the time. We described the Correlation project to the group and defined the goals of the focus group. We used a tape-recorder, and two moderators joined in.

Outcomes and remarks

The following two problems were expressed:

- The difficulty of having a person in charge of the service who is still involved in drug use.
- The difficulties peer operators have with making clients comply with the regulations.

Some clients spoke critically of the operators' actions ("They do not make regulations be obeyed, do not pay enough attention to those who need to talk, to relieve their feelings…", etc.). They also spoke critically of the working team pattern: the relationship between drug users and operators was considered to be modelled on "vertical" criteria that often seemed manipulative.

In this first setting, we experienced some reluctance by clients regarding a mixed management. The difficulty of making active users aware of their responsibilities in order to guarantee the service and its rules has been particularly stressed.

In the second setting there were no problems in the mixed management of the service and the focus group could discuss issues more connected to the difficulty of involving new kinds of drug users and the possibility to promote self-regulation and empowerment processes.

In both services we had a broad range of other experiences in the focus group, with different goals, and feedback from participants about their involvement was always positive.

3.6. Norway

Who?

Host:

Resource centre in Oslo.

The resource centre is an activity and competence centre for the local community in Oslo. The main principles are contribution from the users, and a positive approach, which in reality translates as "faith and focus" on each individual, and their resources in a group. The centre is primarily for people with some kind of problem, for instance with different types of drugs. The people and the centre work with one main target: to build a bridge to the rest of the society.

Participants:

The groups existed of about ten users (mostly men), and three workers that had a more passive role; for instance they took notes about the mood and the atmosphere at the meetings. The group consisted of the three workers that participated at the two meetings,

and two users (not the same at the last meetings)

Why?

The reasons are in line with the general goals already outlined in this report.

How?

The different focus groups that were organised were a part of a larger arrangement that was made after agreements at the Correlation conference in Krakow spring 2006. These agreements were made as a part of the cooperation with the Correlation expert group on Empowerment.

The following three issues were discussed:

1. The right to be treated with respect and dignity.
2. The right to receive information and medical treatment.
3. How can the clients be actively involved in the centres?

The responsibility of the focus groups was given to a student (political science), and a user who worked at the centre in Oslo. They had worked together before, had a good knowledge of the different groups, and the users trusted them. They had many meetings where they discussed how to approach this. Their starting point was to use some literature for inspiration. They chose Charles Baudelaire's ***Intoxicate yourself***. As a part of the preparations, we had several meetings at our centre, talking about the focus groups and motivating people to join. We held two meetings, with three weeks in-between. We decorated the interior to create a special atmosphere. At the two meetings, the student and the staff member introduced the themes and contributed ideas from their own lives.

The discussions were taped and after the two meetings, a group of people gathered together to analyse the main issues of the discussions.

Outcomes and remarks

We ended the project when we reported our findings in the house meeting, where we also evaluated the project.

Conclusions

The methods to be applied in the focus groups were discussed and finally chosen at the Empowerment Group meeting during the Correlation Conference in Krakow (Poland), in March 2006.

The Empowerment Group represents various parties who work and are associated with drug use and drug policy in general, and with rehabilitation more specifically. The participants included drug users, relatives of drug users and professionals, including social workers and others from related areas. The group therefore represents and expresses various aspects associated with the previously mentioned topics.

The preparation of the focus group meetings and the way they were actually carried out can as a whole be characterised as follows:

- The preparation and the actual meetings were seen as each focus group's independent responsibility.
- The manner in which the focus group meetings were carried out was, to a small degree, affected by the differences between the participants. There is little difference between the meetings organised by drug users organisations, the clients, and those organised by social workers/professionals.
- Every meeting represents user-involvement in the way users were actively involved in the preparations and the meetings themselves.
- The meetings were positively received by the clients as well as the social workers.
- While the meetings were seen as especially useful for individual development, the usefulness of these meetings in regard to influencing the drug policies nationally and internationally was questioned.

Outcomes and remarks

In general, the results from the different focus group meetings overlap and are quite similar, despite the very different starting points. The reason for this may be the selected questions/topics. To some extent, these topics represent larger questions concerning drug use, drug policy and the general situation of drug users. The questions can also be seen as quite general in the issues they address and the way they are formulated. One may also get the impression that the outcome/results of these meetings were as expected, and that the results are relevant not just for drug users, but also for people from minority groups and people in a marginalized situation in general. The challenge is to consider these results very carefully. The results give us a picture of a challenging life situation, which is common and similar in many countries.

General responses to the topics discussed can be summarised as follows:

1. The right to be treated with respect and dignity

- It is very challenging to be a drug user and sustain one's self respect.
- It is difficult to be a drug user and be met with respect from one's surroundings.
- It is difficult to be the parent(s)/relative of a drug user, it hurts them when users are met with a lack of respect.
- It is often difficult for a drug user to meet former users/clients in their role as social workers.
- Treating drug users with respect is rare in the current social system.
- Rules are often considered and experienced as a sign of lack of respect.
- It is important to work with values to prevent stigmatisation.

2. The right to receive information, medication and treatment

- Too little information, especially concerning the side effects of medication used in rehabilitation.
- The social workers have a special duty to provide information.
- The information has to be concrete and individually specified and directed.

3. Do you think clients can be actively involved in the work of provider centres? How?

- Client involvement is both possible and necessary.
- Involvement needs to include the decision-making level.
- Routine and continuity are important to counteract changes in a user group.
- Criticism concerning lack of competence and work experience must be taken seriously.

4. General feedback for the use of the "focus group" methodology

The focus group methodology is useful at different levels. It can be applied formally (or structured) as well as informally. The organisation of focus groups is easy for both users and service providers (or DU unions). This way of working gives a two-way responsibility. The service provider has to do something with the outcome. It may not only end in statistics or in a report filed away in a desk and forgotten about. It is the most common reason for the service users saying: "We don't want to be researched anymore."

For service users it means an active involvement at least during the focus group. The formal and informal character of the focus group (or its organisation) is not strictly separated.

One of the remarks from the service providers as well as from the drug users is that both need training. The social workers need to really get in touch with the drug users – not only from a theoretical perspective, but also especially in a practical way. This kind of education should be given by drug users or their unions. The drug users, in turn, could use more skills regarding how to organise or moderate meetings and sharpen their active listening skills.

Even if only small changes can be achieved, progress would still be made because the relationship between the drug users and service providers becomes (more) dynamic. They get to know each other better. Also, the discussion at the drug centres is important. If your situation at local level improves, you can put some energy in policy making; perhaps even policy changes are achieved more easily. This was felt to be especially important.

It is also very important to make full use of the competence levels available. This will certainly lead to a better situation for everyone. Those who are actively involved should receive proper appreciation for their work (also in financial terms).

A question we heard several times was: "Who is really benefiting from empowerment?" For some service providers it is just a (legal) obligation to have a client board. If it exists on paper, they are legally off the hook. Do service providers have to push their service users to empower themselves? We all agreed that the client should have the freedom of choice. On the other hand, the service providers should actively offer the possibility and facilitate empowerment/client involvement. There is no excuse for them to sit and wait to be asked by the client.

We have now eleven examples of focus groups about empowerment. They were all evaluated as useful and the outcomes were beneficial for illuminated all actors involved. We hope this can inspire other organisations and service users, and we would like to thank everyone involved for their cooperation.

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